People and Culture Committee

Tue 18 June 2024, 13:30 - 16:30

Microsoft Teams

Agenda

13:30 - 13:30
0 min

1. PRELIMINARY MATTTERS

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the Last Meeting held on 22nd February 2024

Attached *Chair*

1.4 PCC Minutes 22.02.24 Reviewed by Louise.pdf (12 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 PCC Action Log June 2024 (004).pdf (7 pages)

13:30 - 13:30
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISON

2.1. Committee Annual Programme of Business

Attached *Director of Corporate Governance*

2.1 Cover Paper People and Culture - Forward Work Plan 2024_25.mjdocx.pdf (4 pages)
2.1 FWP People and Culture Final.pdf (7 pages)

13:30 - 13:30
0 min

3. ITEMS FOR DISCUSSION

3.1. Committee Risk Report

Attached *Director of Corporate Governance*

3.1 People & Culture Committee Risk Report_June 24.pdf (5 pages)
3.1 Appendix A P&CC Strategic Risk Register.pdf (2 pages)
3.1 Appendix B PCC Strategic Dashboard and Risk Assessments.pdf (8 pages)
3.1 Appendix C CRR 005 Compliance Safety Welsh Language Standards.pdf (1 pages)

3.1.1.

3.2. Progress Update on the Delivery of Welsh Government's Race Equality Action Plan for Wales

Attached *Director of Workforce & OD*

- 3.2 SBAR Progress Update on the Delivery of Welsh Government's Race Equality Action Plan for Wales.pdf (12 pages)
- 3.2a Appendix Progress Update on Delivery of Welsh Government's Race Equality Action Plan for Wales.pdf (1 pages)

3.3. Assurance Report on the Development and Delivery of the Agile Working Framework

Attached *Director of Workforce & OD*

- 3.3 Assurance Report on the Development of and Delivery of Agile Working Framework.pdf (6 pages)
- 3.3a Appendix 1.pdf (45 pages)
- 3.3b Appendix 2.pdf (1 pages)
- 3.3c Appendix 3.pdf (2 pages)

3.4. Workforce Performance Dashboard incorporating Key Performance Indicators

Attached *Director of Workforce & OD*

- 3.4 SBAR Workforce Performance Dashboard Incorporating Key Performance Indicators.pdf (5 pages)
- 3.4a Monthly Dashboard - April 2024.pdf (4 pages)

3.5. People Plan 2022/25 Annual Review

Attached *Director of Workforce & OD*

- 3.5 People Plan Annual Review.pdf (19 pages)

3.6. Report from Director of Workforce & OD, including Employee Relations & Suspensions

Attached *Director of Workforce & OD*

- 3.6 SBAR Report from Director of Workforce&OD, including Employee Relations and Suspensions over 4 months.pdf (11 pages)

3.7. Talent and Succession Planning Progress Update

Attached *Director of Workforce & OD*

- 3.7 Talent Management Succession Planning.pdf (8 pages)
- 3.7a Appendix 1.pdf (16 pages)

3.8. Assurance Report on the Compliance with Welsh Language Requirements

- 3.8 SBAR Assurance Report on Compliance with Welsh Language Standards.pdf (10 pages)
- 3.8a Appendix 1.pdf (2 pages)
- 3.8b Appendix 2.pdf (20 pages)

3.9. Update on the Training Programme and Compliance of Reporting Associated with the Electronic Blood Management System PQSOC/2604/3.3.1

Attached *Medical Director*

- 3.9 PPC - SBAR EBMS.pdf (4 pages)

3.10. Annual Assurance Report on Medical Validation

Attached *Medical Director*

- 3.10 SBAR - PCC 2024 02 - Med Revalidation.pdf (7 pages)
- 3.10a ABUHB RPR 2024 FINAL.pdf (23 pages)

13:30 - 13:30

4. ITEMS FOR INFORMATION

0 min

4.1. There are no items in this section

13:30 - 13:30
0 min

5. OTHER MATTERS

5.1. Items to be Brought to the Attention of the Board and Other Committees

5.2. Any Other Urgent Business

5.3. Committee Reflections

5.4. Date of Next Meeting: Tuesday 15th October 2024

Agenda Item: 1.4

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING

DATE OF MEETING	Thursday 22nd February 2024
VENUE	Microsoft Teams

PRESENT	Louise Wright- Independent Member, Committee Chair Paul Deneen- Independent Member Dafydd Vaughan- Independent Member Helen Sweetland- Independent Member
IN ATTENDANCE	Sarah Simmonds- Director of Workforce & Organisational Development (OD) Rani Dash- Director of Corporate Governance Kathryn Bourne - Strategic Lead Medical & Dental Workforce & Job Evaluation Michelle Jones - Head of Board Business Ann Bentley - Head of Strategic Resourcing Rhian Gard – Internal Audit Non Ellis- Equality Diversity and Inclusion Specialist Peter Brown- Assistant Director of Workforce and OD Julie Chapelle- Assistant Workforce Director Linda Coe – Head of Medical Education & Revalidation Services David Murphy – Audit Wales Cathy Brooks – Head of Workforce Planning Fern Cook – Governance Support Officer
APOLOGIES	Shelley Williams- Assistant Director of Workforce

PCC 2202/1	**Preliminary Matters**
PCC 2202/1.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PCC 2202/1.2	**Apologies for Absence** Apologies for absence were noted.
PCC 2202/1.3	**Declarations of Interest**

	There were no declarations of interest raised to record.
PCC 2202/1.4	**Minutes of the previous meeting** There was a request by Sarah Simmonds (SS), Director of Workforce & OD, for the following amendments to be made to the minutes: • **Section PCC 1910/1.5**, PCC/1306/2.2 – A paper would come to a future meeting regarding finalising speciality doctors and clinical fellows' framework. • **Section PCC 1910/3.3,** Sarah Simonds (SS), Director of Workforce & OD, advised that there was a priority an opportunity for us to share priority when we need to and if the referral was urgent the staff member could go to a different Health Board if they were able to travel. The Committee noted that the current waiting time was 12 weeks, and that work was ongoing to secure improvements to the timeframe. SS advised the Committee that if a staff member was waiting for an Occupational Health referral it would not prevent them from returning to work. • **Section PCC 1910/3.3**, Occupational Health Service – High levels of sickness and staff turnover were noted. It was noted that support from other Health Board sites had been sought along with exploring external commissioning arrangements to ensure that the waiting times are not increased and to enable those who are absent to return to work more quickly. • **Section PCC 1910/3.4,** Tupe Transfers were ongoing for Pharmacy services across Wales and potential for Primary Care services in Tredegar Health Centre. • **Section CC 1910/3.5,** There had been a reduction in the turnover of staff, and that the Health Board was returning at pre Covid-19 levels but acknowledged there was still room for improvement. The minutes of the meeting held on the 19th of October 2023 were agreed as a true and accurate record subject to the above amendments . **Acton: Fern Cook, Governance Support Officer**
PCC 2202/1.5	**Committee Action Log**

	The Committee received the action log. The Committee was content with the progress made on the outstanding actions and noted the completed actions. There was a request for PCC 19/10/1.5 Speciality Doctors item to be removed due to a duplicate item being recorded. **Action: Fern Cook, Committee Secretary**
PCC 2202/2	**Items for Approval/Ratification/Decision**
	There were no items for this section.
PCC 2202/3	**Items for Discussion**
PCC 2202/3.1	**Committee Risk Report** Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the report and noted that the risks were those contained within the Board's strategic risk register and relevant to the scope of this Committee. Louise Wright (LW),Chair, questioned the high turnover of Junior Doctors and asked how the Health Board compared to others. Sarah Simmonds (SS), Director of Workforce & OD, advised that the performance was comparable with other Health Boards. LW also questioned why there was a delay in the provision of DBS for staff . SS advised that in 2018 it was found that not all DBS checks had been recorded on the ESR system and the review that had commenced was placed on hold due to system pressures. It was noted that the review had recommenced. Paul Deneen (PD), Independent Member, questioned whether the industrial action had been resolved. SS advised that further dates in March had been planned for strike action. ***The Committee received and reviewed the risk report and was ASSURED with the information provided.***
PCC 2202/3.2	**Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment**

Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of the work being undertaken to progress the Equality, Diversity and Inclusion (EDI) work stream within the Health Board, providing assurance on compliance with the Equality Act 2010, including Equality Impact Assessment (EQIA).

The Committee was advised that recommendations made within this paper included the need to commit to a structured program of:

- embedding EQIA practice throughout the organisation,
- the planned next steps for implementation and
- provide a view on any specific priority areas for further action.

SS highlighted to the Committee that there was work to be done in ensuring the plan was effective. The Committee was advised that a Strategic Equality Performance report was scheduled to be presented to Board in March 2024.

Helen Sweetland (HS), Independent Member, questioned if there had been much engagement with the survey. Non Ellis (NE), Equality Diversity and Inclusion Specialist, advised that there had been some difficulties in securing a response from the public but, noted that the interaction with Stakeholders was good. The Committee noted that work was ongoing as to how feedback would be shared with those who participated in the survey.

Louise Wright (LW), Chair, commented that there was further work required to ensure consistent and comprehensive Equality Impact Assessments, which brought a risk of a potential for challenges in respect of the Health Board's policies and decisions. LW confirmed that she would raise this matter with the Board at its meeting in March 2024. **Action: Louise Wright, Chair.**

Sarah Simmond (SS) Director of Workforce & OD advised the Committee that a new post had been created within the workforce & OD team to support this important programme of work.

The Committee NOTED the:

- ***recommendations to enable a structured program of embedding EQIA practice throughout the organisation; and***
- ***the planned next steps for implementation.***

PCC 2202/3.3	**Assurance on the Development and Delivery of an Agile Working Framework** *Cathy Brooks Joined the Meeting* Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an update on implementation of the Agile/Hybrid Programme. The Committee noted that programme had been in place for 5years and that updated plans had been approved by the Executive Committee. The Committee was informed as to how its members could become involved in this programme of work. The Committee was assured with the progress being made with the implementation of the agile framework, action being taken in respect of the associated challenges and noted that future targets to be set. Dafydd Vaughan (DV), Independent Member, questioned if it would be possible to see and understand the agile plans for Ty Gwent and was informed that there was a Q&A session on Friday 1st March which Members were invited to attend. ***The Committee was assured with the information provided regarding the progress of the agile working framework and the next steps.*** *Cathy Brooks left the meeting*
PCC 2202/3.4	**Annual Assurance Report of Medical Revalidation** *Linda Coe joined the meeting.* James Calvert (JC), Medical Director, advised the Committee that revalidation was the GMC process by which all licensed doctors demonstrate every five years that they are up to date and fit to practise. Every licensed doctor who practises medicine in the UK must revalidate. As part of this, the Committee noted that doctors must undertake annual appraisals based on Good Medical Practice. The Committee was assured that appraisal rates remain high across the Health Board and across the grades of doctor and that there was just one recommendation arising from the revalidation quality review. The Committee also noted that referral rates had reduced by 13%.

	JC advised the Committee that the Health Board was hosting an All-Wales Conference for appraisal at the Grange University Hospital with 110 delegates attending. The Committee sought assurance as to whether appraisals are completed within working hours and whether protected time is provided. JC advised that the Health Board has a clear emphasis on doctors' education, support, and progress via appraisal and Revalidation as part of the ongoing medical improvements and that staff have a day a week within working hours to focus on the improvements in medical services. Linda Coe (LC),Head of Medical Education & Revalidation Services, advised the Committee of the difficulties presently being encountered in the recruitment of appraisers due to the pressure of the day job and advised that work was ongoing to address this. ***The Committee NOTED the annual report and was assured that the Health Board was maintaining a high level of assessment and revalidation.***
PCC 2202/3.5	**Annual Assurance Report of Job Planning including Medical E-Systems** *Kathryn Bourne & Ann Bentley joined the meeting* Julie Chapelle (JC), Assistant Workforce Director - Workforce Planning, Clinical Futures, provided an update on the achievement of actions to address the 2020 Audit recommendations on Consultant Job Planning and the progress made. The Committee heard that following the roll out of the first phase to Family and Therapies Division, the feedback had been positive and that this approach would be implemented across other Divisions. Kathryn Bourne (KB), Strategic Lead Medical & Dental Workforce & Job Evaluation, advised the Committee that once implementation was complete, the system would be instrumental in better analysing data. Helen Sweetland (HS), Independent Member, sought clarification as to who was responsible for submitting job plans. KB advised that the system allows for the consultant to start the job plan, with any changes being agreed in a face-to-face meeting.

	The Committee NOTED the progress made and received assurance that the work was progressing. The Committee requested to receive further updates on the implementation of the system. *Kathryn Bourne & Ann Bentley left the meeting*
PCC 2202/3.6	**Workforce Performance Dashboard incorporating Key Performance Indicators** Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an update on the January 2024 performance dashboard, incorporating key workforce related performance indicators for information and assurance. The Committee noted that due to Occupational Health undergoing a system update, the Occupational Health data was unable to be provided in this report and that work was ongoing with the system provider to rectify system issues. Paul Deneen (PD), Independent Member, questioned how these indicators compared to other Health Boards. SS advised she would share the data outside of the meeting via email. **Action: Sarah Simmonds, Director of Workforce & OD.** ***The Committee was content with the new indicators incorporated into the dashboard.*** ***The Committee NOTED the content of the Workforce Performance Dashboard.***
PCC 2202/3.7	**People Plan 2022/25, Quarterly Review** Sarah Simmonds (SS), Director of Workforce & OD, provided a quarterly update on the Health Board's People Plan and achievements in the period October to December 2023. This followed a previous update provided to the Committee which outlined the achievements for the year 2022/2023. SS advised that the Plan has 3 objectives: - • Staff Health & Wellbeing • Employer of Choice • Workforce Sustainability SS advised the Committee that the objectives for 2024/25 would be mapped out against each quarter of the plan to ensure that there was a clear understanding of the key deliverables for the year. SS confirmed that this would

	come to a future Committee meeting. **Action Sarah Simmonds, Director of Workforce & OD** Peter Brown (PB), Assistant Director of Workforce & OD, advised the Committee that the talent management framework had funding in place for a 6 months period to employ an officer to support this work. Louise Wright (LW), Chair requested a presentation to the Committee on the talent management framework once complete **Action: Sarah Simmonds, Director of Workforce & OD** Helen Sweetland (HS), Independent Member, questioned if the Health Board had the finances to complete all the actions within the people plan. SS advised that progress had not stopped but adjustments to the delivery timescales had been made and assured the Committee that work was ongoing with external stakeholders to obtain grant funding wherever possible. ***The Committee received the report and was content with update provided in respect of the progress made in implementing the People Plan.***
PCC 2202/3.8	**Report from the Director of Workforce & OD, Including Employee Relations & Suspensions over 4 Months** Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of a range of activities of the Workforce & OD (WOD) Team, key issues locally, regionally and in NHS Wales. In particular, the following points were highlighted to the Committee: • Employee relation activity – There were 7 staff members currently suspended for longer than 4months. • Positive progress had been made on flexible working. • Tupe Transfers – It was noted that this would have an impact on the Health Boards head count. • Pilot with RCN Wales, this would provide staff with access to nurse training. Peter Brown (PB), Assistant Director of Workforce & OD, provided the Committee with an update on mandatory training. The Committee was advised that the Core Learning Committee had approved for counter fraud training to be included and also noted that performance of Health & Safety training required improvement.

	PB advised the Committee that the team was undertaking work to understand how long it takes different job roles to complete mandatory training and noted that the findings would be shared at a future Committee meeting**. Action Sarah Simmonds, Director of Workforce & OD.** Dafydd Vaughan (DV), Independent Member, sought clarification as to the length of time required for the training to be completed and whether this had been higher or lower than expected. PB advised that the data demonstrated that it was a lot higher than expected but acknowledged that further work would be done through the induction process. ***The Committee NOTED the report and was assured with the information provided.***
PCC 2202/3.9	**Committee Self-Assessment Results** Rani Dash (RD), Director of Corporate Governance, provided an overview of outcomes of the Committees self-assessment for this year, and noted that the results would be presented to a future Board meeting. Louise Wright (LW), Chair, thanked everyone that took part in completing the assessment. ***The Committee:*** ***NOTED the performance information contained within the report and AGREED to include the proposed improvement actions within the Committee Forward Plan for 2024/25 or the wider Board Business Improvement Plan.***
PCC 2202/3.10	**HEIW Report** James Calvert (JC), Medical Director, advised the Committee that Education in the Medicine Division was placed in enhanced monitoring by HEIW in 2022. During September and October 2023, Health Education & Improvement Wales (HEIW) undertook visits to the Medicine Division at the Grange University Hospital and Royal Gwent Hospital (28th September 2023) and Nevill Hall Hospital and Ysbyty Ystrad Fawr (26th October 2023). The Committee noted that the latest Health Board

	response was provided to HEIW on 28th November 2023 and that that a new process had been established which included a working Group to ensure staff members were following the process for any transfer of patients. Sarah Simmonds (SS), Director of Workforce & OD, advised the Committee that HEIW had requested a copy of the Health Board's new processes to adopt across other Health Boards as good practice. JC advised the Committee that there had been a request to HEIW for the Health Board to be moved from the enhanced monitoring status and a response was awaited. Linda Coe(LC), Head of Medical Education & Revalidation Services, advised that HEIW had concerns with new staff members being put on call on their own without support. It was advised that work was being undertaken to ensure this did not occur. The Committee requested a further update on this at a future meeting. **Action: James Calvert, Medical Director** ***The Committee NOTED the Report and the progress made.*** ***Received assurance that the Health Board was to improve its provision of training and development for its medical trainees and trainers.***
PCC 2202/3.11	**Audit Wales, Workforce Planning Report** *David Murphy joined the meeting* David Murphy (DM), Audit Wales, provided the Committee with an update on the recommendations and organisational response to the Audit Wales review of workforce planning arrangements and the seven recommendations raised within the audit report. The Committee noted that the following 7 recommendations had been made:- 1. The Health Board should update its 5 and 10-year planning process, including clinical futures plans and workforce projections to ensure that they appropriately support the implementation of financially sustainable service models. (High priority) 2. The Health Board does not have an agreed funded establishment that covers all its services. The Health Board should determine its funded workforce establishment for 2024-25 and then introduce

	arrangements to update this annually. (High priority) 3. The Health Board should review their central workforce planning capacity and capability to ensure it is sufficient to support their longer term strategic and operational workforce planning requirements. (High priority) 4. The Health Board should develop and implement a programme of workforce planning training and once in place create an evaluation framework to measure the success of its training programme. (High priority) 5. Once the Health Board has revised its sustainable Clinical Futures models, it needs to ensure there is a workforce programme to support the necessary redesign and service transformation. (High priority) 6. The Health Board should clearly structure its People Plan updates to better describe the impact that delivery is having. (High priority) 7. The Health Board should look to use benchmarking to inform plans for workforce redesign and service transformation ensuring similar system conditions, demographics and population characteristics make their comparisons valid. (Medium priority) Sarah Simmonds (SS), Director of Workforce & OD, advised the Committee that work was ongoing in addressing the recommendations and noted that support from HEIW on some of the recommendation would be required. Helen Sweetland (HS), Independent Member, questioned if other Health Boards had been audited in the same area. DM confirmed that this was the case and advised that an overarching report on themes from all Health Boards would be provided. ***The Committee NOTED the audit report and recommendations and agreed to receive* further updates of progress against each of the recommendations at the next committee meeting.** *David Murphy left the meeting*
PCC 2202/3.12	**Committee Annual Report**

	Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the Committee annual report for 2023/24. ***The Committee AGREED the annual report for the Committee.***
PCC 2202/4	**Items for Information**
	No items for information.
PCC 2202/5.	**Other Matters**
PCC 2202/5.1	**Items to be Brought to the Attention of the Board and Other Committees** The Committee agreed the following areas would be brought to the attention of Board in March 2024 • Equality Assessment • Suspension activity of over 4months • Tupe Staff transfers in pharmacy services.
PCC 2202/5.2	**Any other Urgent Business** There was no other urgent business.
PCC 2202/5.3	**Date of the next meeting.** Tuesday 18th June 2024.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

Agenda Item: 1.5

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
June 2023	**PCC/1306/2.2**	**Director of Workforce Report; including Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework.** The finalised Speciality Doctors and Clinical Fellows Framework to be presented to the committee at a future meeting.	**Director of Workforce and OD**	**October 2024**	**Not Due** Added to Forward Work Programme and will be brought to the Committee in October.
October 2023	**PCC 1910/1.5**	**Committee Action Log -** 1306/2.3.2. Annual Review of the People Plan and its Priorities and Assurance on the Delivery of Actions and Activity within Objective 3-	**Director of Workforce & OD**	**June 2024**	**Completed** Update included at agenda item 3.6 of 17th June 2024 meeting

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
		Workforce Sustainability - partial evaluation had been completed and that the bus tour needed to be finished before the final evaluation could be completed.			
06/12/2023	**MHMAC/05/09/5.1 Transferred from MHAMC**	**Items to be Brought to the Attention of the Board and Other Committees** An item to be placed on the FWP for the People & Culture Committee assessing violence towards staff within the Mental Health Division and the appropriate support that is in place	**Peter Carr Director of Therapies & Health Science**	**October 2024**	**Not Due** Added to FWP and will be brought to the Committee in October.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
22/02/2024	**PCC 2202/1.4**	**Minutes of the previous meeting** The minutes of the meeting held on the 19th of October 2023 were agreed as a true and accurate record subject to the amendments as detailed with revised minutes.	**Fern Cook, Governance Support Officer**	**February 2024**	**Completed** Amendments were made to the previous set of minutes
22/02/2024	**PCC 2202/3.2**	**Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment** that there was further work required to ensure consistent and comprehensive Equality Impact Assessments, which brought a risk of a potential for challenges in respect of the Health Board's policies	**Louise Wright, Chair**	**October 2024**	**Outstanding** Chair of Committee has confirmed that progress is being made and an update will be provided at the next Committee meeting

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
		and decisions. LW confirmed that she would raise this matter with the Board at its meeting in March 2024.			
Agenda Item: 1.5					
22/02/2024	**PCC 2202/3.7**	**People Plan 2022/25, Quarterly Review** SS advised the Committee that the objectives for 2024/25 would be mapped out against each quarter of the plan to ensure that there was a clear understanding of the key deliverables for the year. SS confirmed that this would	**Sarah Simmonds, Director of Workforce & OD**	**June 2024**	**Completed** Added to FWP and on 18th June Agenda under item 3.6.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
		come to a future Committee meeting.			
22/02/2024	**PCC 2202/3.7**	**People Plan 2022/25, Quarterly Review** Request for a presentation to the Committee on the talent management framework once complete	**Sarah Simmonds, Director of Workforce & OD**	**June 2024**	**Completed** Update included at agenda item 3.6 of 17th June 2024 meeting
22/02/2024	**PCC 2202/3.8**	**Report from the Director of Workforce & OD, Including Employee Relations & Suspensions over 4 Months** PB advised the Committee that the team was undertaking work to understand how long it takes different job roles to complete mandatory	**Sarah Simmonds, Director of Workforce & OD**	**October 2024**	**Not Due** Work continues in responding to this action and an update will be provided at the next Committee meeting

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
		training and noted that the findings would be shared at a future Committee meeting**.**			
22/02/2024	**PCC 2202/3.10**	**HEIW Report** HEIW had concerns with new staff members being put on call on their own without support. It was advised that work was being undertaken to ensure this did not occur. The Committee requested a further update on this at a future meeting.	**James Calvert, Medical Director**	**June 2024**	**Completed** On 18th June 2024 meeting agenda under item 3.11.

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.

Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.

Agenda Item: 2.1

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD COMMITTEE MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 June 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	People and Culture - Committee Forward Work Plan 2024/25
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Board Business

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People and Culture Committee is asked to consider the draft Committee Forward Work Plan appended to this report for approval. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2023/24 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

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 also provides 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 supports 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.

In line with good governance practice, a committee forward work plan has been developed to ensure statutory 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 process.

Asesiad / Assessment

The Executive Committee is requested to approve the Committee forward work plan as outlined in **Appendix 1** noting that the work plan will be presented at each Committee meeting for oversight and noting.

Argymhelliad / 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.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Not Applicable Choose an item.

https://futuregenerations.wales/about-us/future-generations-act/	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Annual Programme of Business for 2024-25

People & Culture Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2023/24
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:
The purpose of the People and Culture Committee is to provide assurance to the Board on: • all matters relating to staff and workforce planning of the Health Board; • 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 health care; • the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of opportunities for its system of governance and assurance to be strengthened and further developed.

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MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 18th June 2024	**QTR 2 July to Sept** No Meeting	**QTR 3 Oct to Dec** 15th October 2025	**QTR 4 Jan to Mar** 11th February 2025
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓		✓	✓
Declarations of Interests	All Members	SI	✓		✓	✓
Minutes of the Previous Meeting	Chair	SI	✓		✓	✓
Action Log and Matters Arising	Chair	SI	✓		✓	✓
Reflections of the meeting held	Chair	SI	✓		✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	Chair DoCG	Annually	✓			
Review of Committee Programme of Business 2024/25	Chair DoCG	SI	✓		✓	✓
Annual Review of Committee Terms of Reference 2024/25	Chair DoCG	Annually				✓
Annual Review of Committee Effectiveness 2024/25	Chair DoCG	Annually			✓	
Outcome of the annual review of Committee effectiveness 2024/25	Chair DoCG	Annually				✓
Committee Annual Report 2024/25	Chair DoCG	Annually				✓

Committee Risk Report	DoCG	SI	✓		✓	✓
Internal and External Audit Recommendations Tracker	DoCG	Bi-Annually	✓		✓	
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓
Annual Review and Refresh of the People Plan and its Priorities	DoW&OD	Annually				✓
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually				✓
Violence & Aggression against Staff across ABUHB including ***MHMAC/05/09/5.1***	DoT&HS/COO	Annually			✓	
Speaking Up Safely Report	DoW&OD	Annually			✓	
Equality, Diversity and Inclusion **-** Assurance on Strategic Equality Plan	DoW&OD	Annually			✓	
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓			
Employee Experience Strategy	DoW&OD	Annually			✓	
Organisational Development						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓

Assurance on the Development and Delivery of an Agile Working Framework	DoW&OD	Bi-Annual	✓			✓
Annual Assurance Report on Medical Revalidation	MD	Annually			✓	
Progress report on Compliance of Bank and Agency Staff Electronic Reporting Blood Management System PQSOC**/2504/3.3.1 Blood Management:**	DoW&OD	SI	✓		✓	✓
Talent and Succession Planning Progress Update	DoW&OD	Annually	✓			
Speciality Doctors and Clinical Fellows Framework **PCC/1306/2.2**	MD/DoW&OD		✓			
HEIW Update **PCC/2202/3.10**	MD		✓			
Quality Report – Update on How Support can be provided in the recruitment of volunteers **PQSOC 30004/2.1**					✓	
Workforce Performance						
Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems	DoW&OD	Bi-Annually			✓	✓
Workforce Performance Dashboard incorporating Key Performance Indicators	DoW&OD	Quarterly	✓		✓	✓
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓			

People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually			✓	
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually				✓
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	Quarterly	✓		✓	✓
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓	
Report on the Use of Single Tender Action - The People and Culture Committee to receive a detailed update on efforts to secure long-term accommodation for Nurses/International Nurses **ARAC 1604/3.4**	DoW&OD	Annually			✓	

Lead Officer	
Key	
CEO	Chief Executive

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DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
√	Scheduled agenda item in FWP
D	Deferred from this agenda
√D	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

Agenda No: 3.1

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 June 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Lucy Windsor, Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

The purpose of this report is to provide a summary of the current strategic risks that have been delegated to the People and Culture Committee (P&C Committee) for monitoring, on behalf of the Board.

The report also informs the Committee of any significant operational risks identified by the Executive Committee through the Corporate Risk Register that have the potential to impact patient quality and safety.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

The role of the P&C Committee is to ensure that the risks under its purview are effectively managed by receiving assurance of the controls in place to reduce or mitigate the level of risk to the delivery of the Health Board's strategic priorities and services.

At its last meeting in February 2024, the P&C Committee received the Strategic Risk Register which contained **one** high-level strategic risk comprising **four** sub-risks, shown in Table 1 for which the Board has delegated responsibility for receiving and scrutinising assurances.

Table 1

Risk Details:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 **Theme** People **Appetite** OPEN Score 16 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services that meet the changing needs of the population.	a) Due to an inability to recruit and retain staff across all disciplines and specialties.	**Extreme (16)**	**Y**
		b) Due to a deterioration in, and a failure to improve, the well-being of our staff.	**High (12)**	**Y**
		c) Due to insufficient and ineffective leadership levels throughout the organisation.	**High (12)**	**Y**
		d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.	**Extreme (15)**	**Y**

The closing position as of February 2024 was that the P&C Committee Risk Register held **one** high-level risk with **four** sub-risks.

Asesiad / Assessment

Since the Committee's last meeting, the Board approved changes to the Strategic Risk Register at its May meeting, including a reduction in the risk score and level for one of the sub-risks (**SRR 001D**) overseen by this Committee. The Board was assured that the risk had been reduced from 'Likely' (score of 4) to 'Possible' (score of 3) as a result of the British Medical Association's (BMA) agreement to suspend all industrial action in Wales in order to resume negotiations with the Welsh Government on the 2023/24 pay award.

Table 2 displays the status as of June 2024 for the **four** strategic sub-risks delegated to the P&C Committee. The risks have been reviewed and updated to provide the Committee with up-to-date information on the internal control system and sources of assurance for each sub-risk. While the risks have been updated to include enhancement of control and assurances there has been no change in the risk score or level.

The Committee Risk Register is included in **Appendix A** and the Dashboard and individual risk assessments for the **four** sub-risks are included in **Appendix B.**

Table 2

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 **Theme**	There is a risk that the Health Board will be unable to deliver and	a) Due to an inability to recruit and retain staff across all disciplines and specialties.	**Extreme (16)**	**Y**

People **Appetite** OPEN Score 17 and below	maintain high-quality quality safe and sustainable services that meet the changing needs of the population.	b) Due to a deterioration in, and a failure to improve, the well-being of our staff.	**High (12)**	**Y**
		c) Due to insufficient and ineffective leadership levels throughout the organisation.	**High (12)**	**Y**
		d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.	**High (12)**	**Y**

Over the coming months, work with risk owners will continue to assess and refine controls and assurances, with a focus on the financial context and its impact on individual strategic risks, as well as horizon scanning for potential new risks that could impede delivery of the Health Boards' objectives.

Corporate Risk Register (CRR)

The P&C Committee has been delegated responsibility for oversight of any corporate risk (significant operational risks) relevant to its agenda.

Table 2 summarises one high-level operational risk that was escalated to the CRR in accordance with the Risk Management Framework's escalation process. The Welsh Language Standards Team manages and updates the risk, with oversight from the Executive Committee, due to the potential impact on the Health Board's compliance with the standards, as well as the recognition that implementing and embedding the standards requires greater leadership than one Executive Director can provide.

Enhanced oversight by the P&C Committee will ensure that the risk is managed appropriately, and that work is progressing to embed the Welsh language standards across the organisation.

The full risk assessment is attached as **Appendix C.**

Table 2

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
CRR 005 **Theme** Safety & Compliance **Appetite** Minimal Score 8 and below	There is a risk that the Health Board will not be fully compliant with the Welsh Language (Wales) Measure 2011	Due to the limited accessibility and provision of services in Welsh throughout the Health Board	**High (12)**	**N**

Workforce and OD Divisional Risk Register

The Workforce and OD Division reviews potential local risks and issues at its monthly divisional day to ensure it captures the key operational risks, and that, the controls and action plans in place are appropriate and there is sufficient mitigation in place to prevent escalation.

One addition has been made to the local risk register since the last meeting in February 2024 on non-pay issues linked to the WHC 2024 (017); Implementation of the Non- Pay Elements of the Collective Agreement (2022-24). This risk is currently being assessed and there is no requirement for escalation at this point in time as the mitigating actions are being implemented and monitored in partnership with Trade Union Partnership Forum.

Annual Review and Horizon Scanning

All strategic and corporate risks will be discussed at the Executive Time Out session in June to ensure they are reflective of the operating environment and are recorded and reported at the appropriate level. The next iteration of this report will consider any changes in the strategic/corporate risk environment.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the delegated strategic risks;
- **NOTE** the delegated corporate risk;
- **NOTE** the ongoing work to identify and manage all risks that could impact the Health Board's delivery of its People Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Strategic Risk Register is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Board and respective Committees of the Board have considered risks contained within the Strategic Risk Register

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable

Risk ID	Monitoring Committee	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Actions to Reduce Risk to Target	Assurance that the Risk is being manged effectively	Target Risk Score				Review of Risk	
							Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level	Last Reviewed	Next Review
SRR 001	People & Culture Committee	People	Director of Workforce and Organisational Development	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a)Due to an inability to recruit and retain staff across all disciplines and specialities.	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Reliance on agency and bank staff •Litigation & Financial Penalties	4	4	16	Extreme	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Staff Attendance: 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., "Hot spot" areas identified and plans in place to support. Recruitment: 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, Annual programme of Apprentice recruitment, Overseas Nursing (All Wales), Nursing Workforce Strategy, Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22) , Partnerships with employability schemes such as Kickstart and Restart, Actively working with Local Authorities to promote joint recruitment activities and Registration – Temporary register extended for 2 years to enable staff to return to practice. Retention: Development of career pathways (e.g., non-clinical to clinical), Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR, 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, Changes in pension regulation and flexile retirement options from October 23 and reduced break in service required following retire and return, Agency reduction and Plan in place to monitor and review all agency, bank pay incentives supply and demand. E-Systems: Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff, Development of alternative and new roles , Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP, Primary Care workforce 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. and Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. Training: 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. Including Primary Care Academy, Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked. Core Leadership prog currently delivering to 200 Staff: Vacancy Numbers and establishment control Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period March 23 there were circa 728 WTE vacancies and Development of ESR establishments commenced on a national basis w/c 03/09/23.	Medium	3	2	6	Low	01/06/2024	01/07/2024
					b) Due to a deterioration in, and a failure to improve, the well-being of our staff	•High absence levels, with some sustained long periods •Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Reputational damage to the health board as an employer •Work-related industrial injury claims •Moral injury	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars)., Increase wellbeing initiatives: 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), Train Mediators so there is team and organisational resilience and network, Regular Schwartz rounds arranged across the Health Board, Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme, Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision. Chaplaincy service for staff , Re-launching Chill out in the Chapel, Recruitment of staff counsellors, 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 research 'Healthy Working Day', Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management, Drafting of a 10-year plan focusing on optimising the employee experience of work , 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. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations. Occupational Health Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes, Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted, Support equality and diversity of workforce Review of staff diversity networks, Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing. Other Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC, Reducing fatigue poster developed	Medium	3	3	9	Moderate	01/04/2024	01/07/2024

					c) Due to insufficient and ineffective leadership levels throughout the organisation.	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve sustainability •Poor levels of accountability and delivery •Reputational damage to the health board as an employer •Adverse impacts on staff recruitment and retention	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Talent and Succession Planning lead appointed in July 2023 on a 6-month secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding. 2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September. Development leadership capabilities Designing learning journeys and access to Gwella Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23- open for current and aspiring CDs 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.	Medium	3	2	6	Low	01/04/2024	07/07/2024
					d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Litigation & Financial Penalties •Reputational damage to the health board and loss of public confidence	3	4	12	High	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Services Business continuity plans in place. All Wales training sessions provide by legal and risk to support industrial action. Ensure early identification of mandated Statutory, and core critical clinical services. 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 employees. Such information 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. Reducing impact on patients - Support for early supported discharge prior to industrial action. 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 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). Establish WOD hub with emergency planning to stand up as required 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. Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer).	Medium	2	4	8	Moderate	01/04/2024	01/07/2024

Reference				Risk Score Matrix											
				2	4	5	6	8	9	10	12	15	16	20	25
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a)Due to an inability to recruit and retain staff across all disciplines and specialities.				x						●◊		
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff						x		●		◊		
			c) Due to insufficient and ineffective leadership levels throughout the organisation.				x				●		◊		
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level					x			●		◊		

Assessment of adequacy of assurances	
	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insufficent in telling us that the conrols in place are working effectively with substantial gaps identified which need to be addressed.

