People & Culture Committee

Thu 22 February 2024, 09:30 - 12:30

Microsoft Teams

Agenda

0 min **1. PRELIMINARY MATTERS**

1.1. Welcome and Introductions

Oral   *Chair*

1.2. Apologies for Absence

Oral   *Chair*

1.3. Declaration of Interest

Oral   *Chair*

1.4. Draft Minutes of the Last Meeting held on 19th October 2023

Attached   *Chair*

📄 1.4 Draft PCC Minutes 19th October 2023 LW (Chair) Approved.pdf (11 pages)

1.5. Committee Action Log

Attached   *Chair*

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0 min **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

No items in this section

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0 min **3. ITEM FOR DISCUSSION**

3.1. Committee Risk Report

Attached   *Director of Corporate Governance*

📄 3.1 Committee Strategic Risk Report.pdf (5 pages)
📄 3.1 Appendix 1.pdf (6 pages)
📄 3.1 Appendix 2 Corporate risk register.pdf (1 pages)
📄 3.1 Appendix 3 Local Risk Register.pdf (7 pages)

3.2. Assurance on Compliance with the Equality Act 2010, Including Equality Impact Assessment

Attached   *Director of Workforce & OD*

📄 3.2 Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment report.pdf (10 pages)
📄 3.2 Appendix 1 RAG Status Report .pdf (3 pages)
📄 3.2 Appendix 2 Equality Impact Assessment Process.pdf (1 pages)

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

Attached   Director of Workforce & OD

- 3.3 Assurance on the Development and Delivery of an Agile Working Framework.pdf (6 pages)
- 3.3 appendix 1 AB 2223 FINAL Advisory Review Report -Agile Delivery v2.pdf (12 pages)
- 3.3 Appendix 2 Agile-Hybrid Working - Programme Plan.pdf (1 pages)
- 3.3 Appendix 3 Agile-Hybrid Working Dashboard.pdf (1 pages)
- 3.3 Appendix 4 Presentation.pdf (45 pages)

3.4. Annual Assurance Report of Medical Re-validation

Attached   Medical Director

- 3.4 SBAR - PCC 2024 02 - Med Revalidation.pdf (7 pages)

3.5. Annual Assurance Report of Job Planning including Medical E-Systems

Attached   Medical Director

- 3.5 220224_Final 3.7 Job Planning and E-Systems.pdf (7 pages)
- 3.5 Appendix 1 Action Plan.pdf (8 pages)
- 3.5 Appendix 2 Consultant training on Job Planning Distance Learning Pack.pdf (1 pages)
- 3.5 Appendix 3 Training record L2P e-Job Planning system.pdf (1 pages)

3.6. Workforce Performance Dashboard incorporating Key Performance Indicators

Attached   Director of Workforce & OD

- 3.6 Workforce Performance Dashboard – January 2024.pdf (4 pages)
- 3.6 Appendix 1 Monthly Dashboard - January 2024.pdf (4 pages)

3.7. People Plan 2022/25, Quarterly Review

Attached   Director of Workforce & OD

- Date of the Completion of the Gwent Workforce Strategy, as outlined in the report.
- Mandatory Training

- 3.7 People Plan 2022-2025 – Quarterly update (October- December 2023).pdf (14 pages)
- 3.7 Appendix 1 – People Plan Tracker.pdf (1 pages)

3.8. Report from the Director of Workforce & OD, Including Employee Relations & Suspensions over 4 Months

Attached   Director of Workforce & OD

- 3.8 Director of Workforce & OD Report.pdf (8 pages)

3.9. Committee Self-Assessment Results

Attached   Director of Corporate Governance

- 3.9 PCC SelfAssessment of Committee Effectiveness Outcome Cover Report. RDdocx.docxv2.pdf (7 pages)
- 3.9a Appendix A PCC Self Assessment Template.pdf (11 pages)
- 3.9b Appendix B People and Culture Committee Self-Assessment Checklist.pdf (16 pages)

3.10. HEIW Report

Attached   Medical Director

- 3.10 SBAR - PCC 2024 02 HEIW Report.pdf (28 pages)

3.11. Audit Wales, Workforce Planning Report

Attached   External Audit/Director of Workforce & OD

- 3.11 3993A2024 ABUHB Workforce planning report.pdf (32 pages)
- 3.11 ABUHB Workforce planning report final.pdf (32 pages)
- 3.11 Audit Wales - Review of Workforce Planning Arrangements report.pdf (4 pages)

3.12. Committee Annual Report

Attached   Director of Corporate Governance

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0 min **4. ITEMS FOR INFORMATION**

No items for this section

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0 min **5. OTHER MATTERS**

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

Oral   Chair

5.2. Any Other Urgent Business

Oral   Chair

5.3. Date of the Next Meeting:

Tuesday 18th June 2024

	CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING

DATE OF MEETING	Thursday 19th October 2023
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 Huw Williams - Welsh Language Support Officer Michelle Jones - Head of Board Business Ann Bentley - Head of Strategic Resourcing Rhian Gard – Internal Audit Adrian Neal – Consultant Clinical Psychologist Shelley Williams- Assistant Director of Workforce Julie Chapelle- Assistant Workforce Director Stephen Edwards- Deputy Medical Director
APOLOGIES	Non Ellis- Equality Diversity and Inclusion Specialist Peter Brown- Assistant Director of Workforce and OD Hannah Evans - Director of Strategy, Planning & Partnerships Robert Holcombe - Director of Finance, Procurement & Value

PCC 1306/1	Preliminary Matters
PCC 1910/1.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PCC 1910/1.2	**Apologies for Absence** Apologies for absence were noted.
PCC 1910/1.3	**Declarations of Interest** There were no declarations of interest raised to record.

PCC 1910/1.4	**Minutes of the previous meeting** The minutes of the meeting held on the 13th of June 2023 were agreed as a true and accurate record.
PCC 1910/1.5	**Committee Action Log** The Committee received the action log. Members noted the progress made in relation to addressing the actions. Sarah Simmonds (SS), Director of Workforce & OD, provided update on the following actions:- • **PCC/1306/2.2** – A paper would come to the next meeting regarding finalising speciality doctors and clinical fellows' framework. **Action Sarah Simmonds, Director of Workforce & OD** • **PCC/1306/2.2.3 –** This action could be removed as the item was on this committee's agenda. Louise Wright (LW), Independent Member, Committee Chair, asked if an update could be provided on **PCC 1306/2.3.2. - People Plan 2022/25, Quarter 4; including an Annual Review of the People Plan and its Priorities and Assurance on the Delivery of Actions and Activity within Objective 3- Workforce Sustainability** Sarah Simmonds (SS), Director of Workforce & OD, advised that a partial evaluation had been completed and that the bus tour needed to be finished before the final evaluation could be completed. Members noted however, that from the verbal feedback received it was likely that the Health Board would not continue with the approach. **Action: Sarah Simmonds, Director of Workforce & OD**
PCC 1910/2	**Items for Approval/Ratification/Decision**
	There were no items for this section
PCC 1910/3	**Items for Discussion**
PCC 1910/3.1	**Review of Committee Programme of Business** Rani Dash (RD), Director of Corporate Governance, provided an overview of the Committees Programme of Business.

	Helen Sweetland (HS), Independent Member, requested that Education Training Matters be added on an annual basis and noted that there was an expectation for this to be reported to the Board. RD advised that these reports had been presented previously but would ensure this was reflected in the updating of the committee's business cycle. It was agreed that an Education Training Matters update report would come to this Committee on an annual basis going forward. **Action Sarah Simmonds, Director of Workforce & OD & James Calvert, Medical Director** RD informed the Committee that a Clinical Advisory Forum was in the process of being established and that the Chair would attend Board. Dafydd Vaughan (DV), Independent Member, requested that a regular update was provide to the Committee on the Medical E-Systems process as part of the job planning report. **Acton Sarah Simmonds, Director of Workforce & OD** ***The Committee noted the report subject to the above actions being included in the Committee's programme of business moving forwards.***
PCC 1910/3.2	**Committee Risk Report** Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the report and noted that the strategic risk register had been approved by Executive Board and this report included the strategic risks delegated to this committee. Paul Deneen (PD), Independent Member, questioned if the risk report should reference the reduction of funding from Welsh Government and its associated impact on our workforce. Rani Dash (RD), Director of Corporate Governance, advised this had been included in the recruitment, retention and staff well-being risks but advised that she would reflect upon this further. **Action: Rani Dash, Director of Corporate Governance.** ***The Committee received and reviewed the risk report was content with the information provided.***
PCC 1910/3.3	**People Plan 2022/25, Quarterly Review**

Sarah Simmonds (SS), Director of Workforce & OD, outlined the specific actions and objectives from the review.

Points highlighted to the Committee included:-

- Staff Health & Wellbeing – Positive progress had been made for the leadership programmes with the cohorts being full for this year and 2024.
- Occupational Health Service – High levels of sickness and staff turnover were noted. It was noted that support from other Health Boards 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.
- Employer Choice – the Health Board was successful in a bid for up to £25,000 to support with the widening access agenda.
- Sustainable Workforce-
  - Clinical Futures Workforce Group had been established.
  - Primary Care ACD work had a positive impact on building relationships with Local Authorities to secure a joint apprenticeship being offered for Social Care Support Workers.
- Talent Management- 6month post had been agreed to be funded by HEIW. An experienced member of staff has been seconded to this role.

Louise Wright (LW), Independent Member, Committee Chair, questioned how the Health Board was generating income for the Centre of Excellence given that Welsh Government was not funding. Adrian Neal (AN), Consultant Clinical Psychologist advised that: -
- HEIW had agreed to fund 60k this financial year.
- Direct funding from WAST had been received in return for work undertaken.
- Education systems – This is a project with the Associations of Education leaders in Wales
- Workshops and training were on offer to bring in extra income.

Paul Deneen (PD), Independent Member, questioned if staff are reassured if they have an Occupational Health referral, and whether they are provided with a time frame for being seen. Sarah Simonds (SS), Director of Workforce

	& OD, advised that there was a priority list 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. Helen Sweetland (HS), Independent Member, questioned whether as a result of the financial pressures if work planned in respect of the People Plan had been changed. Sarah Simmonds (SS) Director of Workforce & OD advised that now delivery times had been adjusted and these would be reviewed when planning the next annual plan. ***The Committee received the report was content with the review.***
PCC 1910/3.4	**Report from the Director of Workforce & OD, Including Employee Relations & Suspensions over 4 Months** Sarah Simmonds (SS) Director of Workforce & OD, highlighted to the Committee the key points arising from the report that were: - • Employee relation activity – There had been an increase in the number of staff being suspended with the current number being 10. It was further noted that one member of staff who was suspended was subject to a criminal investigation that had been ongoing since 2020. • Tupe Transfers were ongoing for Pharmacy services across Wales and potential for Vascular services in Tredegar Health Centre. • NHS Staff Survey was recently launched and the target for completion of this survey was 30% plus. • Vacancy Scrutiny Panel had been established given the Health Boards financial position and to ensure workforce sustainability. The Committee was advised by Sarah Simmonds (SS), Director of Workforce & OD, that the revised agile working programme would be reported on moving forwards and

	noted that the structured approach had been agreed at the Executive Committee.

Paul Deneen (PD), Independent Member, enquired whether there was any scope in the policy to progress matters that are open to the police, noting the complexity of the situation. Sarah Simmonds (SS), Director of Workforce & OD, advised of the complexities in managing individual cases but reassured Members that discussions continue with statutory agencies wherever possible.

Shelley Williams (SW), Assistant Director of Workforce, assured the Committee suspension was always a last option and advised that where possible alternative roles were considered before undertaking any suspension.

The Committee received the report and was assured with the information provided. |
| **PCC 1910/3.5** | **Retention Update**

Sarah Simmond (SS), Director of Workforce & OD, outlined to the Committee the work that had been undertaken to date and that a high-level action plan managed by a retention Group was in place to progress this matter. In particular she noted that: -

- 23% of staff members leave within the first year of employment. The meeting was advised that there is a need to reprofile the corporate induction and the information provided to new starters.
- A new approach for the moving on questionnaire had been developed.
- There had been a reduction in the turnover of staff, and that the Health Board was now at pre Covid-19 levels but acknowledged there was still room for improvement.

In response to a question Sarah Simmonds advised that corporate induction currently features a number of speakers and reflected whether this may be an overload of information for new staff members and acknowledged that part of the 90day programme was to review the e-delivery framework for induction.

The Committee received the report for assurance and was content with the information provided. |

PCC 1910/3.6	**Staff Wellbeing Survey – Results and Action Plan**
	Adrian Neal (AN) Consultant Clinical Psychologist provided the Committee with an overview of the results from the Health Boards Summer Staff Wellbeing Survey. In particular the Committee noted that: -
	37% survey response rate - New questions added on discrimination and intention to leave. - Facilities and Estates were up by 104% response but acknowledge that there was a lot of work needed for engagement from other areas of the Health Board. 5% increase in staff saying they were ok. 3% reduction of staff saying that they are coping well. 8% reduction of staff feeling that work levels were unstainable. 57% of staff did not feel safe in raising concerns to senior management. 19% staff had experienced discrimination. 28% of staff had an intention to leave, with the highest responses being from Band 8c's and reasons being not feeling supported/Valued, workload pressures and progression not available.
	Adrian Neal (AN), Consultant Clinical Psychologist, advised the Committee that work had been completed on new ways of measuring data, and that the team were exploring the use of the six pillars framework.
	Paul Deneen (PD), Independent Member, enquired of the 23% of staff intending to leave and sought assurance as to the work being done on this. Sarah Simmonds (SS), Director of Workforce & OD, advised that intention to leave within the first 12month happens within all organisations but noted that moving forwards the Health Board needs to be more realistic of expectations at interview and advised that this work was ongoing.
	The Committee received the Staff Wellbeing Survey results and was content within information provided.
PCC 1910/3.7	**Committee Self-Assessment**

	Rani Dash (RD), Director of Corporate Governance, provided an overview of the Committees self-assessment for this year. RD advised the Committee that if agreed the self-assessment form this would be shared at the start of November for completion with the output being brought back to the next Committee meeting. ***The Committee agreed the self-assessment report.***
PCC 1910/3.8	**Reverse Mentorship and Staff Diversity Networks** Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of the ongoing work in this area. SS advised the Committee that Non Ellis (NE), Equality Diversity and Inclusion Specialist, was leading on this area of work with a focus as to how the organisation can develop a more robust framework and its placement with the EDI agenda. The Committee noted that:- • Both reverse mentorship and staff diversity networks papers had been approved and submitted to Executive Committee • 4 Executive members were participating in the pilot. • The Executive team would be champions There was protected time for staff members who are part of the staff diversity network, and this would be reviewed on a regular basics. • The launch of the initiative was arranged with a view to staff diversity leads agreeing expectations, roles, and responsibilities. Paul Deneen (PD), Independent Member, questioned how the Health Board could link Staff Diversity Networks to the Board and recommended that consideration be given to how a Board Member as well as an Executive member could be identified to support the network. Helen Sweetland (HS) Independent Member sought clarification as to how staff diversity network is being promoted and whether there was a limit on numbers. Sarah Simmonds (SS) Director of Workforce & OD confirmed that the network was open to all staff members

	and there was an internet page on SharePoint that promotes this across the organisation. ***The Committee agreed the report and the progress made.***
PCC 1910/3.9	**Workforce Medical E-Systems/Work Plan** Julie Chappelle (JC), Assistant Workforce Director, provided the Committee with an update on Medical E-Systems and Job Planning. The Committee noted that the procurement process was concluded, and the contract awarded to the following companies with a view to commencing in September 2024 with work ongoing regarding its implementation: • L2P Box Limited – Job planning • Patchwork – E rostering and Locum bank. It was noted that a pilot exercise for job planning would be undertaken by the Families and Therapies team in December 2023, prior to rolling out across the organisation. The Committee was advised that a detailed job planning procedure had been developed in August 2023. Dafydd Vaughan (DV), Independent Member, asked how the performance will be evaluated. Ann Bentley (AB), Head of Strategic Resourcing, advised that a review would be completed at the end of each Divisions implementation. Paul Deneen (PD), Independent Member, requested that further updates on the implementation are brought back to the Committee for assurance purposes. James Calvert (JC) Medical Director advised that the implementation of this workstream was also overseen by the Audit, Risk and Assurance Committee. Helen Sweetland (HS), Independent Member, sought clarification as to whether team job plans would be developed using the new systems. James Calvert (JC), Medical Director, confirmed that this would be the case and noted that a Job Planning Consistency Group was to be established that would deal with any issues that emerge. ***The Committee agreed the report.***

PCC 1910/4	Items for Information
PCC 1910/4.1	**Assurance on Delivery of Welsh Governments "More Than Just Words" Framework** The item was for information and was noted by the Committee.
PCC 1910/4.2	**Workforce Performance Dashboard Incorporating Key Performance Indicators** The item was for information and was noted by the Committee.
PCC 1910/4.3	**Framework for Speaking Up Safety** The item was for information and was noted by the Committee.
PCC 1910/4.4	**NHS Workforce Data – Audit Wales** The item was for information and was noted by the Committee.
PCC 1910/4.5	**Welsh Language Commissioner's 2022-23 Annual Report** Huw Williams (HW), Welsh Language Support Officer, provided the Committee with an update on the Welsh Language Commissioners Annual Report in response to Welsh Governments "More Than Words" strategy that is aimed at promoting Welsh language and culture in Health and Social Care. He advised the Committee of the changes made in order to meet the targets set by Welsh Government. The Committee noted that:- • the external training offers available to staff had been streamlined and, made more accessible. • Community and engagement events with local schools had been supported. • More visual markers had been located across hospital sites. Louise Wright (LW), Impendent Member, Committee Chair, acknowledged that there was an issue with telephones not being answered in Welsh. Sarah Simmonds (SS) Director of Workforce & OD assured the Committee that a response had been submitted that addresses this but acknowledged that there was more work to be done to ensure this would not happen again.

	Paul Deneen (PD) Independent Member sought clarification on the organisations performance of 65% when compared to other Health Boards. It was noted that the data from other Health Boards data was not available.
PCC 1910/5	**Other Matters**
PCC 1910/5.1	**Items to be Brought to the Attention of the Board and Other Committees** The Committee agreed for the Suspension of those staff over 4 months and Tupe Transfers to be brought to the attention of Board – **Action Sarah Simmonds (SS) Director of workforce & OD**
PCC 1910/5.2	**Any other Urgent Business** Paul Deneen (PD), Independent Member sought clarification as to when mandatory training would be considered as a committee item. Sarah Simmonds (SS), Director of Workforce & OD, advised that a verbal update would be brought to the to the next Committee in February 2024. **Action Sarah Simmonds (SS) Director of Workforce & OD**
PCC 1910/5.3	**Date of the next meeting is Thursday 22nd February 2024.**

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Strategic Risk Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Director of Workforce & 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)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Risk management is an integral part of Aneurin Bevan University Health Board's approach to ensure it achieves the strategic objectives, annual priorities, and its responsibilities as an organisation.

The Workforce & Organisational Development (Workforce and OD) Risk Register serves as the principal document to record all Workforce & OD risks and the action being taken to mitigate or remove the risk. The Risk Register will be adopted as an active mechanism through which risks are monitored and responded to.

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

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

The purpose of the report is to receive comments and views from the Committee on the strategic and corporate workforce risks.

Cefndir / Background

Previously, Workforce & OD Risks have been contained within the Corporate Risk Register. The purpose of a Risk Register is to:

- Recognise, plan, and respond to risks to mitigate any potential harm to our staff, patients, and population.

- Protect the well-being and safety of our workforce, patients, and service users.

- Maximise opportunities for development and improvement by understanding the risks, environment and adapting and remaining resilient to changing circumstances or events.

- Understand the risks in relation to our obligations in respect of the Well-being of Future Generations Act, professional standards and Equality, Diversity, and Inclusion and compliance with Welsh Language Act.

- Provide assurance that risks identified are being managed appropriately and that the Division is on track to achieve its stated objectives.

- Assessing and identifying risks current and on the horizon and escalating risks to the appropriate levels within the organisation to ensure that effective responses can be made.

- The setting of Committee and Board agendas to ensure a focus on the strategic objective areas.

Asesiad / Assessment

Strategic Workforce and OD risks

The Risk Register will be used to inform planning and performance metrics for the Workforce and OD Division identifying, anticipating, and monitoring risks in relation to the following Workforce & OD matters, that will have a direct impact on the ability to deliver the key priorities, outlined within the People Plan 2022-25.