Key		
	Current Score	●
	Target Score	x
	Appetite Threshold	◊
	Current to target	◄-

RISK THEME	PEOPLE				
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	**a)** Due to an inability to recruit and retain staff across all disciplines and specialties.		**Publication Status**	Public	**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Reliance on agency and bank staff ➢ Litigation & Financial Penalties				**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	People & Culture Committee	**Likelihood**	4 *(Likely)* x	3 *(Possible)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*	
Last Reviewed	01 June 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*	
Next Review Monthly based on the current risk score	01 July 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	Plans to Improve Control *(Are further controls possible to reduce risk exposure within tolerable range?)*	Sources of Assurance *(Evidence that the controls/ systems which we are placing reliance on are effective)*	Gaps in Assurance/ Actions to Address Gaps *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	Assurance Rating *(Overall Assessment)*
• Monitoring Framework to support roll-out of the People Plan. • Workforce Dashboard to track activity – recruitment, turnover, sickness absence. • Supply and demand tracker (Nursing and HCSW). • People Plan tracker to support delivery of actions within the People Plan 2022-25. • Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. • Management of attendance through All Wales Management Attendance at Work Policy. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. • Nurse Staffing Levels (Wales) Act 201625b/25c. • Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. • Workforce planning supported by Compendium of new roles to support innovative workforce models. • Recruitment KPI's. • IMTP (Integrated Medium-Term Plan) Educational Commissioning. • Workforce Establishment controls national working group has been instigated. • Value and Sustainability Board. **Recruitment**	**Retention** • Development of career pathways (e.g., non-clinical to clinical). • Talent management and succession planning framework in process of internal assurance. Presented to TUPF through a development session and going to Exec Committee on 06 June 2024. • Career conversations and succession planning resources designed, will be available on intranet from 07 June 2024. • Career conversation workshops designed, plans in place to advertise dates post 06 June 2024. • All Wales self-assessment retention tool being completed at organisational level for Nursing and Midwifery to provide a baseline. **E- Systems** • Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Workforce reports to the Nurse Strategic Workforce Group. • Monthly sickness monitoring reports. • Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. • Medical Staffing Co-ordinator review of medical rotas. • Cross site operational calls. • Occupational Health and Wellbeing dashboards report KPIs. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 • Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board.	**Gaps in Assurance** **Action to Address Gaps in Assurance**	**Positive Assurance**

• Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. • Annual programme of Apprentice recruitment • Overseas Nursing (All Wales Recruitment programme) • Nursing Workforce Strategy agreed • Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022) • Partnerships with employability schemes and FE/HE to widen access. • Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. **Retention:** • Retention lead appointed with programme action plan in place for the next two years. • Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR. • Week of events planned to support retention agenda in June 2024. This will include a mixed method of online webinars, videos and retention materials. • Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts. • Changes in pension regulation and flexile retirement options from October 2023 and reduced break in service required following retire and return. **Variable pay reduction.** • Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board. **E- Systems** • Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. eLocum Bank, eJob Planning, eAgency systems are all 'live' and rolled out within the Health Board. eRostering is planned to go live shortly following ESR interface testing. **Development of alternative and new roles** • A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent, and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care • The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management. **Training** • The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - 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 2024 and beyond which are required to support turnover and existing vacancies.	**Development of alternative and new roles** • Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. • Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. • Looking to increase assistant band 4 in Community/Mental Health • Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity. • Increasing consultant therapy and nurse practitioners • Nurses with skills to support chronic disease management in Primary Care • RCN introduction of Registered Nurse Associate role to help build the capacity of the nursing workforce – students to start from September 2025 with placements from September 2027. • Development of new roles and career pathways to support hard to fill roles in Health Visiting. **Training** • HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy • Workforce planning within new competency framework commencing June 2024. • Development opportunity being scoped for Business support staff and Masterclasses being launched across the organisation for key business critical themes.	• Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. • Measurements of Wellbeing through the ABUHB • (Aneurin Bevan University Health Board) Staff Survey. • Routine Reporting against nurse staffing levels. • Variable Pay Programme Board reporting to Value and Sustainability Board **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit Reviews 2023 -24 • Long Term Sickness Absence Management (Q4) • Flexible Working (Q4) • External quarterly vacancy reporting to WG • External reporting on Nursing Staffing Levels • National Acuity Audits (Nursing) • National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges - The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.		

• HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience. • RN/HCSW Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (6 supported this year) • Cadet Nursing programme in place (20 candidates last year) • K102 bridging model now being offered to support HCSW pathways into registered nursing. • Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) is in its second year. Similar program developed for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group which commenced 23 April 2024. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff. **Vacancy Numbers and establishment control** • Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period December 2024 there were circa 619 WTE vacancies. Reduction 109 WTE from March 2023. Next reporting update is due mid-May 2024. • Development of ESR establishments commenced on a national basis w/c 03 September 2023. Local delivery action plan has been developed and approved by Executive Committee in April 2024. Project workstream established and work commenced. **Staff attendance** • 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. • "Hot spot" areas identified and plans in place to support.				

RISK THEME	PEOPLE
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**

Strategic Threat	**b)** Due to a deterioration in, and a failure to improve, the well-being of staff.	**Publication Status**	Public

Risk Appetite Level – Open
Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.

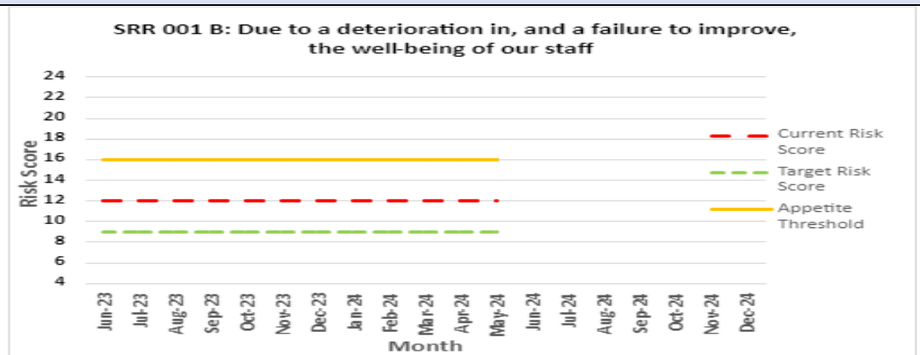
Impact

- High absence levels, with some sustained long periods
- Adverse impacts on delivery of care to patients across acute and non-acute settings
- Non-compliance with safe staffing principles and standards
- Reputational damage to the health board as an employer
- Work-related industrial injury claims
- Moral injury

Risk Appetite Threshold – Open Score 17 and below.
Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.

SUMMARY
The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

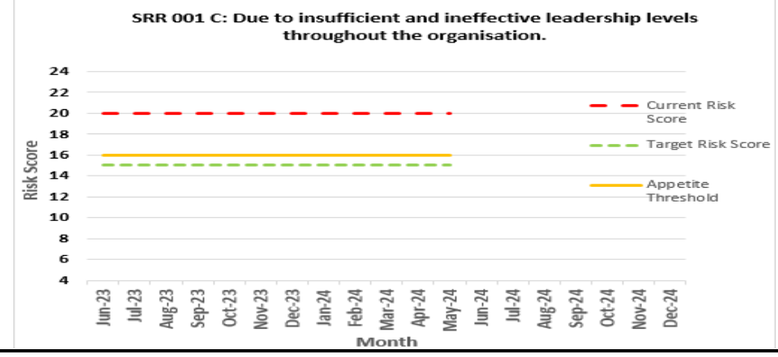
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* x	**3** *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**3** *(Moderate)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*
Next Review Due Quarterly based on the current risk score	01 August 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall)*
• 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 Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. • Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. • Strategic Equality plan • Rest and Facilities charter – monitoring and compliance. • Staff related policies. • National Staff Survey and Health Board Employee Experience Survey • External Employee Assistance Programme • Speaking up Safely action plan • Race/LGBT groups. • Wellbeing resources • Occupational Health Service • Staff diversity networks • Regular Schwartz rounds arranged across the Health Board	• Increase wellbeing initiatives: • Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders). • Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. • Trained mediators so there is team and organisational resilience and network. • Scope, design and deliver a programme of research 'Healthy Working Day'. • Enhanced our financial well-being offer. • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Dashboard reporting • Reporting to monitor the rollout of the People Plan 22-25 • Reporting to monitor of demand on wellbeing services **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • People and Culture Committee reports (People Plan 22-25) • Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and Facilities **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers	**Gaps in Assurance** • Understand if support is reaching all staff **Action to Address Gaps in Assurance** • Meetings with Divisions ongoing to ensure all areas are aware of what's available.	**Positive Assurance**

• Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. • Close links with the Arts in Health programme • Chaplaincy service for staff • Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. • The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB. This workstream began in October 2023 and will be developed over the next 12 months with a strong emphasis on evidence analysis and culture. The initial SUS Steering group was held on 14 March 2024, and an externally commissioned SUS hotline will be piloted in April 2024. • An external Employee Assistance Programme (Vivup) has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative. **Occupational Health** • Additional occupational health resources secured to reduce waiting times. • Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes. • Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. **Support equality and diversity of workforce.** • A part time Disability Inclusion Officer has been seconded to the EDI Team (December 2023 – December 2024). • Band 5 EDI Officer appointed and commence in post at the end of March 2024. • Inclusive Leadership sessions embedded in the Leading People Programme from January 2024 onwards. • Reverse Mentorship Programme launched February 2024. **Other** • Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC • Reducing fatigue poster developed.	**Occupational Health**. • Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. **Support equality and diversity of workforce.** • Review of staff diversity networks. • Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. • Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. • Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing.	• Staff Welfare Charter • Sickness Absence Audit 2023/24		

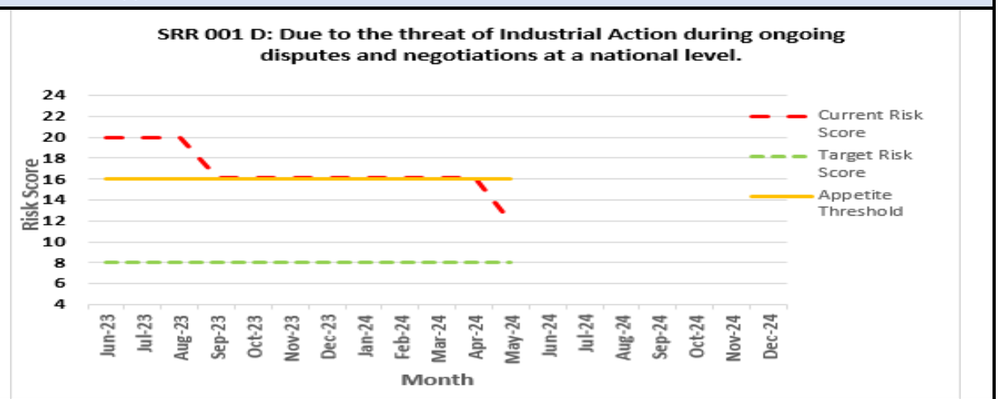
RISK THEME	PEOPLE			
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	**c)** Due to insufficient and ineffective leadership levels throughout the organisation	**Publication Status**	Public	**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Failure to deliver health board priorities, required improvements and achieve sustainability; ➢ Poor levels of accountability and delivery; ➢ Reputational damage to the health board as an employer; ➢ Adverse impacts on staff recruitment and retention			**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	2 *(Minor)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Talent and Succession Planning • Monitoring Framework to support roll out of the People Plan- focus on Talent and Succession Planning • Monitoring frameworks with HEIW • Lead appointed in July 2023 on a secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify, and develop talent for critical roles across ABUHB. • HEIW schemes • 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. **Development leadership capabilities** • Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Leadership development offer now available for entry level leaders and managers, Clinical Directors, Directorate Manager development programme (DMx) to launch Q1 2024/25, Senior Nurses and multi-disciplinary teams. • Learning Masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing teams, and having courageous conversations. • Leading People Programme (starting cohort 8 May 2024) • 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.	**Talent and Succession Planning** • Pilot planned for Finance, Occupational Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy. **Development leadership capabilities** • Currently exploring leadership funding options with USW in order to maximise Governmental Grants and utilisation of the apprentice levy. • Continued commitment to NHS graduate schemes.	Level 1 Operational *(Implemented by the department that performs daily operation activities)* • WOD Divisional reporting • Evaluation of internal leadership programmes and regular review of our internal offer Level 2 Organisational *(Executed by risk management and compliance functions.)* • Reporting to People and Culture Committee - progress against People Plan 22-25 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit Review • Talent and Succession Board	**Gaps in Assurance** **Action to Address Gaps in Assurance**	**Positive Assurance**

RISK THEME	PEOPLE			
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	**d)** Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	**Publication Status**	Public	**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Litigation & Financial Penalties ➢ Reputational damage to the health board and loss of public confidence			**Risk Appetite Threshold – Open Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	*3 (Possible)* *x*	**2** *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**4** *(Major)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024			

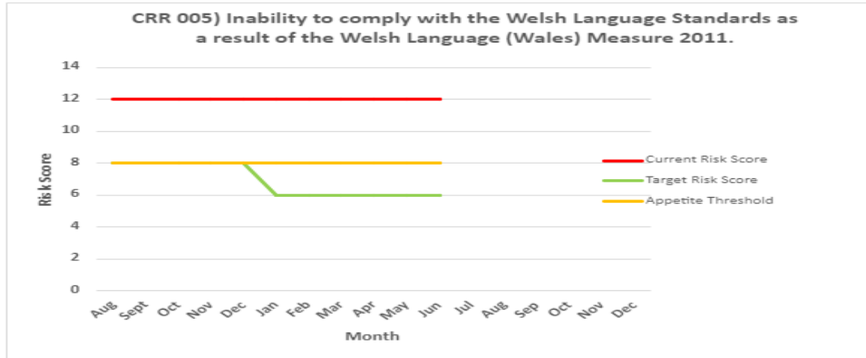


Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• All Wales Industrial Action Planning Group • Local Health Board planning arrangements • Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture • Effective derogation processes including Christmas Day cover definition. • Local Negotiating Committee (LNC) • Services Business continuity plans in place. • Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. • Command and control structure and leads established. • Derogation test completed. • Executive and Senior Manager leads established links with national planning cells. • All Wales training sessions provide by legal and risk to support industrial action. • Reducing impact on patients - Support for early supported discharge prior to industrial action. • Picketing guidance supported and agreed	• Agreement reached in England for Medical & Dental Staff – re-commencement of negotiations in Wales for Medical & Dental Staff. • Issue of WHC AFC non pay elements of collective agreement 2022-24. Response to WG on immediate assurance by end May 2024 • Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). • Communication plans- public, stakeholders and partners • Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application. • Consideration of further additional national legal advice	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Local Staff re-deployments assessment • Divisional engagement and service planning arrangements in place • Local Negotiating Committee (LNC) • Trade Union Partnership meetings **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Reporting to Executive team • Business Continuity groups • Command and control structure in place to be implemented as required. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • All Wales IA group and Welsh Government planning group. • Debriefing session planned to reflect and capture learning for any potential future action	**Gaps in Assurance** • Further industrial action **Action to Address Gaps in Assurance**	**Reasonable Assurance**

Appendix C – Corporate Risk Register: Risk Assessment

RISK THEME	COMPLIANCE AND SAFETY			
Corporate Risk (CRR 005)	**There is a risk that the Health Board will not be fully compliant with the Welsh Language (Wales) Measure 2011**			
Threat	➢ **Due to the limited accessibility and provision of services in Welsh throughout the Health Board**			
Impact	➢ Failure to comply with Legislation (*Welsh Language Act 2011)* ➢ Poor patient Experience ➢ Reputational Damage ➢ Public Confidence ➢ Financial Implications			
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	**4** *(Likely)* **x**	**2** *(Unlikely)* **x**
Initial Date of Assessment	June 2023	**Impact**	**3** *(Moderate)*	**3** *(Moderate)*
Last Reviewed	May 2024	**Risk rating**	***= 12*** *(High)*	**= 6** *(Moderate)*
Next Review Due Quarterly based on the current risk score	August 2024			

Risk Appetite Level	**Minimal**
Risk Appetite Threshold	**8 and below**
Summary	The current risk level is **OUTSIDE** of target level and **OUTSIDE** of the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Performance Framework to track compliance targets. • People plan multi point action plan in place and monitoring service delivery in relation to Welsh Language • Workforce Monitoring Framework to support People Plan • Reporting structure embedded to ensure action plans are implemented. • SLA in place to support translation of documentation (internal translation). • Reporting framework in place for Welsh Language Commissioner • WG monitoring framework – 'More Than Just Words'. • Mandatory requirement to report Welsh Language skills on ESR. • Mandatory training module on ESR around ''More Than Just Words''. • Health Board Representation secured at national meetings. • Welsh language leads groups which share best practice and monitors issues across organisations • Welsh language tutor appointed and working with first cohort to improve confidence of those who have Welsh language skills. • Translation SLA transferred to new provider with greater experience in translating health documents at a reduced cost to the Health Board.	• WG funded course to deliver courtesy level Welsh to all staff working within the Health Board. National working group established including representation from ABUHB to design the course. • Targeted recruitment campaign to recruit Welsh speakers to any role within the Health Board.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Regular local audits undertaken on documentation and calls to ensure compliance. • Performance against SLA, targets, and compliance against standards and complaints reported monthly to WOD divisional meeting. • Review and monitor translation capacity and activity. • Spot check audits on areas of compliance e.g., patient letters, site visits to identify visual markers, telephony mystery shopping. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Report to the People and Culture Committee on compliance with the Act. • Monitor compliance with self-identification skills levels at Divisional level and supportive corrective measure. • Items reserved on agendas in readiness for exception reporting. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Progress and Compliance Reports to the Welsh Language Commissioner (published publicly) • Welsh Government chaired group to monitor adherence to ''More Than Just Words'' Framework • Gwent organisational wide level group 'More Than Just Words' which escalates to Gwent Workforce Board.	**Gaps in Assurance** • Level of compliance throughout the Health Board with the Welsh Language standards **Action to Address Gaps in Assurance** • Commission an Internal Audit to assess compliance with Welsh Language	**Reasonable Assurance**

Agenda Item:3.2

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 June 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Progress update on the Delivery of Welsh Government's Anti-Racist Wales Action Plan
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Non Ellis, Equality, Diversity & Inclusion Specialist

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides the People and Culture Committee with an update on the Health Board's delivery of the actions within the Welsh Government's Anti-racist Wales Action Plan (ARWAP). The Welsh Government launched its Anti-racist Wales Action Plan in June 2022, outlining 11 policy areas, including Health and Social Care. There are five enabling goals for the policy area of Health:

- Leadership and Accountability
- Workforce
- Data
- Access to services
- Tackling health inequalities.

Appendix 1 provides the Committee with the Health Board's ARWAP implementation plan (2022 – 2024). This paper focuses on the specific actions outlined in the implementation plan, and work that is being undertaken to meet them.

Our vision is to create an anti-racist culture and contribute to Welsh Government's long term vision for 'A Wales which is anti-racist' set out in An introduction to an Anti-racist Wales (gov.wales).

Addressing race inequalities in the NHS workforce is critical on multiple levels. Experiences of discrimination can have a profound impact on ethnic minority staff. There are also wider implications for the health service: evidence shows that fair treatment of staff is linked to a better experience of care for patients. Additionally, in light of the current workforce crisis, improving the Health Board's performance on diversity and inclusion can play an important role in the Health Board becoming an Employer of Choice to a wider talent pool.

The People and Culture Committee is asked to note the contents of the paper and receive assurance on the work that is progressing across the Health Board to ensure the actions are met.

Cefndir / Background

In early 2020, the Welsh Government started work on an action plan for race equality, following calls by the Wales Race Forum and other grassroots organisations. Almost immediately, this work was halted by the COVID-19 Pandemic.

The disproportionate impact of the pandemic on Black, Asian and Minority Ethnic people further highlighted the systemic racism and inequalities faced by minority ethnic people both in Wales and elsewhere. During the summer of 2020, work on a new Race Equality Action Plan resumed with a consultation between March 2021 – June 2021. Following the consultation, a review of evidence and as a result of the work of the Welsh Government Black, Asian and Minority Ethnic COVID-19 Advisory Group and the socio-economic subgroup, the Race Equality Action Plan developed into the Anti-racist Wales Action Plan (ARWAP).

Research by the King's Fund (2020) suggests that approaches to race equality and inclusion are not 'one size fits all' and that there is a lack of proven interventions. This means that individuals and organisations need to make a concerted effort at a local level to iterate the approach that works for them. With this in mind, the Health Board's ARWAP Implementation Plan (Appendix 1) has been co-produced with the Health Board's Race Equality Group. The plan reflects the 'lived experience' of staff members, in addition to research evidence and best practice, mapped against the five enabling goals of the ARWAP.

The first three Health Board identified priorities were to:

1. 'Open up the conversation' across the organisation, listening and learning from the 'lived experience' of our staff and helping everyone to feel safe to talk about racism, race equality and an anti-racist approach.
2. Improve our baseline ethnicity and other equalities data to ensure we can better target our actions and monitor progress.
3. Build on existing staff support mechanisms and expanding education to increase psychological safety and cultural competence.

Delivery of these actions, alongside the delivery of our wider Equality Objectives, will ensure that Black, Asian and minority ethnic people, including our patients and staff, will have confidence that action is being taken to address inequalities and that their voice is heard in shaping this plan and the decisions that affect them.

Asesiad / Assessment

The vision for an Anti-racist Wales is integral to the delivery of fair, inclusive high-quality services via an engaged and diverse workforce, who are supported by good employment. We acknowledge that racial inequalities need to be tackled actively and assertively in order for us to realise our goal of improving the physical, emotional and mental health and wellbeing of all people who live and work in Gwent.

The Health Board has begun to address race inequalities and inclusion by introducing interventions to make it safer to talk about race-related issues and interventions to enable development and career progression for ethnic minority staff.

It is important to note that this type of cultural change is complex, multi-faceted and takes time, however, the Health Board is committed to changing our working environments for the better.

Key Milestones for the reporting period
The Health Board's new Strategic Equality Plan (SEP) which includes our Equality Objectives (2024 – 2028) is in place. This was approved at the March 2024 Board meeting. In addition, an implementation plan is now under development which will set out our commitment to actions required to redress disparity, progress, timescales and supporting evidence.

Our SEP will help in our discussions with local partners including local populations, and review and improve our performance for people with characteristics protected by the Equality Act 2010. By using the Equality Objectives, the Health Board can also be helped to deliver on the Public Sector Equality Duty.

Ethnicity Pay Gap Audit
Currently, there is a legal requirement for organisations employing over 250 people to routinely report gender pay gaps but no requirement for ethnicity pay gaps. This year the Health Board published its second voluntary Ethnicity Pay Gap Statement, demonstrating our active commitment to better understand recruitment, staff development and retention in relation to the experiences of our ethnic minority staff.

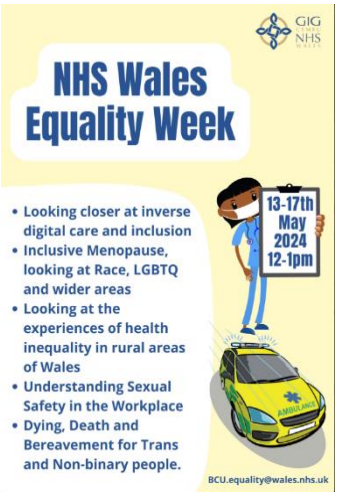
Before we develop dedicated and detailed actions to address our ethnicity pay gap in collaboration with our Race Equality groups, Trade Unions and other stakeholders, we would like to engage the support of a statistician to enable the Health Board to better understand the reasons for the pay gap. We will be working in collaboration with Cardiff University during 2024 to undertake the analysis and action required by the 'equal pay duty', to ensure its effectiveness and to make a lasting impact on ethnicity pay disparities in the Health Board.

Staff Training and Development
We continue to monitor compliance against mandatory equality training. As of April 2024, the Health Board achieved 85.17% mandatory equality training compliance a slight decrease from 85.37% in April 2023.

An Inclusive Leadership workshop has been introduced to the Leading People and Leadership Development Programmes, in addition to the Nursing Academy. The workshop aims to introduce leaders to powerful inclusive leadership strategies. It also supports leaders to examine and understand the impact that racism, privilege, intersectionality, and allyship have on levels of prejudice and acceptance at work.

The Health Board currently has 5 workplaces engaged with Diverse Cymru's Cultural Competence Certification Scheme. This includes the Person-Centred Care Team and Maternity Services. The Scheme is an award-winning workplace development tool to help organisations implement good workplace practice, ensuring services are fair and equitable for Black, Asian and minority ethnic people in Wales.

Figure 1. Equality Week 2024 Programme



NHS Wales Equality Week 2024 was widely promoted across the workforce. Taking place on 13-17 May, it was a national campaign for health and care organisations. Equality Week is a platform for NHS Wales organisations to highlight their work to create a fairer and more inclusive NHS for patients and staff.

Diversity Calendar 2023/24

We have continued to increase our sector-specific equality communications (through and the reviewed equality staff intranet pages) to promote greater awareness of equality and to share more examples of excellent equality practices internally.

We have also engaged with numerous campaigns and events such as Give Racism the Red Card, National Staff Network Day, NHS Overseas Workers Day, International Nurses Day, Black History Month, etc.

Figure 2. Pictures from Give Racism the Red Card Campaign, October 2023

Figure 3. Pictures from International Nurses Day, May 2024

Project SEEN

The Health Board was successful in its bid for a grant from the Welsh Government to support the delivery of the culture, heritage and sport goals and actions in the ARWAP.

Recognising that, historically, the artwork displayed across our sites were not always representative of the communities we serve or the people who work there, 10 regional artists from Black, Asian and minority ethnic backgrounds were commissioned to produce pieces of art to represent 'icons' from the health community in Gwent, past or present, who were nominated by staff members . In addition, a film was commissioned in collaboration with a regional artist and Llanwern and Lliswery High Schools, exploring the contributions of Black, Asian and minority ethnic staff during the COVID-19 Pandemic.

At a launch event on 26 February 2024, we brought together partners, stakeholders and the local community to showcase the collection. The final pieces will now be displayed across our Health Board's sites.

Project Seen proudly shines a light on the illustrious history and significant contribution of Black, Asian and minority ethnic people to health and care in Gwent and encourages more representation within the Health Board.

Figure 4. Pictures of Project Seen Launch Event

Support for Internationally Educated Colleagues
As a multicultural organisation we place great importance on supporting our growing workforce.

We know from anecdotal feedback from staff and other research that ethnic minority and Internal Medical Graduates (IMG) practitioners are more likely to enter disciplinary processes (GMC, 2019), have higher rates of cases with our service (NHS Resolution, 2023) and "black and minority ethnic backgrounds have a poorer experience of medicine than their white colleagues" (NHS England, 2023).

In February 2024, the Health Board launched its Medic Mentor 'buddy' scheme. The Scheme aims to support IMGs transitioning into the workforce and life in the UK. This well-structured program aims to connect new NHS members with experienced colleagues, fostering a nurturing environment for shared learning and mutual support. By providing personalised guidance from those familiar with the intricacies of the NHS system, this scheme aims to better facilitate the transition of new IMGs into their roles.

As part of the 'Improving employee investigations' work in NHS Wales, the Health Board's Employee Experience function, with support from the Equality, Diversity and Inclusion function, developed a blog featuring Dr Jaideep Kitson, Assistant Medical Director, for HEIW's Gwella platform, to consider the impact of Employee Investigations on professionals from minority ethnic background.

The link provided signposts to the Blog: NHS professionals from minority ethnic backgrounds and employee investigations: How can we do better?

We recognise that the transition for new staff who have joined the Health Board from overseas can be difficult, but we are committed to making the move easier and more enjoyable for all. We offer several additional supportive measures, including advice on accommodation, finances, the local area, etc. For all nurses coming from overseas, we provide a structured on-boarding programme to ensure that you are supported continuously throughout your time with us.

A Network has been established for Internationally Educated Nurses (IENs) as a platform for IENs to share their professional journey and provide support for each other. The network is a supportive space where nursing staff educated outside of the UK can meet and discuss the issues that are important to them and provide peer support through their professional integration journey in the Health Board.

Widening Participation
Ensuring our workforce is more representative of the communities it seeks to serve and where development and progression is based upon a person's merit, ability and motivation and not their social background or the privilege, extent and effectiveness of their social networks, is key to our anti-racism approach. In order to support this, we must increase the number of pre-employment opportunities generally and ensure they are distributed equally among our communities.

The Equality, Diversity and Inclusion and the Learning and Development functions are working collaboratively to ensure that our Work Experience offer attracts a talent pool of candidates who may be underrepresented in our current workforce.

Work is underway to promote work experience at all levels and engage with as many community events as possible, using positive action and targeted engagement with the aim of raising the profile of the Health Board as an Employer of Choice and our commitment of ensuring our workforce is representative of the communities we serve.

There has been an increased focus on creating internal activities, such as engagement with Learning at Work Week (May 2024) and creating resources and content which spotlight work experience and highlight success stories.

The link provided signposts to a success story shared during Learning at Work Week 2024: Gwent Resident Overcomes Autism Spectrum Disorder Barriers to Follow Career Dreams.

A 'Hosting Inclusive Work Experience Placements for All' Toolkit has been co-produced and can be downloaded to support workplaces in hosting inclusive work experience candidates for all.

The link provided signposts to the newly developed intranet pages and Toolkit: Work Experience - Nurturing the Workforce of our Future.

In addition, the Equality, Diversity and Inclusion and Welsh Language functions were awarded a Widening Participation Grant from Health Education in Wales to develop and deliver a project that aims to introduce Year 6 pupils to the world of medicine and healthcare. Local primary schools will be invited to participate if their school aligns with the Health Board's Widening Participation objectives(e.g., has a high number of pupils from ethnic minority backgrounds).

Reverse Mentorship Programme
Leaders at all levels play an important role in supporting and resourcing race equality and inclusion initiatives and addressing resistance and issues as and when they occur, through leadership, participation or allyship. With this in mind, a Reverse Mentoring Programme has been developed to benefit both the individuals involved and our wider organisation.

Reverse mentoring turns the traditional mentoring model on its head – senior colleagues are mentored by junior staff to create mutual understanding, challenge established hierarchies and foster a culture where all experiences, skills and ideas are recognised.

The programme aims to enable leaders to understand the challenges that staff from ethnic minority backgrounds face in the workplace and is designed to create transformational and sustainable change where diversity and inclusion become a strength for our organisation and its workforce.

The programme has been endorsed by the Executive Team, with members putting themselves forward to take part as Mentees. Mentors (junior members of staff from Black, Asian and minority ethnic backgrounds) have been recruited and have taken part in an introductory workshop.

This programme will run for 6 months (June 2024 – November 2024), with Mentors meeting with their Mentees monthly during work hours. Participants will receive skills and tools to assist them in raising their confidence, coaching skills to share experiences/stories, messaging, positioning difficult questions, actions and responding to emotions.

Workforce Race Equality Standards (WRES)
The WRES is a tool which will be used to capture evidence of the workforce experience at a national and organisational level. It will enable workforce data to be consistently scrutinised against common indicators grouped under four domains:

- Leadership & Progression
- CPD & Training
- Discipline & Capability
- Bullying, Harassment and Discrimination

The WRES requires NHS organisations to demonstrate progress against specific workforce metrics including a metric on Board ethnicity representation.

The first submission deadline for the WRES data was the 19 April 2024. HEIW will receive the aggregated and anonymised data sets for analysis, and provide all NHS Wales Health Boards, Trusts and Special Heath Authorities with individual organisational level reports in June 2024. HEIW will produce 13 organisational level reports and a national summary report.

Reporting will highlight where there are disparities in the experience of Black, Asian, and Minority Ethnic health and social care staff. By doing this it will support organisations to implement targeted action to address systemic issues to improve the experiences of the Ethnic Minority workforce.

The link provided signposts to a short video clip describing the WRES: Workforce Race Equality Standard

Based on the WRES technical data results an associated WRES Action Plan will need to be developed to help close the gaps in workplace experience between White and Black and Ethnic Minority staff. In readiness, the WRES metrics have been closely aligned with the SEP Equality Objectives (2024 – 2028).

A fundamental component to enable making progress against the WRES is staff engagement and involvement. A WRES communication and engagement plan is in development to include:

- Staff focus groups at least 3 times a year, to discuss the WRES.
- Regular updates for all staff and external communication about our action plan and progress in implementing it.
- Key messages to Directorates to support them in delivering recommendations from the WRES.
- Specific focus on how to promote the work of the WRES in frontline services, specifically to staff from diverse communities in lower pay bands.

Making it safer to talk about race-related issues
The Health Board has an established raising concerns email address where staff can raise a concern about any issue and converse with a member of the HR team to identify a suitable course of action. In addition, in response to the Welsh Government Speaking up Safely framework launched in October 2023, the Health Board are launching an independent, confidential speaking up safely e-service and phoneline in June 2024.

A cross organisational working group with Board-level representation has been established to ensure our commitment and ongoing work to enable staff to speak up safely about concerns they have. This is in alignment with the Duty of Quality and Duty of Candour and complements the policies noted above and other clinical mechanisms such as Datix, counter fraud and safeguarding.

Race Equality Staff Network
We are continuing to grow and develop our Race Equality Staff Network (Voices), to ensure the network can influence decision making which shapes and influences their employee experience. There has been continued engagement with the Network, taking learning from their lived experience to co-produce anti-racist initiatives and policies.

In May 2024, the first All-Wales Staff Network event took place, bringing together staff network members from across NHS Wales organisations to shine a light and recognise the multiple benefits that staff networks/resource groups offer, as well as share best practice and learning.

Race Equality Advisory Group
The aim of the Race Equality Advisory Group is to help identify impacts and explore mitigations around Health Board policies and services where Black, Asian and minority ethnic people could experience inequality.

The group should ensure all stages of service development and change management programmes are informed by an anti-racist approach. They should also review and identify potential impacts of proposed activity on Black, Asian and minority ethnic people, the level of identified impact, and to help inform any action plan which might include further engagement with impacted groups to identify potential ways to mitigate the impacts.

To ensure their effectiveness, it is vital that the Health Board's Anti-Racism approach and wider Equality Objectives align with the Race Equality Staff Network and Advisory Group mission statements and objectives.

It is pertinent to note that engagement with the Staff Network and Advisory Group is inconsistent. This has a significant impact on progress against our ARWAP Implementation Plan. Feedback from members has suggested that a greater focus on more practical things that will engage people and improve their careers and drive incremental change is needed, rather than 'awareness raising' to better engage stakeholders.

Most of the individuals who take part in these groups will do so because they want to instigate change at an organisational and sector-wide level. Reinvigorating them and giving them the resources and visible support will not only benefit their cause, but also help meet our wider EDI and People Plan objectives.

Next Steps

We recognise that we are trying to bring about long-term culture change. We hope that the action taken to date in progressing our ARWAP Implementation Plan (2022 – 2024) has begun to make a difference.

Next steps include the co-development of a revised Implementation Plan with the Race Equality Staff network and Advisory Group to set out our actions for the coming two years (2024 -2026).

We have reflected on what we know from our data and feedback from our staff, and it is evident that continued focus is needed on the following objectives:

- Understand the experience of staff from communities who experience racism and make sure support is in place
- Embed an anti-racist approach to recruitment
- Provide training and development for staff from communities who experience racism
- Offer robust anti-racist training
- Create a diverse leadership team who can promote anti-racist practice.

There are resource implications in terms of delivering the Health Board's work to implement the ARWAP's five enabling goals for the policy area of Health. Furthermore, this emerging workstream is anticipated to become increasingly complex, particularly as the WRES technical data results are collated. It was therefore necessary to assess what resources are required and develop the EDI function more fully. As such, a Disability Inclusion Officer (0.4 FTE, 12-month secondment) and a Band 5 EDI Officer (1.0 FTE, Permanent) have been appointed to the EDI workstream.

The main risks/issues to highlight in this paper concern:

- Legislative and governance risks linked to enacting responsibilities from the PSED

- Inconsistent engagement with Race Equality Staff Network and Advisory Group.

These risks/issues and the mitigative actions are highlighted in the Implementation Plan, **Appendix 1**.

Argymhelliad / Recommendation

The Committee is asked to note the contents of the paper and the assurances around the work that is progressing across the Health Board to ensure the actions are met.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 4. Dignified Care 4.2 Patient Information 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership to reduce all hate crime Improve the wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Gender and Pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	1. Fair to refer? (GMC, 2019) 2. Workforce race inequalities and inclusion in NHS providers (Kings Fund, 2020) 3. Medical Workforce Race Equality Standard (MWRES); A commitment to collaborate The First Five (NHS England, 2023) 4. Demographics, professions and concerns: What are the patterns in Practitioner

	Performance Advice cases? (NHS Resolution, 2023)
Rhestr Termau: Glossary of Terms:	ARWAP – Anti-Racist Wales Action Plan EDI – Equality, Diversity & Inclusion FTE – Full Time Equivalent SEP – Strategic Equality Plan GMC – General Medical Council IEN – Internationally Educated Nurses IMG – International Medical Graduate WRES – Workforce Race Equality Standard
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs.

Action	ARMKP Enabling Goal	Key sub actions - milestones (only include high level critical milestones	AD/ Service Lead	Owner/Lead	Start Date	Planned End Date	Performance Excelling - Purple Achieving - Green Developing - Amber Undeveloped - Red	Expected Outcomes	2022 - 2023 Progress/ Outputs FOR REFERENCE ONLY - DO NOT UPDATE THIS COLUMN	Progress updates for 2024 Please add other updates (e.g., good news/positive events and learning) here and identify if any areas are off track)	Issues/Risks to Delivery and what is mitigation to bring action back on track	Governance reporting - what are the board or committee (s) where progress is reported
To 'open up the conversation' across the organisation, listening and learning from the 'lived experience' of our staff and helping everyone to feel safe to talk about racism, race equality and an anti-racist approach	Leadership & Accountability	Raise the profile of the work ARKMP's Race Equality Group. Consider a series of virtual 'drop in' events to 'open up' the conversation for staff to share their views. Work with colleagues from the corporate communications team and Divisions to develop a schedule of communications that promotes key race equality and anti-racism messages throughout the year. Utilise both internal role models from among our own staff and external role models to promote key messages. Report the work of the Race Equality Group to the Trade Union Partnership Forum (TUPF) via a regular agenda item. Scope out any internal and external groups that can help support our work. Consider the benefits and methods for helping staff to have a better understanding of different cultures as a means of increasing inclusivity and trust.	EDI Function	Executive Director WOD	Jun-22	Jun-23		More staff will be aware of the work being undertaken and how they can contribute. Staff engagement will help identify the important issues from a staff perspective and their views of how racism can be tackled, so that the actions taken are the right ones, at the right time and in the right way. The work and impact of the Race Equality Group will be raised, increasing understanding and awareness of staff in relation to anti-racism. Cultural differences and similarities will be better understood and good relations fostered between different groups. Staff will be encouraged and inspired by visible leaders across a wide range of roles and levels. Increased visibility and awareness of the work being undertaken by a wider range of professional groups and increase opportunities for joint learning. Maximise the potential for learning from the work being undertaken by the Trade Unions in relation to Equality, Diversity and Inclusion. ARKMP will have a broader range of resources and expertise that we can draw on to support the implementation of the Race Equality Action Plan and Anti-Racism agenda. Foster understanding and good relations between individuals and groups, helping to create a more inclusive and equal culture. More staff will be aware of the range of groups available to support them.	Online launch event took place on July 21st 2021 with keynote presentations from: • Judith Paget (SOC) who gave the background and context to the Action Plan • Dai Mayo (Sri Nurse Asylum Seekers & Vulnerable Groups and member of ABUHB Race Equality Group) who presented the priorities of the Action Plan • Leon Mohammed (Radio and TV Broadcaster) gave a presentation on his personal experience of racism, the impact this has had and the importance of tackling race discrimination. Workforce Race Equality Launch took place on July 21 2021. Schedule of 'drop in' events to be agreed. Health Board 'Spotlight on Maternity Services' undertaken in May with May 27th focused on Anti-Racist practice and equality of outcomes, published on intranet and via Social Media. A new Anti-racism Resource pack has been developed and distributed across Maternity Services. Exec Equality Sponsors identified for each Staff Diversity Network. Staff Survey 2021 published the NHS Wales 'Mindmark voices' event developed by Mindmark with Trust. In April 2021, Race Equality Fest was commissioned to provide Cultural Awareness training to the Board.	Key awareness dates marked over 2023/24 including Black History Month, Show Racism the Red Card, and NHS International Workers Day. The Health Board launched Project Seren, funded by a grant from the Welsh Government to support the delivery of the culture, heritage and sport goals and actions in the Anti-Racist Wales Action Plan. 20th March 2024, the Health Board held 'The Big Conversation-event around Bereavement' at the Christchurch Centre in Newport. Joined by patients, carers, staff, partners and our wider communities we facilitated a conversation on how we can improve bereavement services in Gwent. The event was a great opportunity to have open discussions with each other and our local communities around death and bereavement, so that we can learn what would make a difference to the end-of-life and bereavement care we provide. Intersectionality was embedded in the event programme, with key note speakers from Diverse Cymru, in addition to the Health Board's Chaplaincy and Equality, Diversity and Inclusion teams. EDI has an established agenda item on TUPF and updates are ongoing. The Organisational Development Team have facilitated 'Having Courageous and Timely Conversation' masterclasses. These interactive 2.5hr workshop delivered via MS teams will prepare staff to have courageous conversations in the workplace and explore how we create the conditions for people to flourish as individuals, in teams and across the whole organisation. It is recognised that our ability to form and maintain effective relationships at work is an essential part of our working lives and is a foundation for success. As part of the pre-consultation engagement activities to develop our Strategic Equality Plan 2024 – 2028, we shared a survey with staff to get their views on how we are performing against our current objectives and what the focus should be for our reviewed objectives. 46 members of staff completed the survey. Work continues to further develop our Staff Diversity Networks, including development of Terms of Reference, recruitment of Co-Chairs for each Network, and the recruitment of Executive Sponsors for each Network. Executive Sponsors established for all staff Diversity Networks. Protected time endorsed by Executive Team for staff network members to attend meetings (October 2023). Awaiting outcome from Charitable Funds application for funding for Network events. All-Wales staff network event organised for May 2024 to share best practices and experiences across organisations and provide a forum for networking across NHS Wales. The Health Board has launched its 12m (clinical directors x 10 months) programme to support clinical directors who lead the operations for often complex and challenging departments. The programme enables participants to understand how their own values and approach to decision making creates the climate within their teams and departments – providing an opportunity to review how they lead and consider leadership skills which encourage psychological safety, trust and team effectiveness. WNSS Communication and Engagement Plan in development. The first submission deadline for the WNSS data was the 19 April 2024. HEIW will receive the aggregated and anonymised data sets for analysis, and provide all NHS Wales Health Boards, Trusts and Special Heath Authorities with individual organisational level reports in June 2024.	The Race Equality Group needs further development to ensure its operations are effective and for reaching 8 reviews of the TOR and membership is underway to reenergise the group and associated work plans. The findings of the Staff SEP survey, alongside the feedback received from our 12 week public consultation, suggest there is further work needed to meet some of our Equality Objectives for 2020 – 2024, in particular around eliminating discrimination and promoting equality of opportunity. These considerations have been embedded in our SEP for 2024-2028.	Race Advisory Group People & Culture Committee The Board
To improve our baseline ethnicity and other equalities data to ensure we can better target our actions and monitor progress	Data	Line schedule of 'virtual drop in' sessions as one way of helping to identify the factors preventing compliance and how this can be increased. Design and develop a communications plan to raise awareness of the importance and relevance of completing the data. Improve ABUHB workforce data quality and implement the Workforce Race Equality Standard (WRES) to provide an evidence base to make and measure targeted structural change. Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff. Engaging with staff networks to gain a better understand the barriers to raising a concern – which supports ally ship, and anti-racism and intersectional discrimination.	EDI Function	Executive Director WOD	Jun-22	Jun-24		Staff start to feel safe and confident to provide ethnicity data and confident that data will be used for their benefit without risk of detriment. ABUHB will have complied with our duties under the Equality Act 2010 to publish accurate and timely diversity data. These that are asked to provide information about their ethnicity will have a greater understanding of why that information is needed, leading to greater trust. Increased levels of data will drive and inform improvements.	2023 the Health Board voluntarily undertook an Ethnicity Pay Gap audit. The Health Board have continued to report the equality data of staff via the Annual Equality Reports	We have continued to encourage staff to complete their equality related data on their Electronic Staff Record (ESR), through specific promotional activities, engagement with Staff Diversity Networks and regular communication messages on the ESR carousel. A HR Caseload tracker has been developed allowing for the monitoring of EDI related cases. This data will provide a valuable baseline to monitor progress against the SEP objectives and inform future planning. The Health Board have continued to voluntarily undertake an annual Ethnicity Pay Gap audit. The Health Board have continued to report the equality data of staff via the Annual Equality Reports EDI questions have been embedded in Staff Wellbeing Survey and Employee Experience surveys. WNSS Communication and Engagement Plan in development. The first submission deadline for the WNSS data was the 19 April 2024. HEIW will receive the aggregated and anonymised data sets for analysis, and provide all NHS Wales Health Boards, Trusts and Special Heath Authorities with individual organisational level reports in June 2024.	Ethnicity data is not used consistently to improve staff experience – Insights are at an overall level. Further work is needed to better understand the drivers for the ethnicity pay gap. Funding secured with Cardiff University to undertake a pay gap audit across the protected characteristics of gender, ethnicity and disability.	Race Advisory Group People & Culture Committee The Board
To ensure that health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services.	Data	The NHS in Wales will use workforce data and intelligence, including from Health Education and Improvement Wales' centre of excellence, to address concerns of discrimination and bullying raised by staff, including information such as staff survey results, lived experience and commissioned, independent interviews on the lived experiences of ethnic minority staff. This will be monitored jointly through the Joint Executive Team process. Embed recommendations for improving data and intelligence into our Strategic Equality Plan (2024-28).	EDI Function Public Health	Executive Team	Jun-22	Jun-24		Patients feel safe and confident to provide ethnicity data and confident that data will be used for their benefit. Compliance with duties under the Equality Act 2010 to publish accurate and timely diversity data. These that are asked to provide information about their ethnicity will have a greater understanding of why that information is needed, leading to greater trust.		Actions established in the Strategic Equality Plan (2024-28) to ensure that health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services. A collaborative approach with Public Health is in development to monitor health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services.	Ethnicity data is not used consistently to improve care, patient experience or treatment – insights are at an overall level. Lack of consistency in how research data is recorded restricts mapping across clusters/organisation.	Race Advisory Group People & Culture Committee The Board
Build on existing staff support mechanisms and expand education to increase psychological safety and cultural competence.	Workforce	Work with Health and Safety colleagues in the first instance to review support for staff who have experienced a racist incident. Utilise a coaching/mentoring approach to ensure the review is co-produced by those who have 'lived experience' of racism. Explore the concept of reverse mentoring as a means of supporting the development of senior leaders and others. Scope training opportunities and increase access to a wider range of staff. Demonstrate proactive support for the British Medical Association (BMA) Charter for Medical Schools to Prevent and Address Racial Harassment. Develop plan to support further development of an additional Staff network for Overseas and Ethnic Minority Staff. Embed ARMKP actions within the programme Talent Management Framework, leadership and management development framework, and Education and Learning Strategies.	EDI Function WOD	Executive Director WOD	Jun-22	Jun-24		Our policies and procedures will be culturally competent and sensitive to the lived experience of those that have been subject to a racist incident. Staff will feel safe, supported and confident in our policies and procedures. We will develop an effective approach for reviewing other workforce policies through an anti-racist lens. All staff will be equipped with the skills needed to be anti-racist leaders and team members. Senior leaders will have an increased understanding of the barriers that ethnic minority staff face. Our staff will work in safe, inclusive environments, built on good anti-racist leadership and be empowered to identify and address racist practice. Tangible benchmark in place to access progress against BMA Charter. Medical students are better protected from racism and have support if they experience racism and confidence that it will be addressed.	An all-Wales review of policies undertaken by Diverse Cymru in 2023. Benchmarking with other NHS organisations has commenced to learn from their experience of Reverse Mentorship Programmes and garner best practice. ABUHB is represented on All Wales Subgroup to review existing mandatory equality training called 'Treat Me Fairly'. Extensive engagement is being undertaken and race equality will be an integral part of the new training programme. BMA Charter raised at the 2023 Undergraduate Commissioning Review meeting and will now form part of the ABUHB Service Level Agreement (SLA) with Cardiff University. 200+ staff attended Active Bystander Training Protected time for network groups endorsed by Executive Team to enable effective planning and influence. Network Established for GNs.	5 workplaces registered on Diverse Cymru's Cultural Competency Scheme. Inclusive Leadership training embedded in Nursing Academy, Leadership Development and Leading People Programmes. Recruitment of EDI Officer (April 2024) with particular focus on developing training resources. Reverse Mentorship Programme has been developed and endorsed by Executive Team. 10 participants (5 Executive Directors and 5 junior members of staff) have registered for the programme pilot. Workshops for participants scheduled for April 2024, with mentorship commencing in end of April/beginning of May 2024. The Health Board has introduced a buddy scheme, Medic Mentors, to support IMG (International Medical Graduates) doctors new to working in the NHS and Wales. Buddies will be senior doctors (e.g., Specialty and Specialist doctors or Consultants) with experience of working in Wales and will offer support and guidance about living and working here. We aim to match doctors with a buddy in the same geographical area so that they can help to answer any local queries (e.g., accommodation, navigating local hospital sites, etc). Our first ever Medic Mentors Welcome Workshop took place on Friday 24th January via Microsoft Teams, introducing the dominions of Mentorship, Differential Attainment and Allyship, and supported by colleagues from HIIW. We continue to monitor compliance against mandatory equality training. As of April 2023, we have achieved 85.7% mandatory equality training compliance, an improvement against the 82.10% completion rate achieved in 2021-2022. The Health Board has a raising concerns email address ABB.RaisingConcerns@wales.nhs.uk where staff can raise a concern about any issue and converse with a member of the HR team to identify a suitable course of action. In addition, in response to the Welsh Government Speaking up Safely framework launched in October 2023, the Health Board are launching an independent, confidential speaking up safely e-service and phoneline in June 2024. A cross organisational working group with Board-level representation has been established to ensure our commitment and ongoing work to enable staff to speak up safely about concerns they have. This is in concert with the Duty of Quality and Duty of Candour and complements the policies noted above and other clinical mechanisms such as Datix, counter fraud and safeguarding. NHS Wales Equality Week 2024 events were widely promoted across the workforce. Recordings of these sessions are being shared to staff via the intranet. ARMKP actions embedded within the Aneurin People Plan programme. Employee Experience Team have produced a Wiggi for the HIIW Gwella platform, focused on available farm and the experiences of minority ethnic staff. The EDI function are supporting the Internationally Educated Nurses Network to access support and inform the race equality agenda. EDI Specialist a key member of the Retention and Talent Management Working Groups.	Variable cultural awareness within staff. Lack of integration of equity, diversity and inclusion expectations with performance objectives. Review of EDI Policy is needed, emphasising anti-racism vision. Develop Diversity calendar of events at Directorate level to: • Drive better awareness of what racism looks like • Provide a safe space to express what attendees feel about the subject, ask questions, share experiences if they choose • Harness Health Board wide commitment at all levels to anti-racism, and what they can do • Take feedback on the changes that are being made, and whether this is having the desired impact • Understand the impact of racism • Listen to and value Ethnically and Culturally Diverse colleagues. Adopt a 'You Said – We Did approach to anti-racism work. Develop comprehensive toolkits and guidance to support managers and individuals	Race Advisory Group People & Culture Committee The Board
To ensure that the NHS Wales workforce reflects the population it serves; and staff work in safe, inclusive environments (recognising specific challenges for women in the workplace) that enables them to reach their full potential recognising the intersectional factors causing cumulative disadvantage in an individual.	Workforce	Welsh Government will support the work in Health Education and Improvement Wales to address issues of differential attainment identified by the General Medical Council. Establish a pan-Gwent Women's Network to support and celebrate those who identify as women to embrace their multiple and intersectional identities. Further development of peer support groups and mentoring programmes for Black, Asian and Minority Ethnic staff. Explore Widening Participation initiatives.	EDI Function WOD	Executive Director WOD	Jun-22	Jun-24				Gwent Women's Network launched 08 March 2024 (International Women's Day), featuring a panel discussion with 3 guest speakers: Dr Alison Parken, Senior Research Fellow at Cardiff University's School of Social Sciences; Shereen Williams, Chief Executive of the Local Democracy and Boundary Commission for Wales; and Pippa Britton, Double Paralympian and independent Member of our Health Board. EDI and L&D functions are working collaboratively to ensure that our Work Experience offer attracts a talent pool of candidates who may be underrepresented in our current workforce. Hosting Inclusive Work Experience Placements for All! Toolkit has been co-produced and can be downloaded to support workplaces in hosting inclusive work experience candidates for all. Widening Participation Grant from Health Education in Wales to develop and deliver a project that aims to introduce Year 6 pupils to the world of medicine and healthcare and challenge stereotypes.		Race Advisory Group People & Culture Committee The Board
We will strengthen engagement with local communities to identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and minority ethnic people.	Tackling Health Inequalities Access to Services	Involving communities in service development through Person Centered Care team initiatives and other approaches. Use qualitative measures to further develop understanding of service user and carer experience. Determine local picture re: inequity, diversity and inclusion using quantitative and qualitative data from different sources to identify and prioritise areas for change, training, target setting, and celebrate good practice. ABUHB Maternity Service User Group (MMU) to expand representation of their Volunteer Project, funded by Sofer Beginnings to reach more women and non-binary people from diverse communities and provide support. Link to the work in Public Health and Maternal Principles. Ensure that the health board includes stakeholder and community feedback within EIAs processes.	All divisions	Executive Team	Jun-22	Jun-24		Recognising and understanding the diverse cultural backgrounds of the communities the Health Board serves, and being sensitive to those in providing care. As a result, care will be more inclusive. Increasing trust and reputation; Reducing inequity in service use.		We have continued to meet the communication needs of patients. Staff have access to a range of translation services. These are provided by Language Line, Big Word, Sign Live and The Wales Interpretation and Translation Service (WITS). These services are available 24 hours, 365 days a year and include Telephone and face-to-face, interpretation for Deaf people or having impaired people, and document translation services. For the year 2023 to date, BSL interpretation accounted for the highest rate of interpretation allocation (24%), followed by Arabic, Bengali, Polish, and Romanian. The HW's EQIA Panel meets monthly and includes members of our staff diversity networks.	Adopt a 'You Said – We Did approach to anti-racism work. Develop comprehensive toolkits and guidance to support service delivery.	Race Advisory Group People & Culture Committee The Board

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 June 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Assurance on the Development and Delivery of an Agile Working Programme
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds – Director of Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Cathy Brooks, Head of Workforce Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA / SBAR REPORT

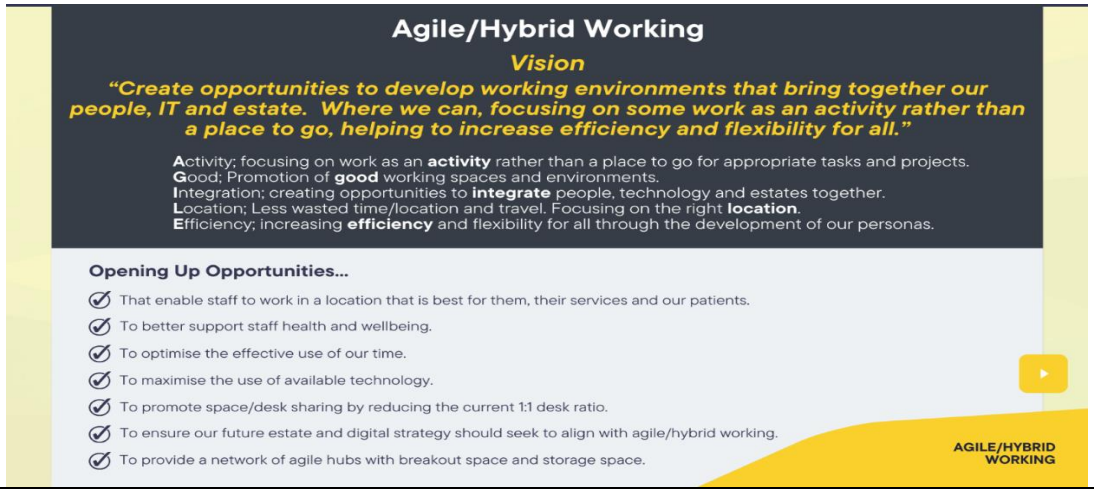
Sefyllfa / Situation

This paper provides an update on the implementation plan for the Agile/Hybrid Programme. This paper was considered by the Executive Committee on 02 May 2024 and was well received, and the action plan endorsed.

The People and Culture Committee is asked to provide comments on the plans outlined in the paper to support the updated Agile Framework to support the structure of programme delivery.

Cefndir / Background

On 12 October 2023 the Executive Committee were presented with a revised Agile/Hybrid vision and strategy and an outline of Programme delivery.



Set out in the vision were a number of principles which give a clearer steer and direction to people:

- Implement key measures of service change i.e., reduction in staff to desk ratio to reduce footprint. Assessments would be undertaken on service needs, but the overall endorsement was a requirement to reduce the existing footprint (albeit with equality, diversity and inclusion considerations).
- Services must provide hot desking spaces.
- Senior managers to lead by example.
- Support the adoption of agreed accommodation standards as set out in the Agile/Hybrid Framework.
- Agreed support of IT investment to minimum standards to reduce storage requirements.

In conjunction with identifying new opportunities and to address the recommendation of the audit review, a new approach was proposed to be adopted to support delivery:

Develop a Workplan - this will be the focus of the programme of work for the Agile Delivery Programme Board ensuring we have the right tools and frameworks and infrastructure for agile working in line with the structured approach.

The updating of the Agile Framework, **Appendix 1** to support the new vision and best practice was shared with members of the Agile Programme Delivery Board in February 2024. This has been updated to include personas to reflect staff who may have disabilities and how services need to consider adapting a different agile approach.

Given new evidence and good practice that continues to emerge nationally, our framework and tools will be a iterate process, refining to support the needs of staff and support the organisation to achieve optimum results.

We have progressed and developed a programme of work/workplan, **Appendix 2** with key timescales milestones. The programme plan will continue to be based on

key enabling or interdependent enabling workstreams (Workforce and OD, IT and Estates). The high level deliverables for 2024 include:

Workstream	Actions
Workforce and OD	• Continue to create tools and resources to support agile/hybrid working. • Continue to benchmark good practice and tell stories. • Develop a benefits dashboard. • Undertake agile assessments in line with the Estates Plan. • Support the management of change of any changes required under Organisational Change Policy. • Consideration of good office principles to support clear desk policy and reduce storage and enable hot desking.
IT	• Develop a booking system for hot desking desks and meeting rooms. • Implement Ms Teams voice. • Create minimum standards for video conferencing rooms. • Create minimum Standards for IT equipment in line with DSE. • Maximising Office 365 SharePoint. • Print from Anywhere.
Estates Plan	• Lease premises – Ty Gwent. • St Woolos/RGH. • Nevill Hall for SOC.

SMART Goals – these will be assessed through a mix of measurable benefits and outcomes e.g., number of local hubs, staff feedback, numbers of staff working in an agile/hybrid way etc. The benefits include the provision of inclusive work environments and development of the enabling minimum standards.

A draft measurable benefits dashboard, **Appendix 3** has been developed to support our assessment of our SMART Goals. The RAG rating of these is currently indicative on trends and will need to be assessed against a set of corresponding agreed parameters. We are currently assessing time series measures for our goals to understand the impacts of our vision and strategy. It is proposed that the Agile Dashboard is updated on a 6 monthly basis for Divisions and monitored through the Agile Working Board and People & Culture Committee.

The draft current measurable benefits to support our achievement of the SMART goals, include:

- Number of hot desking hubs – there are 5 hot desking hubs at Ysbyty Aneurin Bevan, Ysbyty Ystrad Fawr, Trethomas, Grange University Hospital, Caerleon House and a number of services have stablished their own hot desking hubs such as Workforce and OD and IT.
- Miles travelled – we are measuring mileage data to assess if staff are travelling less.

- Reduce face to face meetings and unnecessary travel – we are assessing if staff are utilising available technologies more and travelling less to meetings, etc.
- Staff surveys - we continue to receive feedback from staff and staff side through the Agile Programme Delivery Board and have not conducted a recent survey so as not to conflict with existing surveys.
- Staff working in an agile way - we do not have current facilities to record this on ESR and therefore we are capturing information during the course of our agile assessments.

These measures may evolve and change and may include measures on the impacts of staff change of bases.

Structured Approach – this is currently following an Estate Plan where proposed/planned changes are undertaken using the assessment and implementation guidance. Bespoke assistance is offered by the working group to support the application of the options/principles. This approach supports a holistic overview of the estate to ensure best location and co-location of services and hubs.

Using the Agile assessment tool kit, assessments have been undertaken by services occupying Grange House, St Woolos, Nevill Hall and a number of lease premises. We continue to progress our assessments in relation to Royal Gwent Hospital. These assessments support the analysis of the types and numbers of staff occupying spaces, the space that is currently utilised as well as documenting any service specific requirements for future consideration of space and location.

We have continued to engage with Service Managers and Staff Side in relation to the Ty Gwent proposals and agile assessments. It is proposed that circa 560 staff based in the current lease properties at Caerleon House, Cleppa Park and Mamhilad will move to Ty Gwent. A number of staff have visited the site and all services have been engaged in the design of floor plans and agile working arrangements.

In line with the Health Board vision and strategy, agile principles will underpin the working arrangements on the Ty Gwent site. Regular staff communications are being sent to staff and Staff Side including anticipated timelines for staff consultation. Pending formal confirmation of the end of lease agreements, it is anticipated the first wave of services will relocate to Ty Gwent in October 2024 and all moves fully completed early in 2025.

Risks and Barriers to the plan are:

- Finance/investment in technology and accommodation.
- Divisional capacity.
- Capital/estates infrastructure to deliver agile hubs.
- Access to IT and mobile equipment.
- Storage solutions.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note and support the action plan and provide any comments on core actions and the draft dashboard.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff Gender pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb	**No does not meet requirements**

Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Agile/Hybrid Working Framework

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  - **Joy** – *IT Analyst*
  - **Tariq** – *Information Worker*
  - **Mary** – *Senior Manager*
  - **Nelson** – *Facilities Operative*
  - **Anna, Kendi & Katie** – *Community Team*
  - **Jo & Nadia** – *Surgical Medical Team*
  - **Phoebe –** *Finance Officer*
  - **Sian** – Laboratory Manger
- Workplace Good Practice
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- The Agile Working Space
  - Agile Working Space Examples
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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.

Foreword

Nicola Prygodzicz, Chief Executive

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 gives 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/hybrid working and the increasingly important role it will play in the way we work both now and in the future.

We continue to reflect on our agile strategy and as such we've updated our Agile/Hybrid Working Framework to ensure that it supports the delivery of our vision and best practice.

Purpose & Structure

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

Ambition & Principles

What is Agile/Hybrid Working?

Toolkit

Workplace Good Practice

Agile Working Ambition & Principles

Our vision is to "*create opportunities to develop working environments that bring together our people, IT and estate. Where we can, focussing on work as an activity rather than a place to go, helping to increase efficiency and flexibility for all*".

Activity; Focusing on work as an **activity** rather than a place to go for appropriate tasks and projects.
Good; Promotion of **good** working spaces and environments.
Integration; Creating opportunities to **integrate** people, technology and estates together.
Location; Less wasted time/location and travel. Focusing on the right **location.**
Efficiency; Increasing **efficiency** and flexibility for all through the development of our personas.

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

Opening Up Opportunities…

- ✓ *That enable staff to work in a location that is best for them, their services and our patients.*
- ✓ *To better support staff health and wellbeing.*
- ✓ *To optimise the effective use of our time.*
- ✓ *To maximise the use of available technology.*
- ✓ *To promote space/desk sharing by reducing the current 1:1 desk ratio.*
- ✓ *To ensure our future estate and digital strategy should seek to align with agile/hybrid working.*
- ✓ *To provide a network of agile hubs with breakout space and storage space.*

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/hybrid 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. Flexible working is any type of working arrangement that gives some degree of flexibility on how long, where and when an employee works. This is agreed on an individual employee level and applications should be made via the **Flexible Working Policy**.

What are the Benefits & Outcomes?

Benefits of Agile/Hybrid Working

- Reduces carbon footprint through less estate and travel.
- Attracts new talent and improves retention
- Creation of local hubs
- Utilises available technology
- Greater engagement, autonomy, creativity and trust.
- Increase in proportion of staff being able to work from various locations
- Positive feedback from staff
- Improves performance and productivity

Outcomes of Agile/Hybrid Working

- Increases opportunities for wellbeing and work-life balance
- Improves staff wellbeing
- Release space for clinical activities
- Better utilisation of estate
- Encourages innovation and creativity
- Creates inclusive work environments

Toolkit

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

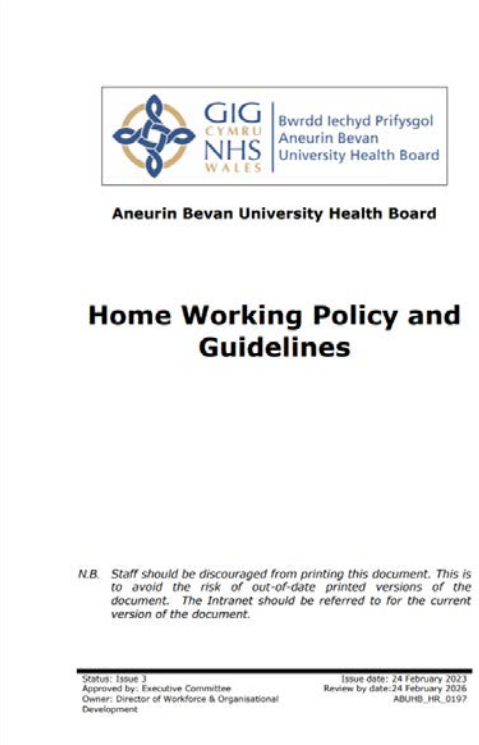
- Assessment of Agile/Hybrid Working and Supporting Policies
- Culture Change
- Communication
- Managing/ Supervising Teams and Service Performance
- Supporting Staff Health and Wellbeing
- Establishing a Team Charter and Ground Rules
- Health and Safety Considerations
- Equality, Diversity and Inclusion Considerations
- Responsibilities
- Personas
- Workplace Good Practice

Assessment of Agile/Hybrid Working and Supporting Policies

Teams should assess space utilisation and future requirements to support agile/hybrid working. It is important to assess the risks of implementing agile/hybrid working in the workplace.

The **Home Working Policy** provides some of the legal frameworks around home working. A flowchart and checklist (Appendix 2) is available for managers to identify which roles could be undertaken in an agile/hybrid way. The **'Decision Flowchart and Checklist'** must be completed by the manager and each individual staff member when mutually agreeing any home working arrangements.

The Accommodation Group which is an operational group and is chaired by the Divisional Director of Estates and FM will process individual requests for accommodation.