The Board meeting held in July 2023, approved a refreshed assessment of its strategic risks and its approach to risk and assurance reporting arrangements.

The People and Culture Committee (P&CC) has been delegated responsibility for overseeing the management of one high-level strategic risk, which is further subdivided into four sub-risks, as outlined below, and as such receives and scrutinises those risks on behalf of the Board for focus and assurance.

SRR 001(A-D) - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population.

- SRR 001A - Recruitment and retention
- SRR 001B - Staff Well-being
- SRR 001C - Effective leadership
- SRR 001D - Industrial Action

The People and Culture Committee Strategic Risk Register and individual risk assessments are presented at **Appendix 1**.

All risks have been updated to reflect the actions to support delivery of the People Plan 2022-2025 and follow the new risk reporting framework guidance. These actions sit alongside the actions set out within Healthier Wales: Our plan for Health and Social Care (2020) and most recently, the National Workforce Implementation Plan 2023, to improve retention and recruitment and provide our workforce with the working environment and conditions that they need, to be able to care effectively for the people of Wales.

It is recognised that further development of risk assessments is required, with a particular emphasis on assurance assessment. Further work will be undertaken with the Lead Executive to refine the controls and assurances so that the Committee can take its own assurances that the strategic risks for which the People & Culture Committee has delegated responsibility for are being managed effectively.

All strategic risks (previously reported as corporate risks) and their risk levels have remained unchanged since the last People & Culture Committee in October 2023. No risks have escalated, and all current risks are aligned with relevant resourcing challenges, the ongoing uncertainty regarding industrial action across the Health Board and alignment with government legislation.

In terms of risk appetite, these have also been reviewed in line with the new Risk Reporting Framework and have been determined as being of level 17 and below. At this level recognising that there could be a high-risk exposure, there is a willingness to consider all potential options, subject to continued application and/or establishment of controls.

Corporate Workforce and OD risks

As previously highlighted to the Committee, compliance with the Welsh Language Standards has been de-escalated from the Strategic Risk Register to the Corporate Risk Register with appropriate reporting to the People and Culture Committee.

The risk assessment for CRR 004: Compliance with Welsh Language Standards, is presented at **Appendix 2**.

The level of this risk has remained unchanged since the last People & Culture Committee in October 2023 and the risk appetite threshold has been determined at level 8 meaning a minimal risk appetite to risk exposure but had a low likelihood of occurrence of the risk after application of controls.

The Workforce and OD Division reviews potential risks and issues at its monthly divisional day and is currently reviewing its local risk register to ensure it captures the key operational risks, and that, the controls and action plans in place are appropriate for the management of the potential risks. The full Workforce and OD Divisional Risk Register has been included as agreed at the last People & Culture Committee meeting at **Appendix 3**. The division are assured there is sufficient mitigation in place to prevent escalation.

The Workforce analytic Performance Dashboard developed, will inform decision making and support a framework for measuring the benefits of the People Plan actions.

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

- Reviewed and updated at least monthly by the Workforce & OD senior team and relevant subgroups.
- Submitted to the Director of Corporate Governance and Head of Corporate Risk and Assurance to enable a full organisational review to be undertaken. This is also in compliance with the Health Board's Annual Governance Statement.
- Reviewed and discussed at every People and Culture Committee.
- Significant Workforce and OD risks will be escalated to the appropriate Risk Register and considered at the appropriate level in a timely manner to mitigate the impact of the potential risk(s).

Argymhelliad / Recommendation

The People & Culture Committee is asked to review and provide comments on the Workforce & OD strategic and corporate risks.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Reporting arrangements will ensure linkages with the Corporate 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 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	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A as explained throughout the report
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 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 Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

RISK THEME	PEOPLE

Strategic 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	a) Due to an inability to recruit and retain staff across all disciplines and specialties.	**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.		
		Risk Appetite Threshold - Score 16 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.		
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	**SUMMARY** The current risk level is **outside** of target level and 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	01/06/2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	12/01/2024	Risk rating	= 16 (Extreme)	= 6 (Moderate)

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). • People Plan tracker to support delivery of actions within the People Plan 2022-25. • Health Care Support Worker tracker. • Agency 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. • Development of new roles to support vacancies. • Recruitment KPI's. • IMTP Educational Commissioning. • Workforce Establishment controls national working group has been instigated.	**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, M&D Kerela Initiatives, 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 Restart. • Actively working with Local Authorities to promote joint recruitment activities. • Registration – Temporary register extended for 2 years to enable staff to return to practice ending March 2024. • Accommodation continues to be problematic for overseas recruitment and therefore a current formal tender process is in progress with an end date of approx. 29th January 2024.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Workforce reports to the Nurse Strategic Workforce Group. • Daily 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. • Workforce and OD group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation • Measurements of Wellbeing through the ABUHB Staff Survey. • Routine Reporting against nurse staffing levels. • Variable Pay Programme Board	**Gaps in Assurance** • Under review **Action to Address Gaps in Assurance**	**Positive Assurance**

Retention:
- Retention lead appointed with programme action plan in place.
- 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
- 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.
- Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.

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. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace.
- NCN workforce planning workshops completed Dec 23. An action plan has been developed and to be agreed with PCCS senior management team, NCN board with enabling actions to highlight key challenges and opportunities to support longer term workforce sustainability.
- Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal.

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.
- Workforce planning within new competency framework commencing Jan 24.

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.
- Development of ESR establishments commenced on a national basis w/c 03/09/23. Local delivery action plan to be developed by end of February 2024.

Level 3 Independent
(Implemented by both auditors internal and external independent bodies.)

Internal Audit Reviews 2023 -24
1. Long Term Sickness Absence Management (Q4)
2. 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.

RISK THEME	PEOPLE

Strategic risk (SRR 001B)	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.			**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. **Risk Appetite Threshold – Open Score 16 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.
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			**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.
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			
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	01/06/2023	**Impact**	**4** *(Major)*	**3** *(Moderate)*
Last Reviewed	12/01/2024	**Risk rating**	= *(High)*	= *(High)*

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 delivery of the #peoplefirst project though Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery framework. Engagement ongoing with divisional management teams. • 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.	• Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). • Increase wellbeing initiatives: • Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders) • Trained 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 • Recruitment of staff counsellors	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Monitoring Framework to support roll out of the People Plan 22-25 • Monitoring of demand on wellbeing services • Staff diversity networks • Race/LGBT groups • Wellbeing resources • Occupational Health Service **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	**Gaps in Assurance** • Under review **Action to Address Gaps in Assurance** • Meetings with Divisions ongoing.	**Positive Assurance**

• Strategic Equality plan • Rest and Facilities charter – monitoring and compliance • Staff related policies.	• 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. • The Avoidable Employee Harm Programme, launched on 5th 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 recently won two NHS Wales awards. • The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely initiative within ABUHB. This workstream began in October 23 and will be developed over the next 12 months with a strong emphasis on evidence analysis and culture. • An external Employee Assistance Programme has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff. **Occupational Health** • Additional occupational health resources secured to reduce waiting times over winter • 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. • A part time Disability Inclusion Officer has been seconded to the EDI Team (Dec 2023 – Dec 2024). • Recruiting to a Band 5 EDI Officer role (Jan 2024). • Inclusive Leadership sessions to be embedded in the Leading People Programme from Jan 2024 onwards. • Reverse Mentorship Programme to launch Feb 2024. **Other** • Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC. • Reducing fatigue poster developed	**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		

RISK THEME	PEOPLE

Strategic risk (SRR 001C)	**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		**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.		
			Risk Appetite Threshold - Score 16 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.		
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		**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	01/06/2023	**Impact**	**4** *(Major)*	2 *(Minor)*	
Last Reviewed	12/01/2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*	

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- focus on Talent and Succession Planning • Monitoring frameworks with HEIW	**Talent and Succession Planning** • 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 • 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.	Level 1 Operational *(Implemented by the department that performs daily operation activities)* • WOD Divisional reporting • Evaluation of internal leadership programmes 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** • Under review **Action to Address Gaps in Assurance**	**Positive Assurance**

RISK THEME	PEOPLE

Strategic Risk (SRR 001D)	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	**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.
		Risk Appetite Threshold – Open Score 16 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.

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	**SUMMARY** The current risk level is **outside** of target level and 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	**2** *(Unlikely)* x
Initial Date of Assessment	01/06/2023	**Impact**	**4** *(Major)*	**4** *(Major)*
Last Reviewed	12/01/2024	**Risk rating**	**= 16** *(Extreme)*	**= 8** *(High)*

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)*
• Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Under sections 231 and 231A of the 1992 Act a union must, as soon as reasonably practicable after holding an industrial action ballot, take steps to inform all those entitled to vote18, and their employer(s), of the number of individuals entitled to vote in the ballot; the number of votes cast in the ballot. • Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture • Operational planning, led by the Chief Operating Officer, to respond to implications of strikes action in other NHS organisations.	• Services Business continuity plans in place. • Pay agreements in place for medical cover • Confirmed rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). • 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. • Implementation of business continuity plans. • Communication plans- public, stakeholders and partners • Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application • Picketing guidance supported and agreed • Debriefing session planned to reflect and capture learning for any potential future action (national)	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Local Staff re-deployments assessment • 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 cell.	**Gaps in Assurance** BMA have provided notice of consultant and SAS Dr ballot **Action to Address Gaps in Assurance**	**Reasonable Assurance**

Appendix 2 – Corporate Risk Register: Risk Assessment

RISK THEME	COMPLIANCE AND SAFETY				
Corporate Risk (CRR 004)	Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice.				
Threat	That the Welsh Language is not considered and offered in all aspects of the business of the organisation.			**Risk Appetite Level**	Minimal
				Risk Appetite Threshold	8 and below
Impact	➢ Failure to comply with Legislation (*Welsh Language Act 2011*) ➢ Reputational Damage ➢ Public Confidence ➢ Financial Implications			**Summary**	The current risk level is <u>outside</u> of target level and appetite threshold. The target level to be achieved is <u>within</u> 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	2 (Unlikely) x
Initial Date of Assessment	30/06/2023	**Impact**	3 (Moderate)	3 (Moderate)
Last Reviewed	24/09/ 2023	**Risk rating**	= 12 (Moderate)	= 6 (Low)

CRR 005) Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011.

(Chart: Risk Score vs Month, showing Current Risk Score, Target Risk Score, 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.	• WG funded project with Learn Welsh to provide tutors that will work with staff who have Welsh language skills but lack confidence in using them. The project will start in March and will have clear measurables.	**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 • Welsh Language Strategic Group (Community of Practice) established across Wales to share good practice. • 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.)* • Health Board Representation secured at meetings. • Internal Audits to assess compliance with Welsh Language • Progress and Compliance Reports to the Welsh Language Commissioner (published publicly) • Welsh language leads groups which share best practice and monitors issues across organisations • Welsh Government chaired group to monitor adherence to More than Just Words • Gwent organisational wide level group More than Just words which escalates to Gwent Workforce Board	**Gaps in Assurance** To be determined **Action to Address Gaps in Assurance**	**Reasonable Assurance**

Workforce and Organisational Development

Local Risk Register

Date of report Jan 24

WOD Local Risk log – January 2024

Local risk and	Threat	Impact	Initial date raised	Likelihood	Conse quence	Key controls (processes, system, controls are in place	Plans to improve control (reduce risk)	Level of assurance (how effective are controls/ any gaps	Review date
WOD 1 Hannah Williams	Reduced Occupational Health capacity to delivery services	Waiting times increase, delays in recruitment and return from sickness	25/10/23	Almost certain	Risk score 20	SBAR written with analysis of demand and capacity & options appraisal	Agreed additional clinics with provider	Green Addresses immediate short-term capacity, may take time for effect to be felt	19/02/24
WOD 2 Non Ellis	Capacity to delivery EDI programme	Failure to meet our statutory Public Sector Equality Duties and deliver against Welsh Government's Anti-Racist Wales Action Plan and LGBTQ+ Action Plan.	25/10/23	Almost Certain	Risk Score 15	Exploration of collaborative working and mapping of stakeholders underway to identify key partners who can support with delivery. Proposal for Band 5 Support Officer being considered	Prioritisation of EDI programmes of work	Green	To be removed

Local risk and	Threat	Impact	Initial date raised	Likelihood	Conse quence	Key controls (processes, system, controls are in place	Plans to improve control (reduce risk)	Level of assurance (how effective are controls/ any gaps	Review date
						by VSP and appointed			
WOD 3 Shelley Williams/ Sian Bigmore	Lack of accommodation to support overseas recruitment		25/10/23	Likely	Risk Score 12	Incremental arrival dates planned in advance to pre-book accommodation. Formal tender process in progress with close end date of circa 29th January 2024.	Plan next arrival date incrementally and determine if current contracts can be extended.	Amber	20/02/24
WOD 4 Sian Bigmore	DBS checks not being regularly undertaken	Increases of safeguarding risks	25/10/23	Possible	Risk Score 9	DBS checks are carried out for all new starters to the NHS.	Further evaluation and contribution with the Recruitment Modernisation Programme. DBS update service available but not being pursued at present which has the potential to raise the risk.	Red	March 2024
WOD 5 Assistant WOD	Capacity in WOD team to deliver People Plan when posts	Some actions of the People Plan may not be completed	25/10/23	Almost Certain	Moderate	Review the capacity of teams and consider what	Ensure focus on most pressing and impactful	Amber	March 2024

Local risk and	Threat	Impact	Initial date raised	Likelihood	Conse quence	Key controls (processes, system, controls are in place	Plans to improve control (reduce risk)	Level of assurance (how effective are controls/ any gaps	Review date
	not filled due to vacancy scrutiny					actions to pause / stop	work. Band 5 has been approved and appointed.		
WOD 6 Assistant WOD	Impact of New Pay Deal	Increasing flexible working requests and reduction in working week	25/10/23	Possible	Risk Score 9	Flexible Working Policy still currently in situ.	Awaiting further information on the definition of flexible working approved as a default.	Amber	March 2024
WOD 7 Sian Bigmore	Maintaining controls for current employees with Right to Work in UK	Employing workers illegally without the right to work in the UK.	25/10/23	Possible	Risk Score 12	Visa Tracker with all staff currently on a Visa is held by Recruitment.	Significant process review undertaken to ensure all staff have recorded Visa information on ESR and a clear escalation process prior to expiry of visa/RTW.	Green	To be removed
WOD 9 Shelley Williams	Local terms and conditions	Raising potential for equal pay claims and equity e.g., OOH payments	25/10/23	Possible		Approval by the Executive Team with assessment of risks	Local arrangements are reviewed when they are due to expire. Executive		March 2024

Local risk and	Threat	Impact	Initial date raised	Likelihood	Consequence	Key controls (processes, system, controls are in place	Plans to improve control (reduce risk)	Level of assurance (how effective are controls/ any gaps	Review date
							team approval to extend any local arrangements		
WOD 10 Assistant Directors	Business Continuity plans to support E-system failure	Impact on wider WOD systems that support deployment, reporting and performance of staff	25/10/23	Possible		Following meeting with local E - systems leads and NWSSP indicators that risk are low due to Supplier and national ESR disaster recovery plans in place to support daily backup of systems. These are designed to prevent long operational downtimes. Seeking national working group confirmation regarding ESR backup systems.	Current supplier IT Disaster recovery plans		March 2024
WOD 11 Sian Bigmore	Backlog of old records on TRAC	Impact on Recruitment Performance and also assurance that all PECs are completed satisfactorily.	25/10/23	Almost Certain	Moderate	Regular reporting reviewed by recruitment, BP's and reminders sent to Appointing Managers.	Dedicated recruitment support reviewing 300+ records to cleanse backlog.	Green	February 2024

Local risk and	Threat	Impact	Initial date raised	Likelihood	Conse quence	Key controls (processes, system, controls are in place	Plans to improve control (reduce risk)	Level of assurance (how effective are controls/ any gaps	Review date
WOD 12 Rhiannon Penny	Overpayments of final salary due to late termination forms or delays in change in hours, sickness recording	Overpayment of staff and requirement to enact overpayment policy Staff wellbeing and morale, staff employer reputation/staff capacity to chase overpayments	25/10/23	likely		Regular payroll meetings and monitoring through overpayment reports. Updates provided to Executive Director with plans in place	SMA application being developed to support online form – testing February 24		March 2024
WOD 13 Peter Brown/Joanne Gubbings	Lack of continued RIF funding for Transformation	Capacity to delivery transformation programme	25/10/23	Likely	8	Funding is yearly and always due to be tapered. Gwent Strategic Action Plan formulated for collaborative working. Funding now approved	n/a		Risk to be removed
WOD 14 Lead – Ann Bentley / Sian Bigmore	No Manual Handling Passport Training provision for Bank only HCSW workers or refresher training for HCSWs & RNs.	Injury to patients and workers	21/04/22	Likely	Risk Score 8	Raised with H&S, followed up with divisions to explore Patient Handlers completing refresher training. Recruitment and the Resource Bank will prioritise those individuals for the training	Health & Safety have agreed to allocate a set number of training places for All Wales Manual Handling Passport and Refresher training.	Amber	February 2024

Local risk and	Threat	Impact	Initial date raised	Likelihood	Conse quence	Key controls (processes, system, controls are in place	Plans to improve control (reduce risk)	Level of assurance (how effective are controls/ any gaps	Review date
	Currently there are 422 HCSW & RN new recruit since COVID who have not undertaken the 2-day manual handling training and 300 HCSW/RNs who require a half day refresher training.					who are regular workers and those who work in acute areas. ESR will be updated by H&S confirming workers have completed the training.	The plan proposed should result in 192 of 422 workers to complete the 2-day training and 192 of 300 workers to complete a half day refresher training over the next financial year. A further meeting to confirm the annual timetable will take place early March 2024.		
WOD 15 Ann Bentley	No central electronic roster or Bank working records for Medical Staff and Workers	Lack of visibility of available resources, Bank not optimised, roster deficits default to	October 22	Likely	Risk Score 8	Controlled divisionally by MSOs, escalation process in place	Locum Bank e-System implemented on 01/12/23. Implement new e-rostering and job planning	Amber	March 2024

Local risk and	Threat	Impact	Initial date raised	Likelihood	Conse quence	Key controls (processes, system, controls are in place	Plans to improve control (reduce risk)	Level of assurance (how effective are controls/ any gaps	Review date
		expensive agency cover					over next 18 months		

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 February 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Non Ellis, Equality, Diversity and 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

The purpose of this paper is to inform the members of the People and Culture Committee of the work being undertaken to progress the Equality, Diversity and Inclusion (EDI) work stream within Aneurin Bevan University Health Board (the Health Board), providing assurance on compliance with the Equality Act 2010, including Equality Impact Assessment (EQIA).

The People and Culture Committee is requested to note the recommendations made within this paper 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.

Cefndir / Background

On 05 April 2011, the Public Sector Equality Duty (PSED) came into force[1]. The equality duty was created by the Equality Act 2010 and replaces the race, disability and gender equality duties. The duty covers protected characteristics including age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.

The general equality duty is set out in section 149 of the Equality Act. In summary, those subject to the general equality duty must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between different groups.

- Foster good relations between different groups.

In addition to the general duty, the Health Board has specific duties which it has a legal obligation to fulfil[2].

The Health Board's Strategic Equality Plan (SEP), 2020 – 2024, was launched in March 2020[3]. This document sets out a clear plan with key objectives that the Health Board have been working towards over the past four years.

This paper highlights the work undertaken by the Health Board during the final year of its current SEP and the work underway to develop a new SEP for 2024 – 2028, in addition to the continued work to embed the EQIA process.

As our current SEP approaches the end of its four-year cycle, we have taken the opportunity to assess our current position in relation to EDI to inform our Equality Objectives for the coming four years.

Whilst there are areas of good practice across the Health Board, we recognise that there is more work to do to deliver our current and future objectives. This will include ensuring that we progress a number of recommendations noted in this paper which we will develop through our revised SEP and commitments through our current models.

The Health Board will need to influence historic practice and promote cultural change in relation to equality. This will no doubt be difficult in some areas. However, it is an exciting time for the Health Board as it has a new window of opportunity to progress equality so that there will be a very different picture to report on in four years' time.

Asesiad / Assessment

1. Activities to support the delivery of the current Strategic Equality Plan (SEP)

The SEP operationalises obligations in particular under the Equality Act 2010 but also in respect of the Health Board's obligations to have due regard for equality of opportunity (Section 77 of the Government of Wales Act 2006).