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Aneurin Bevan University Health Board

Home Working Policy and Guidelines

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.

Status: Issue 3
Approved by: Executive Committee
Owner: Director of Workforce & Organisational Development

Issue date: 24 February 2023
Review by date: 24 February 2026
ABUHB_HR_0197

Culture Change

Culture is always a difficult term to define and change. An agile culture provides organisations with core values, behaviours and practices.

Changing employee behaviour is essential but comes with its challenges as people are often worried about change and the impact this may have on them.

To enable a culture shift toward agile/hybrid working it is essential that a change in mindset and practices must occur across the Health Board so the benefit of agile/hybrid working can be experienced and evidenced.

A key part of agile/hybrid working is changing how you think about work. This involves changing habits which are often well embedded and may take time to tackle.

Tips - Culture Change

- Developing behaviours and systems of trust and responsibility which support and enable staff to work in an agile manner.
- Maximise agile/hybrid working of teams where possible. It is essential that managers and employees alike enter into the spirit of agile/hybrid working within constraints of normal service provision. As each service offering is different, a 'one size fits all' approach cannot be applied.
- Encourage staff to go into the office to work collaboratively for social interaction and a sense of identity – staff should feel excited about coming into the office.
- Be reactive to the changing behaviour and expectations of the workforce; we need to adapt to different styles and become emotionally intelligent managers and leaders.
- 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.

Communication

Communication is important for all teams.

"Good employee communication enables employees to stay connected to their workplace, understand their organisation's purpose and strategy, identify with its values, and develop a sense of belonging by understanding how they contribute to its wider purpose." *(CIPD, Employee Communication, 2023).*

Ensuring effective communication between colleagues can have many benefits, such as improved morale, productivity, retention and wellbeing.

Sometimes it does not 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 and working effectively with others.

Tips - Communication

- 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. *Please note, there will be circumstances where face to face meetings are essential and should not be unreasonably confused.*

- Make it fun! 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.

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

- Ensure ongoing conversations are a priority. These allow for regular feedback to be given from a range of people and for this to be built upon in order for the setting of future objectives.

- Ensure when meeting virtually that your camera is on – *unless you have requested this is turned off because of connectivity problems.*

- Be aware of your surroundings when working in an agile/hybrid way. Consider blurring your background or using the organisation's standard backdrop. Ensure that virtual backgrounds are not offensive to staff.

- Virtual meetings should be viewed in the same way as a physical meeting – similar standards should apply and staff should be respectfully presentable as if in the workplace.

- Avoid cold calling colleagues into meetings spontaneously and unprepared.

Managing/Supervising Teams and Performance

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 staff to work in an harmonious partnership as managing people who are not all together all of the time will bring new challenges.

"Working in an agile/hybrid way, where team members may be working from different locations or at different times, requires clear ways of working, planning and organising if it is to be successful. Agile/hybrid working should be tailored to the unique needs of the individual, team or department.

The role of the line manager will be key to ensuring effective ways of working. In particular, managers will be responsible for communication, performance management and team working within hybrid teams." *(CIPD, People Manager Guide: Supporting Hybrid Working, 2023).*

Tips - Managing/Supervising Teams

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 are available to work – ensure calendars are up-to date.
- Ensuring your staff are contactable during working hours and aware of how individuals and the team will keep in touch – using different forms of technology.
- How we manage our work-life balance – remember to take regular breaks and switch off from work at the end of the day.
- How performance will be managed and measured – consider 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 ensure 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, do not expect everyone to answer immediately, there could be a number of reasons why someone is not available.
- Remember it is ok to end your working day at a reasonable hour – lead by example! If you are sending emails late in the evening, do not expect instant answers unless already agreed.

Tips - Managing/Supervising New Starters

What about new staff members? How can we support their integration into agile/hybrid teams?

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 and feel 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.

Tips for supporting new staff members:

- Wider team to support with staff induction.
- New starters are provided with the team's agile principles and ground rules.
- Encourage team work, pair staff or start a buddy system.
- Take time to "have lunch" via Teams or to exchange information informally or chat.
- Ensure regular 1:1s are scheduled.
- Ensure access to the right people, access to data and sharing of digital platforms.

Tips - Managing/Supervising Performance

- Managers are encouraged to maximise agile/hybrid working of their employees where possible. Focus on the tasks of the role to assess what work can be undertaken in an agile/hybrid way. Assess decisions based on the impact it has on the service.
- Ensure that employees have sufficient equipment and support alongside clear agreed parameters, outcomes, deliverables and objectives to enable performance to be managed.
- 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.
- Convey to staff that agile/hybrid working may not be possible all of the time because at core times, employees may need to work together collaboratively and teams should also have the opportunity to meet in person.
- Not all agile/hybrid working arrangements will be successful either from the service or 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/hybrid working arrangements for sound business or performance reasons and after engaging fully with the employee.
  - Staff training is available via various digital platforms on the value of digitised ways of working and collaborative tools. Be aware of the potential skill gap in staff returning to work from long periods of absence. For further information and to access the Health Board's internal ICT training, please visit: **Microsoft 365 Information Hub**

Supporting Staff 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.

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

Possible signs that staff may not be coping well include:

- Appearing tired, anxious or withdrawn;
- Increase in sickness absence or being late to work, missing or absent from team meetings or 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

Tips – Supporting Staff Health and Wellbeing

- Ensure your team is aware that they can seek support and guidance from you if they need to.
- Do not 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.
- Self care – gaps in the diary are allowed including breaks, travel time, virtual travel, etc.
- Get out of the house – you do not 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.
- Be aware – some people end up putting in more hours and worker harder when they are at home so monitor this – *don't let people burn out.*

Establishing a Team Charter 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:

- Agree 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.
- All charters should be reviewed at least every 12 months.

Health and Safety Considerations

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.

Managing the Agile/Hybrid Workspace and Staff Requiring Special Adaptions

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.

Equality, Diversity and Inclusion Considerations

Agile working has many benefits for diversity and inclusion, including the way in which it allows broader access to the workforce for those with caring responsibilities who might not be able to work in an office nine-to-five. It also allows the Health Board to stretch our recruitment net much wider which can result in a wider range of individuals applying for any role.

However, it is important to note that some find it difficult to work from home, such as those with young children at home, those in shared accommodation, or those with poor internet connection. There is also a risk that those with a tendency to be overlooked become even more isolated. It is therefore more important than ever to have processes in place that ensures fair and equitable decisions on everything from who attends meetings to who is invited to join project teams, apply for promotions or participate in training. When considering agile working arrangements for their team, managers should complete an **Equality Impact Assessment** to consider if there is any potential impact on staff with protected characteristics.

As virtual meetings remain a regular part of most people's agile workdays, preparing for fully accessible meetings is therefore vital. As a first step, think about the diverse characteristics that may be present in your audience. Potential attendees may have different learning or communication styles, may not be fluent in the language you are using for a presentation or meeting, and/or may have difficulty seeing, hearing, moving, and/or speaking. For more advice on how to ensure virtual meetings are inclusive, contact the Equality Diversity and Inclusion Team via email at **ABB.EDI@wales.nhs.uk**

Managers' Responsibilities

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.

There is also a supplementary checklist that **will need** to be completed and agreed between managers and staff when making agile/hybrid working arrangements.

✓	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.

Examples of Agile Working in Practice

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*
- Sian – *Laboratory Manager*

AGILE/HYBRID WORKING PERSONAS WARD NURSE

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Freepic

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

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

CWS Mobile

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 across the Health Board.

AB Pulse

Suitable equipped meeting rooms could facilitate improved participation in MDT meetings/other patient discussions either face-to-face/via MS Teams.

Michael could be given study time at home to undertake any work related training ensuring he is free from any distractions. This would help ensure that Michael is fully compliant with his mandatory training, reduce the pressure on staffing levels and improve access to IT resources on the ward.

Michael – *Ward Nurse*

AGILE/HYBRID WORKING PERSONAS IT ANALYST

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit Freepic

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 IT systems.

Joy's team spend majority of their time working in an agile/hybrid way (from home, Health Board bases or alternative locations)

Assessments are regularly 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.

The team really enjoy the hybrid working approach and feel that this increases their productivity. As per the guidance and tips in the Agile/Hybrid Working Framework, the team have created a charter. The purpose of the charter is for the team to establish agile working ground rules to ensure communication, goals and objectives alongside responsibilities and tasks are clear for everyone regardless of their working location.

MS Teams allows the whole team to collaborate regardless of location, the team use VPNs 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 systems and deal with call queries remotely. This ensures the person contacting the team continues to have the best possible experience.

Some creative thinking was required to provide off-site access to information wall boards, etc. to ensure the team could still share ideas remotely. These are now facilitated remotely via MS Teams enabling the team to work seamlessly regardless of their location.

To maintain the team dynamic, support the embedding of new staff and ensure the maintenance of good team communication in line with the Agile/Hybrid Working Framework; the team host regular weekly online quizzes and engage in social activities.

Joy – *IT Analyst*

AGILE/HYBRID WORKING PERSONAS INFORMATION WORKER

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Freepic

Tariq – *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.

His team meets weekly to discuss work and projects. Tariq is responsible for supervising staff. He has a team charter which ensures that his team are aware of how to contact him when he is working remotely or at alternative locations. Tariq also spends time int he office integrating new starters into the team and carrying out regular 1:1 meetings.

He would like to 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, an adapted chair, his laptop, a docking station and two monitors (if required) set up to ensure his health and 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 Tariq attends a site there is adequate space for him to work and meet with colleagues without having to search for an empty desk. His department have allocated hot-desks with dual monitors that are bookable for all staff to use.

MS Teams allows Tariq to keep in touch with colleagues and join virtual meetings. Microsoft 365 allows him to collaborate fully on documents. Through the provision of a soft phone, Tariq will be able to reach out external contacts remotely.

AGILE/HYBRID WORKING PERSONAS SENIOR MANAGER

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Fzeepic

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.

Mary spends so much time out and about and rarely spends time at her contractual base location. She needs to be able to work from pretty much anywhere.

She has entered into the spirit of agile/hybrid working by reviewing the arrangements for her team ensuring their objectives are clearly set to maximise performance of the team when working in this 'new' way. Her team have agreed ground rules which support effective communication and new members of the team, in line with the Agile/Hybrid Working Framework. She is happy to meet staff face to face upon request and encourages her team to get together regularly to maintain effective communication.

Mary could make use of her mobile phone and MS Teams to contact colleagues and her team. Microsoft 365 on her phone would give her access to her email, calendar, documents, the intranet and other applications on the go. She can also attend meetings remotely reducing her travel time.

In future, 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 use 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.

Mary – *Senior Manager*

AGILE/HYBRID WORKING PERSONAS FACILITIES OPERATIVE

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Freepik

Nelson – *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 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 statutory and mandatory training, he would prefer to complete this at a location close to home or at home.

This helps reduce Nelson's work travel costs and increase his mandatory compliance rates.

Due to the nature of Nelson's role, 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 available computer facilities. In the future, the MeApp will allow Nelson to access his rosters and book additional shifts using his phone.

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 mobile phone/tablet.

AGILE/HYBRID WORKING PERSONAS COMMUNITY TEAM

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Freepic

Anna, Kendi & Katie - *Community Team*

Anna, Kendi and Katie have various roles within a community team. The team use more non-face-to-face methods to assess patients (e.g., virtual telephone clinics, Dr Doctor for video clinics).

They spend a large part of their day assessing patients in various community settings but still have a designated base where their team meets to allocate work, collect equipment and complete 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 for regularly supervising students undertaking training.

The team have access to desktops at their bases and some staff have access to laptops and iPads. This allows them to access WCCIS and patient records on the go. 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 results in additional travel which impacts on travel costs, carbon footprint and often there are insufficient desks to meet everybody's requirements. All staff can access e-rostering, electronic expenses and ESR to update and record their personal information.

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

MS Teams ensures virtual connectivity from almost any location. WCCIS allows easier access from all locations. Congestion in the office base has eased as less staff are working there daily. Easy access to identified hot-desking and meeting space across sites would support agile/hybrid working for those without laptops and reduce unnecessary costs.

AGILE/HYBRID WORKING PERSONAS SURGICAL MEDICAL TEAM

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Freepik

Jo & Nadia - *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. The team undertake more patient contacts in a virtual way (e.g., virtual clinics) and they use digital dictation software.

They need to maintain regular contact with their clinical director, service managers and other Health Board colleagues working across sites and within 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 are able to work from any location. They are also able to work in the agile spaces at the Grange University Hospital as there is access to private office spaces/single rooms so the team are able to have confidential conversations. They may undertake administrative work at the Local General Hospitals and have access to departmental desk space which they may share with others. They have VPN tokens so that they can also access clinical software when they are on-call and at home and utilise MS Teams for digital connectivity.

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 all sites are always covered, any home working is undertaken on a rotational basis.

As the team work across sites, ensuring suitably equipped meeting room facilities are available could facilitate improved participation in MDT meetings or other patient discussions as the team could attend either face-to-face or virtually using MS Teams.

AGILE/HYBRID WORKING PERSONAS FINANCE OFFICER

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Freepik

Phoebe – *Finance Officer*

Pheobe works in a busy finance team based in the Llanfrechfa Grange Portacabins. She spends 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.

Pheoebe would prefer to work at her base all week other than when she may have to visit other 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 Health Board 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.

Pheobe 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 caldendars 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 her time there. Other colleagues do not have sole designated desks 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 using a booking system. This reduces the space that the team requires and ensures ongoing collaboration and connection.

Sian – *Staff member with disability*

AGILE/HYBRID WORKING PERSONAS
STAFF MEMBER WITH DISABILITY

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Sian is Laboratory Manager. Sian plays a critical role in overseeing the day-to-day operations of a microbiology laboratory. She is responsible for managing laboratory staff, ensuring compliance with laboratory regulations and standards, and maintaining the accuracy and efficiency of laboratory processes.

Sian's team have recently embraced agile working and the team are being encouraged to hybrid work between home and the office. In line with this change, hotdesking arrangements have been brought in to the shared office space. Many of Sian's colleagues are reporting the benefits of being able to work part of the week from home, with team productivity increasing. Sian however has found this change challenging.

Sian has a hidden disability – autism. She has had reasonable adjustments agreed following a referral to the Access to Work Scheme, which includes a desk situated in a quiet, secluded part of the open plan office – this is useful for avoiding all the noise and movement that can trigger sensory overload. However, the new hotdesking arrangements has meant that Sian's allocated desk is sometimes used by other members of the team, leaving Sian feeling unsettled and experiencing sensory overload when having to sit in busier areas of the office to work.

It is important to recognise that neurodivergent colleagues may have particular needs which may be impacted by hot-desking/agile working. Colleagues who have specific equipment agreed as a reasonable adjustment, whether as a result of a disability or not, should have access to that equipment in their contractual base and home if that is where they split their working time.

To support Sian in working effectively in the office, her desk was protected to ensure that she had a familiar, quiet space that she could work in.

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

Our working environment should be structured to support our workforce to fully embrace the agile working concept across our estates and include:

- **Implement key measures** for service change (i.e. reduction of staff to desk ratio) to reduce footprint (e.g., 1:2/1:3).
- **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 will only be allocated in certain circumstances (e.g. those who are predominantly office based for majority of their working hours).
- **Personalised office space** for single use will be discouraged for all staff
- **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 meet agile working. *For further information regarding personal IT allocation, please refer to the Home Working Policy (link).*
- **Accessible** workplaces to ensure inclusivity and support staff with disabilities or sensory impairments.
- **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.

For further information on what agile/hybrid working spaces are available across the Health Board, please visit: **Agile, Wellbeing & Meeting Room Spaces**.

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.

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**.

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

Access for **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).

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

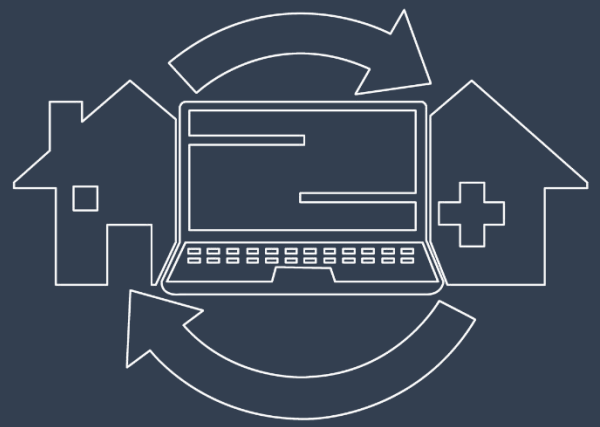
Minimum Workplace Standards *Cont.*

- Office furniture should be varied to support adjustability / special adaptions.
- Chairs should include ergonomic designs and meet DSE requirements.
- Electronic booking systems for shared areas and hot-desks 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.
- Storage for confidential records/files.

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 BMA Fatigue and Facilities Charter.
- Storage areas for bikes in line with the sustainable travel plan.



We really hope that you found this Agile/Hybrid 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!

Agile/Hybrid Working - Programme Plan

Date Last Updated: February 2024

Action No.	Action	Owner	Start Date	Duration	Proposed Completion Date	Actual Completion Date	% Completed	Updates	Barriers and Risks
Workforce & OD									
WOD1	Agree vision.	SS	Jan-23	9 months	Sep-23	Oct-23	100%	Vision agreed with Executive Team.	
WOD2	Agree principles.	SS	Jan-23	9 months	Sep-23	Oct-23	100%	Principles agreed with Executive Team.	
WOD3	Create/update tools and resources:	CB/SH	Nov-23		Jan-24		100%	On track	
WOD3.1	*Update the Agile/Hybrid Working Framework*	SH	Nov-23		Jan-24		100%	Framework reviewed. Presented to APB in Feb 24 and comments recieved	
WOD 3.2	*Present revised Framework to Agile Programme Board for views and comments. Make any amendments as required.*	CB	Feb-24		Feb-24		100%		
WOD3.3	*Development of a Communication Plan for the Agile/Hybrid Working Framework.*	CB	Nov-23		Apr-24		50%		
WOD 3.4	*Agree a go live date for the re-launch of the Framework following agreement by ET of vision and stratey*	CB	Feb-24		Apr-24		0%		
WOD4	Benchmarking against best practice.	CB/SH	Nov-23		Dec-23		90%	Paper developed. Due to be shared with All Wales group for comments in Jan/Feb 2024.	
WOD5	Updating intranet pages.	SH			Ongoing				
WOD6	Engaging with Divisions and wider staff-side etc.	CB/SH	Jan-22		Apr-24		0%	To be included in the Communication Plan.	Lack of capacity within Divisions
WOD7	Update personas to include EDI and remote working.	SH	Nov-23		Jan-24		100%	Included in new updated Framework	
WOD8	Consider agile assessments and opportunities:	CB/SH	Jan-22		Jun-24		88%		Lack of capacity with Divisions with agile assessments.
WOD8.1	*Lease properties*	CB/SH	Nov-22		Jun-24		95%	based on lease premises available and supporting Ty Gwent proposals	
WOD8.2	*St Woolos/RGH*	CB/SH	Aug-22		Jun-24		65%	In progress	
WOD8.3	*NHH*	CB/SH	Sep-23		Jun-24		90%	In progress	
WOD8.4	*Grange House*	CB/SH	Jan-22		Jun-24		100%	full assesment of presmises completed	
WOD9	Support management of change.	CB/SH			Ongoing			Change programmes relating to estate reconfiguration have been included in Clinical Futures change programme map	Capacity to support change programmes
WOD10	Considerations for storage solutions/requirements. Development of guidance regarding storage solutions.	CB/SH	Dec-24		May-24		25%	Initial proposal tabled for Agile Programme Board Feb 24	Change of culture and practices - will require clear messaging to support clear desk policy and personalisation of desks
WOD10.1	Understand governal and record keeping around Health Records Personnel Records and storage requirements	CB/SH	Dec-24		Aug-24		100%	Information obtained from Health Records and Info Gov - summary report to be discussed at APB (Feb 2024) with a view to agree next steps/areas to further explore.	Lack of funding for storage solutions Lack of support/infrastructure to deliver Risk that storage may become a barrier when reconfiguring estate
WOD10.2	Consider storage requirements for Ty Gwent.	CB/SH	Dec-24		Jun-24		0%	in progress - services impacted have been asked for additional information	Risk that storage may become a barrier and additional storage solutions may be required
IT									
IT1	Booking system for agile spaces with room panels to reflect usage.	All	Oct-23	6 months	Mar-24		70%	Application has been developed and is currently being piloted within Digital as part of the move from Brecon House to Mamhilad House which will be a hot desking environment.	None anticipated
IT2	Using MS Teams voice for office phone numbers when working in an agile way.	PS	Feb-24	3 months	May-24		5%	Initial scoping underway for a pilot to investigate how Microsoft Teams voice can be deployed in the organisation and ensuring integration with current telephony systems.	Risk Microsoft Teams would not be available for the proposed move to Ty Gwent, alternatives being investigated as part of current telephony systems
IT3	Create minimum standards for video conferencing rooms.	PS	Jan-24	3 months	Mar-24		3%	Engagement with supplier has commenced arounf audit of video conferencing facilities and development of minimum standards.	None anticipated
IT4	Create minimum standards for IT equipment in line with DSE.	PS	Jan-24	4 weeks	Feb-24		3%	Current minimum standards being reviewed and refreshed in light of technological changes.	None anticipated
IT5	Maximising Office 365 SharePoint.	PS	Jul-23	12 months	Jul-24		20%	Microsoft 365 Digital Champions network has been relaunched and plans are being developed on how the organisation can make best use of the tools available in M365. Current work is focused on Chief Operating Officer's coporate resources.	Checkpoint to be held in July 2024 on progress along with benchmarking of usage against other organisations in NHS Wales. Further work programmes may be required to continue the transformation and ways of working.
IT6	Print from anywhere.	PS	Jan-24	1 Day	Jan-24	Jan-24	100%	Print from Anywhere is an available service to the Health Board which staff can request through the Seren portal	There is a cost for the service @ £25 per year on top of machine rental or £350 to purchase outright.
IT7	Update personas within the Agile/Hybrid Working Framework to maximise IT opportunities.	PS	Nov-23	3 months	Jan-24		50%	Persona updating is underway	Lack of clear guidance on IT equipment for agile/remote workers.
Planning									
P1	Prioritorised Estate Plan:	HC							
P1.1	*Lease properties/Ty Gwent*	HC	Jan-24		Jul-24			Service scoping completed/agile asessesments completed	
P1.2	*St Woolos/RGH*	HC			Initial SOC 2025				
P1.3	*NHH*	HC	Sep-23		Initial SOC sept 2024				
P2	Support WOD to undertake agile assessments.	HC							
P3	Co-ordination of site planning/reconfiguration.	HC							
Estates									
E1	Support the configuration of a estate in line with Estate Plan and Agile/Hybrid Working minimum standards.	JM							
E2	Establish/use an existing IT system which maps the schedule of accommodation against services.	JM						There are currently no systems available to capture room occupancy. Currently using OCCUPYE to assess footfall in targeted spaces. Scanning agile assessments and any site surveillance plans as these are completed	

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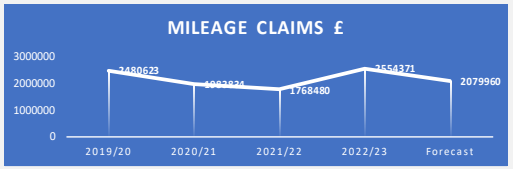
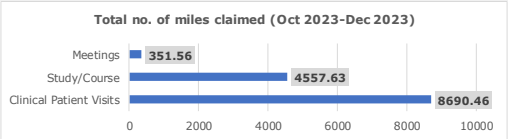
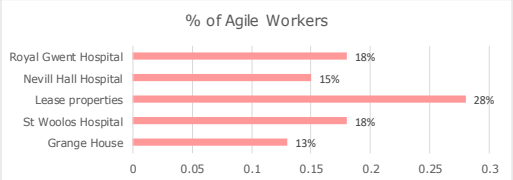
Agile/Hybrid Working Dashboard

Date: February 24 (due to update May 2024)

	How will we measure this?	Agile Workspaces Map	Trends
Hubs No. of hubs available across the organisation	1. Site map. 2. Site surveys and site reconfiguration.	**Current hubs:** **YAB** x2 bookable computer desks **YYF** x4 drop-in hot-desking spaces **Trethomas HC** x2 drop-in hot-desking areas **GUH** Level 2 & 3 - mixture of hot-desking spaces	
Travelling expenses 1. The amount of travel expenses claimed. 2. Trends	1 & 2. Using Electronic Expenses		
Face-to-face vs remote contacts No. of remote contacts	1. Using Electronic Expenses to track the amount of miles travelled to meetings. (trends) 2. No. of remote vs meetings - data from Divisions		
Staff engagement Are staff engaging with agile/hybrid working?	Staff surveys	**2021 Staff Survey Results - Agile Working** 92% of staff understood the difference between agile/hybrid and flexible working. 72% of staff reported being able to work in an agile way and that this has been helpful in improving their sense of wellbeing. 70% of staff felt that they could complete some/all of their role in an agile/hybrid way.	
Agile/hybrid workers No. of staff working in an agile/hybrid way	1. Longer term - Use the ESR system (not available at the moment). 2. Interim measure to a new system - Use local intelligence and assessments.		

Trends key

Green	improving position on previous period
Amber	position stayed the same from pervious reporting period
Red	Decrease in performance

Please note : targets on each benefit to be defined

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GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 June 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Workforce Performance Dashboard – April 2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Julie Chappelle, Assistant Director of Workforce & OD; Shelley Williams, Assistant Director of Workforce & OD and Kate Davies, Workforce Performance Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide the April 2024 Workforce Performance Dashboard, **Appendix 1** incorporating key performance indicators for information and assurance.

The paper also contains an update on the Employee Relations Activity for the period of February 2024 to April 2024.

The People and Culture Committee is asked to note the content of the Workforce Performance Dashboard and information contained within this paper and provide any additional comments.

Cefndir / Background

The Workforce Performance Dashboard is produced monthly and provides the latest data on workforce sustainability, workforce supply, staff health and wellbeing. There is also additional information in relation to Employee Relations Activity outlined below.

Asesiad / Assessment

The Workforce Performance Dashboard is shared widely across the Health Board and the information is updated to be responsive to the workforce priorities. The

data is used to inform the workforce and organisational development support we provide and inform immediate and long-term workforce plans.

The key highlights from the April 2024 Workforce Performance Dashboard, **Appendix 1**, include:

- Sickness absence decreased from 5.92% in March 2024 to 5.89% in April 2024, remaining above the Welsh Government target of 5%. The 3 main reasons for sickness were, Anxiety, Stress and Depression 32.9%, Musculoskeletal problems 8.8% and Gastrointestinal problems 8.2%.
- The 12-month accumulative sickness absence of 6.22% was lower than April last year at 6.62%.
- The number of staff lost in April 2024 due to sickness absence was 765wte, an increase compared to 712wte in April 2023.
- The 12-month total % for turnover was 9.04% compared to 10.57% last year.
- PADR remained below the target of 85%, with compliance for April 2024 at 73.46%, an increase of 3.57% from last month 69.89%. PADR compliance has increased by 0.51% from 68.70% in April 2023.
- Statutory and Mandatory training has increased from 78.88% in March 2024 to 79.81% in April 2024. Statutory and Mandatory training compliance has seen a slight increase by 0.28% compared to 79.30% in April 2023.
- Staff in post in April 2024 was 12,987.91wte (16,541 heads) compared to 12,652.42wte (16,072 heads) in April 2023. The top staff group increases were in Nursing & Midwifery, Medical and Dental and Additional Clinical Services.
- Referrals to the Employee Psychological Therapy Service decreased to 36 referrals compared to 42 referrals in April 2023.
- Occupational Heath Referrals increased in April 2024 to 183 from 168 referrals in March 2024. The top 3 reasons for referral were Anxiety, Stress and Depression (45), Musculoskeletal (24) and Back Problems (6).
- Variable pay usage decreased in April 2024 to 1,145wte compared to 1,321wte for April 2023, a reduction of 176wte.
- Work to reduce bank and agency usage continues with the main reasons for Registered Nurse and Healthcare Support work usage being to cover vacancies, sickness and enhanced care.

Employment Relations Activity

The table below outlines the employee relations activity undertaken or initiated for the period February – April 2024.

Disciplinary Investigations	*Fast Tracks*	*Disciplinary Appeals*	*Informal Resolution*	*Formal Respect & Resolution*	*Respect & Resolution Appeals*	*Capability*	*Raising Concerns*	*Sickness Meetings*	*Mutual Ill Health Termination*	*Final Formal Hearings*	*Extension to Sick Pay (ETSP)*	*Temporary Injury Benefit (TIA)*	*Employment Tribunal*
7	6	0	1	12	2	1	0	185	16	5	2	2	3

Disciplinary:

During this period there have been seven new disciplinary investigations, all relating to unacceptable behaviour/failure to meet the required standards. Six minor misconduct cases have progressed to a fast-track hearing with no investigation required. Fast track hearings are concluded quickly and do not result in a sanction higher than written warning. As a result, they have less potential for harm to the employee. The cases that have proceeded to full investigation are too serious to be considered at fast-track hearing.

Respect and Resolution (Grievance):

There continues to be high demand for formal respect and resolution hearings, which is comparable to the previous quarter. Where appropriate, staff who raise a respect and resolution concern are encouraged to consider informal resolution, however there are often requests to bypass this and insist on a formal hearing.

Seven of the formal resolution requests relate to behavioural concerns/feelings of bullying, two relates to organisational change, two are for concerns considered discriminatory and one is for an overpayment. One case proceeded to appeal and the appeal was not upheld.

Data and practice relating to Respect and Resolution concerns will influence the development and implementation of the Speaking up Safely framework and inform the procurement process for an independent provider to support staff who wish to raise concerns through an external mechanism.

Suspension:

Suspension from duty is a last resort and only occurs if there are serious risks associated with remaining in work. There are currently eleven employees suspended from duty. One employee has been suspended for over 12 months, eight have been suspended for over 6 months, two have been suspended for less than 3 months. All suspensions are either linked to patient safety concerns or a criminal (police) investigation. Each employee is signposted to support services, with regular contact and suspension review meetings.

Sickness Absence:

During this period the HR team have supported one hundred and eighty-five formal stage sickness meetings. Sixteen employees have ended their employment with the Health Board mutually and with pay in lieu of notice. Five final formal hearings have been convened, all resulting in the employee being supported to remain in work whilst being reviewed at the Final Formal stage. Through the Managing Attendance project group, eighteen sickness hotspots have been identified and deep dives have/are due to take place to identity opportunities to improve compliance with the managing attendance at work policy and opportunities to improve health, wellbeing and attendance at work.

Two temporary injury allowance (TIA) requests were received between February – April and further information has been requested to progress with their applications.

One TIA appeal has taken place and was not upheld. Two request to extend sick pay were received and were not supported.

Flexible Working:

An All Wales Flexible Working Policy was implemented in December 2023, in line with legislative changes that were introduced in April 2024. This enables a request for flexible working from the first day of service in comparison to the previous minimum service of 26 weeks and removes the limit of one request per year. There is an onus on employers to approve flexible working requests unless there is a business reason to decline. Flexible working workshops will be rolled out across the Health Board.

TUPE:

During this period, two overarching TUPE exercises were completed:

- 100 employees transferred to GP Managed Practices.
- 20 employees transferred to the NHS Executive.

Organisational Change:

The following change processes have also completed during this quarter:

- The responsibility for PACT services has transferred from Scheduled Care to Clinical Support Services.
- The restructure/realignment of QPS and QI teams.
- The relocation of wards based at St Woolos have transferred to the Royal Gwent Hospital.
- Reduced opening hours of MIU unit at Nevill Hall.

There are currently five staff consultations including roster changes, internal service transfers and a restructure within Public Health.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the content of the Workforce Performance Dashboard and provide any additional comments.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework. All Workforce and OD risks are updated through the Health Board's risk register.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities	Providing an appropriate governance to support a workforce to deliver safe, quality care.

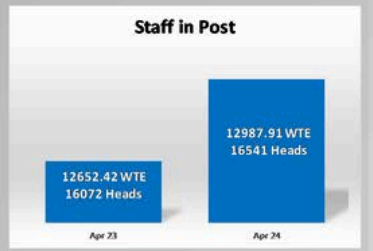
Link to IMTP	
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

Workforce Performance Dashboard - April 2024

Workforce Performance Dashboard - April 2024



Sickness absence In Month

5.89%

Previous Month - 5.92%
Target - 5.00%

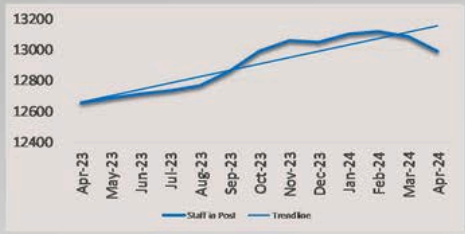
Sickness Absence 12 months

6.22%

Previous Year - 6.62%

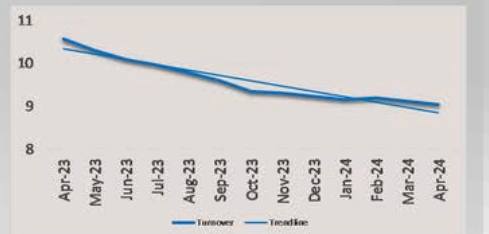
Sickness Absence Long/Short Term

Staff in Post WTE Timeline



Sickness Absence % Timeline

Turnover Timeline

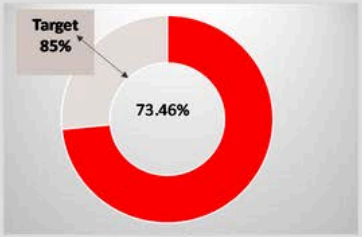


Turnover 12 Month Total %

9.04%

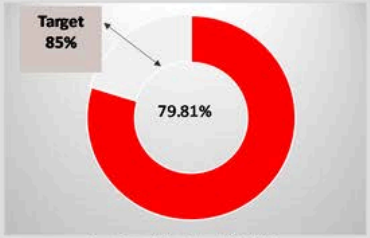
Previous Year - 10.57%

PADR Compliance

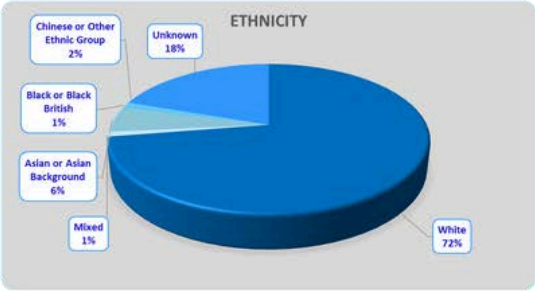


Previous Month - 69.89%
Previous Year - 68.70%

Stat & Mand Training Compliance



Previous Month - 78.88%
Previous Year - 79.30%

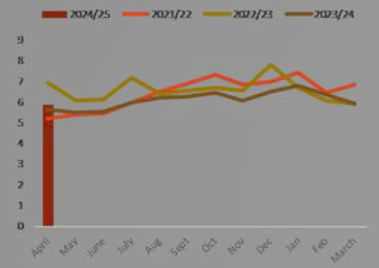


Staff Health & Wellbeing

Supporting staff to feel healthy, engaged and proud to work for the Health Board. Feeling they are included, engaged and a sense of belonging.

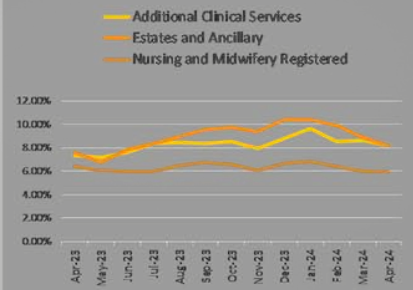
Staff Health & Wellbeing - April 2024

Sickness absence Trends over 4 years



Sickness absence Trends over 4 years

Top 3 Highest Sickness by staff group Trendline

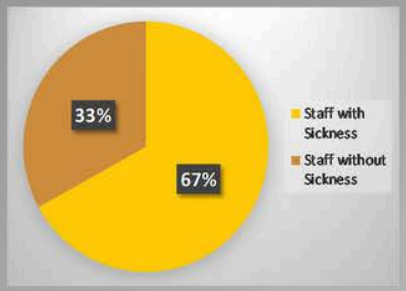


Sickness Absence Number of Staff Lost per month

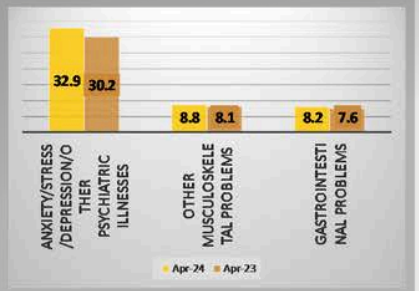
765WTE

Previous Year - 712 WTE

Percentage of staff without sickness absence



Top 3 Sickness absence Reasons % i.e 14.2% of sick is due to Covid



Sickness Absence Trends - Anxiety/Stress/Depression/other

Sickness Absence Trends - Covid

Occupational Health Referrals

Top 3 Reasons	Total (Clients)
Anxiety/ Stress/ Depression/ Other Psychological Illness	45
Other Musculo-Skeletal Problems	24
Back Problems	6

Occupational Health - Key Activities

356 Pre-placement Health Questionnaires received

303 Pre-placement cleared

183 staff referred into the service

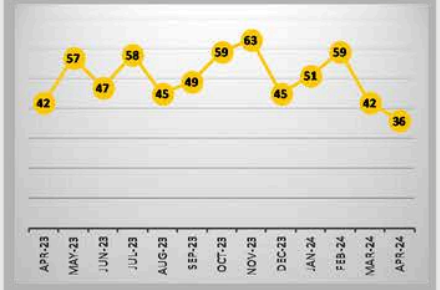
256 appointments attended (phone/face to face)

321 immunisations given/bloods taken

10 individuals did not attend for their appointment

345 Phone calls received

Employee Psychological Therapy Service (EPTS) Referrals



Employee Psychological Therapy Service (EPTS) Additional Referrals and Activy

13 Direct referrals to Head of Wellbeing

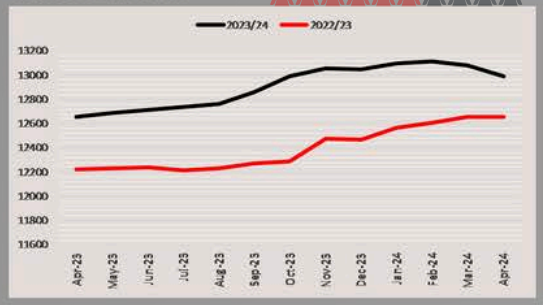
10 Teams / Wards / Department / Clincial services currently supported by EWS

Employer of Choice

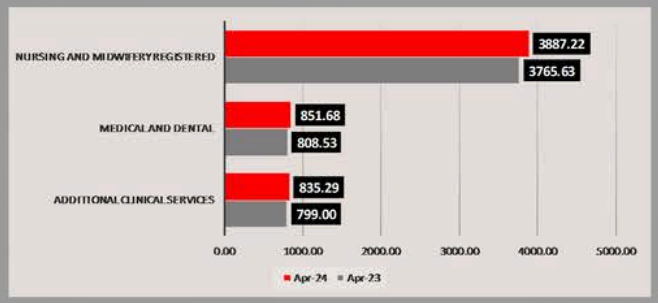
Building on a reputation that the Health Board is a great place to train, work and grow

Employee of Choice - April 2024

Staff in post Trends over 2 years



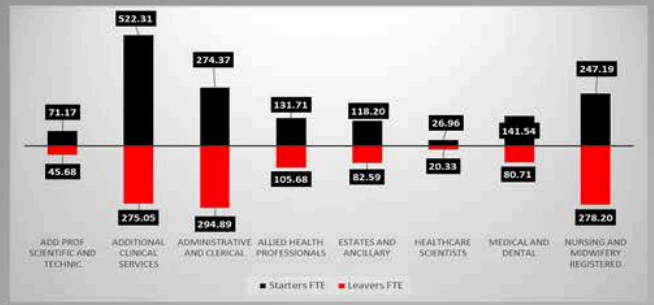
Staff in Post - Top staff groups increases 12 months



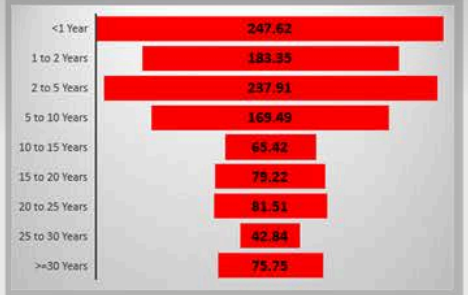
Turnover - Staff Stability Percentage of staff retained over 12 months

89.40%

Leavers V Starters by Staff Group - 12 months



Turnover/Retention Leavers by Length of Service - 12 months



Turnover/Retention Reason for Leaving - 12 Months

Recruitment Targets Number of Days to Vacancy Creation to Conditional Offer April 23 to April 24 against target

Recruitment Targets Number of Days to Conditional offer letter to completed PECS April 23 to April 24 against target

Workforce Sustainability

Ensuring that we have the right workforce models that embed innovative thinking

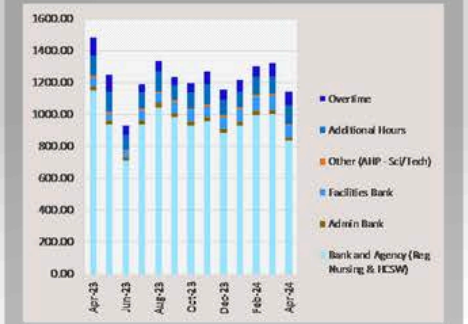
Workforce Sustainability and Transformation - April 2024

Variable Pay Usage WTE used April 24

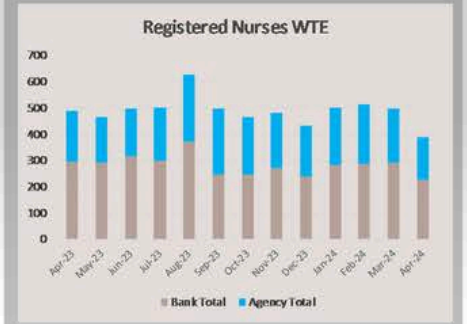
1145 WTE

Previous Year - 1321 WTE

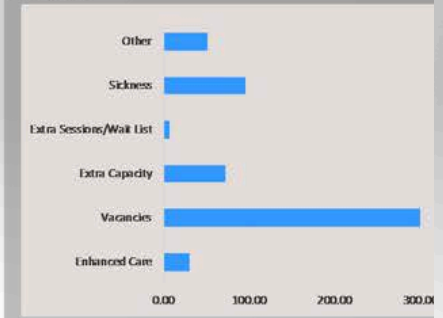
Variable Pay Usage All Staff Groups



Bank and Agency Registered Nurse Usage

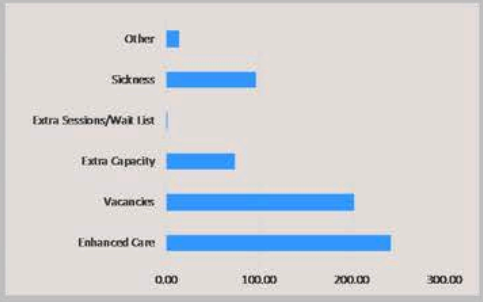


Bank and Agency Registered Nurse Usage Reasons



Bank and Agency HCSW Usage Bank and Agency

Bank and Agency HCSW Usage Reasons



Agenda Item: 3.5

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 June 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	People Plan 2022/2025 – Annual Update 2023/24
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds – Director of Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Workforce and OD Senior Team

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Our People Plan 2022-2025 is now in the third year of implementation. The plan has set out the Health Board's approach to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people.

The Plan echoes the commitments of 'Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)' and focuses upon three priority objectives.

1) **Staff Health & Wellbeing**: Creating an environment for staff to feel proud to work for the Health Board and are included, engaged, and have a sense of belonging.
2) **Employer of Choice**: Building on the reputation of the Health Board as a great place to train, work and grow.
3) **Workforce Sustainability**: Ensuring we have the right workforce models that embed innovative thinking.

This paper provides an update on our People Plan and the progress made during the last 12-months. As we reach the expiry of this version of the plan, we intend on relaunching the next three-year plan in July 2025 and in preparation, will begin a detailed schedule of engagement commencing in September 2024. This will include engagement with all staff, stakeholders, Trade Unions and colleagues, both internal and external to the Health Board.

The People and Culture Committee is asked to note the update and provide comments on the progress to date and next steps.

Cefndir / Background

The People Plan 2022-2025 is a fundamental component of the organisations Integrated Medium Term Plan (IMTP), setting out the key actions to support the Health Board to meet its challenges and delivery of priorities.

The People Plan aims to ensure sustainability of the workforce for the future. It is based on the building blocks within 'Healthier Wales: Our plan for health and social care' (2020) and more recently, the National Workforce Implementation Plan 2023 which outlines a series of practical actions that will act as enablers to accelerate the NHS Wales Workforce Strategy. The plan has also adapted over the course of the three years in response to various new Welsh Government and NHS Wales national circulars and programmes such as the Collective Agreement (Non-Pay Deal), National Retention programme, Armed Forces Covenant, Welsh Race Equality Standards (WRES) and the Speaking Up Safely Framework.

Progress against the People Plan's three objectives has been shared throughout the year with the People and Culture Committee at the following meetings:

Objective 1: 20/09/2022
Objective 2: 12/01/2023
Objective 3: 13/06/2023
Quarterly Update: 19/10/2023
Quarterly Update: 22/02/2024

In order to focus, innovate and deliver upon critical areas of the People Plan, Workforce and Organisational Development have also established a series of working groups to drive their area of work forward. These are listed below:

Working Group Title	
Financial Wellbeing	Talent Management
Physical and Mental Wellbeing	Armed Forces
Employee Experience	Values and Behaviours
Retention	Medical Efficiency Strategic Issues
Recruitment	Medical E-Systems
Welsh Language	Clinical Futures Workforce
Equality, Diversity and Inclusion	Establishment Control
Flexible and Agile Working	ESR Optimisation
Gwent Workforce Board	Neighbourhood Care Networks
HCSW Education Development Framework	Variable Pay
Welsh Health Circulars	

Partnership working with Trade Union colleagues is key to the delivery of the plan and we are pleased that Divisional partnership forums have been established this year to complement our Trade Union Partnership Forum.

Asesiad / Assessment

The monthly Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives. This was highlighted in the Workforce & OD Performance Dashboard paper presented earlier on the People and Culture Committee agenda.

Our current staff in post was 13,075WTE as of the end of March 2024, which was an increase from this period last year of 424WTE (3.4% increase). The highest percentage increases in the number of staff within the Health Board based on our staff groups have been in Allied Health Professions (15%) following the introduction of the Physiotherapy MSK services. Other staff groups which have seen increases include Medical and Dental (4%), mainly because of an increase in specialty registrar posts, and Nursing and Midwifery, which has increased by 4% because of recruitment campaigns locally and internationally.

Our actions set in the People Plan 2023/24 have had a positive impact on several key workforce performance indicators, some headlines include:

- ✓ Turnover has reduced from 11.36% to 9.04%.
- ✓ Sickness has decreased from the previous year from 6.9% to 6.2%.
- ✓ PADR increased from 67.7% to 73.46% following the introduction of a new PADR process and manager training masterclasses.
- ✓ Reduction in time to hire and successfully meeting the national target of 70 days.
- ✓ International recruitment of 74 nurses.
- ✓ Decreased vacancies - HCSW vacancies have reduced by 100WTE and RNs by 60WTE.
- ✓ Reduction of 47WTE medical vacancies in 12 months.
- ✓ Variable pay reduced by circa £18m from 2022/23 to 2023/24.
- ✓ Over the past 12 months our ability to fill RN and HCSW shifts has increased by 3%. We are filling 98% of gaps/shifts in rotas.
- ✓ The Health Board's Strategic Equality Plan was launched providing a focus for the next 4 years Equality, Diversity and Inclusion work
- ✓ Welsh Language – an increase in words translated and in people reporting their Welsh language competencies.
- ✓ A Gwent Strategic Workforce Action Plan was presented and agreed.

The People Plan delivery framework consists of twenty-three actions, set out under the three objectives. Progress against these actions is set out in more detail below. The timelines, capacity and internal and external influences have influenced their priority for delivery.

Objective 1 – Staff Health and Wellbeing

Our actions aim to support the well-being of our staff, deliver a reduction in sickness, turnover and improve our Occupational and Employee Wellbeing waiting times.

Through improving the wellbeing of staff, we will achieve and improve employee experience and in line with research, improved patient outcomes and experiences.

Encouragingly in summer 2023 our wellbeing survey indicated a stabilising of key factors such as self-reported fatigue and 'coping', as well as shedding light on 'intention to leave' and factors that support or inhibit raising concerns.

The avoidable employee harm programme was launched in July 2022 focusing on the potential harm that employee investigations can cause to those involved in the process and the wider impact on the organisation's culture, reputation and finances. We have maintained a 70% reduction in investigations resulting in over 3000 sick days avoided and a conservative estimate of at least a £700K saving. It has also generated numerous academic publications and won five separate awards. Year two will see the programme expand across the Welsh public sector and permeating the culture of avoiding harm through other HR processes.

It is widely accepted that healthy cultures and engaged staff in NHS organisations are crucial to ensuring the delivery of high-quality patient care, and the significant role leadership plays in influencing team culture. Through our award-winning Clinical Directors CDx and Directorate Managers DMx training, introduction to leadership programme (Leadership Development Programme) and multi-disciplinary leadership development (Leading People) programmes we have continued to support leaders to develop collaborative, inclusive and compassionate leadership skills that are critical to high quality leadership and in turn patient care. These two new programmes have meant over 300 colleagues have accessed bespoke internal leadership development curated specifically for their leadership challenges.

Following the publication of NHS Wales Speaking up Safely Framework, we have undertaken a self-assessment in relation to the framework standards and developed an action plan in support of its implementation. A Speaking up Safely initial engagement and awareness event held on 03 October 2023. Workforce & OD have launched an internal raising concerns bespoke email address with migration to an externally provided Employee Assistance Programme and Speaking Up service with the aim of going live at the end June 2024. Cross organisation and multi-profession steering group has been established with the inaugural meeting held in March 2024 to determine Terms of Reference and organisational approach.

There are nine overarching actions which are summarised below:

Objective	Key Achievements 2023/2024
Action 1: Establish the Wellbeing Centre of Excellence	• The newly refurbished Centre has opened and is providing a welcoming environment for our staff and increased clinical space capacity to assess and treat our staff. This action is now completed. • Demand for our Staff Psychological Therapy Service which is part of the Wellbeing Centre of Excellence continues to see an 20% increase in demand from last year with commensurate increase in risk and clinical complexity. Accordingly, we have been successful in

		securing alternative counselling support for all ABUHB staff. This includes additional staff counsellors (0.6wte) and an Employee Assistance Programme (EAP). Staff now have the option to contact VIVUP, an external In the first 6 weeks of the service and combined with a waiting list initiative we have seen waiting times reduced by 30%.	
	Action 2: Implement Integrated Psychological Wellbeing Practitioners	• Following an unsuccessful bid to Welsh Government, we have now redesigned our strategy which will be in part funded through income generation. The benefits of which are noted above.	
	Action 3: Enhance Wellbeing of Staff	• There are a host of evidence-based wellbeing initiatives that have continued to contribute to improving and protecting staff wellbeing across the Health Board. These include Schwartz Rounds, Taking Care Giving Care Rounds and Creative Mindfulness classes have been undertaken on GUH and YYF sites following successful Arts Council Bid. • An organisational staff recognition programme was presented to the Executive Committee in May 2024 which aims to develop the culture of gratitude and thanks amongst employees to boost staff engagement and satisfaction. • Collectively we are supportive of the concepts contained within Staff Welfare Project and bringing together of new initiatives. An example of this includes, monitoring a positive assessment of compliance with standards and guidance set out in the BMA Rest and Facilities Charter (e.g. escalation of concerns by site leadership teams, attendance of drop in sessions, junior doctors reporting positive satisfaction with levels of provision in NHH and GUH). , • We continued to build our platform of peer support networks via community groups such as our Menopause Cafes and LGBTQ+ network. To improve access to services we will be exploring social media and wellbeing "Spotlight Series" Podcast. Additional support will be in place for long covid, and staff absent from work due to chronic stress, anxiety, and depression.	
	Action 4: Implement People First Staff Engagement Programme	• The principles of the People First Staff Engagement Project completed and evaluated in 2023 have been integrated into other areas of work. For example, the method of Executive drop in sessions.	

	Action 5: Healthy Working Day	• The Healthy Working Day Project was designed to understand the entangled factors which contribute to the working day of clinical staff. The work is in collaboration with Cardiff University. The project was due to start in 2022 but has been delayed due to difficulties in recruiting staff to contribute due to organisational pressures. . We met with senior nurse colleagues on 21 February 2023 to identify suitable wards to recruit staff for the work. The next steps are to contact nursing colleagues who have been identified and arrange focus groups for data collection.	
	Action 6 Developing our offer for Leaders and Managers	• A full suite of organisational leadership development now exists for Nursing, CDs, DMs, MDT and entry level leaders. • Nursing and Midwifery Leadership Academy and Alumni is full for the remainder of 2023 with additional expressions of interest received for 2024. The Alumni is due to commence on 09 November 2024 to maintain nursing networks and continue the relationships and support to each other. • Cohort 8 of the Leading People Programme commenced in April 2024. Formal evaluation of cohort 7 has evidenced the nature of the positive impact the programme has had on those attending such as confidence to lead team, improved self-awareness and capability to adopt psychologically safe and compassionate cultures. • Welsh language sessions have been delivered within both Nursing and Midwifery Academy and cohorts of Leading People Programme. • The Leadership Development Program (LDP) has been developed as the Health Board's introduction to leadership. All cohorts for 2023 were full. In 2024, 200 places are available which are also full. • Coaching Network established with interactive session offered to 30 internal coaches to meet, discuss personal learning requirements, and assess coaching capacity. • Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR.	

	Action 7: Occupational Health Service	• A new occupational health electronic system G2 for manager referrals went live on 20 September 2023 assisting with referral tracking and progress. • Service continues to have resourcing challenges, Review of demand and capacity undertaken, with approval to supplement capacity through contract partner Insync, additional clinics being organised to reduce backlog as wait times increasing. • Additional OH nursing days are being procured from our external provider to support waiting times up to July 2024 (2 additional days per week). Current waiting times following referral are 6 weeks for a physician, 5 weeks for an OH nurse and 4 weeks for the OT. For pre-placements the clearance time is 17 days.	
	Action 8: People Practices	• Avoidable Employee Harm training continues to be rolled out across the Health Board and also in other NHS organisations and external partners (e.g. Local Authorities). This work has now broadened to include a growing research partnership with universities of Brunel, Plymouth, and Swansea and funded collaboration with HEIW. Partnership work with HPMA and CIPD are also in the pipeline. We are also in the early stages of transferring the learning into other HR processes to maximise the concept of avoiding harm to all involved, balanced with the need to comply with legislation and HR policies. • The Sickness Absence Group continues to analyse and target intervention to reduce sickness to support staff to remain in work or return at the earliest opportunity. The group has also revised the sickness absence management toolkit to support the management of absence. A sickness management audit was completed in June 2024, with reasonable assurance into a sickness absence management processes. • Staff and managers employment handbooks have been finalised, providing an easy-to-read guide to support induction and continued employment.	
	Action 9: Improve our Financial Wellbeing offer for staff	• The compendium of financial resources is available on the intranet which includes links to advice services and local Credit Unions. https://nhswales365.sharepoint.com/sites/ABB_Pulse_Employee_WBS/SitePages/Well-being-Support-and-Advice.aspx	

	• Whilst, as an NHS Wales employer, we provide the living wage to our people, we will seek to become an accredited living wage employer. We are working with procurement to progress this work and demonstrate compliance and the development of an action plan.

Objective 2 – Employer of Choice

Our objective of being an 'Employer of Choice' aims to reduce vacancies, improving our offer to widen access to employment, recognises the public health benefits and the principles of foundational economy by promoting employment and training opportunities.

Working collaboratively with our Nursing Division, A Nursing, Midwifery and Specialist Community Public Health Nurse (SCHPN) Workforce Strategy was approved in 2023 to provide a coordinated and combined approach to recruitment and retention. This strategy demonstrates a clear career pathway to attract and promote our Future Nurses including apprentices, cadets, healthcare support workers, internationally educated nurses, and senior nursing roles within the Health Board.

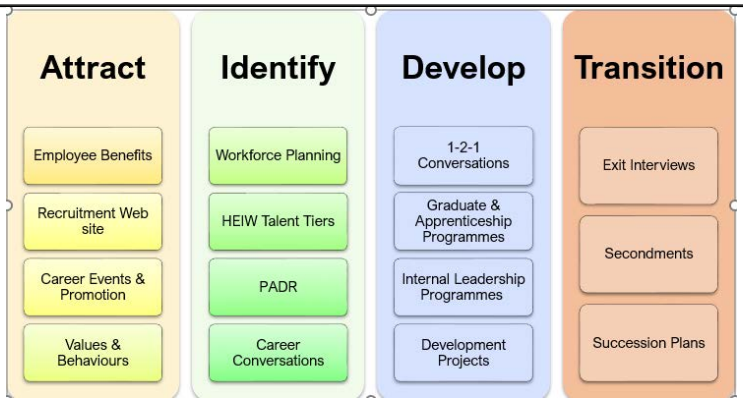
We have continued to build on our commitment to introduce innovative and hybrid roles, which incorporate responsibilities such as research and education as well as other national, local, or legal requirements, to ensure we stand out in the market. This includes GPs with extended roles and Clinical Fellows with protected time for clinical research or teaching. We have continually looked for opportunities to extend the skills of our current workforce such as Pharmacy Assistants and Technicians and enhanced training of Radiographers to extend their scope of practice (CT, Colon, CT head and ultrasound and plain film reporting). The support of the band 4 clinical workforce has grown across the organisation as well as the scope of practice for our advanced clinical practitioners and we are actively engaged in the national work relating to the Registered Nurse Associate (RNA) role which is in development.

Whilst we have made progress in reducing the number of vacancies over the last year, we continue to experience high levels of vacancies across medical specialties, registered nursing, pharmacists, and some specialist therapy roles. Our priority has continued to focus on effective and innovative recruitment strategies supported by retaining and developing our workforce, and as a result influencing a positive patient experience.

The Employer of Choice Objectives focus around eight overarching actions which are summarised below:

Objective	Key Achievements 2023/2024
Action 10: Develop a Strong Health Board Identity	• The Health Board's external jobs webpage has been updated with fresh and accessible pages,

		aiming to capture a wide-reaching audience at all stages of careers and those looking to secure employment. • Standardised templates for social media adverts have been created to strengthen our brand. • Refreshed all bilingual branding and recruitment literature and continuing to deliver bilingual open days to students showcasing the Health Board to nurses, midwives, therapists and allied health professionals nearing registration. We have established an account with lleol.com, the largest Welsh language recruitment site to support the Bilingual Skills Strategy. • Members of OD are now accredited in organisational storytelling capability which enables and improves our ability to communicate to our staff and patients impact case studies. • Initiated a refresh of our Values and Behaviours Framework. This will combine with the broader scoping programme of the Health Board's long-term 10-year strategy. • Successfully delivered an event filled week to promote Armed Forces Week. A new Armed Forces Lead chaired the Armed Forces forum on 14 September 2023, with twelve new members recruited to the network following recent advertising. • Achieved Armed Forces Gold Employers Recognition Award in January 2024. • The Terms of Reference (TOR) have been drafted for each Equality Network, promoting diversity across our Health Board identity.	
	Action 11: Talent Management and Succession Planning Proposals	• Talent Management and Succession Planning (TMSP) Framework crafted, and suite of resources developed along with career conversations training. • The framework uses four domains to explore activities to support TMSP based on the employee lifecycle and has activities from attracting the right workforce, to identifying talent and succession opportunities, to developing the workforce and finally transition either into Health Board roles or externally.	

		 • The OD team have completed 'bronze' accreditation for Kirkpatrick method of evaluation and design of learning and change initiatives. Plans in place for the project component of development to include thorough evaluation of one of our core learning programmes 'LDP'. Following the success of this initiative, HEIW have adopted this approach for all Wales. Continued to meet with a number of training providers including University of South Wales. Plans to extend funded qualifications in 2024.	
	Action 12: Building our Connections with Schools / Education Providers/Communities	• Preliminary discussions ongoing with Newport City Council regarding a pilot to support looked after children and Care leavers into employment. Further discussion required to consider how this could be implemented. • An Integrated Schools Programme between Health, Social Care and Education commenced in December 2023 and will continue to be rolled out to all schools in Gwent, with a focus on high areas of deprivation in the first instance. • Age-appropriate Welsh language awareness lessons have been delivered or are timetabled to all Welsh medium secondary schools in Gwent to understand the importance of the role and skill of Welsh language in Health and Social care careers. • A widening access programme at primary schools carried out by Welsh language unit and EDI Specialist in collaboration with other partners in Health. The project pilot, launched in March 2024 will create a series of skills clubs for Year 6 pupils in primary schools to introduce them to the world of medicine and healthcare. The skills clubs includes following a patient from admission to discharge, learning about different areas of healthcare and taster days at our Health Board. A toolkit was produced in	

		readiness for the school sessions and will be shared across Wales.	
	Action 13: Widening Access to employment and training	• Additional thirty-five apprentices recruited in August/September 2023 as part of the third cohort of ABUHB apprentices. • Connections with Caerphilly Local Authority and iTec (a leading provider of skills and employment services in Wales) to promote apprenticeships and refer suitable candidates to the Health Board. • Recruitment bus funded by the Regional Integrated Fund (RIF) was a joint recruitment campaign with our local authority social care colleagues and visited all five local authorities in Gwent. The purpose of this was to travel to local communities to encourage and consider careers within health and social care. Evaluation demonstrated there is benefit in engaging and going to meet local communities and careful consideration needs to be given for the time and locations of future initiatives to maximise the impact. • Access to Medicine course launched with Coleg Gwent in September 2023 and further scoping being done to look at Access to Dentistry. • We have developed a new recruitment initiative called RCN Connect Wales in conjunction with HEIW, Cardiff and Vale College and Coleg Gwent (the first in Wales). This initiative supports applicants who were unsuccessful in obtaining a nurse training placement and we offer HCSW employment to support further experience and confidence building, whilst supporting further education study to re-apply for nurse training in the future. A pilot of 6 have commenced with a further cohort to be recruited in July 2024. This initiative was also "Highly Commended" at the HPMA Wales conference in May 2024. • In keeping with the employability principles of the foundational economy, we have created routes for training for new and existing staff. Our apprenticeship opportunities have continued across the Health Board, with apprenticeships in healthcare support worker, admin, and facilities roles.	
	Action 14: Recruitment and Retention Strategies	• New approach to organisational induction agreed- delivery across 90 days to enable our people to deeply understand the Health Board, how we work, what's important to us and stimulate a sense of both pride and belonging	

		for the new employee. Support and training is being designed for managers to ensure local induction is aligned and compliments the organisational induction. • Improved time to hire from over 100 days to under the Key Performance Indicator of 70 days through an extensive programme of validating records. • Continued analysis of student streamlining fill rates to identify trends and develop actions to mitigate future risk/vacancies. • Participating in an international recruitment initiative in Kerala for the second year for both nursing and medical staff. • Retention group workshop was undertaken in September 2023 to review the workforce data from the past 6 months and design a three-year retention strategy. A number of Retention Cafes have taken place across the organisation over the past year to talk to staff about staying with and understand potential reasons for leaving. One of the key themes was Flexible Working. • HCSW video published and a 6 monthly review of funding with HEIW completed. • The development of a Speciality Doctor and Clinical Fellow Framework aims to improve attraction and retention for Clinical Fellows and Speciality Doctors and ensures that this cohort of doctors are supported through good governance and career development. We held a workshop in April 2023 in conjunction with the General Medical Council (GMC) to encourage and support doctors wishing to progress and practice as a consultant grade through the CESR route (Certificate of Eligibility for Specialist Registration). Work continues to develop leadership experiences and competencies, CESR policy and buddy system. • A flexible working group has been established to shine a spotlight on effective flexible working opportunities and support for staff. A workshop is planned for the autumn to promote flexible working and to encourage support for applications, unless there is a business reason which prevents this. A self-rostering pilot has also commenced in 2 acute ward area that will commence in rosters in August 2024 and September respectively. This will be evaluated in August/September with a view to expanding across the Health Board. Early indications from the staff are positive but impact on rosters, gaps	

		and variable pay will be evaluated when the rosters go live.	
	Action 15 Equality Diversity and Inclusion	• Pilot approved for Reverse Mentorship Programmes. Mentors are being matched with mentees, supported by training and a planned launch date for pairings in July 2024. • Series of workshops and EDI Chat Cafes facilitated with staff across all sites. • The organisation's Strategic Equality Plan has been approved providing a focus for the next 4 years EDI work. • Development of International Medical Graduate Buddy Scheme in collaboration with Medical Education. • SEEN project in collaboration with Race council Cymru was delivered with a successful launch event in Newport Market well attended by stakeholders and Jane Hutt from Welsh Government. The project celebrates through art (now displayed across our sites) the contribution to Health from key figures of Gwent as voted for by our staff. • Final review of the streamlined EQIA process initiated in collaboration with corporate governance colleagues. • Publication of the Health Board's Gender pay gap report to Welsh Government and annual equality report.	
	Action 16: Welsh Language Standards Implementation	• The new process and SLA arrangements for translation resulting in 1.3p per word saving and immediate saving of £6,200. Welsh language unit now process all requests to ensure the internal translator is at full capacity. The final benefit is the ability to map fully all translation work undertaken for the Health Board and identify any departments / divisions not translating. • All recruitment and Human Resources policies are reviewed in order to ensure that they comply with the relevant Welsh language standards. • The current strategy to increase the offer of clinical consultation through the medium of Welsh ends this year and is currently being evaluated which will be published in November (Standard 110 of the Welsh Language Standards). Following meetings with the Welsh Language Commissioners office, the next 5 year plan should be an operational document rather	

	than a strategy focussing on specific areas within the Health Board. • Awareness month of sessions took place through October 2023 and into November 2023 to answer staff questions and re-enforce messages both in general and around specific areas such as recruitment and training. • Annual report published September 2023 to show progress across 2022/23 financial year. Development of the 2023/24 is ongoing. • Audit dates set for visits to hospital sites to ensure compliance with standards. • The Welsh Language Unit have received its first investigation for non-compliance from the Welsh Language Commissioner relating to Standards 9 and 10. These relate to the Welsh language service being available when calling a Health Board number and that a caller who wishes to communicate in Welsh by selecting the appropriate option on the phone line can do so. A corrective action plan has been sent to the Commissioner's office and we are awaiting a reply.
Action 17: Volunteering Opportunities	• Working in conjunction with the volunteer service to support a volunteer to career pathway. This includes recognising where additional support for employment is required and making reasonable adjustments to promote opportunities for those with protected characteristics.

Objective 3 - Workforce Sustainability

The Workforce Sustainability objectives enable the actions to support delivery of the right workforce models which embed innovative thinking. It also focuses on maximising information technology to support the effective workforce intelligence and deployment of staff to support service planning decisions. The Gwent Workforce Strategic Action Plan between Health, Social Care and Education will bring to fruition collaborative working across organisational boundaries and support the Foundational Economy Actions. The Strategic Action Plan was ratified in December 2023 and will direct the focus of working over the next financial year. The Health Board have continued to build on our success of implementing new roles and extending the fields where roles participate and work within the services.

The Health Board set out an ambitious programme of work to reduce its reliance on agency workers and high variable pay usage. It achieved this through programme management led by the Workforce & OD Director and resulted in a decrease in variable pay of circa £18m in the last financial year, increased bank fill rate, improved roster performance and a decrease in vacancies.