Progress against the delivery of the Health Board's SEP for the period 01 April 2023 to 30 September 2023 was reviewed by the Welsh Government's Equality Team, **Appendix 1**. Any areas identified as 'Amber' will be given further focus in the reviewed SEP for 2024 – 2028 to further drive improvement.

During the previous 12 months, significant improvements have been made regarding EDI across the organisation:

- Continued to increase the sector specific equality communications (through newsletters and the reviewed EDI SharePoint pages) to promote greater awareness of equalities and to share more examples of excellent equality practice internally.

- Engaged with numerous campaigns and events such as Wear Red Day 2023, National Staff Network Day, NHS Wales Equality Week 2023, Pride Parade 2023, Black History Month, etc.

- Continued to deliver a suite of EDI training sessions including Gender Identity Training, Introduction to EDI, Neurodiversity Awareness, and Equality Impact Assessment Training, and Visual Impairment Awareness Training.

- In April 2023, the Board received bespoke Cultural Awareness training facilitated by Race Council Cymru.

- The EDI and Welsh Language Team have co-facilitated workshops exploring EDI and language on the Nursing and Midwifery Leadership Academy Programme.

- An Inclusive Leadership workshop has been introduced to the Leading People Programme.

- The EDI and Welsh Language Team 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. This involves the co-development of a 'Health and Social Care Career and Work-related Experience Toolkit' for Teachers that aligns to the Curriculum for Wales for 3 – 16-year-olds.

- In February 2024, the Medic Mentor Scheme was launched. Developed by Dr Jaideep Kitson, Dr Jen Rankin, Judith James (Medical Education) and the EDI Specialist, Medic Mentors is a buddy scheme to support IMGs (International Medical Graduates) transitioning into the workforce and life in the UK.

2. Governance Arrangements

There are three Equality Advisory Groups established: Disability Advisory Group, LGBTQ+ Advisory Group, and Race Equality Advisory Group. The purpose of these groups is to provide advice and specific perspectives, guide our strategic decisions, support us in influencing policy, and ensure that our EDI outputs are effective. However, for members attending the groups there is a shared perception of limited progress. In response to this, work has been underway over the past year to re-establish appropriate representation on each of these groups, nominate a new Chair for the LGBTQ+ and Disability Advisory Groups, following the resignation of the previous Chair, and develop action plans to support in the delivery of the EDI workstream.

In addition, the EDI Specialist is currently benchmarking against other NHS Wales organisations to explore whether there may be different ways to approach this. A potential recommendation is to identify leads within Directorates to measure progress and obtain assurance in relation to statutory requirements and external standards for EDI.

It is suggested this approach could be beneficial in that it reflects existing arrangements within the organisation, and visibly demonstrates ownership of EDI and prevents silo working. It will further allow enabling functions responsible for statutory and external standards to work directly with strategic leads and support them, so they are clear of roles, responsibilities and reporting requirements. Additionally, it avoids a duplication of requests at directorate level for identification of designated individuals; enables leads responsible for statutory reporting to have a clear accountability pathway for obtaining information, assurance and submission. It also offers a much more efficient way of working.

In readiness for the implementation of the revised SEP (2024 -2028), there are plans to partner with other areas within the organisation e.g., Welsh language, Person-Centred Care and Employee Experience and Wellbeing to adopt a more integrated approach to EDI.

3. SEP Review and Consultation

Between April and December 2023, staff and stakeholders have been involved in developing some draft objectives from April 2024 - March 2028. Several themes emerged from the pre-consultation engagement:

- Meaningfully engaging and actively listening to our people and patients
- Co-production and design
- Access to our services and environment
- Culture and leadership
- Data and systems
- Equal opportunities.

These themes have informed the three areas of focus for the Health Board's draft equality objectives: **Our Patients, Our People, Our Population.**

A public consultation was launched for a period of 12 weeks running from 9.00am on Monday 04 December 2023 until 5.00pm on Friday 23 February 2024.

A short public survey has also been launched to invite feedback on the Health Board's draft Equality Objectives. Members can undertake the survey using the link/QR code below:

https://forms.office.com/e/LXCiDaJdFj

Feedback on the draft objectives will help to further develop the proposed plan and support in the development of an associated action plan that will be published in March 2024.

To embed EDI within the organisation, it is recommended that equality objectives and associated actions should be embedded in directorate strategic and operational plans. Therefore, to support the implementation of the new SEP, focused action is needed to embed EDI in the directorate planning process.

4. Staff Diversity Networks

Staff Diversity networks were established in 2022. There are currently 6 Networks:

- Carers@ABUHB (Currently 14 members)
- Enable@ABUHB - for Disabled staff (Currently 13 members)
- Menopause@ABUHB (Currently 112 members)
- Neurodiversity@ABUHB (Currently 14 members)
- Pride@ABUHB - for LGBTQ+ staff (Currently 28 members)
- Voices@ABUHB - for Black, Asian and Minority Ethnic staff (Currently 10 members).

All networks have seen a gradual growth in membership over the past year, as individuals look for support and want to have input into shaping the organisation and the ways of working. Despite increased membership, attendance at the monthly

network meetings remains consistently low and there was a reluctance from members to undertake key roles (e.g., Chair/Vice Chair). To address these issues, a proposal was approved by the Executive Committee in October 2023 to protect time for members to attend meetings and to nominate an Executive Sponsor for each Network.

Work is now underway to establish a Chair and Sponsor for each Network. To date, a Chair, Executive Sponsor and Terms of Reference have been established for 3 of the 6 Networks. Furthermore, an additional Network is due to launch on International Women's Day on 08 March 2024. The Women's Network will look to:

- Support implementation of the Women's Health Plan,
- Better understanding of our Gender Pay Gap,
- Help identify gender-specific issues and barriers in relation to policies, procedures and practices, and
- Promote gender-specific awareness and learning across the Health Board.

5. Review of Equality Impact Assessment (EQIA) Process

An EQIA can provide evidence that the Health Board has met the PSED. There have been legal challenges to decisions based on the lack or adequacy of an EQIA.

The Health Board uses the EQIA process to assess whether there may be any barriers/difficulties, harassment/exclusion, or in fact any positive impact, experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.

An EQIA is most effective when used at the primary stages of planning and is expected to be used for the following activities:

- Organisational change
- Considering any new or changing activity
- Developing or changing service delivery
- Procuring services
- Developing projects
- Developing a policy/procedure/guidance or changing or updating existing ones.

Our current EQIA template is an integrated impact assessment tool incorporating equality, the Socio-economic Duty, Armed Forces Covenant and Welsh language. Historically, within the Health Board this practice has been limited. There appears to be small pockets of good practice, however generally, the quality and approach in which EQIAs are being undertaken does not reflect the time and effort which staff devote to ensuring that Health Board services, activities and policies or procedures are progressive, seek to remove barriers and promote equality and diversity. In addition, should some EQIAs become subject to audit by external organisations, such as the Equality and Human Rights Commission, they may not stand up to scrutiny.

During the scoping phase of review, it was identified that there does not appear to be any corporate or directorate led repository of approved assessments. Under the

PSED, the Health Board are required to publish EQIAs that shows the impact or likely impact (as the case may be) on the Health Board's ability to comply with the PSED.

The EDI Specialist has started to gather feedback from staff regarding undertaking EQIA's. Feedback thus far has highlighted that:

- Those who know of this process see it as a function which slows down the progress of the individual plan/project/service change/policy, etc.
- There is very little meaningful engagement with protected characteristic groups when undertaking EQIAs and nervousness about how to do this.
- Different screening tools are being used with no clear guidance on what is the approved assessment tool.
- Those who undertake this process feel they would benefit from further training.

As this work progresses, the EDI workstream remains cognisant of the development and implementation of other impact assessments that the Health Board are/may be required to undertake (e.g., Quality Impact Assessments, Children and Young People's Impact Assessment, Health Impact Assessment, etc). Careful organisational thinking is needed to safeguard that processes are clear and ensure that due diligence is given to each individual plan/project/service change/policy, etc.

Increasingly, public bodies are integrating their EQIAs with other impact assessments. While there is no legal requirement to integrate assessments, those who have done so have reported that it has led to a streamlined process and a more rounded approach to thinking about impacts. The key downside however can be that the assessment is longer and appears daunting to users.

Greater clarity about expectations to consider the PSED as part of an integrated impact assessment is needed. Benchmarking activities have identified that Cardiff and Vale University Health Board and Public Health Wales have developed an integrated impact assessment tool incorporating equality, Welsh language and health impact assessments (EHIA). Other Health Boards and NHS trusts have however not adopted this approach for a number of reasons. The scope of EQIA and integrated assessments is also being discussed at the Equality Leadership Group (a national NHS wide group of Equality Leads).

5.1. Progress to date

A national EQIA Steering Group has been established to develop an All-Wales EQIA process that can be localised. The EDI Specialist will be updating the Committee on progress of this workstream.

Governance arrangements have been put in place for scrutinising and approving EQIA's in the form of an EQIA Panel (see the reviewed EQIA Process - **Appendix 2**). This is where a panel of people review the proposed policy, particularly thinking about its impact on different groups of people, trying to identify and counter any potential negative impact and promote any opportunities to enhance equality. The panel suggests actions for the EQIA owner to adopt before approval.

As an intermediatory action, a repository of EQIAs approved by the EQIA Panel has been established by the EDI workstream. A more permanent solution will need to be established moving forward to ensure that EQIAs that are referred to in

Regulation 8 (1) of *Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011*, are published accordingly.

A total of 22 EQIAs have been approved by the panel and added to the repository since April 2023.

[EQIA SharePoint pages](#) have been developed to provide staff with guidance on how to undertake the process. Prompts to complete the EQIA have been developed, based on Public Health Wales's EQIA Practice Hub, to help staff to think through the implications of their work on equality and on addressing health inequalities. They aim to help staff to take the right steps to make sure that the policy, commissioning and/or procedure they are developing has the best chance of reducing health inequalities and advancing equality of opportunity, whilst capturing the evidence that they have done so.

To date, the pages have received 561 views since their publication in August 2023.

Training has historically been provided on an ad-hoc basis, upon request. However, a more sustainable training framework is essential to support staff undertaking assessments. Given the scale and complexity of the organisation, a video guide and eLearning module are being explored as potential resources. In addition, management and leadership programmes currently under review and in development will consider how to share learning.

Not all individual plan/project/service change/policy, etc., require a full EQIA therefore a screening stage is being built in to determine the need for a full EQIA. To help with this decision a threshold has been set - if there appears to be any differential impact on people who share any of the protected characteristics then a full EQIA is required. A screening tool is currently being assessed by users prior to presentation to the Executive Team for approval.

Following issues raised by the Digital, Data and Technology and Mental Health and Learning Disability Directorates regarding EQIA and procurement and contract management, specific EQIA screening tools are being developed and trialled to ensure providers deliver assurance that they meet the equality duty.

5.2. Next steps

Done well, EQIAs are more than a means to show compliance. They support the growth of a mind-set and culture that put issues of equality at the heart of decision-making and policy development. It is therefore essential that staff see EQIA as an easy and beneficial process to aid them in planning. In addition, the number of EQIAs completed during the reporting period suggests that this process has yet to be embedded into organisational practice – an auditing process will need to be established to better understand our levels of compliance – this has been suggested as an action for the reviewed SEP for 2024 – 2028.

The Health Board will need to commit to a structured program of embedding EQIA practice throughout the organisation and it is recommended that the practice of completing EQIA should also be built into strategic and operational plans across directorates. Without this, poor practice will continue and in the event of a case being brought against the Health Board, this will leave the organisation open to legal challenge.

6. Resource Implications

There are resource implications in terms of delivering the work in the SEP, People Plan, the Anti-racist Wales Action Plan, and the LGBTQ+ Action Plan. Furthermore, with the awaited Disability Rights Action Plan and Workforce Race Equality Standards, this workstream is anticipated to become increasingly complex. 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. In addition, and noted in previous updates to Committee, protected time for those leading networks/groups and these attending have been agreed.

7. Implications for Staff

If the SEP is successfully delivered, the outcomes and experiences for staff who are currently under-represented in the organisation will be transformed. Staff in the 'majority' groups will have a greater understanding of inclusion which will benefit everyone. The EDI Specialist attends the Trade Union Partnership Forum (TUPF) and TUPF members contribute to discussions on the implementation of the SEP.

8. Implications for Patients

Again, if the SEP is successfully delivered, The Health Board can help to reduce inequalities to ensure everyone has good quality care, as well as equal access, experience and outcomes from services. As well as improving how we gather and act on the experiences of people most likely to have a poorer experience of care and those least likely to be able to access the care they need.

9. Risk and Assurance

The main risks to highlight concern:

- Legislative and governance risks linked to enacting responsibilities from the PSED.
- Risk of non-compliance in relation to EQIA.

Argymhelliad / Recommendation

The People and Culture Committee is requested to note the recommendations made within this paper 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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 3. Effective Care 6. Individual care

	7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Getting it right first time for children and young people
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
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 Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Gender pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this Improve the wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	References 1. Public Sector Equality Duty: specific duties in Wales | EHRC (equalityhumanrights.com) 2. The Public Sector Equality Duty (PSED) | EHRC (equalityhumanrights.com) 3. https://abuhb.nhs.wales/files/key-documents/equality-and-diversity/strategic-equality-plan-2020-2024/ 4. abuhb.nhs.wales/files/engagement/draft-sep-2024-28-v02-pdf/
Rhestr Termau: Glossary of Terms:	EDI – Equality, Diversity and Inclusion EHIA – Equality Health Impact Assessments EQIA – Equality Impact Assessment LGBTQ+ - Lesbian, gay, bisexual, trans, queer/questioning and more. PSED – Public Sector Equality Duty SEP – Strategic Equality Plan TUPF - Trade Union Partnership Forum
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/	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 Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

RAG status report for Policy Assurance Assessment - Strategic Equality Plan. Delivery for the period 01 April 2023 to 30 September 2023

Health Board / Trust	Aneurin Bevan UHB

Reviewed by	Craig Williams
Date of review	06/12/23

Guidance to RAG rating

Red	Lack of progress made and improvements needed urgently.
Amber	Progress identified but there is scope for further improvement.
Green	Strong progress made and there is a clear plan for sustainable improvement

Measure: The steps taken to fulfil your equality objectives in the SEP this period.	**Red**	**Amber**	**Green**
Steps taken to fulfil equality objectives in the SEP this period.			✓
Actions to address the risks to delivery are appropriate and achievable.			✓
Measure: Eliminating discrimination and promoting equality of opportunity.	**Red**	**Amber**	**Green**
Steps taken to eliminate discrimination and promote equality of opportunity.		✓	
Actions to address the risks to delivery are appropriate and achievable.		✓	
Measure: Progress made against national action plans	**Red**	**Amber**	**Green**
Progress made against national action plans		✓	
Actions to address the risks to delivery are appropriate and achievable.		✓	
Measure: Information obtained that demonstrates achieving the equality objectives in the SEP and what does it indicate.	**Red**	**Amber**	**Green**
Information obtained demonstrates achieving the equality objectives in the SEP.		✓	
There is sufficient understanding of what this information indicates.			✓
Measure: Action to be taken as a result of the information gathered.	**Red**	**Amber**	**Green**
Appropriate actions have been identified to be taken as a result of the information gathered.		✓	

Actions to address the risks to delivery are appropriate and achievable.			
Measure: Feedback from stakeholders of the progress made.	Red	Amber	Green
Feedback from stakeholders of the progress made in the reporting period.	✓		
Actions to address the risks to delivery are appropriate and achievable.			
Measure: Equality objectives prioritised during the next reporting period.	Red	Amber	Green
Equality objectives have been sufficiently and proportionally prioritised during the next reporting period.		✓	

Comments

The Health Board is to be congratulated on the work undertaken to fulfil their equality objectives and attaining Disability Confident Employer at level 2 of the Disability Confident scheme during this reporting period.

Strong evidence has been provided outlining the objectives and work undertaken to achieve these.

Progress made against national action plans (ARWAP, LGBTQ etc).
There is evidence to suggest there has been good progress against ARWAP and LGBTQ Action Plans.
Action: The Health Board is requested to provide a copy of their local Action Plans in their end of year return in April 2024.

Whilst the requirement to report progress on a number of EDI measures via the NHS Performance Framework has been temporarily retired, each NHS organisation is still required to continue to pursue progress and report internally to their Board.
Action: The Health Board is requested to provide a copy of the most recent reports on the following EDI measures in their end of year return:

- Advancing Equality and Good Relations
- All-Wales Standards for Accessible Communication and Information for People with Sensory Loss
- Improving the health and well-being of homeless and specific vulnerable groups.
- More than just words.

We note your comment: 'Appropriate funding has not been allocated to health boards and NHS trusts to ensure their obligations within these national action plans are appropriately resourced, including any requirements for training and there remains a lack of clarity about what the expectation is for us to be able to deliver some of the goals and actions within existing resources. Although a number of actions are already on track, the limited resources may affect their effective and timely implementation'.

We are sympathetic to the financial situation faced by all NHS organisations in Wales and the constraints on resources. However, this cannot be to the detriment of Equality within the Health Board. We would welcome the opportunity to discuss this with you.

Action to be taken as a result of the information gathered.

As the 'Risks to delivery' section has not been completed, we felt it inappropriate to indicate a RAG status.

Feedback from stakeholders of the progress made.

Whilst there is strong engagement with stakeholders, there is no feedback from stakeholders of the progress made. Instead, you have listed the mechanism from which equality themes are drawn. We would ask that you please note this for the next report.

Equality objectives prioritised during the next reporting period.

We appreciate the Health Board is developing a new SEP for the 2024-2028 cycle and recommend they pay due consideration to, and include, the following statutory and mandated EDI measures:

- Advancing Equality and Good Relations
- All-Wales Standards for Accessible Communication and Information for People with Sensory Loss
- Improving the health and well-being of homeless and specific vulnerable groups.
- Learning Disability Improving Lives
- Dementia Care and Access to Timely Diagnosis
- More than just words.

We would like to thank the Health Board's Equality Team for their support and engagement developing the national EDI action plans and objectives.

EQUALITY IMPACT ASSESSMENT PROCESS

POLICY FOR THE MANAGEMENT OF POLICIES
Service Delivery Change

Policy/Service Delivery Lead to book to attend EQIA meeting from scheduale on the Intranet.

Policy/ Service Delivery Lead completes front page of EQIA template prior to meeting.

Together the Policy/Service Delivery Lead and EQIA Committee members undertake EQIA.

Documentation sent to EQIA Committee a week prior to meeting for infomation.

Policy/Service Delivery Lead send documentation to EDI Specialist a week prior to the meeting.

Recommendations are give a timeline for completion and added to EQIA Database. Review dates agreed.

Completed EQIA is agreed and signed off by Policy/Service Lead and EQIA Committee.

Completed EQIA is attached to future Board Papers as evidence of completion and published bilingually.

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:	22 February 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 Framework
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 the People and Culture Committee with an update on implementation of the Agile/Hybrid Programme.

Cefndir / Background

Actions have been completed to support the recommendations set out in the Advisory Review Report in 2022, **Appendix 1**, some of which were objectives of the Agile Programme Board Plan. A number of resources have been developed to support the uptake and sustainability of agile/hybrid working. These include an Agile/Hybrid Working Framework (2022) with supporting staff personas, Home Working Policy (2023) and the establishment of networks across Wales and with local authority partners to share good practice.

A series of engagement events have been undertaken with each division outlining the resources available which have continued to be updated to reflect feedback.

It is well evidenced that staff have shown preferences for agile/hybrid working and a culture and facilities that support this way of working will deliver benefits in terms of staff wellbeing, recruitment and retention, reduce travel costs as well as release space to support clinical use.

A small number of agile/hybrid hubs have been established across sites and a map has been developed outlining spaces for agile/hybrid working and included on the newly established agile/hybrid intranet page and included in the managers and staff handbooks.

Agile assessments have been undertaken by services occupying Grange House, St Woolos, Royal Gwent Hospital (RGH) with lease premises. Similarly, these have been commenced in Nevill Hall Hospital considering estate issues there. 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.

Analysis of service assessments to date show a reluctance of services to voluntarily reduce desks/space and footprint, despite evidence of agile working in these services. Some of the rationale reported included lack of alternative hot desking spaces, limited and varied provision of IT equipment across services.

Services also raised specific service nuances including storage needs, confidentiality, staff preferences and the need for co-location to other services. Future space requirements also need to support new ways of working such as virtual consultations, MDT meetings and general team meetings. These challenges had resulted in a lack of momentum of the programme.