Ensuring we have the right workforce models that	Our measures of success of Objective 3 of our People Plan will ensure workforce models are the right-size and the effective use of skills, technology and staff. This objective focuses around six overarching actions as summarised below:

Objective	Key Achievements (2023/24)
Action 18: Workforce Sustainability Plans	• A HCSW programme is underway with a series of workstreams. this includes: – Bringing induction in house. – Promoting Band 4 opportunities. – Promotional videos. – Increasing numbers of HCSWs training to develop to other professional roles such as registered nurses and therapy assistant practitioners. • Re-establishment of the Clinical Futures Workforce Group from July 2023 to ensure there is a planned and systematic people management strategy aligned to our Health Board priority programmes. A workshop was held in July 2023 between the Health Board and Local Authorities to agree the actions, priorities and key deliverables in line with the HEIW and Social Care Wales workforce strategy 7 key themes. The subsequent plan was presented to the Gwent Workforce Board in September 2023; it was agreed that members would further review the action plan to identify key priorities to be taken forward.
Action 19: Workforce RIF Programme	• Following a number of workshops with our Local Authority partners and organisations in 2023 a Gwent Strategic Action Plan was presented to Gwent Workforce Board in September 2023 and a programme plan has been agreed. • A regional bespoke Schools offer commenced via a pilot in December 2023 which received positive feedback and evaluation. A full programme has been developed and being rolled out across Gwent focusing on areas of deprivation. • A full Workforce and OD programme plan has been developed to support the development of an integrated culture between all partners in the new Integrated Well-being Hubs in Tredegar and Newport which will run throughout 2024/25. • The public facing Gwent Care Career Pathway, 'Care as Currency' has been revitalised and

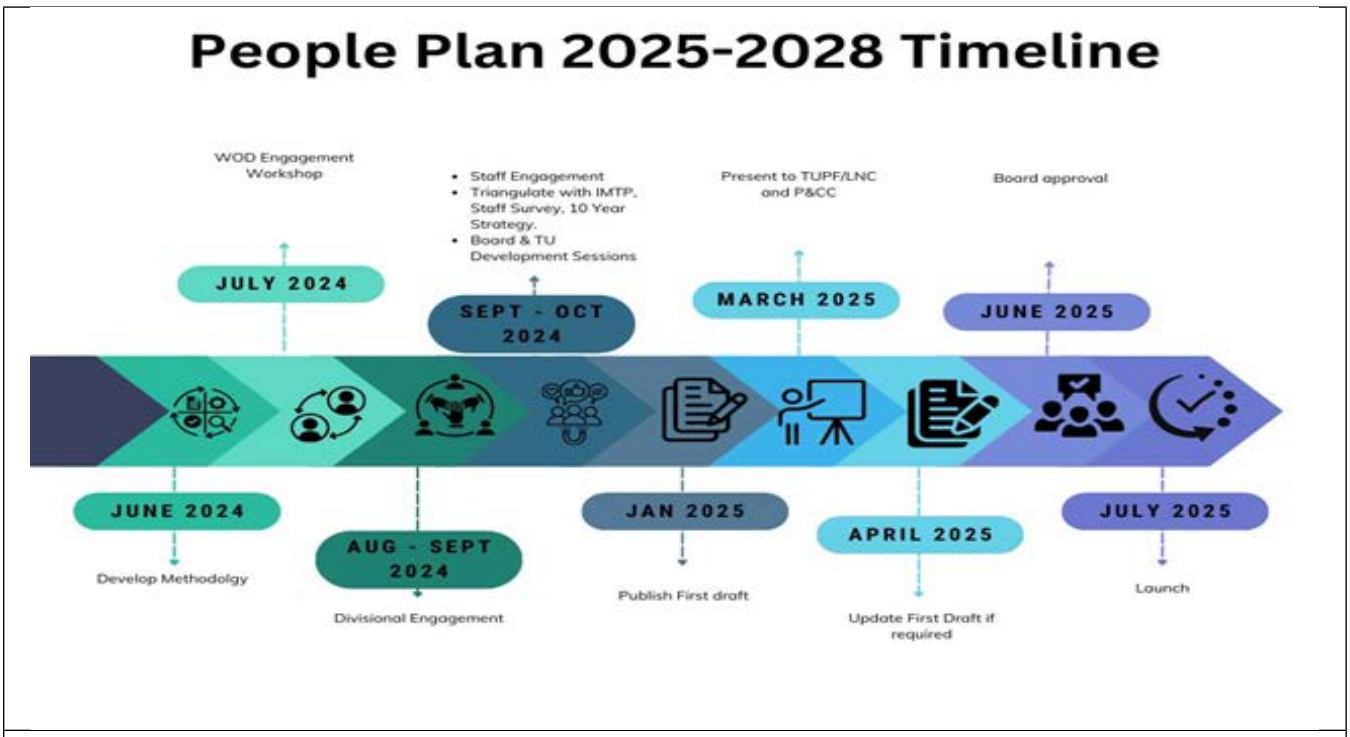
		dedicated marketing group has been developed with representatives from each organisation's communications team including the Health Board for a joined-up approach across Gwent. • The Vital Signs Pilot in Monmouth commenced between Monmouth Local Authority and the Health Board as an integrated training program to improve skills in the community teams to reduce pressure on front door acute services. • A demographics paper for ABUHB workforce and the population of Gwent has been developed and presented to the Executive Team. The findings have shaped the agenda of the Future Workforce Group.	
	Action 20: Delivery of ACD and Care Closer to Home	• Facilitated Sessions held across some Integrated Service Partnership Boards (ISPB) and with the newly elected Professional Collaborative Leads to agree the new structure for the Neighbourhood Care Networks (NCN) so that we identify the key priorities for the ISPB to maximise services and avoid duplication of work. • Workforce planning programme/framework for NCNs has been developed and data collection and data shared with NCNs in September 2023 to inform the development of a sustainable workforce and services designed to meet population need. Initial NCN workforce planning meetings held throughout November 2023; positive feedback was received from the first two meetings. • Pilot commenced in Blaenau Gwent with NCN leads and WOD to undertake comprehensive workforce plan to support long term sustainability in November 2024.	
	Action 21: Workforce Analytics	• All Wales workforce establishment controls workstream commenced to support the identification of vacancies against funded posts. This programme of work will link financial budgets with posts on the Electronic Staff Record (ESR) and will help with workforce planning and vacancy management. • Safecare has been rolled out to all ward areas with 70% completion in community areas. • A new suite of Medical E-systems has been procurement; job planning, e-rostering, locum and agency. The Job Planning, Locum and Agency systems are all rolled out and e-rostering is being implemented commencing with Family and Therapies Division. This is being supported by detailed Job Planning Guidance	

	and training packs that were launched in August 2023 and the development and launch of locum rate cards. The junior doctor rate card commenced in November 2022 and the consultant rate card in December 2023.
Action 22: Agile Working	• Agile/Hybrid Framework Vision and Framework agreed October 2023. • Draft All Wales guidance for National Agile Network group has been developed following assessment and benchmarking good practice by other Health Boards. • Detailed assessments to support Ty Gwent have progressed to support identification of service transfers/space requirements and design of spaces. • Workforce Assessment undertaken on lease premises, Nevill Hall, STW and NHH to support Estate's priority plans for 2024/25.
Action 23 Agency Reduction Sustainability	• There has been positive progress in reduced variable pay and agency costs for both RN's and HCSW's. Detailed information on the Variable Pay Reduction Programme is contained within the Workforce and OD Director Report. The results of this programme are as follows: ✓ Removal of enhanced bank usage and costs. ✓ Revised standard operating procedure for specialist rates. ✓ Move of staff from agency to substantive. ✓ Fast track recruitment process. ✓ Facilities converted 172 bank and agency staff to substantive. ✓ Improved roster performance.

Next Steps - Plans to support People Plan objectives in 2025-2028

The Workforce and OD senior leadership team have developed an outline timetable for the design and publication of the next People Plan. This process commences with a Workshop with the WOD team and includes Divisional and staff engagement, triangulation with key documents and development sessions with our Trade Union partners and Board members. Our aim is to launch the next version of our People Plan in July 2025.

The provisional timeline is outlined overleaf:



Argymhelliad / Recommendation

The People and Culture Committee is asked to note the update and provide comments on the progress to date and next steps.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff Gender pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ACD - Accelerated Cluster Development DMs – Directorate managers CDs – Clinical Directors HCSW – Healthcare Support Worker IMTP - Integrated Medium-Term Plan LDP - Leadership Development Program MDT – Multi Disciplinary Teams NCN – Neighbourhood Care Network RN – Registered Nurse TMSP - Talent Management and Succession Planning WBP – Workforce Business Partners WOD - Workforce & Organisational Development
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 June 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Director of Workforce & OD Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Workforce & OD Senior Team

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

The People and Culture Committee is asked to note this report for information.

Cefndir / Background

This report covers the period since the last Committee meeting on 22 February 2024. and includes a specific progress update on:

- Employee Relations activity
- TUPE transfers
- Organisational change processes
- NHS Wales Staff Survey
- Variable Pay Reduction programme
- Specialty Doctors and Clinical Fellows Framework

- Medical E-Systems
- Recruitment timelines and international nursing accommodation
- Healthcare People Management Association (HPMA) Wales Awards
- Staff Recognition Framework

Asesiad / Assessment

This report demonstrates the Health Board's current position in relation to a number of key items and areas of work.

Employee Relations Activity

The table below outlines the employee relations activity undertaken or initiated for the period February – April 2024.

Disciplinary Investigations	*Fast Tracks*	*Disciplinary Appeals*	*Informal Resolution*	*Formal Respect & Resolution*	*Respect & Resolution Appeals*	*Capability*	*Raising Concerns*	*Sickness Meetings*	*Mutual Ill Health Termination*	*Final Formal Hearings*	*Extension to Sick Pay (ETSP)*	*Temporary Injury Benefit (TIA)*	*Employment Tribunal*
7	6	0	1	12	2	1	0	185	16	5	2	2	3

Disciplinary - During this period there have been seven new disciplinary investigations, all relating to unacceptable behaviour/failure to meet the required standards. Six minor misconduct cases have progressed to a fast-track hearing with no investigation required. Fast track hearings are concluded quickly and do not result in a sanction higher than written warning. As a result, they have less potential for harm to the employee. The cases that have proceeded to full investigation are too serious to be considered at fast-track hearing.

Respect and Resolution (Grievance) - There continues to be high demand for formal respect and resolution hearings, which is comparable to the previous quarter. Where appropriate, staff who raise a respect and resolution concern are encouraged to consider informal resolution, however there are often requests to bypass this and insist on a formal hearing.

Seven of the formal resolution requests relate to behavioural concerns/feelings of bullying, two relates to organisational change, two are for concerns considered discriminatory and one is for an overpayment. One case proceeded to appeal, and the appeal was not upheld.

Data and practice relating to Respect and Resolution concerns will influence the development and implementation of the Speaking up Safely framework and inform the procurement process for an independent provider to support staff who wish to raise concerns through an external mechanism.

Suspension - Suspension from duty is a last resort and only occurs if there are serious risks associated with remaining in work. There are currently eleven employees suspended from duty. One employee has been suspended for over 12 months, eight have been suspended for over 6 months, two have been suspended for less than 3 months. All suspensions are either linked to patient safety concerns or a criminal (police) investigation. Each employee is signposted to support services, with regular contact and suspension review meetings.

Sickness Absence - During this period the HR team have supported one hundred and eighty-five formal stage sickness meetings. Sixteen employees have ended their employment with the Health Board mutually and with pay in lieu of notice. Five final formal hearings have been convened, all resulting in the employee being supported to remain in work whilst being reviewed at the Final Formal stage. Through the Managing Attendance project group, eighteen sickness hotspots have been identified and deep dives have/are due to take place to identity opportunities to improve compliance with the managing attendance at work policy and opportunities to improve health, wellbeing and attendance at work.

Two temporary injury allowance (TIA) requests were received between February – April and further information has been requested to progress with their applications. One TIA appeal has taken place and was not upheld. Two request to extend occupational sick pay were received and were not supported.

Flexible Working - An All Wales Flexible Working Policy was implemented in December 2023, in line with legislative changes that were introduced in April 2024. This enables a request for flexible working from the first day of service in comparison to the previous minimum service of 26 weeks and removes the limit of one request per year. There is an onus on employers to approve flexible working requests unless there is a business reason to decline. Flexible working workshops will be rolled out across the Health Board.

TUPE Transfers

During this period, two overarching TUPE exercises were completed:

- 100 employees transferred to GP Managed Practices.
- 20 employees transferred to the NHS Executive as part of transfers out of hosted functions: 111 and 6 Goals Programme.
- Phase 2 of the NHS Executive TUPE consultation is due to commence in June 2024, with the proposal to transfer TEC Cymru (a hosted body) to the Executive.

Organisational Change

The following change processes have also completed during this quarter:

- The responsibility for Pain, Anaesthetics, Critical Care and Theatres (PACT) services has transferred from Scheduled Care to Clinical Support Services.
- The restructure/realignment of Quality Patient Safety and Quality Improvement teams.

- The relocation of wards based at St Woolos have transferred to the Royal Gwent Hospital.
- Reduced opening hours of Minor Injuries Unit at Nevill Hall Hospital.

There are currently five staff consultations including roster changes, internal service transfers and a restructure within Public Health.

NHS Wales Staff Survey

We have recently received feedback from the All Wales National Staff Survey. The Health Board had a return rate of 18% (2,738 staff members, one of the highest absolute rates from a Health Board in Wales).

The Health Board has access to organisational data which has highlighted key areas to focus upon including bullying and harassment, staff engagement and staff turnover.

Positive data includes:

- **55%** of staff agreed or strongly agreed that they were satisfied in their current role
- Staff reported high levels of team working with **83%** reporting that they agreed or agreed strongly that they could ask for help from team members and **81%** that they agreed (or agreed strongly) that they enjoyed working with their colleagues.

Some key areas to focus on include:

- **21%** of staff report that they have experienced bullying, harassment or abuse from another member of staff and **17%** from their line manager. Both of these figures represent a significant increase since the last staff survey in 2021.
- **75%** agree or agree strongly that the organisation encourages them to report incidents, errors or near misses only 44% agreed or agreed strongly that staff involved in incidents were treated fairly or that they were given feedback about the changes that had been made as a result
- Clear and consistent communication to staff

The next All Wales NHS survey is due to be released in November 2024.

In parallel to the national survey, the Health Board's Wellbeing Survey, is to be refocused with an emphasis on Employee Experience, to allow us to better understand and track local factors that support or undermine compassionate psychologically healthy working cultures. We are aiming to use the data from both local and national surveys to create a cultural heat map. The next Employee Experience survey will be launched in July 2024.

Variable Pay Reduction Programme

The programme management approach to reduce variable pay has delivered a number of key actions on rostering, improved approvals, locum rate cards, medical e-systems, recruitment, and retention. The results of our work to date include:

- Variable pay reduced by £18m from 2022/23 to 2023/24.
- HCSW vacancies have reduced by 100wte and RNs by 60wte.
- Turnover decreased by c.2% to pre-covid position.
- Facilities converted 172 bank and agency staff to substantive.
- Improved roster performance.

The Variable Pay Reduction Board are currently reviewing the organisational plan and actions. This will include rolling out the medical E-Systems and realising the benefits, admin review and a further detailed review of roster performance.

Speciality Doctor and Clinical Fellow Framework (including International Medical Graduates) *This work is conducted jointly by The Medical and Workforce and OD Director' Offices.*

The framework aims to:

- Improve attraction, recruitment, retention for Clinical Fellow and Speciality Doctors.
- Provide a quality experience for those exiting the traditional training route and supports their on-going development.
- Ensures Speciality Doctors and Clinical Fellows are skilled to meet the changing needs of the service.
- Facilitates career progression in a supportive environment which provides for the sustained wellbeing of doctors and facilitates good governance and patient safety.

The aim is to develop an interactive framework comprising of policy, governance and good practice to enable the organisation to retain these grades of doctors and support their ongoing development including entry back into training where relevant. Whilst the overarching framework is in development considerable work has been undertaken in progressing the key elements of it.

Progress

Autonomous Practice Policy

A number of our Specialty Doctors and Associate Specialists (SAS) may be sufficiently experienced and skilled to work autonomous and assist in the delivery of quality service to patients at senior level and on consultants rotas.

It is beneficial to patients, SAS doctors themselves and the Health Board to recognise and support suitably skilled and experienced SAS doctors and dentists to work as autonomous practitioners where it is appropriate to do so.

In order to enable this and facilitate autonomous working within a robust governance framework, an Autonomous Practice Policy has been developed. This was supported by the Local Negotiating Committee (LNC) and approved for implementation by the Executive Team in January 2024. The policy is available on the intranet.

Certificate of Eligibility for Specialist Registration (CESR)

- Policy - This policy is nearing completion and will be discussed with LNC shortly. The draft policy has been amended to include recent changes to the process, standards and expectations of the GMC.

  The policy describes the support offered and expectations of both SAS doctors and CESR supervisors. It will ensure standard practice across the Health Board to support suitably experienced and qualified doctors to successfully complete and submit the CESR application as required by the GMC. SPA time for supervisors has been accommodated within the additional SPA above core, this will demonstrate real investment in SAS wishing to do CESR and hopefully help Consultant recruitment in hard to fill areas over time.

  We hope to be able to launch this with CDs/DDs as it is important that they understand the requirements and the commitment as job plans will need to reflect this. This will also provide an opportunity to appraise medical leaders of the content of the Autonomous Practice policy.

  A workshop for prospective CESR candidates continues to be delivered throughout the year.

- Leadership requirements - The specific requirements for CESR candidates (the route for SAS doctors to become consultants) in respect of leadership experiences/competencies, are being identified by Dr Ryan Hobbs (A&E Consultant) so that specific sessions can be provided and where sessions/programmes already exist that will meet these requirements, our doctors can be signposted to them. The evidence required for CESR will be specific to the individual doctor so they will be able to access what they require as individuals. CDx will also be available to those who may aspire to or are in leadership roles.

International Medical Graduates (IMGs)

- Induction programme (*This also includes doctors in training and Consultants who are IMGs)* - This day which is based on GMC good medical practice is provided 2-3 times a year dependent on numbers. The content is reviewed and refined following each programme and continues to evaluate well. Workforce and OD are represented at each session which is seen as extremely valuable in supporting and signposting.

- Buddy system - A governance framework and standard operating procedure are being developed to support the implementation of an IMG buddy system. This will include a toolkit for Buddies to assist them in undertaking the role. Contact is being maintained with current "Buddies" whilst the framework is in development. This ensures regular communication and touch points via catch ups via Microsoft Teams and Face to Face at several of our sites.

Medical E-Systems

The Health Board recently procured a new medical agency management technology system, replacing the neutral vendor arrangement for agency management. This now provides the Health Board with end-to-end technology for rostering, through to Bank and finally to agency if required, which mirrors the nursing system. This should reduce the administrative burden in the divisions and remove the duplication of using multiple systems within the Health Board.

We introduced the e-Job planning system on 22 January 2024 during the winter pressure period along with industrial action pressures and an early Easter which impacted on the uptake of attendance at training sessions. Attendance at the sessions and use of the system is gradually increasing. We will be optimising existing meeting arrangements for group training sessions which is key moving forward and aligning central support to the rostering implementation timetable.

E-Rostering has been slightly delayed due to the reasons stated above. However, the rosters have now been built for Family and Therapies and are in development for Mental Health and Learning Disabilities and Primary Care and Community. We are also currently collecting the configuration information for Medicine. There are several key activities required before we agree a 'Go Live' date which includes testing the ESR interface.

The e-Locum Bank system was introduced in December 2023 and all divisions are using the system to book and pay Locum doctors. We have over 1,600 doctors registered on the Locum Bank increasing from circa 250 prior to the new system being implementation and we have attracted an additional 132 external doctors to register.

The e-Agency Management system was implemented on 01 May 2024 with all existing agencies registering to use the new system. All areas are trained to use the new system and all agency shifts are being booked via this. We are seeing high numbers of agency doctors being submitted for shifts which indicates a competitive market for us to optimise reducing agency costs.

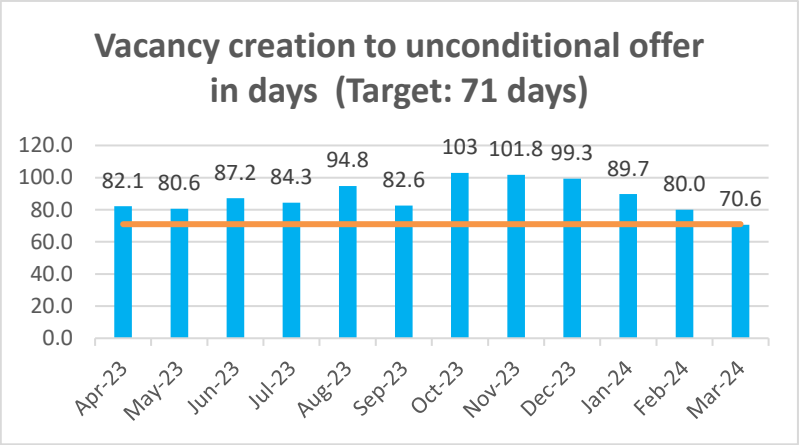
Recruitment

Reducing Time to Hire

Recruitment processes practiced during covid have had lasting impacts on records in Trac where old records were not closed down in the right way, resulting in skewed KPI averages, often where people have already started in post. A concerted effort

was therefore made by Aneurin Bevan and NWSSP Recruitment Teams in summer 2023 to chase recruiting managers and applicants to close old records.

As a result, records in conditional offer over 91 days have reduced from nearly 400 in September 2023, compared to 81 records in March 2024. Time to hire is now below the KPI average of 71 days from vacancy creation to unconditional offer letter, with April 2024 following the same downward trajectory on 70.2 days. Work will continue to drive down time to hire, with the potential to review KPIs for further improvements for each measure.



International Nursing Accommodation

The lack of affordable accommodation in the Aneurin Bevan geographical footprint continues to be the biggest to international recruitment campaigns, particularly to fill nurse vacancies as set out in the Nursing Strategy 2023-2026. It is particularly an issue in locations such as Ysbyty Ystrad Fawr (YYF), Nevill Hall Hospital (NHH) and remoter locations in Monmouthshire such as Chepstow and Monnow Vale Community Hospitals. There is no current provision of accommodation and the best option to bring current estates on the NHH site up to standard will cost an estimated £1.5m.

A failed tendering exercise was undertaken in January 2024 which showed there is no suitable accommodation available in the Health Board area. Temporary accommodation was arranged with estate agents to house new international nurse arrivals on a rotational basis upon first arrival, with the intention that nurses then find onward accommodation themselves. Since accommodation in areas of need as mentioned above is more challenging, in order to support the remaining 35 International Nurses that have been offered jobs to date, a paper will be taken to the Executive Committee imminently with a temporary solution asking for approval to enter into tenancy agreements on behalf of nurses with a sub-tenancy agreement in place.

HPMA Wales Awards

The annual HPMA Wales Conference and Awards was held on 15 May 2024 where representatives from Workforce & OD attended to network with over 200 fellow colleagues from across NHS Wales Health Boards and trusts.

Workforce & OD were successful in winning three category awards and were highly commended in 3 other categories. The awards won were:

- Excellence in Organisational Development - for the Clinical Director leadership programme CDx.
- Team of the Year – Workforce & OD for its considerable work and development within the People Plan.
- HPMA Rising Star of the Year – Kristian Hawkes, Organisational Development Practitioner.

Three nominations which were highly commended were:

- Wellbeing – Taking care giving care rounds.
- Cross sector working – for the RCN Wales Healthcare connect project (the only Health Board in Wales).
- Partnership working between Health Board and Trade Unions – for ongoing retention work supporting our workforce.

Staff Recognition Framework

A paper was presented to the Executive Committee with agreement and support on 09 May 2024.

Aneurin Bevan is the only Health Board to have an organisational approach to recognition. There is a large evidence base that recognition strategies and initiatives improves staff engagement (defined as enthusiasm and involvement in their own work and the workplace) and growing evidence that improved staff engagement in turn improves patient safety and outcomes.

The approved recognition strategy has 4 levels:

1. Daily peer to peer using easy access online submissions – this will be largest level, volume and initiative.
2. Monthly achievements.
3. Based around quarterly themes of organisational relevance e.g. compassionate leadership where people can recognise these skills and behaviours in others.
4. Annual staff awards – which are led by the Communications Team.

Branding has been agreed between Workforce & OD the Communications Team and is the "One AB Everyone together".

The immediate actions include:

- Staff engagement and Communications champions recruited (n=40 so far) who will identify and nominate colleagues locally.
- Intranet pages with support resources being developed to enable submission of staff recognition achievements and also share good practice within teams.
- Training of managers on how to recognise colleagues.
- Focus on EDI to ensure all staff are included within the programme.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note this report for information.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable

Rhestr Termau: Glossary of Terms:	CD – Clinical Directors CESR - Certificate of Eligibility for Specialist Registration DD – Divisional Directors EDI – Equality, Diversity and Inclusion ESR – Electronic Staff Record HCSW – Healthcare Support Worker HPMA - Healthcare People Management Association GMC – General Medical Council IMG – International Medical Graduate LNC - Local Negotiating Committee MIU - Minor Injuries Unit PACT – Pain, Anaesthetics, Critical Care and Theatres RCN – Royal College of Nursing RN – Registered Nurses SAS - Specialty Doctors and Associate Specialists SPA – Supporting Professional Activities TIA - Temporary Injury Allowance TUPE – Transfer of Undertakings (Protection of Employment)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 June 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Talent Management and Succession Planning Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Williams Head of Organisational Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

The People and Culture Committee is asked to note the Talent Management and Succession Planning Framework and to note the plans for implementation and socialisation within the Health Board.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper describes the Talent Management and Succession Planning (TMSP) framework and specifically addresses the Health Board's approach to how we deliberately attract, identify, develop and transition current and future talent with the aim of supporting workforce sustainability, with the right skills and experience to meet organisational challenges now and in the future. The framework has been developed in collaboration with HEIW, Health Boad staff and Trade Union colleagues.

Succession planning plays a critical role in the long-term success and sustainability of the Health Board, by formalising our approaches, managing the application of the framework in a strategic and transparent way, we plan to foster a culture of home-grown talent, highlight risks (e.g. skills and knowledge residing in individuals) and ultimately minimise service disruption.

The development of the Framework is outlined along with a more detailed description in **Appendix 1**. In addition, key areas of work spanning 2024-26 are outlined.

Through our engagement with divisional and directorate leads in the formation of the framework it was evident that currently TMSP is inconsistent, implicit and

inequitable i.e., some opportunities for progression and/or succession are dependent upon pre-existing relationships, individual's confidence to discuss their career aspirations and accordingly disadvantages some staff groups in particular from protected characteristics.

Talent Management is all about how we deliberately attract and develop our workforce, by providing a great experience of work, enabling everyone to contribute in a meaningful way so people *Stay, Learn & Grow* at Aneurin Bevan University Health Board.

The Chartered Institute of Personnel Development (CIPD) states the "*The aim of succession planning is to be able to fill key roles effectively if a current post holder leaves the organisation. Succession planning programmes typically include practical, tailored work experience relevant for future roles*."

An organisational strategic approach to TMSP is therefore essential to meet the current and emerging external and internal workforce challenges. Externally, the Office for National Statistics forecast that by 2035 there will be 18% less 18-year-olds entering the workforce which will impact the available talent pool which is important given 15% of our staff are aged between 21 and 30. In addition, 36% of our current workforce are over the age of 50 and approaching retirement age.

Internally, our local context shows (ESR data: December 2023):

- Turnover rate was 9.22% (12 month decrease from 11.36%).
- Number of staff in post has increased by 581 WTE 4.66% in the last 12 months, the highest area is within Administrative and Clerical 2,728 WTE to 2,840 WTE (4.11% increase).
- 47% of our workforce leave within their first three years.

Agreeing and enabling a strategic approach to TMSP will have many benefits such as:

- ability to fill vacancies with appropriately prepared candidates (and succession planning),
- enabling service managers to consider workforce options for the future (through understanding requirements, workforce planning and talent and succession planning),
- Improving staff survey scores of people's experience of work by providing clarity for employees regarding the Health Board's approach to career development,
- reducing the number of external leavers through jointly planning personal and career development.

We know through our wellbeing surveys that intention to leave the health board is higher in some banded roles than others (e.g. Band 8C), therefore our approaches to proactively managing talent will be nuanced and responsive to intelligence.

Cefndir / Background

Creating a sustainable and motivated NHS workforce is a key strategic priority for NHS Wales, as identified by and within:

1) Welsh Government's National Workforce Implementation Plan.
2) Health Board People Plan and supporting Nursing and Medical workforce strategies (approved or in development).
3) Career pathways and career planning are an essential element of the non-pay elements of the Agenda for Change WHC collective agreement national pay deal 2022-24.
4) The Health Board's Corporate risk register (Risk SRR 001A *The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population Strategic threat: Due to an inability to recruit and retain staff across all disciplines and specialties"*.

In response to these key drivers, there are national and local initiatives.

On a National Level, HEIW drive two projects, firstly, they support talent planning for CEOs, Executive Directors and aspiring Executive Directors. The national approach includes an identification process for each pool, associated development and a supporting role success profile. There is a national Talent Board which oversees this work, calibrates decision making and equal access across NHS Wales.

Secondly, they lead a national network across NHS Wales, have developed talent management and succession planning resources (e.g. Career Conversation templates, Strategic Assessments) and associated training and development for people profession colleagues who are leading this work in NHS Wales Health Boards and Trusts (these are available via OD team using Gwella Talent Community of Practice access).

On a local level, the Health Board's proactive and strategic work has predated the HEIW initiatives. In February 2023, we secured 6 months funding for an 8a post which commenced in August 2023 to develop the TMSP framework and associated training for managers. Investment in a role dedicated to TMSP has allowed us to enable a collaborative approach to the development of the framework with encouraging feedback. This was used by HEIW to inform and develop their national resources. With the success of this work, HEIW have since offered each NHS Wales organisation (including Aneurin Bevan) 24 months funding for an 8a local lead with responsibility for TMSP and broader workforce retention.

Outcomes of having a deliberate approach to managing talent include ensuring the Health Board is an employer of choice through having people with the right skills, at the right place at the right time. Having a pipeline of work-ready talent enables us to reduce skills shortages and minimise cost spent on finding and selecting new starters, enabling us to stabilise our workforce and proactively manage risk. In order to create our pipeline(s) we will use workforce planning to identify key roles and work alongside divisions as they undertake career conversations and succession planning to create an organisational picture.

This will be encouraged through succession planning to identify key roles, career conversations to identify existing internal pipeline, and strategic collation of data across divisions through development centres for key bands/roles.

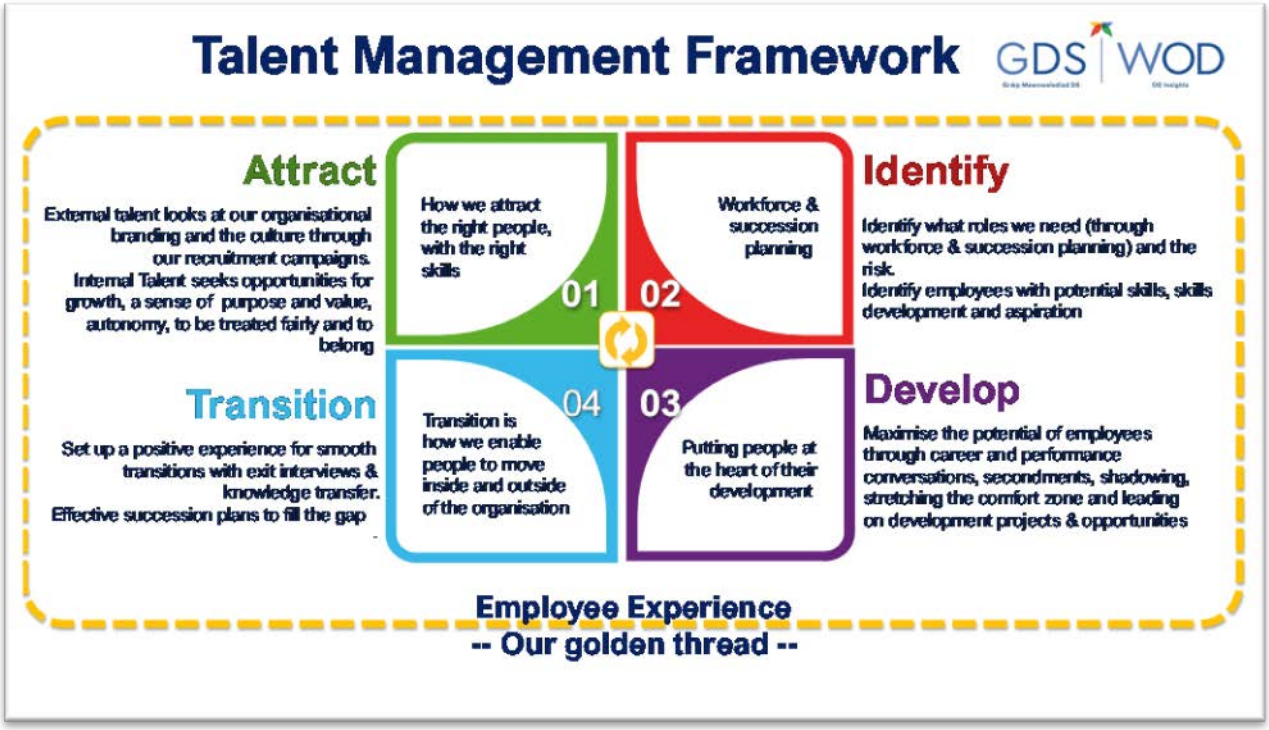
In the Assessment section below, an outline is provided of the operational steps to our organisational approach to TMSP.

Asesiad / Assessment

The Framework

The Framework consists of four domains centred around the employee journey; attract, identify, develop and transition. The key golden thread throughout this framework is the employee experience, as we know that a positive employee experience improves engagement and consequently, patient experience and outcomes. An individual employee may not necessarily engage in all domains in a linear fashion, rather explore each domain appropriate to their need and context.

Figure 1. Talent Management and Succession Planning Framework.



Levels of responsibility

In order for talent management and succession planning to flourish, there are three key layers of activity with defined roles, responsibilities and initiatives. The embedded slide deck describes each of these in more detail with specific actions and initiatives. These layers include:

- Organisational - Responsibility to provide strategic approaches and resources throughout each domain of the framework with organisational initiatives.

- Manager / Leader - Responsibility to define team requirements, hold career conversations and support their teams through giving good quality feedback to enable succession planning. In addition, managers can proactively spot talent and using new resources that have been developed create a pool of employees who may be ready to work in critical roles in the future.

- Individual employee - Responsibility to consider own career journey (whether that be about depth or progression) and take ownership of personal development and reflect on contribution.