Several key enablers emerged which include:

- Services were seeking a clearer direction and steer on the vision of agile/hybrid working, desk ratios, storage and underpinning principles.

- The need for IT and infrastructure to capture agile/hybrid assessments in line with schedules of accommodation.

- The establishment of a review panel through the Estates and Capital Group or supporting sub-groups to consider assessments and consider opportunities for space and location of services.

- Requirement to establish a set of minimum IT equipment standards for specific staff groups.

- Establishment of a network of hot desking hubs to support alternative and flexible locations for working, which may reduce the reluctance of services to voluntary give up desks.

- Investment in a hot desking booking system.

Since September 2023, a number of key developments have been undertaken to restore momentum. The new vision has been reviewed and updated to provide clarity to people on the vision of agile/hybrid working intent:

"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".

Using agile/hybrid working in a positive way opens up opportunities:

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 has been adopted to focus on key elements of delivery:

Develop a Workplan - this will be the focus of the programme of work for the Agile Delivery Programme Board who will monitor the implementation in line with the structured approach.

We have progressed and developed a programme of work/workplan, **Appendix 2** based on key enabling or interdependent workstreams (Workforce and OD, IT and Estates). This workplan identifies key enablers and milestones for delivery by the key workstreams. An updated workplan was drafted and ratified by the Agile Programme Delivery Board on 07 February 2024 will be shared with the Executive Team for assurance following approval of the Agile Programme Delivery Board in March.

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 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 or vision and strategy.

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

- Number of hot desking hubs – there are 5 hot desking hubs at YAB, YYF, Trethomas, GUH, 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 will follow 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.

The updating of the Agile Framework, **Appendix 4** 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.

The agile work programme will be a key enabler to support the reconfiguration of our estates and reduce the footprint. The existing Agile Framework and assessment tools will be fully tested on the new Ty Gwent development which has received Welsh Government funding and due for opening in the summer of 2024.

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.

Argymhelliad / Recommendation

The People and Culture Committee is asked to review 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:	
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:	
Rhestr Termau: Glossary of Terms:	ACD - Accelerated Cluster Development HCSW – Healthcare Support Worker IMTP - Integrated Medium-Term Plan

	MDT – Multi Disciplinary Team NCN – Neighbourhood Care Network RN – Registered Nurse 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

Agile Delivery

Final Advisory Review Report

September 2022

Aneurin Bevan University Health Board

Contents

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Executive Summary

Purpose of the Review

To assess the Health Board's progress in developing agile working practices and identification of good practice.

This is an advisory review and so, although management actions have been raised the review has not been given an assurance rating.

Summary of Health Board Position

	Area of consideration	Health Board position
1.	Agile delivery plan	🟥
2.	Welsh Government guidance	🟩
3.	SMART objectives	🟨
4.	Health Board communication	🟩

Key:

No concern	No risks or issues identified / recommendations identified for enhancing existing process
Strengthen	Management attention needed to address medium to low risk matters
Escalate	Urgent management attention needed to address matters of high risk with potential substantial impact

Overview of Findings

What's Working Well

- Staff have positive views on Agile Working and how the Health Board has supported Agile Working.
- 30% of staff are working in an agile way, meeting the Welsh Government target.
- There is an Agile Delivery Group which monitors the Health Board's progress on agile working. Senior Health Board staff attend this meeting from multiple directorates and as such, there should be sufficient engagement to ensure Agile Working is delivered successfully.
- The Health Board is trying to support agile working by opening up hot desking spaces at sites such as Caerleon House.
- There is a new agile working framework in place which details what the Health Board views as agile working and supports managers in how to best approach agile working within their teams.

Areas to Further Strengthen

- Welsh Government goals around agile working are being achieved. However, these goals do not form part of any agile working plan and therefore, may not be continuously monitored.
- Further engagement with staff to obtain their views on agile working would help ensure a diverse and up to date range of views are acquired.

Areas of Concern

- An overarching agile working plan does not exist.
- SMART goals on what success looks like from the Agile Delivery Programme does not exist.
- Overall, a more structure formalised approach to agile working would help to ensure the best efficiencies are achieved.

1. Introduction

1.1   The review of Agile Delivery was completed in line with Aneurin Bevan University Health Board's (the 'Health Board') 2022/23 Internal Audit Plan.

1.2   The concept of agile working gives employees the ability and the equipment to carry out their role securely, efficiently and successfully in different locations across the geographical area in which they work. Agile working is not just related to working from different locations or at different times. It is about gaining the benefit of utilising the available technology to change working practices, work differently, increase the effectiveness of the Health Board and change the culture to focus on outputs and outcomes.

1.3   Increasing levels of trust and autonomy to achieve improved productivity, efficiency and engagement, it is based on a concept of work being an activity rather than a place to go, with modern technology supporting new and different ways to meet service need, reduce costs, increase productivity and improve sustainability. Agile working can be undertaken in non-traditional environments through remote and virtual work, hot desking at alternate bases, sharing workspaces within the community, public sector, client sites or any other location.

<u>Associated Risks</u>

1.4   The key risks considered in this review are noted below:

- An agile delivery plan has not been developed in line with good practice guidance from the Welsh Government and does not treat staff in a fair and equitable manner.
- Planned changes are not adequately managed or controlled resulting in significant issues arising.
- The Plan is not delivered in a timely manner.
- Health Board staff are unaware of the proposed changes.

Advisory Review

1.5   Further details of the scope of the review and the work undertaken are included in Appendices One and Two.

1.6   This is an advisory review therefore we have **not provided an assurance rating**. We have identified learning and provided recommendations to strengthen and improve controls around agile delivery. Our recommendations are set out in Appendix Three.

2.   Advisory Review Findings

There is an Agile Delivery Plan (the 'Plan') in place which has been appropriately approved

2.1   During the pandemic the Health Board worked towards becoming a more agile organisation, to assist the environment that it operated in.

2.2   However, the Health Board does not have a Plan in place for agile delivery. It does have a high-level vision noted within the newly developed agile / hybrid working Framework (the 'Framework'). Within the Framework there is a list of principles the Executive Team has agreed upon for the vision to be achieved.

2.3   The purpose of the Framework (released August 2022) is to draw together the essential elements of agile working and provide a guide which enables understanding of the principles and an ability to confidently implement agile working within each respective area of the organisation. The Framework does not detail how these principles will be followed, nor the goals or timeframes for each to be achieved. Given there has been significant change recently within the Executive Team it may be useful to re-evaluate these principles to ensure they are still relevant. This has been raised as **management action one.**

2.4   Within the Integrated Medium-Term Plan (IMTP), the Health Board notes that agile working will be considered alongside the Estates Strategy. Detailed in the Health Board Estates Strategy 2018 – 2028 (Strategic Objective 15), it says the Health Board would introduce a clear policy on the adoption of agile working principles as a means to assist in the reduction of the significant amount of office accommodation within the organisation.

2.5   The policy referenced has not yet been created. Without setting out a clear vision and goals to achieve the vision, it is difficult to see how the Health Board can complete a benefit analysis and accurately understand whether their implementation of agile working has been a success. The Health Board is aware of the need for the Framework, as this was noted within the July 2022 highlight report provided to the Agile Delivery Group.

2.6   Consequently, the Health Board should set out what it wishes to achieve with agile working, so that the organisation's efforts can be focused on the realisation of the benefits. This has been raised within **management action two.**

The Plan has been developed in line with Welsh Government Guidance

2.7   A range of national documents underpins the Health Board's agile working approach. One of the key aims set by the Welsh Government is that 30% of the workforce can work remotely on a regular basis by 2026. As reported to the People and Culture Committee, previous surveys have shown that 30% of Health Board staff are regularly working in an agile/hybrid way.

2.8   The Welsh Government aims which are set out in their guidance documents are not however, explicitly stated within the Framework and there is no other Health Board policy or document which details them. However, the Health Board does monitor these as there is evidence of reporting on the Welsh Government targets to the People and Culture Committee.

2.9   The Health Board should develop an agile working plan and set out how the Welsh Government targets will be obtained, as there is a risk that progress may be unmonitored. This has been included within **management action two.**

   The Plan details SMART objectives and progress of these are monitored by an appropriate forum, with remedial action completed when required

2.10 The Health Board has an Agile Delivery Group (the 'Group'). The Group meets bi-monthly and is chaired by the Director of Workforce and Organisational Development and reports directly to the People and Culture Committee. The Group's purpose is to ensure that there is a programme of work to deliver an organisation that is agile. The structure is illustrated below.
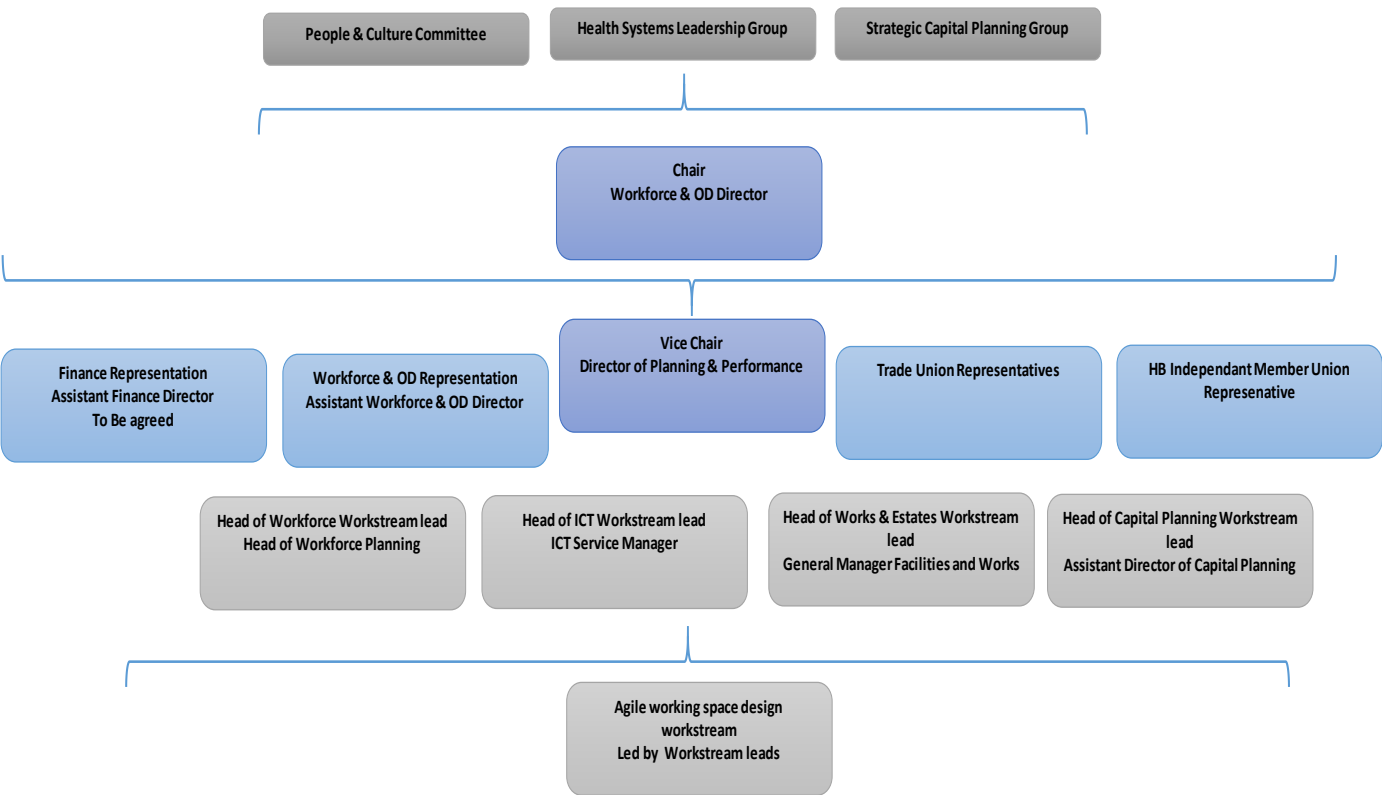
2.11 We reviewed the Group's terms of reference and found that key aspects were not present, including quoracy requirements and meeting frequency. This has been raised as **management action three**.

2.12 Minutes from the Agile Delivery Group confirmed that there is regular oversight of agile working. The Health Board does have a document entitled Programme Plan and this is discussed at each meeting. However, this is not an agile delivery plan, but rather certain tasks that the Health Board is undertaking. For example, assessing opportunities for agile working at designated locations such as Grange House. The Programme Plan should be utilised alongside or incorporated into an overarching agile working plan, to ensure the efforts of the Health Board are focused more effectively. This has been included within **management action two**.

2.13 The Workforce and OD Team, has already undertaken workforce capacity reviews at various sites within the Health Board, including the suitability of the working environment. However, this should be a joint task with other service areas (e.g. Estates, Value Based Healthcare and Finance) to ensure funding and capacity is available. This has been included within **management action two**.

There is effective communication throughout the Health Board to ensure staff are aware of any changes being implemented due to the Plan and staff are consulted on any potential changes.

2.14 Workforce have communicated with staff throughout the Health Board's transition to becoming a more agile organisation. The communication methodology has included:

1. Conducting staff surveys – Three staff surveys have been completed. The surveys covered whether staff thought agile working would be of benefit, what those benefits would be and what challenges exist. Results were positive, with over 77% of staff believing their role allowed for agile working and 87% having a very good experience of agile working. The Workforce and OD Team are already aware that survey response rates are low usually only 10-20% and many of the same demographic of staff respond to each survey, thus lowering the usefulness of the data provided. We would advise finding a different way to engage so more staff and from a wider range of divisions can give responses. This has been raised as **management action four.**

2. Conversations between services and the Workforce and OD Team where agile working was being prioritised.

3. Updates on the Intranet – Workforce have recently developed and launched a page for agile delivery on the intranet. The page also contains the new agile / hybrid working framework.

4. Email updates – Updates around agile working and new places to hot desk from are also sent out in emails, e.g. the new hot desking and meeting rooms hub opened at Caerleon House.

Appendix One: Terms of Reference

Scope	Advisory review to assess the Health Board's progress in developing agile working practices and identification of good practice.
	Objectives of the area under review:
	1. There is an Agile Delivery Plan (the 'Plan') in place which has been appropriately approved
	2. The Plan has been developed in line with Welsh Government guidance
	3. The Plan details SMART objectives and progress of these are monitored by an appropriate forum, with remedial action completed when required
	4. There is effective communication throughout the Health Board to ensure staff are aware of any changes being implemented due to the Plan and staff are consulted on any potential changes.
Associated risks	• The Plan has not been developed in line with good practice guidance from the Welsh Government
	• The Plan does not treat staff in a fair and equitable manner
	• Planned changes are not adequately managed or controlled resulting in significant issues arising
	• The Plan is not delivered in a timely manner
	Health Board staff are unaware of the proposed changes
Limitations to scope	N/A

Appendix Two: What We Did

Our approach was to:

a.   undertake a desk-top review of key documents;

b.   review and assess the Agile Working plan and governance structure; and

c.   interview key staff involved in the Agile Working programme.

To achieve this, we undertook the following review activity:

Interviews with key Health Board staff:	High-level review of:
• Exec Director of Workforce & OD; • Head of Workforce Planning; and • Workforce Planning Manager.	• National guidance on Agile Delivery e.g. Welsh Government documents; • Health Board Flexible Working Policy; • Relevant papers and minutes e.g. Agile Working group agenda and minutes, People and Culture Committee agenda and minutes, Board agenda and minutes, Audit and Risk Committee agenda and minutes; • IMTP; • Estates Strategy; • Agile Working Framework; • Communications between Workforce and staff regarding Agile Working; • Agile Working Intranet page; • Agile Working programme plan; • Agile Working Group Terms of Reference; • Highlight reports; • Agile Working PowerPoint presentation; • Accommodation reviews; and • Agile Working site assessments.

Appendix Three: Recommendations and Management Actions

	Para.	Risk / Potential Impact	D/O[2]	Recommendation	Priority[3]	Agreed Management Action
1		The current Executive Team's vision of agile working has not been considered and therefore the approached to agile working may not be in line with the current vision for the Health Board.	O	Confirm with the Executive Team that the agile working principles noted within the Agile Working Framework still represent the current vision. If amendments are required, the Framework should be updated.	Low	An agreed vision for agile working had been agreed by the Executive Team previously and had developed over the response to the COVID pandemic. There are agreed priorities in place for implementing this vision. However, to work beyond the agreed priorities and to embed agile working strategically into Health Board plans it is agreed that this is a good time to re-new the vision. **Responsibility:** **Director of Workforce and OD** **Target Date: November 22**
2		Without a formalised agile working plan, the Health Board is at risk of not being able to identify whether their agile working programme is being delivered effectively across all areas, and / or how its IMTP objectives are being achieved.	D	An overarching agile working plan should be developed. It should include: • An overarching vision (this could be taken from the already published Agile Working Framework). • A set of SMART goals / milestones to achieve this vision. • A list of Welsh Government targets which need to be achieved. • All relevant services areas should be included and engaged with. A benefits list should be developed to sit alongside the plan which details how the Health Board will measure its success against each of the goals. The list should include quantifiable measurements which can be analysed to confirm the success of each goal.	High	Agreed, the overarching HB and WG vision will be added to the developed Programme Plan. Overarching SMART goals will be articulated with more specific goals once the assessment and review of the estates has been undertaken. **Responsibility:** **Director of Workforce and OD** **Target Date: November 22**

	Para.	Risk / Potential Impact	D/O²	Recommendation	Priority³	Agreed Management Action
3		Without an adequate terms of reference, the Agile Working Group may not be fit for purpose, working ineffectively and / or members of the Group may be unaware of their responsibilities.	D	Update the Agile Working Group terms of reference (ToR). The ToR should be updated to include, but not limited to: • The frequency of meetings; and • The quoracy required at meetings.	**Low**	Agreed **Responsibility:** **Director of Workforce and OD** **Target Date: October 2022**
4		The Health Board does not understand how agile working affects their staff and are therefore unable to make the necessary improvements resulting in lower staff retentions rates.	O	The Health Board should engage with staff separately from surveys, for example a more targeted collection of information. Currently, the surveys received a low response rate in certain areas. A different approach to engagement within these areas should be explored and implemented (e.g. site visits).	**Low**	TU / LNC engagement will continue along with Newsletters and specific Departmental meetings to discuss agile working principles and ways of working. This includes sharing of good practice and initiatives in specific areas. Agile discussions and engagement will take place in part under the umbrella of the People First initiative. Other forums will be used dependant on the local context. A delivery plan to support the roll out of the Agile Framework, including communications and engagement, has been developed. **Responsibility:** **Director of Workforce and OD** **Target Date: October 2022**

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2. C = Control Design weakness: a gap in the design of the system or process giving rise to increased risk.
   O = Operating Effectiveness issue: non-compliance(s) with the laid down system / process giving rise to increased risk.

3. Recommendation priority rating definitions can be found here.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: [Audit & Assurance Services -
NHS Wales Shared Services Partnership](#)

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. Due to be presented to APB in Feb 24.	
WOD 3.2	*Present revised Framework to Agile Programme Board for views and comments. Make any amendments as required.*	CB	Feb-24		Feb-24		0%		
WOD3.3	*Development of a Communication Plan for the Agile/Hybrid Working Framework.*	CB	Nov-23		Jan-24		0%		
WOD 3.4	*Agree a go live date for the re-launch of the Framework following agreement by ET of vision and strategy*	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 engagement from Divisions.
WOD7	Update personas to include EDI and remote working.	SH	Nov-23		Jan-24		5%	Meeting scheduled with EDI Lead in Nov-23.	
WOD8	Consider agile assessments and opportunities:	CB/SH	Jan-22		Jun-24		88%		
WOD8.1	*Lease properties*	CB/SH	Nov-22		Jun-24		95%	based on lease premises available	Lack of engagement from Divisions with agile assessments.
WOD8.2	*St Woolos/RGH*	CB/SH	Aug-22		Jun-24		65%	In progress	
WOD8.3	*NHH*	CB/SH	Sep-23		Jun-24		90%		
WOD8.4	*Grange House*	CB/SH	Jan-22		Jun-24		100%	full assesment of presmises completed	
WOD9	Support management of change.	CB/SH		Ongoing					
WOD10	Considerations for storage solutions/requirements. Development of guidance regarding storage solutions.	CB/SH	Dec-24		Aug-24		25%	Initial proposal tabled for Agile Programme Board Feb 24	
WOD10.1	*Health Records Personnel Records*	CB/SH	Dec-24		Aug-24		25%	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 Lack of support/infrastructure to deliver Risk that storage may become a barrier
WOD10.2	*Consider storage requirements for Ty Gwent.*	CB/SH	Dec-24		Aug-24		0%		Risk that storage may become a barrier
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-23		? June 2023				
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 complete	

Agile/Hybrid Working Dashboard

Agile/Hybrid Working Dashboard
Date: December 2023

How will we measure this?

Trends

Hubs
No. of hubs available across the organisation

1. Site map.
2. Site surveys and site reconfiguration.

Agile Workspaces Map
Current hubs:

YAB	**YYF**	**Trethomas HC**	**GUH**
x2 bookable computer desks	x4 drop-in hot-desking spaces	x2 drop-in hot-desking areas	Level 2 & 3 - mixture of hot-desking spaces

Travelling expenses
1. The amount of travel expenses claimed.
2. Trends

1 & 2. Using Electronic Expenses

MILEAGE CLAIMS £

	2480623	1993834	1768480	2554371	2079960
	2019/20	2020/21	2021/22	2022/23	Forecast

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

Total no. of miles claimed (Oct 2023-Dec 2023)

Meetings	351.56
Study/Course	4557.63
Clinical Patient Visits	8690.46

(scale: 0 – 2000 – 4000 – 6000 – 8000 – 10000)

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.

% of Agile Workers

Royal Gwent Hospital	18%
Nevill Hall Hospital	15%
Lease properties	28%
St Woolos Hospital	18%
Grange House	13%

(scale: 0 – 0.05 – 0.1 – 0.15 – 0.2 – 0.25 – 0.3)

Agile/Hybrid Working Framework

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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.

Ambition & Principles

What is Agile/ Hybrid Working?

Toolkit

Workplace Good Practice
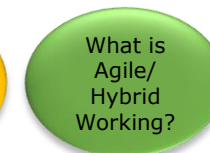
Foreword

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.

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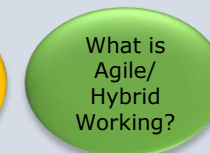
Purpose & Structure

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.

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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.*
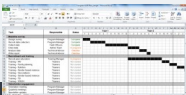
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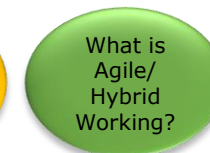
What is Agile/Hybrid Working?

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**.

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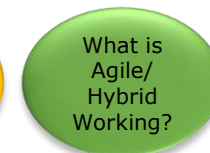
What are the Benefits & Outcomes?

Benefits of Agile/Hybrid Working

- Reduces carbon footprint through less estate and travel.
- Attracts new talent and improves retention
- Creation of local hubs in line
- 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
- Increase space, efficiency and sustainability
- Encourages innovation and creativity
- Creates inclusive work environments

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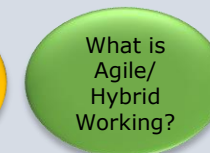
Toolkit

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

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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.

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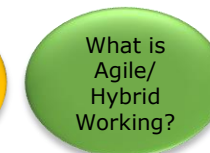
Aneurin Bevan University Health Board

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.

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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.

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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.

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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.

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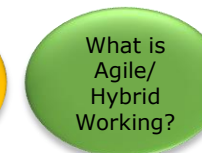
Tips - Communication

- 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.

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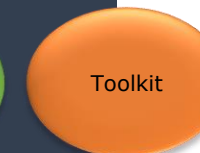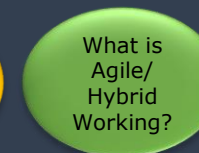
Managing/Supervising Teams and Performance

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).*

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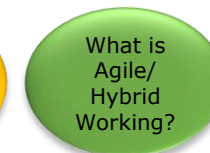
Tips - Managing/Supervising Teams

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.

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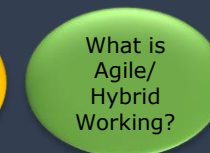
Tips - Managing/Supervising New Starters

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.

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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**

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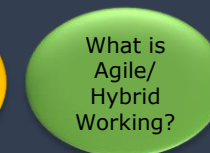
Supporting Staff Health and Wellbeing

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

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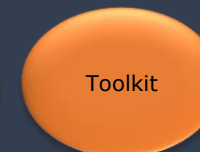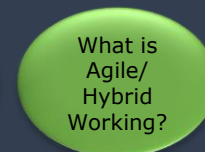
Tips – Supporting Staff Health and Wellbeing

- 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.*

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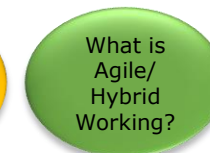
Establishing a Team Charter and Ground Rules

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.

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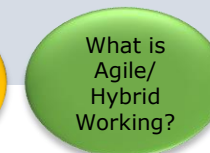
Health and Safety Considerations
See '*Home Working Policy*' for further information.

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.

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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.

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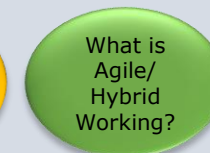
Equality, Diversity and Inclusion Considerations

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**

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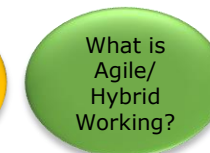
Managers' Responsibilities

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 requiredLink to All Wales Health and Safety Framework

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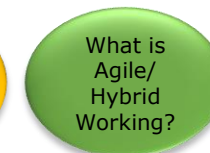
Employee Responsibilities

✓	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.

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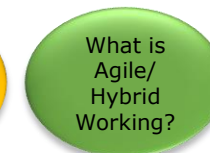
Examples of Agile Working in Practice

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*

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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.

CWS Mobile

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.

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*

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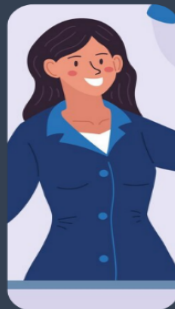
Joy's team spend majority of their time working in an agile/hybrid way (from home, Health Board bases or alternative locations)

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*

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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.

SAFETY FIRST

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.

Microsoft 365

Tariq – *Information Worker*

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Image credit: Freepic

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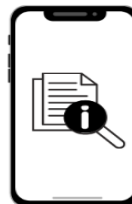
Mary spends so much time out and about and rarely spends time at her contractual base location. She needs to be able to work from pretty much anywhere.

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*

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AGILE/HYBRID WORKING PERSONAS FACILITIES OPERATIVE

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Image credit: Freepic

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.

E-LEARNING

Welcome to ESR

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.

NHS ESR

Nelson – *Facilities Operative*

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

Image credit: Freepic

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 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.

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.

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.

WCCIS

Anna, Kendi & Katie –
Community Team

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AGILE/HYBRID WORKING PERSONAS SURGICAL MEDICAL TEAM

Image credit: Freepic

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.

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.

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 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.

Jo & Nadia - *Surgical Medical Team*

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GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Image credit: Freepic
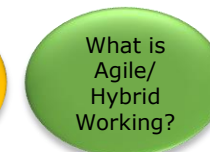
Pheobe works in a busy finance team based in the Llanfrechfa Grange Portacabins. She spends most of her day undertaking tasks using IT systems, such as Oracle, writing reports, creating complex spreadsheets and databases alongside dealing with queries from colleagues. She must be able to contact her 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.

ORACLE

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.

BOOKING

Phoebe – *Finance Officer*

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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.

Sian – *Staff member with disability*

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What is Agile/ Hybrid Working?

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Workplace Good Practice

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.

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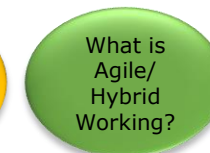
The Agile Working Space

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. Manages to lead by example.

- **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**.

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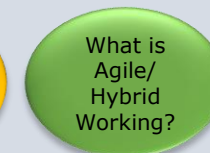
Agile Working Space Examples

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.

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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.

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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.

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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.

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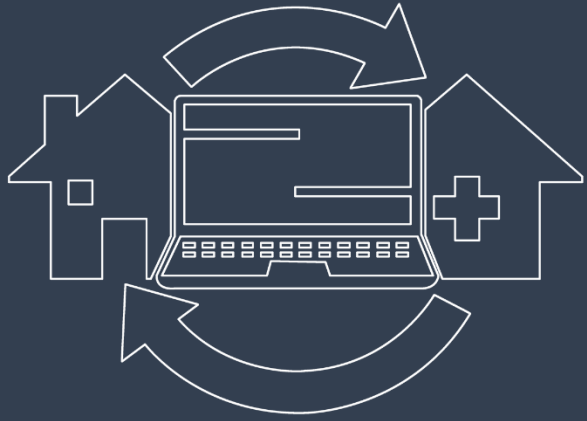
We really hope that you found this Agile/Hybrid Working Framework useful.

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!

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 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%
GP's	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:

Revalidation Decisions 2023
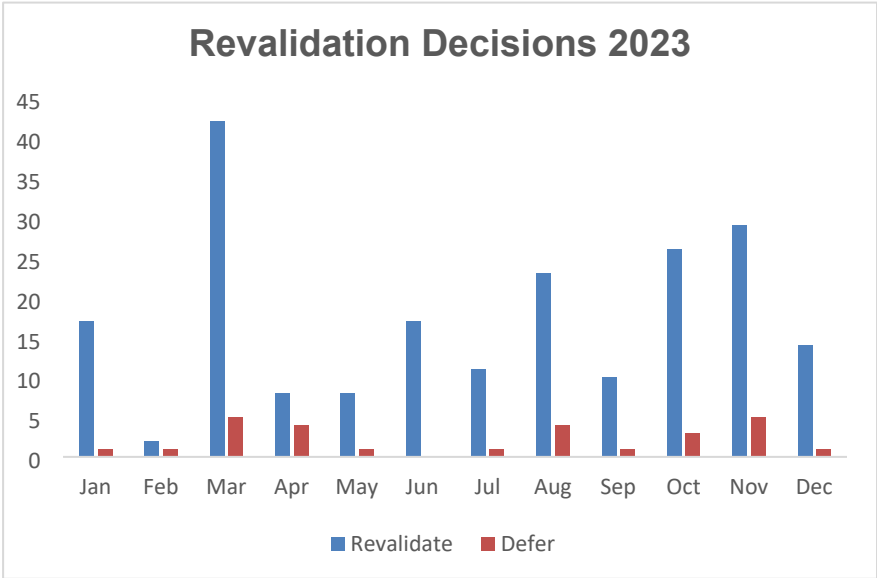
Deferral rates have dropped to approximately 13% from 30%. This is principally due to ongoing efforts to ensure that multisource feedback is completed in year 3 or 4 of the revalidation cycle. Patient and colleague feedback is required once in each 5 year revalidation cycle.

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.

Authorised Appraisal Deferral

- Maternity Leave
- Sickness
- Disciplinary Process
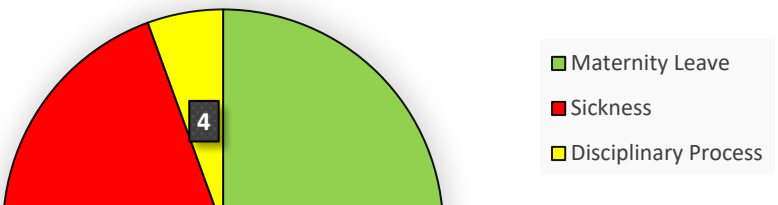
Revalidation Quality Review

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 prioritise 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:	

<table>
<tr><td colspan="2" style="background:#4a5478;color:white">Effaith: (rhaid cwblhau)
Impact: (must be completed)</td></tr>
<tr><td></td><td>Is EIA Required and included with this paper</td></tr>
<tr><td>Asesiad Effaith Cydraddoldeb
Equality Impact Assessment (EIA) completed</td><td>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 <u>ABB.EDI@wales.nhs.uk</u></td></tr>
<tr><td rowspan="5">Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio
Well Being of Future Generations Act – 5 ways of working

<u>https://futuregenerations.wales/about-us/future-generations-act/</u></td><td>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.</td></tr>
<tr><td>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.</td></tr>
<tr><td>Involvement – Appraisers actively signpost individuals to ensure development can take place.</td></tr>
<tr><td>Collaboration – Appraisers actively signpost to ensure appropriate collaboration and the removal of silo working.</td></tr>
<tr><td>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.</td></tr>
</table>

7/7

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Annual Assurance Report of Job Planning including Medical E-Systems
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	James Calvert, Medical Director Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Kathryn Bourne, Strategic Lead Medical & Dental Workforce

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

Er Sicrwydd/For Assurance

This paper provides an update on achievement of actions to address the 2020 Audit recommendations on Consultant Job Planning. This report is designed to provide **assurance** that work is progressing.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A revised approach to job planning has been developed to address historic poor compliance and the low quality of job plans. This is set out in the 2020 audit action plan, **Appendix 1**. Actions included:

- Implementation of a new Health Board Job Planning Procedure.

- Procurement and roll out of an electronic Job Planning system.

An update on the action plan to address the 2020 audit recommendations is provided in **Appendix 1**. Achievement of a number of these actions are dependent on the roll out and realisation of the benefits of the new e-Job Planning system.

Procurement of an e-Job Planning System

The original procurement process was anticipated to conclude by 12 May 2023. However, delays in the procurement process were experienced due to:

- A failed (first) procurement exercise.

- Significant site pressures and availability of Clinicians to complete the evaluation element of the 2nd procurement process.

- Procurement delays due to staffing deficits.

- Supplier challenge and the requirement for additional legal advice following completion of the 2nd (successful) procurement exercise.

Due to these unforeseen delays the contract was finally awarded on 04 September 2023.

Implementation of the e-Job Planning system commenced on 22 January 2024. This "go live" date was amended due to Industrial Action by Junior Doctors.

Overall job planning compliance was 28% for December 2023, although this is an increase of 1% since July 2023, it demonstrates little improvement since September 2022 when overall compliance was 25%. This is in part a consequence of Divisional and Clinical Directors supporting the procurement of E-systems as a priority which resulted in Supporting Professional Activity (SPA) time being directed to this. Some Divisional Directors have also indicated that they have delayed undertaking Job Plan reviews until the new e- system is available.

The People and Culture Committee have previously been informed that significant improvements in job plan compliance would not be realised until June 2024 as this is dependent on full roll out of the E-system.

The Committee is asked to note the progress made and receive assurance that work is progressing.

Cefndir / Background

Aneurin Bevan University Health Board's use of job planning and benefits realisation from the Consultant Contract were the subject of an internal Audit (follow up) undertaken in late 2019.

Progress in relation to addressing the 2020 audit recommendation has been the subject of previous reports to the Audit, Risk and Assurance Committee; People and Culture Committee and the Remuneration and Terms of Service Committee.

These papers:-

- Outlined the work that had been undertaken prior to the 2020 Covid 19 pandemic. (**Appendix 1**)

- Acknowledged the impact of the pandemic on progress.

- Identified a revised approach to job planning.

- Provided updates on the approved action plan to address the audit recommendations which included the procurement of an e-Job Planning System.

Asesiad / Assessment

Job Planning Procedure and associated policies/guidance

The Job Planning Procedure is designed to ensure consistency in job planning across the organisation in line with the Amendment to the Consultant Contract (Wales (2003)) to ensure an engaged and valued workforce. It:-

- Provides a structure for effective job planning.
- Provides a clear interpretation of the Consultant Contract 2003 Terms and Conditions.
- Supports divisional management teams in ensuring consistency and equity of approach.
- Provides detail on how SPA time will be recognised in job planning to ensure that divisional investment in SPA time is matched by clear expectations with regard to outputs required for that investment.
- Assists in achieving the recommendations of the audit report as highlighted in **Appendix 1**.
- Supports the implementation of the e-Job Planning system.

The Procedure appendices includes guidance and information on:

- SPA allocation and outcomes.
- Developing a Team Job Plan.
- Undertaking a Diary Exercise & Diary exercise tool.
- Travel and parking times between sites.

Engagement
To develop the procedure, the Health Board has undertaken considerable engagement with the Local Negotiating Committee (LNC) and Medical Leaders. Engagement with the British Medical Association and the LNC has been positive and helpful. There are still some aspects which the BMA/LNC are seeking clarification on, but the Health Board did not believe the areas of disagreement were significant enough to delay implementation. Further engagement is ongoing.

The Health Board continues to work through issues as they arise with the LNC and have committed to formally review the procedure in 12 months.

Launch and Training
The new Job Planning Procedure was launched by the Medical Director on 18 August 2023. A link to the associated and newly developed Job Planning Distance Learning Pack was circulated, and all consultants were asked by the Medical Director to utilise one of their SPA sessions to review the pack. Completion of the training is recorded in Electronic Staff Record (ESR) to enable reporting. To date 45 Consultants (including Divisional and Clinical Directors) out of a total of 553 have confirmed that they have familiarised themselves with the procedure and undertaken the training. A breakdown per division is detailed in **Appendix 2**.

A Job Planning Procedure page is live on the intranet with useful resources available on-line. These have been positively received. In addition to the training pack and on-line documents, the Deputy Medical Director and Strategic Lead for Medical Workforce conducted Question and Answer sessions on the procedure via Micro Soft Teams.

Job Planning Consistency Group
A Job Planning Consistency Group has been established to allow issues with implementation to be resolved quickly. The Chair of the meeting is the Deputy Medical Director, and the first meeting took place on 09 November 2023 and occur monthly.

All questions raised are being captured and shared by means of Frequently Asked Questions (FAQs) on the Job Planning intranet page.

Electronic Job Planning system

The implementation of an e-Job Planning system supports delivery of the 2019 audit recommendations and associated action plan.

The perceived benefits of the e-Job Planning system include:

- Access to a central repository for job plans.
- Improved detailed and accurate information.
- Consistent calculation of on call sessions.
- Built based on the Health Board's Job Planning procedure.
- More consistency across the Health Board.
- Access to a variety of reports.
- Automatic reminders and alerts.
- Once familiar will save time.
- Increase compliance support better demand capacity planning.
- Integrates with the electronic rostering systems.

Implementation and Rollout
L2P has been identified as the e-Job Planning system provider. The Medical Workforce E-Systems Team has worked with L2P to develop and configure the software to conform to the Health Board's organisational structure and the specific requirements aligned with the new Job Planning Procedure.

The implementation of the e-Job Planning system is supported by a dedicated Medical E-Systems Implementation Team and the supplier's system support team. The Health Board's E-Systems Team have received the relevant training to support the implementation.

The roll out position as of 31 January 2024 is as follows:

- The Medical E-Systems Implementation Team have been trained in the L2P system.

- The user acceptance phase which included a pilot in Family & Therapies (F&T) and four directorates in the division of Medicine has been completed. Training on the system for the pilot areas was conducted beforehand.

- Training sessions for Consultants, Specialty and Specialist (SAS) Doctors and Managers have been arranged up to June 2024. Currently 52 Consultants (including Divisional Directors/Clinical Directors have been trained on the system, details are provided in **Appendix 3.** Feedback has been positive, and staff are pleased with the simplicity of the system.

- Additional "drop in" sessions at all main hospital sites have been set up.

- A template for on call is being developed within the system.

- The E-Systems Team are providing support and advice where needed.

- The E-Systems team and Workforce Business Partners (WBPs) will be setting up and coordinating Team Job planning sessions over the coming year to align with the implementation of e-rostering. These sessions will be conducted on a directorate by directorate basis in line with the Health Board's Job Planning procedure and with the aim of supporting improvement in the quality of job plans job planning compliance and enabling job plans to better reflect service demand.

- Regular reports on progress are reported to the E-Systems Programme Board.

Improving Job Planning compliance

Previous assurance has been provided that significant improvement in job planning compliance will be achieved by the end of June 2024. Although it should be noted that implementation of the system has been delayed as explained previously, and this may impact on achieving the target in the timeframe first identified.

The Job Planning Procedure; supporting documents; on-line Distances Learning Training and Frequently Asked Questions in conjunction with the roll out of the e-job planning system and team job planning sessions will all contribute to improving compliance. In order to further support delivery of the 85% target, the E-Systems Team and the WBPs are currently working with the divisional teams to develop plans to achieve compliance aligned to where training has been undertaken and the roll out of e-rostering. These plans will be delivered by the operational teams and managed and monitored via existing assurance and governance routes within the divisions.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the progress made and receive assurance that work is progressing.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not applicable

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	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	BMA – British Medical Association ESR - Electronic Staff Record FAQs - Frequently Asked Questions LNC – Local Negotiating Committee SAS – Speciality and Specialist SPA - Supporting Professional Activity WBPs – Workforce Business Partners
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)	
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements**
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio	Choose an item. Choose an item.

Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	

Appendix 1 – Job Planning Action Plan

The 2021-2022 plan for job planning aims to: -

- Support the effective delivery of annual job planning.
- Improve compliance.
- Ensure job planning is aligned to service delivery and outcomes.
- Ensure consistency of application of Term and Conditions.
- Meet internal audit requirements.

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
REF IA/19	**1. JOB PLANNING PROCEDURES & POLICIES**					
R1 R2 R3 R4	1.1	Development of a detailed Health Board Procedure for job planning which will provide consistent interpretation of the T&Cs and align with all Wales guide "effective job planning for Medical and Dental Staff"	First Draft June 2021	Medical Director	Stephen Edwards/Kathryn Bourne	The new procedure and associated policies and guidance were launched on 8th August 2023.

Appendix 1 – Job Planning Action Plan

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
	2. SUPPORTING PROCESSES & SYSTEMS					
R1	2.1	Review existing processes and systems to align with the new Health Board procedure e.g., escalation process, payment of commitment awards	Review – January 2023	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	Existing processes including Escalation and Commitment awards have been reviewed and aligned to the new procedure these are referenced in the procedure and supporting documents eg template letters are included in the appendices. Where possible aspects of these will be automated in the e-Job Planning system. Should further processes require review these will be addressed as identified.
R1	2.2	Develop processes and systems to support implementation of the new Procedure	Review – January 2023	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	A Job Planning consistency group has been established chaired by the Deputy Medical Director specifically to advice on and agree consistent approach to SPA.

Appendix 1 – Job Planning Action Plan

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
3. REPORTING & MONITORING OF THE JOB PLANNING PROCESS						
R1	3.1	Agree with Divisional and Clinical Directors an over-arching plan to identify the job planning cycle within each Directorate/Division	June 2021	Director(s) of Operations/Deputy Medical Director	Divisional management teams	The Medical Director wrote to Divisional Directors in 2021 emphasising the need for CDs to undertake job plan review meetings. He has also asked that a named member of the divisional management team is given responsibility for supporting CDs in doing this and that the Deputy Medical Director is made aware of who is identified. The new Job Planning procedure makes explicit the role of the CD in agreeing a proposal for how the job planning process will be applied in the specialty and also identifies the stages of the planning process. The specifications within the procedure supersede the action within this plan. The roll out of the e-job planning system may influence the plan for some specialities in 23/24.
R1	3.2	Monitoring of the plan and job planning compliance via the Divisional management teams and assurance meetings	Monthly and on going	Director(s) of Operations	Divisional management teams	Agreed by Executive team on 1st June 2021 that monitoring of the plan and job planning compliance would be undertaken at the Divisional management teams and assurance meetings.
R1	3.3	Exception reporting to the Executive team on delivery of the plan and compliance	As required	Director(s) of Operations	Divisional management teams	Agreed by Executive team on 1st June 2021 that they will receive exception reports on delivery of job planning and compliance as necessary from the Directors of Operation.

Appendix 1 – Job Planning Action Plan

R1	3.4	Maintenance of the ABUHB's job planning compliance database and issuing of monthly compliance reports to management teams, WFBPs, DOO, MD & WOD, .	Monthly	Director of Workforce	E-Job Planning Project Manager	The compliance database continues to be maintained. Compliance reports are produced monthly. Divisional reports are provided to the DDs; GMs; DMs; CDs and WBPs monthly or on request. Compliance reporting will be enhanced with implementation of the new E-Systems. Divisional management teams will be able to access detailed reports from the systems themselves as required. Corporate reporting from the system will continue.

REF IA/19		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
		4.E-SYSTEMS				
R2 R4 R5	4.1	Identify system requirement to • improve link between job planning and the rota, • improve compliance and transparency around job planning • support delivery of contracted session across the year • improve link between rostering and locum bank for locum shift cover, • Improve the link between Locum shift cover and the need to go to agency (third party systems) • Improve and streamline the end to process for workforce planning and management across all functions • maximise reporting and performance	Review March 2023	Medical Director/Director of Workforce & OD/ Director(s) of Operations	Julie Chappelle/ Stephen Edwards	An e -Job planning system has been procured with an e-rostering and e- Bank system. Although these systems stand alone interoperability between the systems was a requirement of the tender process. This ensures the three eSystems work together to provide an effective single solution to Medical workforce planning and management. The roll out plan for all three systems is in draft and will be agreed by the E-systems programme Board.
R2 R4 R5	4.2	Procurement and implementation of appropriate system(s)	Review March 2023	Director of Workforce/ Director(s) of Operations	Ann Bentley (Programme Manager)	See above - System has been procured and we are now in implementation phase.

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
	5. TRAINING/ SUPPORT & RESOURCES					
R3 R4	5.1	Review the E-training package to align with new Health Board procedure	Review – January 2023	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	A new E-distance Learning Pack has been developed to align with the Job Planning procedure. The electronic link to this was sent in the launch letter from the Medical Director and all Consultants asked to use an SPA session to undertake the training and submit any questions to the ABBjob planning email address for response.
R3 R4	5.2	Review training requirements and means of upskilling staff to undertake job planning	January 2023	Medical Director/Director of Workforce & OD	Workforce Business Partners and DDs	In addition to the new e-learning package the Deputy Medical Director and Strategic Lead for Medical workforce have conducted Q&A session which have been advertised for all involved in Job planning via the intranet. A series of FAQs available on the intranet has been updated as further questions are received. Support and advice is available as required. Where there are specific speciality issues the Workforce Business partners are working through these with the support and advice of the Deputy Medical Director and Strategic Lead for Medical workforce as required. Job planning continues to form part of the Senior Clinician CPD programme. An implementation team has been appointed to support operational divisions

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
5. TRAINING/ SUPPORT & RESOURCES						
R4	5.3	Work with divisional teams to identify support required to enable Medical managers to fulfil their job roles in respect of delivery of annual job planning aligned to service requirements	June 2021	Medical Director/Director of Workforce & OD	Workforce Business Partners and DDs	See 5.1 & 5.2 Job planning clinics and webinars have previously been offered. The Medical Director has previously written to Divisional Directors asking that a named member of the divisional management team is given responsibility for supporting CDs in doing this and that the Deputy Medical Director is made aware of who is identified. Training on the new e-system is being incorporated into the roll out plan. An implementation team has been appointed to support operational divisions
R1	5.4	Review time required to undertake effective job planning annually and ensure this is provided for with Clinical Director and Directorate Managers job roles/plans and objectives.	July 2021	Director(s) of Operations/Medical Director	Divisional Directors /General Managers	A survey of CDs has been undertaken (N=27). They fed back unanimously that time and training for their roles is insufficient for them to discharge their duties. A review of time job planned for the CD role is being discussed by DOO and MD. The triumvirate development program started in September 2022. The launch of the new procedure and associated resources, support and training should resolve the lack of knowledge previously identified if accessed. A framework for the appointment and remuneration for medical Leadership posts including CDs is in development and a paper will be taken to the People & Culture Committee.

Page **7** of **8**

Appendix 2

Consultant training on Job Planning Distance Learning Pack

Division	Total completed in division	Consultants (Including DD/CD)	Non Medical managers
Urgent Care	2	2	0
Scheduled Care	11	10	1
Medicine	9	8	1
Clinical Support Services	5	5	0
Family and Therapies	12	11	1
Mental Health and LD	5	5	0
Primary Care and Communities	4	4	0

Total undertaken Distance Learning Pack Training 48 of which 45 are Consultants.

Appendix 3

Training record L2P e-Job Planning system

Division	Total Trained Division e-System	Total Consultants Requiring Training	CD/DD & Associates	Other Managers	Consultants	SAS
Urgent Care	2	27		1	1	
Scheduled Care	32	228	8	5	17	2
Medicine	9	115	3	2	4	
Clinical Support Services	9	56	1	3	5	
Family & Therapies	6	82	3		3	
Mental Health & LD	5	32			5	
Primary & Community Care	3	13	2	1		
Total	**63**	**553**	**17**	**12**	**35**	**2**

Total number of consultants trained including CD/DDs is 51.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Workforce Performance Dashboard – January 2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Julie Chappelle, Assistant Director of Workforce & Organisational Development 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 January 2024 Workforce Performance Dashboard incorporating key performance indicators for information and assurance. Due to Occupational Health undergoing a system update, the Occupational Health data is unable to be provided in this report. Work is ongoing with the system provider to rectify system issues. 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 January 2024 Workforce Performance Dashboard, **Appendix 1**, include:

- Sickness absence, has increased from 6.53% in December 2023 to 6.79% in January 2024, remaining above the Welsh Government target of 5%. The 3 main reasons for sickness are, Anxiety, Stress and Depression 31.5%, Flu – Influenza 12.3% and Musculoskeletal problems 9.1%.

- The 12-month accumulative sickness absence of 6.20% was lower than January last year at 6.84%.

- The number of staff lost in January 2024 due to sickness absence was 889wte an increase compared to 842wte in January 2023.

- The 12-month total % for turnover was 9.15% compared to 11.18% last year.

- PADR remained below the target of 85%, with compliance for January 2024 at 73.62%, a decrease of 0.01% from last month. PADR compliance has increased by 5.5% from 68.12% in January 2023.

- Statutory and Mandatory training has seen a very slight increase from 80.04% in December 2023 to 80.07% in January 2024.

- Staff in post in January 2024 was 13,099.59wte (16,708 heads) compared to 12,567.45wte (16,144 heads) in January 2023. The top staff group increases were in Nursing & Midwifery 113.17wte, Estates and Facilities 36.07wte and Admin & Clerical 88.87wte.

- Referrals to the Employee Psychological Therapy Service has seen an increase since last month from 45 referrals to 51 referrals, however, in comparison to January 2023, the number of referrals (71) has decreased.

- Variable pay usage decreased in January 2024 to 1,214wte compared to 1,396wte for January 2023, a reduction of 182wte.

- 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 extra capacity.

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:	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 Link to IMTP	Choose an item. Providing an appropriate governance to support a workforce to deliver safe, quality care.
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:	
Rhestr Termau: Glossary of Terms:	
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**	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 - Janaury 2024

Staff in Post

- 13099.59 WTE / 16708 Heads (Jan 24)
- 12567.45 WTE / 16144 Heads (Jan 23)

Sickness absence In Month

6.79%

Previous Month - 6.53%
Target - 5.00%

Sickness Absence 12 months

6.20%

Previous Year - 6.84%

Sickness Absence Long/Short Term

- Short Term, 2.56
- Long Term, 4.23
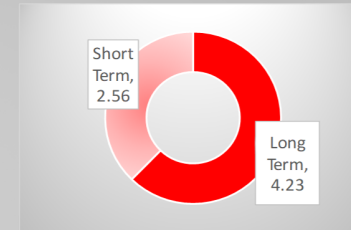
Staff in Post WTE Timeline
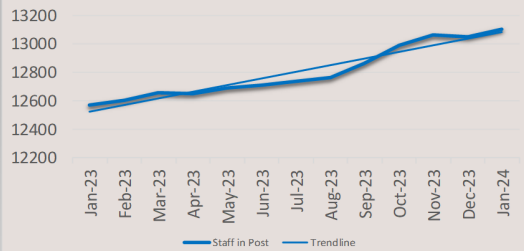
Sickness Absence % Timeline
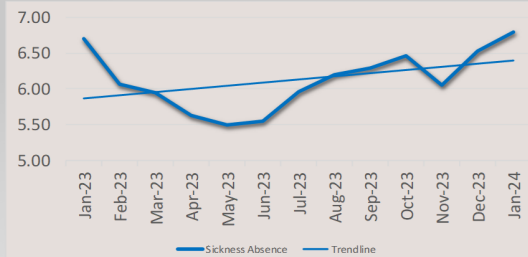
Turnover Timeline
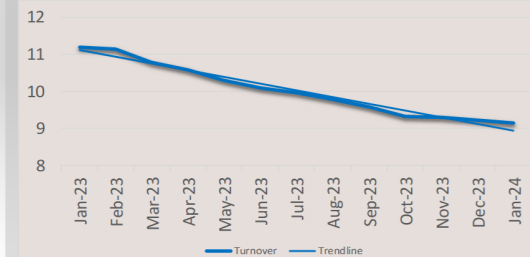
Leavers V Starters

- 1914 Heads (Starters)
- 1364 Heads (Leavers)

Turnover 12 Month Total %

9.15%

Previous Year - 11.18%

PADR Compliance

Target 85%

73.62%
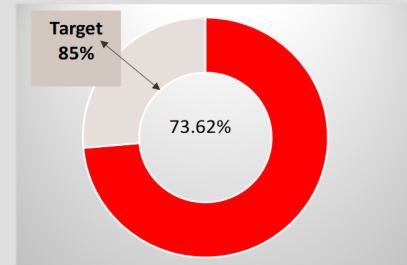
Previous Month - 73.63%
Previous Year - 68.12%

Stat & Mand Training Compliance

Target 85%

80.07%

Previous Month - 80.04%
Previous Year - 78.49%

Ethnicity Data

- Chinese or Other Ethnic Group 2%
- Unknown 18%
- Black or Black British 1%
- Asian or Asian Background 5%
- Mixed 1%
- White 73%

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

Employer of Choice

Staff in post Trends over 2 years
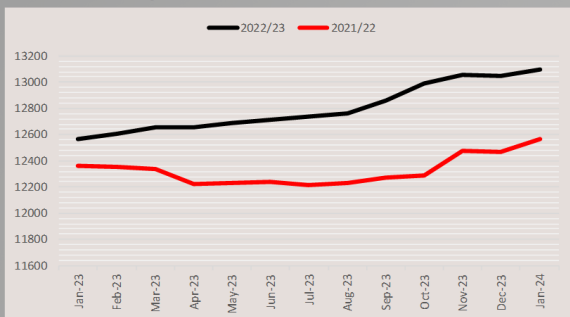
Staff in Post - Top staff groups increases 12 months

	Jan-24	Jan-23
NURSING AND MIDWIFERY REGISTERED	3908.07	3794.90
ESTATES AND ANCILLARY	1008.09	972.02
ADMINISTRATIVE AND CLERICAL	2839.68	2750.81
ADDITIONAL CLINICAL SERVICES	832.64	726.16
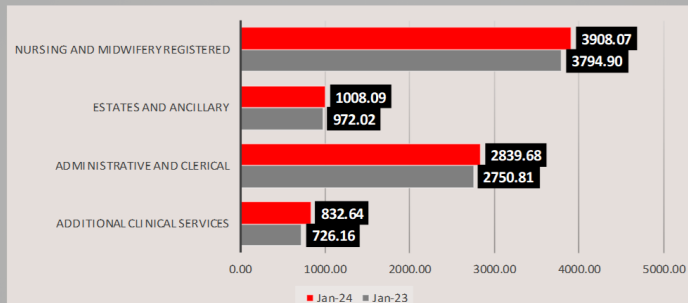
Turnover - Staff Stability Percentage of staff retained over 12 months

90.12%

Leavers V Starters by Staff Group - 12 months

Starters FTE / Leavers FTE

- ADD PROF SCIENTIFIC AND TECHNIC: 64.01 / 48.19
- ADDITIONAL CLINICAL SERVICES: 628.26 / 271.31
- ADMINISTRATIVE AND CLERICAL: 299.04 / 236.84
- ALLIED HEALTH PROFESSIONALS: 138.65 / 117.62
- ESTATES AND ANCILLARY: 104.43 / 63.65
- HEALTHCARE SCIENTISTS: 23.31 / 19.79
- NURSING AND MIDWIFERY REGISTERED: 249.82 / 280.63
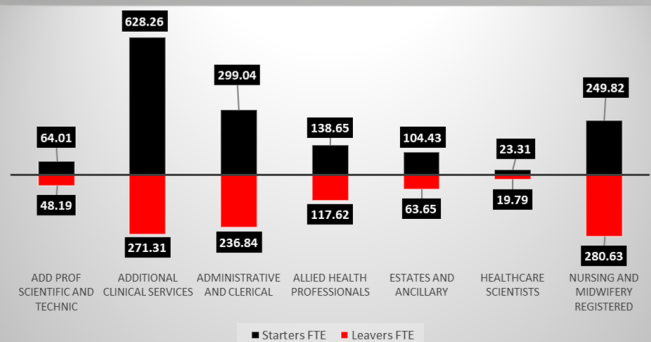
Turnover/Retention Leavers by Length of Service - 12 months

<1 Year	217.70
1 to 2 Years	134.60
2 to 5 Years	211.19
5 to 10 Years	133.98
10 to 15 Years	63.33
15 to 20 Years	74.88
20 to 25 Years	76.80
25 to 30 Years	46.02
>=30 Years	79.51
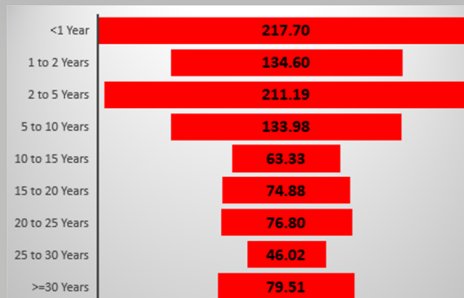
Turnover/Retention Reason for Leaving - 12 Months

Voluntary Resignation	571.34
Voluntary Early Retirement – with Actuarial Reduction	1.00
Retirement Age	157.69
Retirement - Ill Health	13.72
Redundancy - Voluntary	4.07
Mutually agreed resignation	42.70
Has Not Worked	8.97
Flexi Retirement	148.73
End of Fixed Term Contract	38.95
Employee Transfer	23.87
Dismissal	10.4
Death in Service	13.95
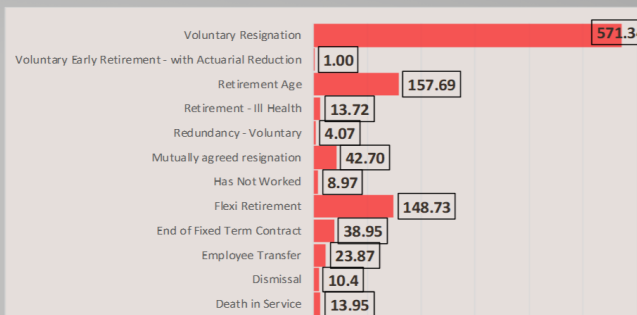
Recruitment Targets Number of Days to Vacancy Creation to Conditional Offer January 23 to January 24 against target

Vacancy Creation to unconditional offer — Target 71 Days
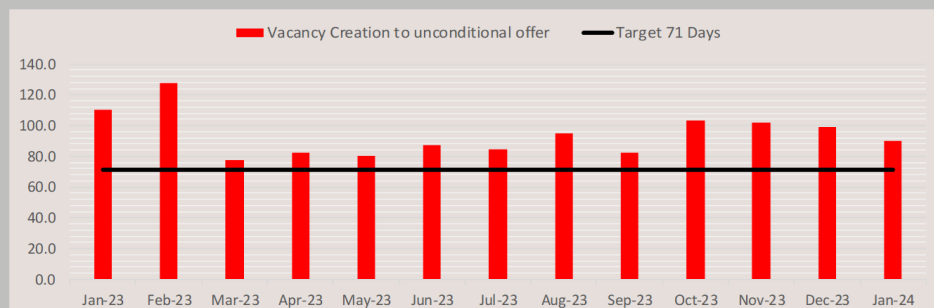
Recruitment Targets Number of Days to Conditional offer letter to completed PECS January 23 to January 24 against target

Condtional offer Letter to completed PECS — Target 25 Days

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	People Plan 2022/2025 – Quarterly update (October- December 2023)
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

The Aneurin Bevan University Health Board People Plan 2022 -2025, Putting People First, outlines a three year forward view of the priorities for the Workforce & Organisational Development (OD) Division. It sets out how the organisation will be driven, led, and supported to build on Health Board successes in relation to its values, workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people.

The People Plan has three core 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.

Delivering our People Plan centres on having people with the right skills, expertise, in the right place and with the right capacity to deliver the health and care needs of our population.

This paper provides a quarterly update on our People Plan and achievements in the period October to December 2023. This follows a previous update provided to the Committee outlining the achievements for the year 2022/2023.

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 organisation to meet its challenges and delivery of the Health Board 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 most recently the National Workforce Implementation Plan 2023 which outlines a series of practical actions that will act as enablers to accelerate the ten-year vision, fully recognising the organisational response as part of the work of the Workforce Strategy.