Key areas of work

An outline of planned activities to be undertaken by the Organisational Development Team during 2024-2026 on 5 key topic areas includes:

Key area of work	Status	Date
1. This framework has been shared and socialised as part of the development and iteration (Facilities and Estates, HR, across divisions at Leadership Programmes and TU colleagues through a TUPF development session)	Complete	April 2024
2. Seek agreement from Executives on Health Board approach to Talent Management and Succession Planning	Paper to Executive Committee	June 2024
3. Launch the Framework using internal comms channels	Comms plan ready (see Appendix 1)	June 2024 – Sept 2024
4. Launch a suite of TMSP resources – resources have been developed and will be available on SharePoint to support managers these include: – a briefing pack on talent management and succession planning. – career conversation template and guidance to enable managers to have deliberate conversations with their teams which is in addition to their PADR. – Online succession planning template and guidance to enable managers to create talent pools so that they can spot and encourage their team members into specific roles. – Deliver a 1-day training programme for service leads/ managers on how to use and operationalise the TMSP resource and framework, places available for 100 managers in first 6 months.	Resources developed & ready (available on request ahead of launch) SharePoint site built and ready to launch	Resources June 2024 Training Sept onwards
5. Developing our intelligence and creating pipelines of talent. Intelligence via workforce dashboards is available, there is a further body of work needed to inform definitions of hotspots, identifying and responding to difficult to recruit to roles and to analyse succession plans validity. A programme of work with priority actions (building on existing work) up to March 2025 includes: - Identify and define key roles that require focused succession planning. - Review leadership offers (and cross promote existing offers in line with the needs of the key roles identified).	Data analysis, partner scoped for dashboard	June 24 to March 25 to inform actions for People Plan (25-28)

- Proactively engage colleagues from diverse backgrounds in opportunities through networks. - Build appropriate talent pools/networks (for example Administration, Senior Manager, Senior Nurse, General Manager) with clear engagement strategies to ensure these groups are kept up to date with development opportunities, suitable vacancies, development of informal and formal networks etc.)Monitor and evaluate progress through embedded workforce planning and annual planning processes. - Evaluate success in recruitment and retention as well as talent pool/pipeline candidate experience.		

A draft Equality Impact Assessment (EQIA) has informed this work. Throughout the development and design phase of the Talent and Management Framework the Equality Act 2010 has been integral and ongoing development will continue to operate within the Act. Each protected characteristic has been considered and evidence will be presented to the EQIA panel. This is available on request.

Supporting managers to operationalise in practice

To support managers to put talent management and succession planning skills into their everyday practice there are two support options

1. The training package which will be delivered to managers and leaders encompasses an immersive skills-based day to enable attendees to define their team requirements, identify critical roles, familiarise with the career conversations process, role modelling coaching and asking inclusive questions to enable local ownership of development, practice with succession planning resources and how to support staff growth through giving of good quality feedback. This will enable all leaders to actively engage with their teams, spot talent and work proactively.
2. Expert advice and guidance from the OD team to support a quality assured succession plan.

Progress will be reported through the People & Culture Committee as part of the Workforce and OD People Plan delivery.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the Talent Management and Succession Planning Framework and to note the plans for implementation and socialisation within the Health Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CEOs – Chief Executive Officers HEIW – Health Education and Improvement Wales WHC – Welsh Health Circular
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper

• **Financial**	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**Yes not yet available** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable

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OD Insights

Talent Management and Succession Planning Update

April 2024

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Dyfodol Clinigol
Clinical Futures

Contents

GDS | WOD
Grŵp Mewnwelediad DS | OD Insights

01

Update on Timeline

An update on the 6 month pilot, integration with retention work, plans from HEIW on resources

TMSP

Agree Socialisation

Gain input from WOD SLT on key groups to socialise the framework with.

03

02

Showcase Framework

Slide pack contains the Framework, locally signed off and ready to go to Execs and TUPF.

Talent Management and Succession Planning Timeline

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Mar 2023

Funding agreed

HEIW agreed to fund a 6month pilot.

Aug 2022

Pilot started

DM leading a project focused on developing framework, resources & piloting.

Feb 2024

Status Update

WOD, TU and broader engagement in development. HEIW resources, Nursing Retention

Jun 2024

Launch Framework

Present to WOD SLT, Paper to Execs, TU session, Socialisation plan TBD

2024/25/26

Going Forward

Alignment to retention agenda & project plan

GDS | WOD
Grŵp Mewnwelediad DS
OD Insights

Talent Management & Succession Planning Framework

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Dyfodol Clinigol
Clinical Futures

Talent at ABUHB

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Stay. Learn. Grow.

Talent Management is all about how we deliberately attract and develop our workforce, by providing a great experience of work, enabling everyone to contribute in a meaningful way so people Stay, Learn & Grow at Aneurin Bevan University Health Board.

"Talent management is a set of integrated workforce processes designed to attract, develop, motivate and retain productive, engaged employees. The goal of talent management is to create a high performance, sustainable organisation that meets its strategic and operational goals and objectives".

Talent Management Definition - The King's Fund

"The aim of succession planning is to be able to fill key roles effectively if a current post holder leaves the organisation. Succession planning programmes typically include practical, tailored work experience relevant for future roles".

Succession Planning Definition - CIPD

Why manage talent?

We all have an active role to play in talent management from recruiting talented and dedicated individuals to retaining experience and knowledge through development & support of our current workforce

Some outcomes of having a deliberate approach to managing talent include:

What the data is telling us

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10%

Reduction in 16-24 year olds vs 10 years ago

47%

New starters leave within three years

100 years

5 generations in the workforce

16-24 year olds

Traditional methods to backfill the workforce by recruiting from the typical talent pool (ie younger people) will be limited. This means a reduction in potential workforce of the future.

New starters

47% of new starters leave within three years of joining, which means frequently recruiting more people to replace these leavers.

Multi-generational divide

We have an ageing population and for the first time ever we are seeing up to five generations working alongside each other in the workplace.

Talent Management Framework

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Grŵp Mewnweledigaeth DS | OD Insights

Attract

External talent looks at our organisational branding and the culture through our recruitment campaigns.
Internal Talent seeks opportunities for growth, a sense of purpose and value, autonomy, to be treated fairly and to belong

Transition

Set up a positive experience for smooth transitions with exit interviews & knowledge transfer.
Effective succession plans to fill the gap

Identify

Identify what roles we need (through workforce & succession planning) and the risk.
Identify employees with potential skills, skills development and aspiration

Develop

Maximise the potential of employees through career and performance conversations, secondments, shadowing, stretching the comfort zone and leading on development projects & opportunities

Employee Experience
-- Our golden thread --

Key roles and responsibilities

At an organisational level

1. Define Talent strategy & framework
2. Organisational initiatives
3. Policies & processes

At a manager/ team leader level

1. Define team requirements
2. Hold career conversations
3. Complete succession plans
4. Support staff growth through giving good quality feedback

At an employee level

1. Consider career journey
2. Take ownership of personal development
3. Reflect on contribution

Attract

On offer & Available

- Employee and Manager Handbooks
- Employee Benefits
- Career & Engagement Events
- Volunteer to Career pathway
- Graduate, Apprenticeship & Intern Programmes
- Flexible & Agile/Hybrid working
- National Recruitment & Onboarding Processes
- Social media presence

In Development/Future

- Recruitment Website
- Career Pathway mapping
- Culture Mapping
- Organisational Branding
- Values & Behaviours development
- Organisational & Local Induction
- Recognition

Identify

On offer & Available

- IMTP Workforce Planning
- Finance Academy
- Facilities Academy
- Primary Care Academy
- Senior Nurse & Midwifery Academy
- Relaunched PADR template
- 1-2-1 Conversations
- Workforce Strategies e.g. Nursing Strategy , Medical & Dental, Clinical Fellow Speciality Doctors Framework

In Development / Future

- Succession Planning templates
- Review Leadership & Management Framework
- Career Conversations templates
- Stay Conversations
- Develop Talent Pools for key groups

At an organisational level

Transition

On offer & Available

- Workforce Planning Job Planning
- Exit Interviews on ESR
- Developing my career (intranet resources)
- Wellbeing Survey & intention to leave indicator
- Careers videos

In Development/Future

- Career Conversations templates
- Succession Planning templates
- Additional Careers videos (100+)

Develop

On offer & Available

- Revalidation, Appraisal/ PADR
- Leadership & Management Development
- OD Support to Managers
- Secondments
- Pay Progression & Statutory and Mandatory Training
- National programmes – Executive / Senior Leader
- Coaching & Mentoring

In Development / Future

- Coaching & Mentoring Development
- Learning Masterclasses
- Acting up experience
- *Success Profiles for Leadership*

Attract

On offer & Available

- Define team requirements through Workforce Planning /OCP / service management
- Offer Work Experience placements
- Review Flexible working requests
- Run good quality local inductions
- Accessing team KPI information (eg turnover, PADR, Stat and Mand, Absence)

In Development/Future

- Run Team Culture Assessments and enact changes

Identify

On offer & Available

- Identify roles which are single point of failure through career conversations
- Hold Appraisal/ PADR with each team member
- Plan team and individual development

In Development / Future

- Succession Planning templates – April 2024
- Career Conversations templates
- Stay Conversations April 2024
- Review Leadership & Management Framework Dec 2024
- Launch Leadership Blueprint

At a manager/ team leader level

Transition

On offer & Available

- Succession Planning templates
- Having early conversations with team members about their ambitions, aspirations

In Development/Future

- Career Conversations templates
- Succession Planning templates
- Workshops on interviewing skills and techniques

Develop

On offer & Available

- Support performance Appraisal/ PADR and development plans
- Leadership & Management Development Programmes
- Access OD Support to Managers
- Offer Secondments
- Coaching & Mentoring

In Development / Future

- Offer 'Development Projects'
- Coaching & Mentoring Development
- Learning Masterclasses
- Acting up experience
- HEIW Success Profile for Leadership

Attract

On offer & Available

- Review ESR and intranet for formal opportunities
- Prepare by accessing career development resources

In Development/Future

- Participate in team culture assessments and enact changes

Identify

On offer & Available

- Actively own Appraisal/ PADR conversations, feedback and development needs
- Plan individual development
- Identify skills development required for future

In Development / Future

- Career Conversations templates

At an employee level

Transition

On offer & Available

- Succession Planning templates
- Engage in early conversations about their ambitions, aspirations

In Development/Future

- Career Conversations templates
- Succession Planning templates
- Workshops on interviewing skills and techniques

Develop

On offer & Available

- Support performance Appraisal/ PADR and development plans
- Leadership & Management Development Programmes
- Access learning programmes
- Access Coaching & Mentoring

In Development / Future

- Learning Masterclasses
- Shadowing/ Acting up experience
- HEIW Success Profile for Leadership (nb under development)

Succession Planning – our driving ambition

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Stablising teams. Strategic initiative to proactively address single points of failure, where knowledge resides in single individuals. Succession planning across roles and teams enables knowledge to be shared, deputy arrangements to be considered and skills shortages to be addressed

Growing our own. Foster a culture of identifying home grown talent, providing development & exposure for future leadership roles. Better understanding individuals' ambitions and career plans enables us to better support and plan development, whether this is through structured programmes or informal learning.

Preparing for the future. Unexpected departures or retirements can lead to gaps in leadership or business critical roles. Succession planning minimises disruptions by exploring plans for the future and pooling intelligence in a succession planning tool. Conversations are key to understanding people's positions and organisational needs.

Employee Journey

GDS | WOD
Grŵp Mewnwelediad DS | OD Insights

01 Attraction

Our branding
Values & Behaviours
Inclusive Culture
Flexible &
Agile/Hybrid working

02 Welcome

Induction Programme
1st Appraisal Conversation
1st Career Conversation
Networking
Mentorship/Preceptorship
Supervision

03 Support

Yearly Appraisal/ PADR
Career Conversations
and 1-2-1s
Employee Experience
Framework
Rewards & Recognition

04 Development

Learning brochure
Coaching & Mentoring
Secondments
Masterclasses
Social Media

05 Transition

Stay Conversations
ESR Exit Interviews
Exit support & plan

New products

Ready to go

- TMSP Framework
- Career Conversation Template
- Career Conversation resources
- Career Conversation training package (face to face workshop)
- Succession Planning template

In development / future

- Stay conversations
- Hotspot Data & analysis

Next Steps & Socialisation

GDS | WOD
Grŵp Mewnweledigaeth DS | OD Insights

01

Governance –
Local sign off
Organisational sign off at Execs, PCC, TUPF

02

Key professional groups –
Nursing & Midwifery
Medical Leadership
Therapies & HealthCare Sciences
HCSW Education Group
Administration

03

At Divisional Level –
Cross Divisional Meeting
Divisional Management Teams

04

Where else?
Who are key points of interface?

05

Resources –
Intranet, comms campaign, resources guide (printable and online versions)

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 June 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Compliance with Welsh Language Requirements – More Than Just Words and Welsh Language Standards
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Geraint Scott, Head of the Welsh Language Unit

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the People and Culture Committee with assurance on the Health Board's compliance to its statutory duties in relation to the More Than Just Words Strategy and the Welsh Language Standards.

The report will also provide information on the support provided to staff who are delivering services in the region covered by the Health Board and the learning opportunities provided for those who wish to improve their language skills.

The work carried out by the Welsh Language Unit demonstrates that we are building on previous work undertaken as well as looking for innovative ways to achieve on the More Than Just Words targets and the delivery of services through the medium of Welsh whilst assuring compliance with the Welsh Language Standards.

A final report noting the Health Board's progress against the More Than Just Words targets will be submitted to Welsh Government at the end of June 2024 and will include the work outlined in the report as well as any feedback received from this committee. The Health Board's annual report which details the further work in relation to Welsh language service delivery as well as key performance indicators will be submitted to Board in September 2024 in order to be published by the end of that month.

The People and Culture Committee is asked to note the work undertaken to reach the strategic targets of the More Than Just Words strategic framework, the Welsh Language Standards, as well as our general goal of increasing our capacity to deliver services through the medium of Welsh.

Cefndir / Background

More Than Just Words Framework

The aim of More Than Just Words is to provide a greater level of recognition among service providers that the use of Welsh language is not just a matter of choice but also a matter of need for many people. Service providers therefore have a responsibility to meet these needs. The Welsh Language Standards are the prevue of the Welsh Language Commissioner who, although appointed by the Government, is independent.

The significance of language choice, specifically Welsh in this case, was formally acknowledged in January 2011, when Welsh Government established an independent Steering Group to develop a strategic framework for promoting the Welsh language in health, social services and social care. More Than Just Words was published in November 2012 following consultation with service users, representatives from the health and social care sectors, stakeholders, regulators, and academia. It outlined a series of key objectives, supported by complimentary action plans – including one for the NHS and one for Social Services.

The Welsh Government commissioned an independent evaluation of the More Than Just Words framework in 2019. The final report, published in August 2021, suggests that the strategic aims of More Than Just Words appear to have gained more traction within social care than in health (Evaluation of 'More than just words' the follow-on strategic framework for Welsh language services in health, social services and social care, 2016 to 2019 (summary) | GOV.WALES). It concludes that whilst some progress has been achieved in relation to each of the seven objectives, not one of them could be considered to have been fully delivered. It highlighted that More Than Just Words had set a clear strategic direction and raised awareness of the need for continued increase in the provision of Welsh language services in many areas. By placing the principle of the Active Offer (defined as providing a service in Welsh without the individual having to ask for it,) at the heart of its strategic aims, More Than Just Words 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.

Key areas of success both at local and national level include increased use of visual markers identifying Welsh speaking staff; investment in Welsh language health and social care higher education courses; and renewed focus on the importance of Welsh language provision and the Active Offer in both higher education and induction programmes for employees.

Welsh Language Standards

On 20 March 2018, Assembly Members voted in favor of the Welsh Language Standards [No7.] Regulations 2018 (the 'Regulations'). The two key principles that underpin the Regulations are:

- In Wales, the Welsh Language should be treated no less favorably than the English Language; and
- Persons in Wales should be able to live their lives through the medium of Welsh

Language if they choose to do so.

In July 2018, the Commissioner issued a draft Compliance Notice to all Welsh Health Organisations. After a twelve-week consultation period, responses on the reasonableness and proportionality of implementing each standard were submitted to the Commissioner by all Welsh Health Organisations. Final compliance notices were issued in November 2018.

According to the final Compliance Notice, the Health Board is required to comply with 121 standards; out of which, 103 standards required compliance by May 2019, 18 standards required compliance by November 2019 and the remaining two standards required compliance by November 2020.

The Standards have provided the Health Board with the impetus to ensure the delivery of quality, equitable bilingual public services. Addressing the challenge of mainstreaming the Welsh Language and increasing the use of Welsh and bilingualism in the provision of services and within our administrative functions has been the key focus for the reporting period.

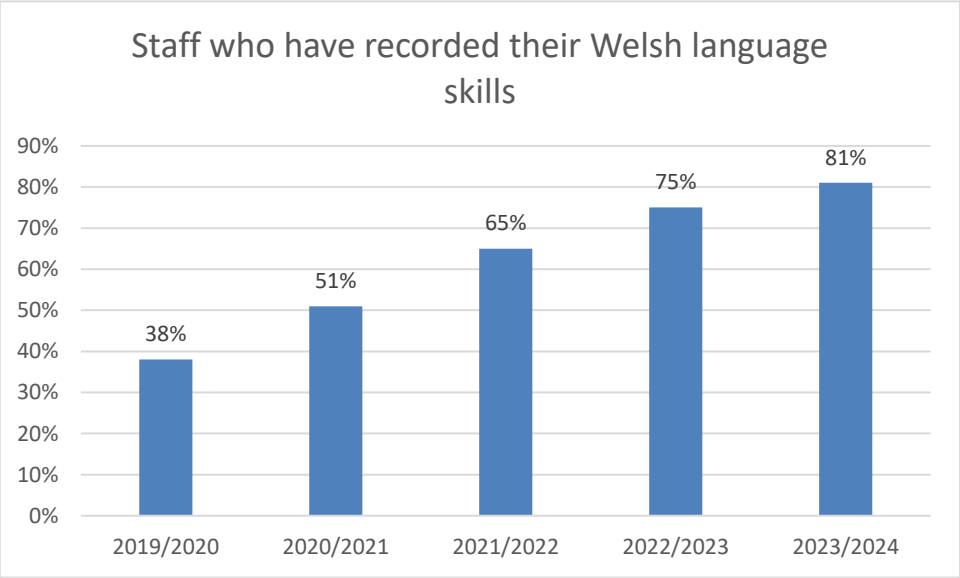
Asesiad / Assessment

Detailed below are the key pieces of work undertaken by the Welsh Language Unit to achieve the targets within the More Than Just Words Strategy as well as ensuring compliance with Welsh Language Standards.

KPI's for 2023-2024

There are a number of key performance indicators that relate to Welsh language. Some of these relate directly to the Welsh Language Standards with others relating to individual targets within More Than Just Words.

The first is the requirement on all staff to self-identify their Welsh language abilities using our scale of 0 to 5 across three key areas. The below graph shows our continued improvement in this area.



The new mandatory 'Welsh Language Awareness' course that was designed by Welsh Government in its first year reached 75% compliance with positive feedback from those who have completed it.

Although the number of roles advertised noting Welsh skills as essential, desirable or needing to be learnt has decreased, when looked at these numbers as a proportion of total jobs advertised the percentage has increased by 1%. We also see that as a total percentage of roles advertised on TRAC, 93% noted Welsh as essential, desirable or needed to be learnt. This shows that there is a continuing drive to increase the numbers of Welsh speakers within our workforce.

Welsh Language Commissioner's office

Within the last year there have been a number of key changes of personnel within the Commissioner's office. The new members of the senior team have suggested a desire to change the nature of the relationship they have with organisations under Welsh Language Standards. The suggestion is that they are looking for a more collaborative and positive relationship and have suggested they are looking to co-regulate. With this in view we are receiving a vastly increased level of communication from the Commissioner's office with requests for information on policy and process as well as expecting our attendance either in person or on-line to various events.

Our current communication with the Welsh Language Commissioner's office is branched into 3 key areas.

- ***Investigation -*** The first area relates to the current investigation in relation to non-compliance with standards 9 and 10. These standards relate to our switchboard services, with standard 9 relating to ensuring service users are aware that they can receive a Welsh language service, and standard 10 relating to callers receiving Welsh, and their call being handled in Welsh. The full wording of the standards is available in our compliance notice. abuhb.nhs.wales/files/welsh-language-standards1/compliance-notice-section-44-welsh-language-wales-measure-2011-pdf/

  The Health Board have until 03 July 2024 to assure compliance. Our audio team are working through the steps required to correct this. At present if a service user contacts on one of our main switchboard numbers, the message is received bilingually but the call is directed to our switchboard team with no awareness of whether the caller wishes to converse in English or Welsh. The current work will lead to a caller making a choice immediately of English or Welsh. They will then receive the message only in the language selected. This involves splitting the lines in question with the Welsh choice leading through one part with the English choice directing in a different way. All calls will then return to the central switchboard, with call handlers aware of which language has been chosen. The outcome here will be that we are compliant with standard 9. This will also provide us with data on how many are choosing the Welsh service.

  In order to fully comply with standard 10, those who have selected Welsh should then be greeted by a Welsh speaking call handler. We have attempted each time a relevant post has been advertised (3 since the launch of the investigation), to recruit fluent Welsh speakers to roles to ensure compliance with standard 10 but have had limited success even though the roles have been advertised on Welsh language recruitment sites, and through our partners in the Welsh language community. To date we have only been able to appoint one additional full time Welsh speaking call handler. This evidence shows that we have increased our compliance with standard 10 but this will still be an area of ongoing work. We will continue to work with the switchboard

team to maximise the chances of recruiting Welsh speakers when roles become available. We will also continue to support those in the team that wish to develop their Welsh speaking abilities and will strengthen our process for dealing with Welsh calls when no Welsh speaker is on shift.

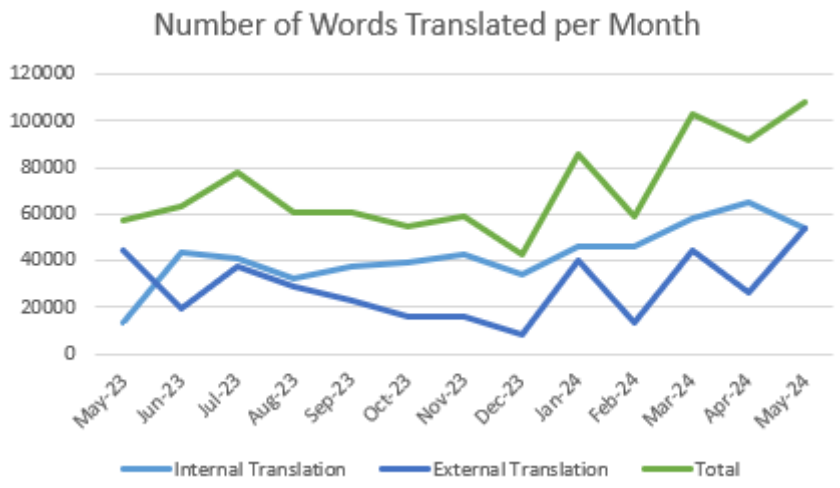
- ***5-year plan to increase clinical consultations through the medium of Welsh -*** Our current 5-year plan was commended by the Commissioner's office upon publication but will come to an end at the end of 2024. We had a plan to engage with our Welsh speaking communities in the late spring to early summer of this year to consult with them before co-producing our plan for the next 5 years. The Commissioner's office however, noted in our meeting with them, that they intended to tighten the scope of this work as they felt looking across the entire Health Board was too broad. Our consultation has been put on hold until we meet with their office on 04 June 2024.

- ***Equality Impact Assessments and consideration of Welsh in planning, consultation, research and development -*** Following a hearing the Welsh Language Tribunal confirmed a ruling made in an enforcement investigation by the Welsh Language Commissioner against Neath Port Talbot Council in relation to a policy decision made around the Local Authorities education provision. The tribunal's decision highlighted two important elements. Organisations must include sufficient information in consideration documents about the possible effects of their proposal on the Welsh Language. Direct and indirect effects must be considered. The impact of this decision is that we are currently assessing and reporting on our processes for assessing the impact of Welsh within our Equality Impact Assessments, as well as public consultations and research and development. We are required to submit this information to the Welsh Language Commissioner's office by the end of June 2024. Our assessment and engagement with relevant parties to date suggest that our compliance with the relevant standards in relations to EQIA's and consultations is medium to high, but Welsh is not an active consideration in research and development.

In general, the Welsh Language Commissioner's office are suggesting they have a desire for a much more open relationship with us as a Health Board and want to be seen as much a support as they are a compliance organisation. We would see this as a positive step and will monitor this closely to see how this materialises.

Translation Services

The Welsh Language Unit has overhauled the translation service offered to all divisions within the Health Board. By reallocating a staffing resource to appoint an internal translator and procuring a more efficient and cheaper external translation provider (BCUHB translation service), we have been able to ensure translation can be undertaken within the Welsh language units' budget at no cost to divisions. This was possible following a cost analysis benchmarking exercise against our current translation requirements.



Welsh Language Tutor

One of the key challenges around the delivery of the Active Offer is the confidence level of our staff who have Welsh language skills. For many of our staff, even some of those who have been through Welsh medium education, English is still their dominant language. As such they quickly lose their confidence in Welsh after leaving school.

Through a project funded by Welsh Government and facilitated by the National Centre for Learning Welsh and their partners in Coleg Gwent, we now have 2 tutors equivalent to 1 full time staff member working with those staff who have Welsh skills but lack confidence. The programme is flexible and can be adaptable to the needs of individual staff. Sessions are offered 1:1 or in small groups and can be scheduled around work commitments.

The first cohort was identified by contacting all staff who have registered their skill level in Welsh at 3 or above using the scale the NHS in Wales uses nationally to assess language levels. All staff meeting this criterion on ESR were contacted and offered the opportunity to work with the tutor. 35 responded with 24 actively engaged in sessions with the tutor. The project has noted a target of 60 participants within the first year. Prior to commencement with the tutor a questionnaire was completed by all learners to assess their level of confidence in relation to using their Welsh in work settings. This questionnaire will be run again at given points while they are working with the tutor, as well as being run at the end of the project.

Welsh language learning

The Welsh Language Unit continue to work with all Welsh language learning providers such as Coleg Gwent, Say Something in Welsh, Learn Welsh and others to provide the most comprehensive offering to our staff. As a number of those participating in the on-line taster courses do not get reported a full true picture is not available. We are however aware of over 30 participating in various learning modules that can be tracked. 5 of these are taking part in at least their second course.

A member of the Welsh language unit has observed numerous sessions across providers and levels to gain a better understanding of the courses. This enables us to give fuller and clearer information to our staff and align the learning to better suit their needs. We have also had three staff members who have participated in the immersive Welsh Government funded courses in Nant Gwrtheyrn. As the name

suggests these are immersive courses held in a residential setting on the coast near Pwllheli. Staff who visited found these courses to be hugely valuable and worthwhile. We are aware of a number of staff who have expressed an interest in the next course.

Courtesy level Welsh course

A target within the current More Than Just Words Strategy is that all staff within health must have courtesy level Welsh by 2027. Following our requests for clarity from Welsh Government as to what they define as courtesy level Welsh, they have engaged the National Centre for Learning Welsh to provide a training resource. With this in mind the Centre has established a working group to create this resource. Aneurin Bevan Health Board have representation within the working group to ensure it matches our needs.

Supporting materials for those starting to use Welsh language

We continue to generate new materials to support staff at all levels with utilising any Welsh skills they have as well as teaching those basic skills that would be beneficial to all staff. We have recently generated A5 tent cards, **Appendix 1** that can be placed on desks and reception areas showing the key phrases that are useful when taking calls as well as A6 cards, **Appendix 2** that have further vocabulary that would be useful to staff who have further contact with service users be they patients, relatives or others.

Welsh Language Awareness sessions

The Welsh Language Unit have further developed the Health Board's Welsh language awareness workshops and delivered comprehensive sessions to an increasing range of groups throughout the Health Board. These include sessions to each cohort of the Leadership Development Programme and the Nursing and Midwifery Academy.

We provide sessions in key inductions such as the apprenticeship programme, Health Care Support Workers and Nurse induction. We have also developed further resources for the corporate induction and have a date to deliver to DMx before the end of the year.

Site Audits

We continue with our audits of sites and have seen a positive step in relation to permanent signage and signage around communal areas. We continue to observe issues around temporary signage which is being put up without a clear process and is not bilingual. We have further developed our bilingual signs library on pulse and signpost our staff to this. We are also observing an issue with inappropriate scrubs being worn by staff across roles within the Health Board. We are observing a number of staff that do not have Welsh language skills wearing scrubs which have the orange speech bubble mark that is designed to be an identifier for an individual who is a Welsh speaker.

We have been made aware of ongoing issues around a previous shortage of scrubs but have been clear with staff that we are raising expectations with patients without the ability to deliver. We will continue to communicate with all staff around the importance of ensuring the scrubs worn are appropriate.

DPC – Digital Patient Communications

Issues were identified with the Doctor Doctor patient communication system as it was unable to function bilingually. With the contract coming to an end in March

2024 a new direct patient communication system has been adopted. The Welsh Language Unit has worked closely with the project team to ensure the translations are both accurate and user friendly. We are still having some issues with some teams translating their messages but are being supported by the Referral and Booking Service team to rectify this.

Syrjeri Sgiliau – Skills Surgery

In collaboration with our Equality, Diversity, Inclusion colleagues, the Welsh Language Unit successfully developed an outreach programme to secondary schools and colleges around the importance of Welsh in healthcare. As a result, the Health Board were successful in a bid to receive a £25k grant from Health Education Improvement Wales to develop a further programme of workshops for Primary School children. The pilot programme involves delivering a series of sessions to year 6 pupils to give them an understanding of the breadth of roles within a Health Board as well as challenging perceptions around different roles. We have produced workbooks, activities and animations to support in the delivery of the project. Welsh and English versions of these tools have been generated. We are also generating BSL versions of the animations. We have utilised skills ambassadors to come into certain sessions to share their knowledge and expertise with the children. Each of the children in the pilot programme will also receive a 'Syrjeri Sgiliau – Skills Surgery' goodie bag and certificate signed by both Nicola Prygodzicz and Sarah Simmonds. We hope that the next school, which is in Pill, will be able to also visit one of our sites.

The legacy of this project will be the generation of a completely bilingual toolkit that will be available to all primary schools to deliver without Health Board staff needing to be present. Videos have been commissioned to be able to provide the information currently provided by skills ambassadors. Once completed the Aneurin Bevan University Health Board toolkit could also be utilised by other Health Board regions both in Wales and the other regions of the United Kingdom. We have been asked to present this work to our counterparts across Wales as well as to members of the independent More Than Just Words Board in Welsh Government.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the work undertaken to reach the strategic targets of the More Than Just Words strategic framework and the Welsh Language Standards, as well as our general goal of increasing our capacity to deliver services through the medium of Welsh.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	CR004 - Risk score 12 The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 6. Individual care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse. Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	BCUHB – Betsi Cadwaldr University Health Board
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Language Strategic Group More Than Just Words Forum Local Stakeholder Groups

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans;

	investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	The Welsh language is a cross-cutting issue and is relevant to all objectives of the Well-being of Future Generations Act. Theme 7: A Wales of vibrant culture and thriving Welsh language is particularly relevant.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Gwasanaeth Cyfieithu
Translation Service
Cymraeg
abb.welshtranslationservice@wales.nhs.uk

DEFNYDDIWCH EICH CYMRAEG
USE YOUR WELSH

Dyddiau'r wythnos / Days of the week

Dydd Sul	Sunday
Dydd Llun	Monday
Dydd Mawrth	Tuesday
Dydd Mercher	Wednesday
Dydd Iau	Thursday
Dydd Gwener	Friday
Dydd Sadwrn	Saturday

Rhifau / Numbers

Un	One	**Chwech**	Six
Dau	Two	**Saith**	Seven
Tri	Three	**Wyth**	Eight
Pedwar	Four	**Naw**	Nine
Pump	Five	**Deg**	Ten

www.gwiasg.com

Misoedd y flwyddyn / Months of the year

Ionawr	January	**Gorffennaf**	July
Chwefror	February	**Awst**	August
Mawrth	March	**Medi**	September
Ebrill	April	**Hydref**	October
Mai	May	**Tachwedd**	November
Mehefin	June	**Rhagfyr**	December

e.e. / e.g. **Dydd Iau, 25 Ionawr 2018**
Thursday, 25 January 2018
or Dydd Iau 25.01.2018 Thursday

Designed by Betsi Cadwaladr University Health Board

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Gwasanaeth Cyfieithu
Translation Service
abb.welshtranslationservice@wales.nhs.uk

DEFNYDDIWCH EICH CYMRAEG
USE YOUR WELSH

Sut i ateb y ffôn / How to answer the phone

Greeting **Bore da / Pnawn da**
+ name of Department / Ward / Clinic / Hospital

I'm sorry, I don't speak Welsh.

- **would you like to speak to a Welsh-speaker?** [transfer to colleague]
- **can we get a Welsh-speaker to call you back?** [take caller's details and arrange for colleague to call back]
- **or would you like to continue in English?**

Cyfarchion dwyieithog / Bilingual greetings

Bore Da / P'nawn da / Noswaith dda
Good morning / Good afternoon / Good evening
Bo-reh dah / P/noun dah / Nos-why-th thah

Ga i helpu? Can I help you?
Guy help-ee?

Daliwch y lein plis Hold the line please?
Dally-ooch Elaine please

Ga i gymryd neges? May I take a message?
Guy gum-reed negg-es?