Asesiad / Assessment

The People Plan delivery framework consists of twenty-three actions, set out under the three objectives. The timelines, capacity and funding for delivery and the wider Health Board challenges have influenced their priority order.

The People Plan Tracker annual highlight report **Appendix 1** outlines the performance against each of the three objectives and their respective actions. The progress is based on self-assessment against plans which span the three-year life span of the People Plan.

The monthly Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives.

Objective 1 – Staff Health and Wellbeing Quarterly update (October-December 2023)

The purpose of this objective is to create an environment for staff to feel healthy, engaged, and proud to work for the Health Board. Feeling that they are included, engaged, and have a sense of belonging.

Our actions aim to support 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.

There are nine overarching actions which are summarised below:

Objective	Key Achievements October to December 2023
Action 1: Establish the Wellbeing Centre of Excellence	• Recruitment of 0.6 WTE Band 6 Staff Counsellors for the Wellbeing Service.

Action 2: Implement Integrated Psychological Wellbeing Practitioners	• Following unsuccessful bid to Welsh Government, we have now redesigned our strategy which will be in part funded through income generation. This has supported the above appointment and procurement of an Employee Assistance Programme. We also intend to directly support (non-financially) the creation of divisional based integrated wellbeing practitioner roles as and when they develop.	
Action 3: Enhance Wellbeing of Staff	• There are a host of evidence-based initiatives that have continued to contribute to improving and protecting staff biopsychosocial wellbeing across the Health Board. These include Schwartz Rounds, Taking Care Giving Care Rounds, Creative Mindfulness classes have been undertaken on GUH and YYF sites following successful Arts Council Bid. In addition, an organisational staff recognition strategy is being drafted to develop the culture of gratitude and thanks amongst employees and will be presented to Executive Team in March 2024.	
Action 4: Implement People First Staff Engagement Programme	• The People First Staff Engagement Project has now closed. The principles of this project have been integrated into other areas of work. For example, the value of executive walk around has been adopted as business-as-usual by the Executive Team. The principles of engaging staff on the front line to define and solve their own issues will be adopted into the development of a leaders guide for team leadership.	
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 clinical pressures and financial challenges. We will be meeting with senior nurse colleagues on 21st February to identify suitable wards to recruit staff for the work, previous meetings had been postponed due to clinical pressures.	
Action 6 Developing our offer for Leaders and Managers	• 48 Clinical Directors (3 groups of 15) completed the ten-month leadership programme called CDx in July 2023. Cohort 2 commenced in October 2023 with 16 attendees. • Organisational Leadership Development now exists for Nursing, CDs, MDT and entry level leaders. Currently finalising a leadership development programme for directorate managers called DMx. • 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.
		• The Leading People Programme is midway through Cohort 7 with Cohort 8 starting in April 2024.
		• 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.
		• Needs analysis being undertaken through OD meetings with WBPs and key senior contacts across the Health Board. A series of masterclasses have been identified and are in development.
		• OD Intranet pages: currently listed at 5,325 views of OD Homepage which is over 1,000 more hits in the last 5 weeks since the intranet pages were updated.
		• Leadership and development mapping is underway to create a seamless development journey for all. This will also be aligned with the requirements of the Clinical Futures Priorities to ensure a full suite of skills for managers to support organisational change, workforce planning and other core people practices.
	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, with a combination of long term sickness, and leavers (affecting 3 out of 4 of senior team roles). Additional manager support given during this period by Senior OD manager and Head of OD. SBAR provided to Executive Team.
		• Review of demand and capacity undertaken, with approval from Executive Director of WOD to supplement capacity through contract partner Insync, additional clinics being organised to reduce backlog as wait times increasing.
		• 8 additional OH clinics with 64 appointments and 2 additional physicians clinics reducing referral back log. Additional physician time planned with the aim of reducing appointment wait times. Waiting times have reduced from 16 weeks to 3 weeks.

Action 8: People Practices		• Avoidable employee harm training continues to be rolled out across the Health Board and also in other Welsh NHS organisations. Internally the reduction in new disciplinary investigations has been maintained and is currently 67% after twelve months. This work has now broadened to include a research partnership with Plymouth University and collaboration with HEIW. This action has been completed and is now considered and incorporated as part of business-as-usual activities. • The Sickness Absence Group continues to analyse and with targeted intervention to reduce sickness to support staff to remain in work or return at the earliest opportunity. • Staff and managers Handbook's finalised and action plan to support signposting to staff during their employment and in the roles as managers.
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 • Regular communications on the intranet to support salary sacrifice schemes. • Meetings have been held with colleagues in Cardiff & Vale and Cwm Taf Morgannwg Health Boards who have achieved the Accredited Living Wage status. We are working with procurement to progress this work and demonstrate compliance and the development of an action plan.

Objective 2 – Employer of Choice Quarterly update (October- December 2023)

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.

The measures of success of this objective will be through reduced vacancies, reduced reliance on bank and agency workers and reduced absence turnover.

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

Objective	**Key Achievements October – December 2023**

Action 10: Develop a Strong Health Board Identity	• We have established an account with lleol.com, the largest Welsh language recruitment site to support the Bilingual Skills Strategy. This account allows us to post specific jobs, at a fee, where Welsh is highly desirable or essential. We are also in the process of creating an account with Swyddle, a Gwent based Welsh language recruitment site to publish an unlimited number of jobs to their site at no cost. This new account should be established by March 2024. • Medical Recruitment intranet has been updated and progress with Bank and General recruitment intranet is underway. • Initial meeting undertaken with Assistant Directors of Planning and OD to explore a refresh of our Values and Behaviours Framework. This will combine with the broader scoping programme of the Health Board's long-term strategy.	
Action 11: Talent Management and Succession Planning Proposals	• The first phase of work has centred on co-creating a Talent Management and Succession Planning (TMSP) framework, and internal and external engagement has been undertaken. A draft including an executive summary, talent and succession planning definitions, tiers of offering and resources has been developed. The tagline for the framework is 'Stay, Learn, Grow' and is predicated on creating the right organisational and team climate through a culture of learning and investment of time and resources into employees to foster retention and to deliberately spot and grow our own workforce. • As we move forward, we need to identify the different needs and expectations of a multi-generational and diverse workforce. This is likely to be one of our biggest challenges. • 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 value of managing talent is significant. As a Health Board, the majority of our spend is on workforce costs and retention data shows that 23% of new starters leave within the first year. • OD intranet pages updated with content for self-directed learning, includes resources from key sites (i.e. HEIW). • 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'. Potential for further team members to be accredited through a funded HEIW programme. • Continued to meet with a number of training providers. Plans to extend funded qualifications in 2024.	
	Action 12: Building our Connections with Schools/ Education Providers/Communities	• Connections made with Newport County Council to arrange a pilot to engage with and support employment for cared for people. • Programme plan via Gwent College Consortium is focused on the bespoke offer for schools across Gwent aligning the approach between Health, Social Care and Education. • Planned approach for school visits in conjunction with Careers Wales, focusing on high impact events to capture wide school audiences. • Welsh language awareness sessions have been delivered or are timetabled in Welsh medium secondary schools. • HEIW grant of £25k has been received to deliver a widening access programme at primary schools to be carried out by Welsh language unit and EDI Specialist in collaboration with other partners in Health. The project pilot, to launch 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 will include following a patient from admission to discharge, learning about different areas of healthcare and taster days at our Health Board. The toolkit has been commissioned and is being produced in readiness for the school sessions.	
	Action 13: Widening Access to employment and training	• Access to Medicine course launched with Coleg Gwent in September 2024 and further scoping is being done to look at Access to Dentistry. • We have supported a new Hybrid recruitment initiative 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. We anticipate that the new recruits will be successful in a future application for nurse training, which could be via the flexi-route. A pilot of 6 have commenced with a further cohort to be recruited Feb 2024.	

Action 14: Recruitment and Retention Strategies	• SBAR to Executive Team produced, updating on reviewing work undertaken from Retention workstream over the last 6 months. Work undertaken with Wellbeing team to update survey to include 'intention to leave' question. Funding from HEIW for 24 months to focus on this agenda. • New OD & Learning Manager in post from 16 October 2023 and role will focus on our organisational induction to ensure it is meaningful, digestible, engaging, and explorative in nature. A longer approach across potential 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. • Overseas RN recruitment is progressing well with positive early indications of overseas pipeline for medical and dental staff. • Retention group workshop was undertaken in September to review the workforce data from the past 6 months and design a three-year retention strategy. • Retention Cafes ongoing. • Members of OD now accredited in organisational storytelling capability. • Agreement to participate in the National initiative for overseas recruitment in Kerala from April 2024 for Registered Nurses and Senior Clinical Fellow roles. • HCSW video published and a 6 monthly review of funding with HEIW completed.	
Action 15 Equality Diversity and Inclusion	• Pilot approved for Reverse Mentorship Programmes in October 2023 and roll out launched in February 2024 across NHS, and wider, to establish best practice and inform an evidence-based approach. • Series of workshops and EDI Chat Cafes facilitated with staff across all sites. Survey shared with staff via intranet. 3 focus groups facilitated with Llais in November 2023. • The development of the Equality Objectives 2024- 2028 consultation is underway. • Development of International Medical Graduate Buddy Scheme in collaboration with Medical Education. • Self-assessment in progress against the Speaking up Safely Framework. • Bespoke email promoted for staff to raise concerns centrally and anonymously. Scoping out an external provider for consideration. • 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 planned for 01 March 2024. Cross organisation and multi-profession steering group established with the inaugural meeting planned in March 2024 to determine Terms of Reference and organisational approach.	
Action 16: Welsh Language Standards Implementation	• Mandatory training reached 68% compliance which is an increase of 6% on last quarter. • New arrangements and an SLA in place for translation services. This will vastly improve the value for money of translation across the Health Board and save all divisions money. • All recruitment and HR policies have been reviewed to ensure compliance. Policy for use of Welsh internally is undergoing review at present. • Published strategy review to evaluate 5-year Welsh language Clinical Consultation plan – measures to sustain achieved actions over the past 5-year period and actions for the next 5-year period. • 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.	
Action 17: Volunteering Opportunities	• Volunteer to career pathway continues with volunteers supported in securing employment with the Health Board has been paused due to capacity restraints. This will be reviewed as part of our People Plan Actions for 2024/25	

Workforce Sustainability - Key Achievements for Objective 3 (October-December 2023)

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 Foundation 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.

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

Action 18: Workforce Sustainability Plans	• HCSW workstream is well underway with a series of workstreams. this includes:
	  – Bringing clinical induction back in house.
	  – Promoting and recruiting to qualification opportunities at Band 4 level.
	  – Increase HCSW engagement with learning opportunities commensurate with roles.
	  – Managing our local Agored Centre (maintaining centre status, qualifications, assessors and claims).
	• Good news stories include:
	  – successful recruitment to B6 and B3 roles, B4 roles need to be readvertised.
	  – 32 sign ups to L4 Cert HE (Nursing)
	  – 15 learners for the K104 (module to step into Nursing qual)
	  – 5 sign ups to L4 Therapies Ass. Practitioner qual
	  – Short video on the HCSW role and impact produced and available.
	• Re-establishment of the Clinical Futures Workforce Group to ensure there is a planned and systematic people management strategy aligned to our Health Board priority programmes. This is important because the actions within the People Plan support the mitigation of risk detailed in the Corporate and Divisional risk registers as well as support the organisation deliver on its objectives.

Action 19: Workforce RIF Programme	• Gwent Workforce Board Strategic Action plan was ratified and signed off in December 2023 which will focus the agenda for the next financial year. • A regional bespoke Schools offer commenced via a pilot in December 2023 which received highly positive feedback and evaluation. A full programme is in development to be carried out across Gwent with the next event in Blaenau 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 programme "Reducing Employee Harm through process" has commenced with our Local Authority partners. Initial event with Rhondda Cynon Taff Local Authority took place in December 2023, and a full day learning event is

	scheduled for 13 March 2024 for 5 Local Authorities in Gwent • 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 has 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.	
Action 20: Delivery of ACD and Care Closer to Home	• Initial NCN workforce planning meetings held throughout November 2023; positive feedback was received from the first two meetings. • Review of GMS workforce data to ensure accurate capture of relevant data to inform future workforce requirements to meet population need. • Preliminary discussions regarding the delivery of NCN sustainability workshops; content, date and location yet to be determined and agreed. • 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.	
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. ➢ The new Job Planning eSystem was launched on 22 January 2024 following a successful pilot with Medicine Directorates: ➢ The on-line and in person drop-in training commenced following the launch with 63 attending to date. ➢ E-rostering – data configuration with supplier has been undertaken. ➢ Medical Locum Bank went live 01 December 2023.	
Action 22: Agile Working	• Agile/Hybrid Framework updated. • Draft All Wales guidance for National Agile Network group has been 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.
Action 23 Agency Reduction Sustainability	• There has been positive progress in reduced agency usage for both RN's and HCSW's. Detailed information on the Variable Pay Reduction Programme is contained within the Workforce and OD Director Report. • Following the cessation of flexible rewards, there have been several requests to secure substantive employment with the Health Board and a fast-track recruitment process has been implemented for this purpose.

Next Steps - Plans to support People Plan objectives in 2024-2025

The objectives within the People Plan will be reviewed to ensure it supports delivery of the organisational objectives and priorities as set out in the Integrated Medium-Term Plan (IMTP) 2024/2025. Whilst we acknowledge the importance of supporting our staff both through investment and their wellbeing, priorities will be reviewed in line with the financial context.

Argymhelliad / Recommendation

The People and Culture Committee is asked to review 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:	
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	Improve the Wellbeing and engagement of our staff Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff

[Strategic Equality Objectives 2020-24](#)	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:	
Rhestr Termau: Glossary of Terms:	ACD - Accelerated Cluster Development 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

Appendix 1 – People Plan Tracker

People Plan Tracker Dashboard (January 2024)

Theme in People Plan	Action number	Action	% complete	Change in position (previous month)	Risk Score
Staff Health & Wellbeing	Action 1	Wellbeing Centre	93%	⟷	
Staff Health & Wellbeing	Action 2	Integrated Psychological Wellbeing	65%	⟷	
Staff Health & Wellbeing	Action 3	Enhance Wellbeing of Our Staff	20%	⟷	
Staff Health & Wellbeing	Action 4	People First	87%	⟷	
Staff Health & Wellbeing	Action 5	Healthy Working Day	38%	⟷	
Staff Health & Wellbeing	Action 6	Developing Leaders and Managers	76%	⬆	
Staff Health & Wellbeing	Action 7	Occupational Health Service Improvements	53%	⟷	
Staff Health & Wellbeing	Action 8	People Practices/Policies	88%	⟷	
Staff Health & Wellbeing	Action 9	Financial Wellbeing	57%	⟷	
Employer of Choice	Action 10	Stong Health Board Identity	43%	⟷	
Employer of Choice	Action 11	Talent and Succession Planning	50%	⟷	
Employer of Choice	Action 12	Building our connections with schools/education providers/communities	35%	⟷	
Employer of Choice	Action 13	Widening Access	50%	⟷	
Employer of Choice	Action 14	Recruitment and Retention Strategies	55%	⟷	
Employer of Choice	Action 15	Equality Diversity and Inclusion	44%	⟷	
Workforce Sustainability	Action 16	Welsh Language	76%	⬆	
Workforce Sustainability	Action 17	Volunteering Opportunties	5%	⟷	
Workforce Sustainability	Action 18	Workforce Sustainability Plans	33%	⟷	
Workforce Sustainability	Action 19	Primary Care Transformation	89%	⬆	
Workforce Sustainability	Action 20	Accelerated Cluster Development	51%	⬆	
Workforce Sustainability	Action 21	Workforce Analytics and E-Systems	48%	⬆	
Workforce Sustainability	Action 22	Agile/Hybrid Working	59%	⟷	
Workforce Sustainability	Action 23	Variable Pay Reduction Plan	95%	⟷	
Workforce Sustainability	Action 24	IMTP	47%	⬆	

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 February 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)
Choose an item. 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 (WOD) Team, key issues locally, regionally and in NHS Wales.

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

Cefndir / Background

This report covers the period since the last Committee meeting on 19 October 2023 and includes a specific update on progress on Employee Relations data, TUPE transfers, Equality, Diversity and Inclusion, Core Learning Committee, Industrial Action, RCN Connect and the Variable Pay Reduction programme.

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 for the period September 2023 to January 2024.

Sickness Meetings	Disciplinary (exc fast track)	Fast Track	Disciplinary Appeals	Informal Resolution (Grievance)	Formal Resolution (Grievance)	Formal Resolution Appeals	Capability	Raising Concerns	Suspension
432	4	15	1	3	12	3	3	1	5

- There has been over a 100% increase in the number of fast-track disciplinary hearings in this five-month period compared to the previous quarter, whilst formal investigations have reduced by 73%. There has been one dismissal for gross misconduct and one disciplinary appeal.

- Formal respect and resolutions cases have increased by 25%. The nature of the concerns raised are pay, recruitment, flexible working, alleged bullying/ relationship breakdown, alleged discrimination, job role. Three respect and resolutions cases were positively resolved at the informal stage.

- Healthy working relationships continue to be promoted through coaching and facilitation with a view to overcoming resistance to resolve workplace conflict informally. Additional resources are being developed to promote the benefits of restorative conversations to achieve healthy working relationships. However, serious concerns will require an initial assessment to be undertaken to determine the most appropriate course of action. An example of this is a Raising Concerns case, which is being investigated with allegations of victimisation and sexual orientation. OD also offer a number of informal team individual and team development sessions to restore effective working relationships.

- Suspension is considered as a last resort and where there are serious concerns that remaining in work could harm. During this period five employees were suspended. There are currently seven staff who have been suspended for longer than four months; four of these relate to patient safety concerns within one division and two staff have been excluded in accordance with the Upholding Professional Standards in Wales (UPSW) Policy.

- As part of our retention work programme, a number of flexible working pilots have taken place including team rostering, which provides greater flexibility to team members who are able to select preferred shifts. After the roster is finalised, shift swaps are available which ensures that there is flexibility as well as a team approach to ensuring shifts are covered. Two further team rostering pilots will be implemented in February 2024.

- A flexible working and roster deep dive has been completed. This considered all flexible working requests received by one ward over a two-year period. The findings confirmed that had each request had been fully approved, the ward would have been staffed in accordance with the Nurse Staffing Act. Each request is being reconsidered as a result. This will be repeated in a more complex ward environment during February 2024 with a view to sharing the findings and enabling a culture where flexible working is embedded.

TUPE Transfers

The following update outlines the current position relating to staff transfers in accordance with the Transfer of Undertakings (Protection of Employment) Regulations (TUPE):

- GP Managed Practices transferring to independent status:
    - Bryntirion
    - Brynmawr
    - Blaenavon
    - Aberbeeg

The consultation process commenced at the end of January 2024, with the aim of transferring staff on 01 April 2024. The breakdown of staff transferring out is set out in the table below.

- Strategic Programme for Primary Care and Six Goals (Urgent Primary Care) will transfer to the NHS Executive (hosted by Public Health Wales).

The consultation process commenced on 18 January 2024, with the intention of transferring staff on 01 April 2024. The contractual arrangements for some staff supporting Six Goals is temporary and this is currently being reviewed to consider pre-transfer. There is a further phase planned after April 2024 to also transfer TEC Cymru to the NHS Executive.

- Tredegar Health Centre

Tredegar Health Centre transferred to an independent contractor on 01 January 2024 and this transfer is now complete.

TUPE	Number of staff
Bryntirion	30
Brynmawr	31
Aberbeeg	15
Blaenavon	22
Strategic Programme for Primary Care	13
Six Goals (UPC)	7
Tredegar Health Centre	17
Total staff transferred out	***135 (reduction in headcount)***

Equality, Diversity and Inclusion (EDI)

There are resource implications in terms of delivering the work in the Strategic Equality Plan, People Plan, the Anti-racist Wales Action Plan, and the LGBTQ+ Action Plan. Furthermore, with the awaited Disability Rights Action Plan and Workforce Race Equality Standards, this workstream is anticipated to become increasingly complex. 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.

Core Learning Committee (Statutory and Mandatory Training)

Statutory (i.e., those mandated by law) and Mandatory (those mandated by Welsh Government the organisation or role specific) training is provided and completed through the employee system ESR across Wales with each Health Board locally owning responsibility for their compliance.