Dw i'n deall dipyn bach o Gymraeg
I understand a little bit of Welsh
Do een day-a 'll' dip-in Bach o Gum-rah-eeg
(Bach - as in the composer)
(Ll – as in 'Llangollen')

Diolch Thank you
Dee-all-'ch' (ch as in 'loch')

Na i'ch trosglwyddo chi I'll transfer you
Nigh 'ch tros-glue-though chee

DEFNYDDIWCH EICH CYMRAEG

USE YOUR WELSH

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Cyfarchion Greetings

- Helô *Hello*
- Bore da *Good morning*
- Prynhawn da *Good afternoon*
- Noswaith dda *Good evening*
- Nos da *Good night*
- Hwyl *Bye*
- Hwyl fawr *Goodbye*
- Wela i chi'n fuan *See you soon*
- Cymerwch ofal *Take care*

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Dysgu Cymraeg Learning Welsh

- Dw i'n dysgu Cymraeg *I'm learning Welsh*
- Dw i'n siarad tipyn bach o Gymraeg *I speak a little bit of Welsh*
- Sori, dw i ddim yn deall *Sorry, I don't understand*
- Plîs wnewch chi siarad yn araf *Please can you speak slowly*
- Dach chi'n siarad Cymraeg? *Do you speak Welsh?*

DW I'N DYSGU CYMRAEG

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Teimladau Feelings

- Sut dach chi heddiw? *How are you today?*
- Dach chi'n iawn? *Are you OK?*
- Dach chi'n teimlo'n well? *Do you feel better?*
- Bendigedig diolch *Wonderful thanks*
- Iawn diolch *Alright thanks*
- Go lew *OK*
- Wedi blino *Tired*
- Ofnadwy *Terrible*
- Dw i'n teimlo'n well diolch *I feel better thanks*
- Dw i'n teimlo'n waeth *I feel worse*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Gorchmynion Commands

- Cymerwch y tabledi *Take the tablets*
- Pwyntiwch at y poen *Point to the pain*
- Peidiwch â phoeni *Don't worry*
- Dewch ffordd yma *Come this way*
- Arhoswch yma *Wait here*
- Eisteddwch *Sit*
- Sefwch *Stand*
- Da chi'n barod? *Are you ready?*
- Os gwelwch yn dda / Plîs *Please*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Cyflwyno dy hun Introduce yourself

- (Insert name) dw i *I am (insert name)*
- (Insert job title) dw i *I am (insert job title)*
- Dw i'n gweithio yn … *I work in…*
- Dw i'n byw yn … *I live in…*
- Fy rhif ffôn ydy … *My phone number is…*
- Fy e-bost ydy … *My e-mail is…*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Y Bwrdd Iechyd The Health Board

- Bwrdd Iechyd *Health Board*
- Y GIG *The NHS*
- Iechyd y cyhoedd *Public Health*
- Ysbyty *Hospital*
- Meddygfa *Surgery*
- Cyfarfod *Meeting*
- Apwyntiad *Appointment*
- Asesiad *Assessment*
- Triniaeth *Treatment*
- Argyfwng *Emergency*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Yn yr Ysbyty In the hospital

- Gwely *Bed*
- Toiled *Toilet*
- Meddyg *Doctor*
- Nyrs *Nurse*
- Mynediad *Entrance*
- Derbynfa *Reception*
- Allanfa *Exit*
- Swyddfa *Office*
- Clinig *Clinic*
- Ward *Ward*
- Adran *Department*
- Fferyllfa *Pharmacy*
- Claf *Patient*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Gofyn Cwestiwn Asking a Question

Ga i …? *May I (have)…?*

Ble mae'r …? *Where is the …?*

Da chi isio …? *Do you want (to) …?*

Hoffech chi …? *Would you like (to) …?*

Da chi'n well? *Are you better?*

Oes gennych chi boen? *Do you have pain?*

Be di'ch enw? *What's your name?*

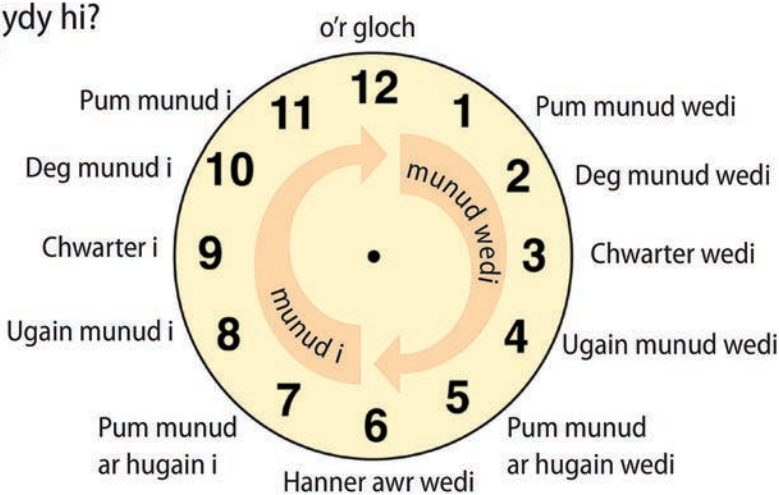
Ble da chi'n byw? *Where do you live?*

Be di'ch dyddiad geni? *What's your date of birth?*

Yr Amser The Time

Faint o'r gloch ydy hi?
What time is it?

Mae hi'n…
It is …



GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Rhifau Numbers

- dim *0*
- un *1*
- dau *2*
- tri *3*
- pedwar *4*
- pump *5*
- chwech *6*
- saith *7*
- wyth *8*
- naw *9*
- deg *10*
- dau ddeg *20*
- tri deg *30*
- pedwar deg *40*
- pum deg *50*
- chwe deg *60*
- saith deg *70*
- wyth deg *80*
- naw deg *90*
- cant *100*

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Dyddiau'r Wythnos Days of the Week

- Dydd Llun *Monday*
- Dydd Mawrth *Tuesday*
- Dydd Mercher *Wednesday*
- Dydd Iau *Thursday*
- Dydd Gwener *Friday*
- Dydd Sadwrn *Saturday*
- Dydd Sul *Sunday*

Bore *morning*
Prynhawn *afternoon*
Nos *night*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Misoedd Months

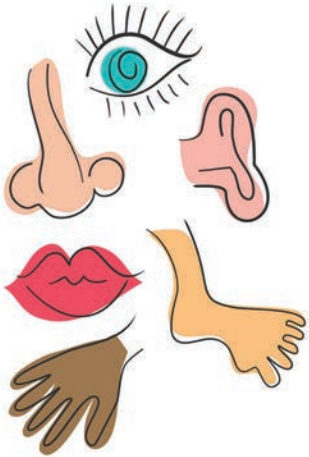
- Ionawr *January*
- Chwefror *February*
- Mawrth *March*
- Ebrill *April*
- Mai *May*
- Mehefin *June*
- Gorffennaf *July*
- Awst *August*
- Medi *September*
- Hydref *October*
- Tachwedd *November*
- Rhagfyr *December*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Rhannau'r corff Body Parts

Wyneb *face*
Pen *head*
Ceg *mouth*
Gên *chin*
Talcen *forhead*
Llygaid *eyes*
Trwyn *nose*
Clustiau *ears*
Gwddf *neck*



Brest *chest*
Llaw / dwylo *hand / hands*
Braich / breichiau *arm/arms*
Penelin *elbow*
Coes/coesau *leg/legs*
Pen-glin *knee*
Troed/traed *foot/feet*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Bwyd a Diod Food and Drink

Da chi isio …? *Do you want …?*

Ga i… *May I have ….*

Paned o de *a cup of tea*

Paned o goffi *a cup of coffee*

Llaeth / Llefrith *milk*

Siwgwr *sugar*

Dŵr *water*

Bisged *biscuit*

Tôst *toast*

Brechdan *sandwich*

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Y Tywydd The Weather

Boeth *Hot*
Heulog *Sunny*
Braf *Nice*
Gymylog *Cloudy*
Niwlog *Foggy*
Wyntog *Windy*
Bwrw glaw *Raining*
Stormus *Stormy*
Bwrw eira *Snowing*
Oer *Cold*
Rhewi *Frozen*

Sut mae'r tywydd heddiw?
How's the weather today?

Heddiw, mae hi'n …
Today, it is…

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Syniadau i wella eich Cymraeg
Ideas to improve your Welsh

Top Tips Familiarise yourself with the Welsh language as much as possible by:

Watching Welsh programmes on S4C
S4C Clic

Listen to Welsh music
Spotify, BBC Radio Cymru, Youtube

Listen to Welsh podcasts
ypod.cymru/learnwelsh

Listen to Welsh Radio *BBC Radio Cymru*

radio cymru

DW I'N DYSGU CYMRAEG

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Am fwy o wybodaeth

Cysylltwch ag Adran y Gymraeg

Tîm y Gymraeg
abb.welshlanguageunit@wales.nhs.uk

Neu ewch i Adran y Gymraeg ar fewnrwyd y Bwrdd Iechyd

For more information

Contact the Welsh Language Department

Welsh Language Team
abb.welshlanguageunit@wales.nhs.uk

Or visit the Welsh Language section on the Health Board's intranet site

Designed by Betsi Cadwaladr University Health Board

Agenda Item – 3.9

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD COMMITTEE MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	18 June 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	EBMS Traceability Compliance
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	James Calvert
SWYDDOG ADRODD: **REPORTING OFFICER:**	Stacey Wetherell, Haematology Dept Mgr

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide assurance that the Health Board can trace the storage and use of blood products through its Electronic Blood Management System and to meet the Health and Care Standard 2.8 Blood Management.

The minutes of PQSOC (April 2023) re: Blood Management referenced that training performance on blood tracking was to be referred to the People and Culture Committee.

Cefndir / Background

The Haemonetics BloodTrack® system is an Electronic Blood Management System (EBMS) of which the tracking module is utilised across ABUHB. The system provides a robust system of tracking blood and blood components into the correct storage areas, reducing the waste of both blood products and staff resource whilst improving the safety of blood provision for patients.

The process means that blood components issued from the Transfusion laboratory are labelled with the corresponding patient information in the format of a traceability tag. Once the blood is received on the ward, the clinical staff use a handheld barcode reader to electronically 'arrive' the unit, and then wand it into

the EBMS system again to 'final fate or end' the transfusion once the unit of blood has been transfused.

Clinical staff also have the option of returning a signed copy of the traceability tag to the lab as a business continuity process if they are unable to access the EBMS to complete the final fate process.

The Health Board is legally required to provide 100% traceability for our blood components.

The introduction of the electronic 'ward fate' module coincided with the Covid-19 pandemic & the opening of GUH and saw traceability compliance fall to 98%.

Staff training, whilst comprehensive for ABUHB staff, could not include Bank and Agency staff, who were known to perform transfusions.

The PQSOC Committee referred the matter of this training on the system to the People and Culture Committee.

Asesiad / Assessment

So far this year (2024-25) the average compliance rate for traceability is 99.4%; an improvement on the 98%.

To improve the traceability to 100% the department has employed a dedicated Transfusion Traceability officer who is responsible for tracing blood components and training staff in the clinical area to use the electronic system. We believe that this will allow us to attain 100% compliance.

All appropriate Health Board staff have been trained on system use. It is accepted that it is impossible to train all bank and agency staff by the nature of their temporary and often short notice employment. However, the department has created instructions and training material which is available on SharePoint and as posters on wards.

Argymhelliad / Recommendation

To receive the report as assurance that the tracing will achieve 100% compliance and that training on the system is at 100% compliance for relevant Health Board staff.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	n/a
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	n/a Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Resource Assessment:	
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.

	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Agenda Item: 3.10

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	14 February 2024
CYFARFOD O: **MEETING OF:**	**People and Culture Committee**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Medical Appraisal and Revalidation**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	James Calvert, Executive Medical Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Linda Coe, Head of Medical Education

Pwrpas yr Adroddiad **Purpose of the Report**
Er Sicrwydd/For Assurance

ADRODDIAD SCAA / SBAR REPORT

Situation

Revalidation is the GMC process by which all licensed doctors demonstrate every five years that they are up to date and fit to practise. Every licensed doctor who practises medicine in the UK must revalidate.

As part of this, doctors must undertake annual appraisals based on Good Medical Practice, the GMCs core guidance for doctors which sets out the principles and values on which good practice is founded.

At the time of writing Aneurin Bevan University Health is the Designated Body for 1,407 doctors.

Appraisal rates remain high across the Health Board and across the grades of Doctor. By integrating appraisal and revalidation into Medical Education, we have been able to retain an educational perspective on appraisal, focusing on learning, wellbeing and support. This has had a positive impact on our doctors who continue to embrace the appraisal concept.

High levels of burnout continue to be a concern in the medical profession. We believe that the appraisal process is one part of addressing this through training of appraisers to signpost colleagues in distress to appropriate support.

Cefndir / Background

Dr James Calvert, Medical Director acts as Responsible Officer for ABUHB and makes revalidation recommendations to the GMC for doctors connected to ABUHB after discussion at a regular "revalidation meeting" attended by the RO, Deputy ROs for Primary and Secondary Care and the Head of Medical Education. As an innovation this year the "revalidation meeting" is also now joined by an independent member providing lay input and scrutiny of the process.

Medical appraisal and revalidation is managed and supported from within Medical Education.

Asesiad / Assessment

The Team within ABUHB continues to be active in developing local processes and working to enhance the benefits of appraisal within the Health Board.

Appraisal & Revalidation Highlights:

- 91% of secondary care doctors in substantive posts have had an appraisal in 2023
- 94% of primary care doctors have completed an appraisal in 2023
- Revalidation Quality Review
- Lay Representation
- Quality Assurance
- All-Wales Medical Appraisers' Conference

Appraisal & Revalidation Challenges:

- Managing appraisal for Clinical Fellows
- Constraints Reporting

Data:

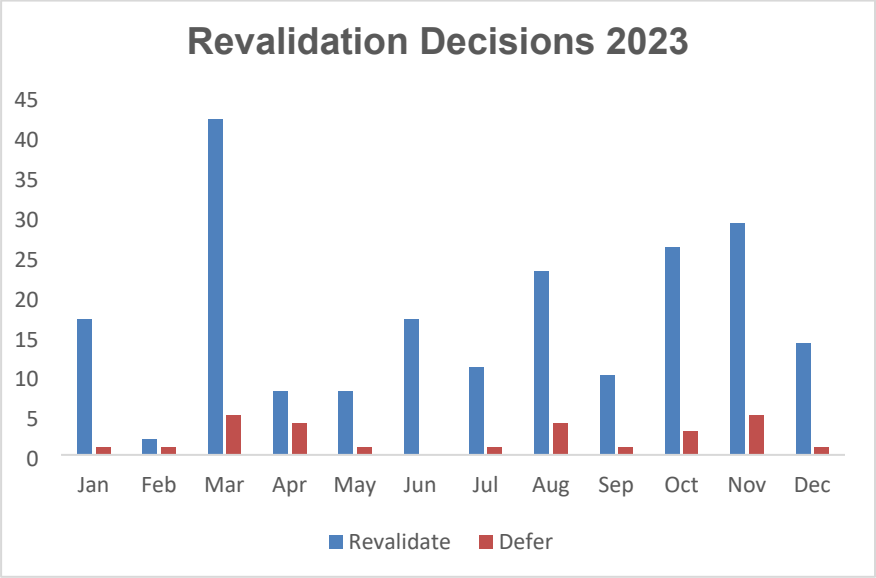
The following table shows the breakdown of appraisals across the various grades and when approved deferred referrals are included the overall rate increases to 91.25%. Such circumstances for deferment include maternity leave, long term sick leave etc.

As with all appraisal processes changes in staffing levels mean that individuals may not be due an appraisal, especially staff who join the organisation part way through the year or are not with the organisation for a full year, and therefore, 100% in unachievable. However, every doctor's progress with annual appraisal is tracked and reviewed regularly and there is a clear escalation process where doctors are not engaging or miss deadlines.

	Connected	Appraisal in 2023	%
Consultants	530	491	92.64%
GPs	511	481	94.13%
SAS	114	97	85.09%
Clinical Fellows*	252	143	56.75%
TOTAL	**1407**	**1212**	**86.14%**

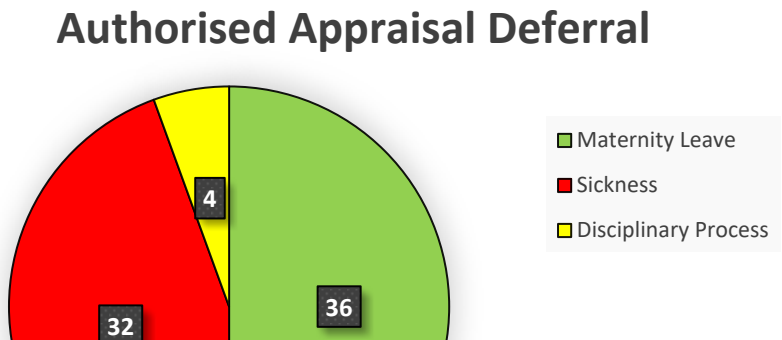
Clinical fellows may not be with the organisation for 12 months. Their professional appraisal may, therefore, not fit within their period of employment.

The following chart shows the revalidation recommendations made over the past year:



Deferral rates have dropped to approximately 13% from 30%. This is principally due to ongoing efforts to ensure that multisource feedback is completed in year 3 or 4 of the revalidation cycle. Patient and colleague feedback is required once in each 5 year revalidation cycle.

Doctors whose appraisal have not taken place are made up of individuals whose appraisals are deferred due to sickness absence, GMC or disciplinary processes. In these cases the delay in appraisal is defined as "authorised". All doctors whose delayed appraisal are "unauthorised" are in an escalation process in consultation between the RO and the education team. The following chart provides a breakdown of the numbers of authorised deferrals.



Revalidation Quality Review

On 16th January 2023 ABUHB was visited by a team from the Revalidation Support Unit to assess the quality of medical appraisal and revalidation processes within the Health Board on behalf of the Chief Medical Officer. This was the second visit (previous visit in 2018) and it was a particularly positive review meeting. The Team met a number of appraisers from within the Health Board and discussed the processes in place to ensure the quality of appraisal and the subsequent revalidation recommendation making process. A report was then submitted to the Health Board.

The report has recognised that ABUHB has a clear emphasis on doctors' education, support, and progress via appraisal and Revalidation. Governance of the Revalidation process is undertaken through relevant processes and escalation processes implemented accordingly. The resulting report (Appendix 1) identified four recommendations:

- To continue to support those Doctors in short-term contracts with engaging with appraisal.
- To reiterate appraiser role opportunities through the appraiser network.
- To consider succession planning for the role of Associate Medical Director and management of appraisers.
- To implement the use of lay representative input to revalidation and appraisal processes

We were extremely pleased that HEIW clearly recognises how robust the systems are within ABUHB and that we are focussed on providing high levels of support for our doctors, both as appraisees and appraisers.

Lay Representation

The Revalidation Team developed an outline role description for a Lay Representative to sit on the Revalidation Review Group meetings in order to provide independent assurance of the process when making revalidation decisions. Following this, Ms Helen Sweetland, Independent Member, was appointed to this role and has been attending these meetings since August 2024.

Quality Assurance & Appraiser Network

Within secondary care, we have continued to work hard to professionalise our Appraisers and have adopted an appropriate SPA tariff to recognise and protect time for this important work. We have a formal job description for our Appraisers which has recently been updated. As part of this, we have highlighted our expectations in relation to the information doctors bring on quality assurance and training to their appraisal, which should improve the quality and benefit of appraisals.

The Appraisers' Network presents an opportunity for ABUHB Appraisers to share ideas and to network with other appraisal colleagues. In addition, we use this platform as an opportunity to quality assure our processes and the appraisal summaries in line with national criteria. These sessions have proved to be popular and are an excellent way of disseminating and sharing both good and bad practice

across our Appraiser pool. The latest Appraiser Network event took place at the end of November 2023 and we are currently assessing the QA results from this.

All-Wales Secondary Care Appraiser Conference

We have been campaigning for some time for an all-Wales Secondary Care Appraiser Conference. The Revalidation Support Unit in Cardiff (part of HEIW) already provide an annual event for Primary Care Appraisers but there is nothing similar for Secondary Care. The Revalidation Team in Aneurin Bevan University Health Board are leading the way in organising an inaugural event which is taking place on 5th March 2024. We have invited appraisers from across Wales to attend and anticipate that this will give an opportunity for appraisers from all Health Boards to network and share good practice across the Country. Dr James Calvert is providing the keynote address and we have key people from the GMC speaking on the implementation of the new Good Medical Practice which comes into force at the end of January. The afternoon is made up of a series of interactive workshop sessions which will discuss topics such as Tricky Situations, Proportionate Appraisal and Wellbeing.

We have also been successful in obtaining £2,225 from HEIW to support this venture. We are utilising the educational facilities in the Grange University Hospital to host the event and we anticipate this will become an annual event hosted by different Health Boards going forward.

Constraints Reporting

Appraisal has been used as a forum for doctors to raise constraints and issues and to get advice and direction on taking these forward or escalating in an appropriate way. We are keen to improve our ability to report on constraints raised at appraisal. Currently, MARS is unable to give us meaningful data on this and we are working to develop a process whereby we can record and address many of the constraints raised at appraisal.

Following the QA exercise in November, we have manually pulled out data pertaining to constraints and are currently analysing this to see if we can manipulate it in order to present some detail on what our doctors are reporting. However, this is a particularly time consuming process and we continue to work with the RSU to develop functionality of MARS system so that we can obtain this information easily.

Locum and Clinical Fellows

The GMC continues to identify concerns in relation to locum doctors and those on short term contracts. These doctors often find appraisal more difficult as they move from post to post. Within ABUHB, we are offering more tailored support for this group of doctors to ensure that they access appraisal in a timely manner.

Argymhelliad / Recommendation

The People and Culture Committee is asked to receive the Report as assurance that the Health Board is maintaining a high level of assessment and revalidation.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to the organisation are minimal and unlikely. One of the purposes of appraisal and revalidation are to mitigate risk by ensuring that our doctors are fit to practice, triangulating reflective appraisal information with governance. Additionally, the service relies on the all Wales MARS system and Orbit feedback interface to function effectively and any issues with this provision could effectively stop all activity.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 6. Individual care 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Workforce and Culture Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Executive Team

Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	**Long Term –** Each appraisal generates a Personal Development Plan which is created following the appraisal discussion. This outlines the direction of travel for an individual and is monitored and developed over time via subsequent appraisals.
	Integration – Our appraisers are professionally trained to discuss wider impact issues of individual activity. The fact that appraisers appraise doctors from many different specialities means they are uniquely placed to see and discuss the context of issues discussed within the hospital and health board as a whole.
	Involvement – Appraisers actively signpost individuals to ensure development can take place.
	Collaboration – Appraisers actively signpost to ensure appropriate collaboration and the removal of silo working.
	Prevention – Formal reflection on SIUs, complaints and compliments form part of every appraisal and such reflection considers outcome and development/improvement in a professionally based forum (the appraisal). Patient safety is pivotal to most aspects of the appraisal discussion and quality improvement activity is required of every doctor to revalidate.

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

REVALIDATION PROGRESS REPORT (RPR) 2023-24

Please be aware that completion of all parts of this report is required.

1.1 Name of designated body:	Aneurin Bevan UHB
Name of Responsible Officer:	Dr James Calvert
Type of organisation:	NHS
Name of person completing this report:	Linda Coe
Job title of person completing this report:	Head of Medical Education & Revalidation Services

Part 1 - Appraisal Figures

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Appraisal Completion Figures			
IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION SHOULD BE INCLUDED IN THIS SECTION. EACH DOCTOR SHOULD BE INCLUDED IN ONLY ONE CATEGORY	Number of prescribed connections	No of Doctors exempt from appraisal due to extenuating circumstances	No of completed appraisals (summary agreed)
Consultants (Including honorary contract holders)	523	82	443
Staff grade, associate specialist, specialty doctor (Including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	129	9	102
Doctors with practising privileges (For independent healthcare providers only); all Doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)			
Temporary or short-term contract holders (Including trust Doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	221	103	96
Other (Including some management/leadership roles, research, civil service, other employed or contracted Doctors, Doctors in wholly independent practice, etc.)			
Trainee Doctor on national postgraduate training scheme (For Deaneries only)			

Part 2 – Quality Assurance of Processes

2.1 Revalidation Processes. What level of assurance does the DB have:		
2.1.1 there are sufficient support structures in place to support the RO and revalidation team?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The Revalidation Team works closely with the RO and AMDs across the Board. In addition, the Putting Things Right team work closely with the Revalidation Team in relation to governance. The Appraisal Lead role has been developed into an AMD role with additional sessions to further support the team.		
2.1.2 revalidation recommendation decisions are made timely and in line with GMC RO regulations?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
A revalidation Group has been established. Membership of the group includes the RO, the Deputy Medical Director (Secondary Care), the Deputy Medical Director (Primary Care), and Head of Medical Education. The Group meet monthly to review the revalidation list, discuss any concerns about an individual's practice and triangulate information (both hard and soft concerns) prior to the revalidation recommendation.		
2.1.3 revalidation deferrals decisions are made and managed appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
All deferral recommendations are made by the RO and meet the requirements of the GMC. Additional information in relation to HR concerns is obtained prior to every decision. Records are kept of every decision made.		

2.1.4 there are processes in place for reviewing Whole Practice Appraisal (WPA) in the context of appraisal and revalidation?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
All Appraisers are trained to discuss WPA in each appraisal. Appraisers have been advised to add a sentence to the summary to confirm that WPA has been reviewed. This is reviewed via QA processes and Appraisers are reminded of the importance of WPA regularly.		
2.1.5 the RO role can be covered in the event of unplanned absence?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
There is a Deputy RO for secondary care and one for primary care. Revalidation Decisions are not left to the last minute. Should a circumstance arise where the RO and Deputy ROs are neither present nor contactable, the decision would be made by the Deputy Medical Director who was acting as Medical Director at that time.		
2.1.6 revalidation processes are reviewed for effectiveness and quality; and that key issues arising from reviews and quality improvement activity are progressed?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Our processes are constantly being reviewed and developed. The Revalidation Team are active members of WRAG and issues raised there are bought back to be discussed and reviewed or implemented via the Revalidation Review Group.		

2.1.7 all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
All staff are required to undertake equality and diversity training. The organisation has a comprehensive equality and diversity policy which encompasses all elements of activity within the Board.		
2.1.8 the DB takes into consideration public and patient views regarding revalidation processes?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The HB has appointed a lay representative to sit on the Revalidation Review Group.		
2.1.9 the DB engages with national activity relating to revalidation, e.g. WRAG and RO meetings and QA events?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The Revalidation Team are full and active members of WRAG and have also taken part in QA events. All our appraisers are given the opportunity to engage in appropriate events and a large number have done so. The RO attends RO meetings.		

2.1.10 thresholds applied for revalidation recommendations are in line with those of other DBs?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The thresholds applied for revalidation recommendations are in line with the GMC requirements. Any discrepancies are raised through WRAG or the RO Network where they can be discussed and mitigated.		
Please outline any areas identified for development relating to **2.1 Revalidation Processes**		
A non-executive member has been appointed to the revalidation decision making group to ensure lay involvement in relation to our revalidation processes.		
2.2: Underpinning systems: appraisal. What level of assurance does the DB have:		
2.2.1 there is sufficient support for doctors to enable them to be appraised? Including number of available appraisers, information about appraisal, support with MARS, access to relevant data	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The revalidation team have worked hard to provide support for all our doctors, running road shows/educational events and operating an open door policy for all doctors. This has been recognised throughout the Organisation. In addition, an appropriate number of appraisers are available to allow flexibility.		

2.2.2 there is a robust induction process for doctors including appraisal and revalidation guidance for the organisation?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Appraisal and Revalidation is included within the induction programme for Consultants and SAS Doctors. In addition, a generic email has been developed which includes a number of attachments in relation to guidance both on MARS but also in relation to appraisal and revalidation in general. This email is sent to every new doctor within the organisation.		
2.2.3 all doctors requiring appraisal are appraised when they should be?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
A process has been introduced which actively monitors appraisal activity and contacts individuals if they do fall out of quarter. This is in addition to the automated MARS process.		
2.2.4 reasons for non-completion are documented, and non-engagement is managed appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
An Extenuating Circumstances log is maintained and reviewed regularly. In addition, at the beginning of each AQ, a manual reconciliation takes place.		

2.2.5 appraisers are fit for purpose, appropriately trained and up to date?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
All Appraisers have received appraisal skills training and MARS training. Those wishing to become appraisers have to have approval from their CD and the RO and undergo full training before they can be active appraisers. In addition, the Appraiser job description includes a requirement to participate in appraisal QA activity which has proved to be an excellent learning opportunity. Work is ongoing to regularly review the Appraisers' list with a view to ensuring minimum levels of activity. This work is being led by the AMD for Appraisal.		
2.2.6 appraisers are supported and managed in their role, and are performing the role appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Appraisers are supported via regular Appraisal Network events. The AMD for Appraisal continues to develop and this has included developing the local QA process which gives further assurance of Appraiser performance.		
2.2.7 appraisal outputs (summary and PDP) meet agreed standards?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Appraisal summaries are regularly checked by the AMD for Appraisal as part of the QA process. Appraisal summaries are also subject to all-Wales QA processes in addition to local processes. Where sub-standard appraisal summaries are found, appraisers are contacted and these are discussed. ABUHB were the first DB to implement regular quality assurance events for appraisal summaries. The criteria against which these are scored is subject to ongoing review.		

2.2.8 appraisal and its outputs are having a positive impact on individuals and on the organisation?	Level of Assurance (RAG):	**GREEN**

Evidence for rating assessment / future plans.

There is anecdotal evidence to suggest that appraisal is having a positive impact on clinicians across the Health Board. We have worked to triangulate appraisals with clinical governance and this has proved to be very successful.

In addition, we have a process whereby quality improvement work is captured from appraisal and highlighted to the Health Board on a regular basis.

There is an annual event which recognises and celebrates some of the excellent quality improvement activity which is taking place throughout the Organisation and has been identified through appraisal.

Please outline any areas identified for development relating to **2.2 Underpinning systems: appraisal.**

2.3: Underpinning systems: governance. What level of assurance does the DB have:		
2.3.1 That appropriate checks, including regarding their appraisal status and any outstanding concerns, are carried out prior to establishing a connection with a doctor?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Regular updates on new medical appointments are received by the Revalidation Team. Individuals are contacted and contact is also made with the previous RO in order to establish if there are outstanding concerns. Unfortunately, this is rarely prior to a connection being made as individuals generally connect themselves. In addition, Governance information is obtained via normal recruitment processes.		
2.3.2 That the DBs GMC Connect list is up to date (in terms of both joiners and leavers), and cross-checked against your staff records and / or the MPL?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Full reconciliation of the GMC Connect list is carried out quarterly.		
2.3.3 That where concerns arise about doctors with whom you have a prescribed connection, these are managed and inform the revalidation recommendation appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Concerns are discussed at the Revalidation Review Group. In addition, learning logs are utilised following Serious Incidents/Ombudsman investigations which are used to inform appraisal.		

2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Concerns raised at appraisal are dealt with appropriately either by informing the revalidation team or by raising serious concerns through the CD route.		
2.3.5 That should concerns arise about a doctor who works for the DB but does not have a prescribed connection with the DB, or no longer has a prescribed connection with the DB, this information is shared appropriately between organisations?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
All such governance information is shared appropriately via the MD acting as RO through RO to RO exchange of information. Where a new DB is not seen on GMC site the RO has communicated any concerns directly to GMC.		
2.3.6 That governance information is consistently available relating to all doctors, including for example those who work within the DB for a short period of time?	Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:		
There is a Putting Things Right team who have a responsibility to ensure governance information is consistently available. Template letters have been developed to send to a doctor involved in a concern, this includes a reflective log of the event which is kept by the Revalidation Team and triangulated against appraisal summary information.		

2.3.7 That governance data is shared appropriately with those making revalidation recommendations – including for example information about complaints and incidents, and feedback from patients?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Information is triangulated at the Revalidation Review Group meetings prior to revalidation recommendations being made.		
2.3.8 That the DB encourages lay involvement in quality assurance processes to provide independent scrutiny and challenge?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The Revalidation Team are fully involved in taking part in quality assurance of appraisal summaries The lay representative on the RRG has been invited to take part in the local quality assurance events.		
2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The Medical Director updates the Board via an Annual Revalidation Board Paper. Additional reports are provided by the revalidation team as required. The Progress Report is shared with the Board.		

2.3.10 That doctors' constraints identified at appraisal are reported to the Board for consideration i.e. to be included in risk register if appropriate?	Level of Assurance (RAG):	**AMBER**
Evidence for rating assessment / future plans.:		
MARS cannot yet provide suitably detailed information in relation to this to allow reconciliation of the concern with names of affected teams or doctors. It is not considered appropriate for constraints to purely be raised through the appraisal process and all appraisees are encouraged to resolve constraints via an appropriate route. Consideration is being given to how this issue can appropriately be addressed. Currently, the information provided by MARS is too high level to be of useable as part of organisational QI		
2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
Governance processes have been in place prior to revalidation. We have further strengthened these via the learning log system to ensure that appropriate reflection on governance issues is included at appraisal.		
Please outline any areas identified for development relating to **2.3 Underpinning systems: Governance**		

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Part 3 – Progress against Quality Visit Actions

Please complete and return the progress against Quality Visits document attached to the initial e-mail

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Part 3 - Progress against Quality Visit Actions		
Designated Body Action Plan and Comments (Most recent progress/status to be completed by DB) Original Actions are shown above.	Date of Visit:	16/1/23

Action	Most recent progress/status
To continue to support those Drs in short-term contracts with engaging with appraisal.	Review of the information given to Clinical Fellows has been undertaken and information revised. Clinical Fellow Roadshows are taking place during 2024.
To reiterate appraiser role opportunities through the appraiser network.	Recruitment of additional appraisers is currently ongoing. Appraisal is recognised as additional work in job plans with an agreed tariff.
To consider succession planning for the AMD role and management of appraisers.	ABUHB is very happy with the current structure. The Appraiser Network is used to raise the profile of the AMD role and to share good practice.
To implement the use of lay rep input to revalidation and appraisal processes	A lay rep has been appointed to the Revalidation Review Group.

Part 4 – Internal Quality Assurance and Other Projects

If you have undertaken any internal quality assurance exercise or any other Revalidation or Appraisal Projects, including any Quality Improvement undertaken, please provide details.
We ran an Appraisal Network meeting and Quality Assurance Session in November 2023. 69 appraisal summaries were scored and have shown an overall improvement in quality with an average score for appraisers of 86.26%. This exercise shows an overall improving trend in summary scores and quality in the ABUHB secondary care appraiser performance. Individual feedback was given in more areas identified from this QA exercise. Anonymised summaries which scored 100% were shared with all appraisers as best practice. ABUHB hosted the first all-Wales Secondary Care Appraiser Conference in March 2024 at which over 100 attendees from across Wales attended. Our RO gave the keynote address and the GMC updated on revision to “Duties of a Doctor”. The feedback from the event is extremely positive and will be fed back to the Appraisal Leads and Revalidation Managers meeting in May 2024. There are a number of great suggestions for future topics although there were also a number of comments received that indicate HBs need to do more local training and more regular local appraiser sessions. This was an incredible opportunity for networking for appraisers across Wales and it is anticipated that the event will become an annual event hosted by different HBs. If there is no uptake or appetite for this from other HBs in Wales, ABUHB will host the second conference in 2025.

Part 5 – Board Statement of Compliance

On behalf of the designated body (Chief executive or chairman, or executive if no board exists) I can confirm that:	
The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)	☒ Agree ☐ Disagree
We are satisfied with the level of assurance we have about these systems and processes, both now and throughout the year, and the way in which they support and inform revalidation	☒ Agree ☐ Disagree
We are satisfied with the organisation's progress in terms of revalidation, and that there is a clear plan in place to guide further quality improvements	☒ Agree ☐ Disagree
Or: we have concerns about any of the above, as described below:	

Part 6 - Submission Declaration

Completed report authorised by Responsible Officer	
By completing this RPR, I declare that all the requested information has been provided and the Responsible Officer or Responsible Person has agreed and authorised submission to the Revalidation Support Unit.	☒ Agree