In order for the organisation to ensure effective governance is in place for this training including new additions, review of current compliance and improving future compliance, the multi-discipline cross-organisation Core Learning Committee (CLC) was established chaired by Workforce & OD. The CLC met in October 2023 to establish the membership and Terms of Reference and developed an intranet page with a suite of resources for staff wishing to add to the mandatory training requirements (e.g. process, application form, support and outcomes).

The first official meeting of the CLC was hosted in November 2023 where Counter Fraud training was presented, discussed and approved. The second meeting was hosted on 08 February 2024 where two additions were considered:

- Mental Capacity Act & Deprivation of Liberty training which was approved for staff with direct patient contact.
- Welsh Risk Pool electronic staff consent training programme, which was not approved, and recommendations provided for other means of improving awareness. In the next 6 months, the CLC will be working with Health & Safety Safeguarding and Medicine to improve compliance in respective areas.

Industrial Action

Welsh Government received notice of a dispute with the British Medical Association (BMA) and confirmation of their intention to ballot industrial action with members (Consultants, Junior Doctors and SAS). This follows disagreement in respect of the pay award for 23/24 for Medical and Dental staff (5%).

The first 72 hour strike was held on Monday 15 January 2024 to Thursday 18 January 2024. The percentage of Health Board doctors on strike for this first period was between 83% - 91% with the national average being 78%. The next strike dates are planned for Wednesday 21 - Saturday 24 February (72 hours) and Monday 25 to Friday 29 March 2024 (96 hours). Preparations are continuing across the Health Board to ensure cover arrangements are in place to minimise disruption to our patients.

A ballot for Consultants and SAS Doctors will be held on 04 March 2024 and there is potential that their strike could coincide with the Junior Doctors planned action.

RCN Wales Healthcare Connect Programme

In accordance with our Nursing Workforce Strategy (2023 – 2026), we are continuing to consider opportunities and initiatives to attract and support more people into the nursing profession.

Following an informal discussion with HEIW, we became aware that a cohort of applicants for undergraduate nurse training were unsuccessful in obtaining a place due to a variety of reasons, such as:

- Not meeting the entry requirements
- Lacking work experience within a health and social care setting
- Not understanding the role of the nurse
- Poor interview technique
- Poor application writing

Given the ambition and self-nominated fit of this cohort, we have worked in partnership with HEIW, RCN Wales, Higher Education Institutions (HEI) and Further Education (FE) colleges to provide further theoretical based training as well as 'hands-on' employment with the Health Board to support a future application for nurse training.

Pilot – RCN Wales Healthcare Connect Programme

A hybrid collaborative healthcare connect programme has been implemented within the Health Board. The purpose of the programme is to connect and support learners from their level 3 studies onto an undergraduate nursing programme to support a future nursing workforce that is diverse as its population.

The pilot which started in October 2023 will run to March 2024 and the Health Board have recruited 6 learners into a Healthcare Support Worker (HCSW) role, working in Medicine, Scheduled Care and Family and Therapies. We are already planning for a second cohort in February 2024.

Programme Structure

The programme is made up of three interlinking pillars as outlined below.
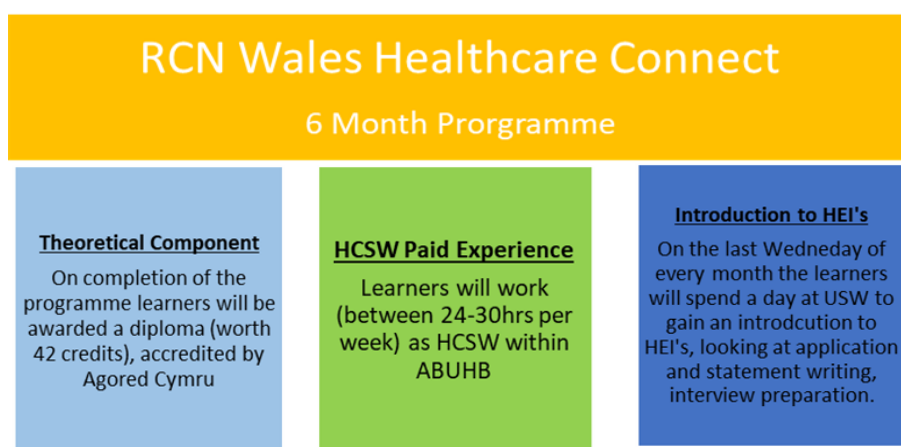
Variable Pay Reduction Programme

The Health Board set out an ambitious programme of work to reduce its reliance on costly agency workers and high variable pay usage following the Covid-19 pandemic. It achieved this through programme management led Workforce & OD to include a

detailed forensic approach. The team embarked on significant clinical and service engagement to develop and deliver plans and worked with leaders and Trade Union partners to reset its approach to recruiting, retaining and rostering its workforce.

Central to the plans was patient care and to ensure that substantive staff and those working on the Bank had a positive working experience and positive wellbeing.

From April to December 2023, agency decreased by £780k across all areas (Admin, AHP, Estates and Nursing). The largest decrease was seen in Registered Nursing and Healthcare Support Workers of 73% equating to a reduction in 58 WTE. Overall, the variable pay is forecasted to reduce by over £9m.

RN Off Contract Agency Usage Sept 2022 - Jan 2024

HCSW On & Off Contract Agency Usage Sept 2022 - Jan 2024

RN Vacancies - WTE

Chart values shown: 358.81, 291.12, 245.32 over Apr-23 to Mar-24.
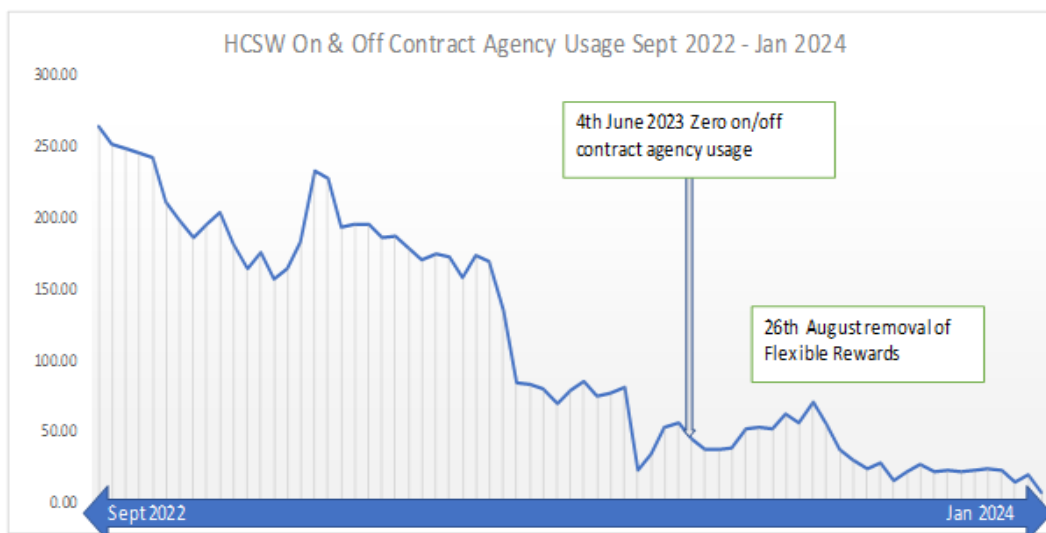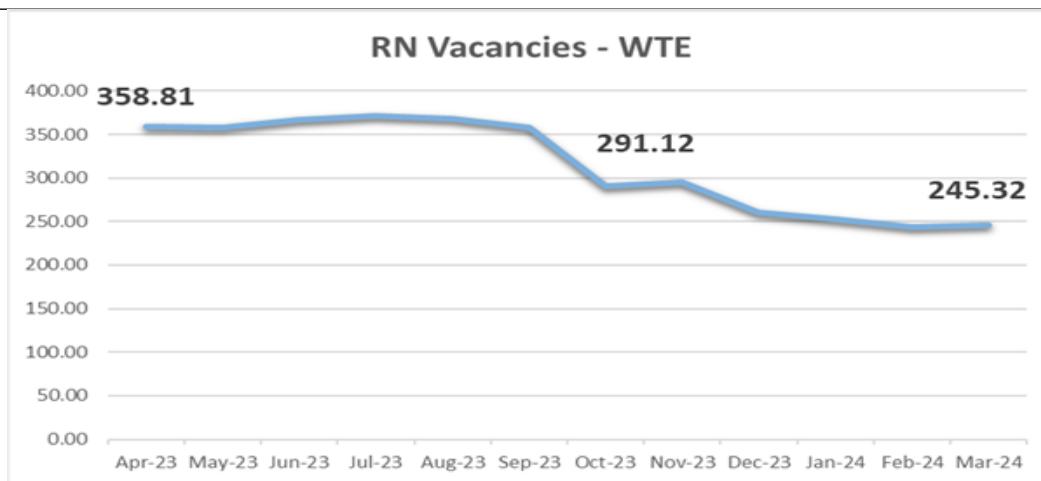
Pay category	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Agency									
Admin & Clerical Agency	72	64	77	49	41	39	86	38	29
Allied Health Prof Agency	171	219	147	196	196	192	123	165	135
Estates & Ancilliary Agency	683	675	483	490	341	471	489	246	281
Medical Agency	1,162	2,025	1,474	1,165	1,399	1,093	1,091	1,187	1,166
Nurse HCA/HCSW Agency	293	339	209	160	236	183	89	79	89
Other Agency	58	70	43	90	49	50	46	47	21
Registered Nurse Agency	1,434	1,387	1,394	1,575	1,650	1,807	1,574	1,369	1,371
Total	**3,873**	**4,781**	**3,827**	**3,724**	**3,913**	**3,835**	**3,497**	**3,132**	**3,093**
Bank									
Admin & Clerical Bank	94	86	108	114	92	92	82	89	87
Estates & Ancilliary Bank	138	142	166	216	201	215	216	224	243
Nurse HCA/HCSW Bank	1,598	1,485	1,635	1,811	1,816	1,438	1,520	1,572	1,473
Other Bank	0	0	0	1	-1	0	2	-2	0
Registered Nurse Bank	2,295	2,110	2,332	2,425	2,352	1,736	1,699	1,808	1,589
Total	**4,125**	**3,823**	**4,242**	**4,568**	**4,460**	**3,480**	**3,519**	**3,692**	**3,392**
Locum									
Medical Locum	233	234	286	311	285	267	349	299	332
Total	**233**	**234**	**286**	**311**	**285**	**267**	**349**	**299**	**332**
Total	**8,230**	**8,838**	**8,355**	**8,603**	**8,658**	**7,582**	**7,365**	**7,122**	**6,817**

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:	
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	
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CLC- Core Learning Committee ESR – Electronic Staff Record
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)	
	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/	Choose an item. Choose an item. Not Applicable

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Self-Assessment 2023
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 Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to discuss the findings from the annual self-assessment process in respect of the People and Culture Committee.

Cefndir / Background

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, well as any development of a comprehensive Board Business Improvement Plan.

At the meeting held on 19th October 2023 the Committee agreed to undertake the self- assessment.

Asesiad / Assessment

The self-assessment for the People & Culture Committee was shared throughout November 2023 with both Committee members and those individuals who regularly support the work of the Committee. Four responses were received to the questionnaire. The self-assessment template is included in Appendix A, and the completed response are in included in Appendix B

Following completion of the self-assessments, the sections were analysed to provide a summary of the response and recommendation for improvements for each section. These suggestions will help the development of a comprehensive Board Improvement Plan.

Summary of Individual Sections

Section 1 - Committee Processes: Composition, Establishment, and Ways of Working

All the respondents (4) agreed that committee processes are well executed, and that the overall co-ordination and management of the meeting is consistent and well managed to allow the Committee to conduct its responsibilities.

There were some opportunities noted for strengthening, in particular these included:
- New Members to have access to induction training.
- Improved understanding of the Terms of Reference of each committee, and the interaction between committees e.g. job planning.
- A greater understanding of the assurance mapping processes.
- Further strengthening of the work plan for the Committee and consideration of a themed approach where appropriate.
- Strengthening the approach to managing meeting time to enable a greater focus on key agenda items.
- Inclusion of a standard agenda item to facilitate Committee Member's reflections of the meeting held.

Section 2 - Culture and Values

From the responses provided there was a divide in opinion (50:50) as to whether there was a credible process in place for assessing, measuring and reporting on the culture of the organisation.

There were some opportunities noted for strengthening, in particular these included:
- Explore with Committee Members the process for reporting on the culture of the organisation and as appropriate following feedback modify procedures to improve understanding and consider the impact on the forward workplan of this committee so that greater assurance may be provided.
- Explore ways in which the Committee may be assured of the staff voice in respect of feeling safe, aligned with the Speaking Up Safety Framework.

Section 3 - Organisational Development and Capacity

All the respondents (4) agreed that the organisational development plans, systems, processes are in line with the responsibilities of the Committee and are reported on a regular basis. This was noted as an area of strength for this Committee and as such, no opportunities for strengthening were suggested by respondents.

Section 4 - Performance Reporting

From the responses provided there was a divide in opinion (50:50) as to whether the internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.

There were some opportunities for strengthening, in particular these included:
- Explore with Committee Members the processes that are in place to ensure the provision of high quality, legal and safe workforce practices, processes, and procedures to improve understanding and as appropriate following feedback modify the process and consider the impact on the forward workplan of this committee so that greater assurance may be provided.
- Reports to demonstrate a greater focus on the quality of a service.
- Review the forward workplan to ensure that all staff performance issues are reported on for all workforce areas.

Section 5 - Risk Management
All respondents agreed that the workforce and organisational development risks were being appropriately reported as a result of the new risk management system that is in place**.**

There was one opportunity for strengthening suggested:
- Ensure that sufficient time is provided to enable the Committee to review and consider each of the identified risks and explore strategies to better enable this as part of the development of the forward workplan for this Committee.

Section 6 - Statutory and Mandatory Compliance
The majority of respondents confirmed that they were assured through regular updates provided to the Committee in respect of Equality and Diversity legislation, Welsh Language standards and mandatory and statutory training. This was noted as an area of strength for this Committee and as such, no opportunities for strengthening were suggested by respondents.

Specific Responses for People & Culture Committee Improvement

The table below details the specific areas where suggestions for improving the People & Culture Committee's effectiveness were made.

Specific Actions to deliver improvements in the Committee's effectiveness

Section	Area of Focus requiring attention	By When	Action Holder
1 Committee Processes: Composition, Establishment, and Ways of Working	- New Members to have access to induction training. - Improved understanding of the Terms of Reference of each committee, and the interaction between committees - Strengthen the approach to managing meeting time to enable a greater focus on key agenda items. - Inclusion of a standard agenda item to facilitate Committee Member refection of the meeting held	Summer 2024 Summer 2024 April 2024 April 2024	Director of Corporate Governance and Head of Board Business
2 Culture and Values	- Committee workshop the process for reporting on the culture of the organisation. - Explore ways in which the Committee may be assured of staff voice in respect of feeling safe aligned with the Speaking Up Safety Framework	Summer 2024 Summer 2024	Director of Corporate Governance and Head of Board Business
3 Organisational Development and Capacity	No action for this section		
4 Performance Reporting	- Committee workshop to explore the appropriate feedback of the processes and the impact it has on the forward workplan. - Review the forward workplan to ensure that all staff performance issues are reported on for all workforce areas.	Summer 2024 February 2024	Director of Corporate Governance and Head of Board Business
5 Risk Management	Ensure that sufficient time is provided to enable the Committee to review and consider each of the identified risks	Summer 2024	Director of Corporate Governance and Head of Board Business
6 Statutory and Mandatory Compliance	No action for this section		

Overall Assessment of Effectiveness

To determine the overall effectiveness of the Committee, a standardised scoring matrix has been used to assess each Committee; this is in accordance with the Well-Led Framework for Leadership and Governance Developmental Reviews and is shown below.

Overall Assessment		
Score	Definition	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Overall Assurance Rating

The table below provides a breakdown of the responses to each section, as well as an overall assurance rating against the committee's effectiveness.

Section	No of Questions	Number of Possible Responses	Number of responses 'Yes'	Number of responses 'No'	Number that 'Didn't Answer'	Overall Assurance Rating
1	26	104	94	7	3	
2	5	20	18	2	0	
3	3	12	7	1	4	
4	3	12	8	4	0	
5	1	4	4	0	0	
6	1	4	0	0	4	
Total	39	156	131	14	11	

In conclusion, the results of the individual self-assessment, combined with the analysis of the Four self-assessments with an 84% response rate of 'Yes,' determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees

and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

Argymhelliad / Recommendation
The Committee is asked to: • **NOTE** the performance information contained within the report, • **CONSIDER** the proposed actions to address those areas as requiring further improvement, and; • **AGREE** to include any proposed improvement actions within the Committee Forward Plan for 2024/25 or the wider Board Business Improvement Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The self-assessment of committee effectiveness ensures risk is appropriately monitored and managed.
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	Not Applicable Choose an item.
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:	None

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**	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.wal es/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

People and Culture Committee Self-Assessment Checklist

Introduction

The self-assessment tool is a way for our People and Culture Committee (PCC) to develop its effectiveness. The Board and its sub-Committees should aim to assess their effectiveness against these questions on an annual basis.

To gain an overall view of PPC effectiveness, it is important that the individual views of all members are considered as a whole, therefore, each area of the effectiveness tool allows space for comments. This provides an important opportunity to expand on any considerations relating to that section of the effectiveness tool and to highlight any concerns about the Committee's performance.

At the end of the self-assessment there is an opportunity for you to provide an overall score on the Committee's effectiveness using the scoring scale below.

Score	Measure	Description
1	**Room for improvement**	The PCC is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	**Meeting standards**	The PCC is performing to the required standard in this area. There may be room for improvement, but the PCC can be seen to be discharging its responsibilities effectively.
3	**Excelling**	This is an area where the PCC is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

The completed self-assessments will enable the Corporate Governance Team to: -

1. generate an overall view of PPC effectiveness; and

2. drill down and analyse specific areas of strength or improvement on a section, sub-section, and individual question level.

The results of which will be reported to the Committee in February 2024 and used to inform the Committee Annual Report, Annual Accountability Report and Governance Statement.

Section 1 - Committee Processes: Composition, Establishment, and Ways of Working

	Question	Response Yes / No	Comments	Suggested Improvement Actions
1	Does the Committee have written terms of reference and have they been approved by the Board?			
2	Are the terms of reference reviewed annually?			
3	The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?			
4	Has the Committee been quorate for each meeting this year?			
5	In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?			
6	Members who have recently joined the PCC have been provided with induction training to help them understand their role and the organisation?			
7	The Committee is clear about its role in relationship to other Committees that play a role in relations to people & culture matters?			
8	Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?			
9	The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?			
10	The Committee has an established a plan of matters to be dealt with across the year?			

11	Does the Committee consider issues at the right time and in the right level of detail?			
12	The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?			
13	Are the Committee's papers distributed in sufficient time for members to give them due consideration?			
14	The quality of the Committee's papers received allows Committee members to perform their roles effectively?			
15	Committee meetings are chaired effectively?			
16	The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?			
17	The Committee environment enables people to express their views, doubts, and opinions?			
18	The Committee challenges management and other assurance providers to gain a clear understanding of their findings?			
19	Members hold their assurance providers (management) to account for late or missing assurance?			
20	Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?			

21	At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?			
22	Decisions and actions are implemented in line with the timescale agreed?			
23	Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?			
24	Does the Committee prepare an annual report on its work and performance for the Board?			
25	The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.			
26	The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?			

Section 2 – Culture and Values				
	Question	**Response Yes/No**	**Comments**	**Suggested Improvement Actions**
27	Is the Committee satisfied that there is a credible process for assessing, measuring and reporting on the culture of the organisation?			
28	Does the committee receive sufficient information to demonstrate how the Health Board engages with staff and staff voices, including the staff survey, and its implications?			
29	Does the Committee receive sufficient assurance that there is positive progress being made by the Health Board on equality and diversity matters?			
30	Is the Committee confident that the organisation adopts a consistent working environment which promotes staff well being, and where people feel safe and are able to raise concerns?			
31	Is the Committee assured that the organisation visibly and effectively addresses bullying and harassment?			

	Section 3 – Organisational Development and Capacity			
	Question	**Response Yes / No**	**Comments**	**Suggested Improvement Actions**
32	Does the committee receive sufficient assurance on the implementation of the Health Board's Organisational Development Plan?			
33	Does the Committee receive sufficient assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:			
	a. Strategic approach to growing the capacity of the workforce			
	b. Analysis and use of sound workforce, employment and demographic intelligence			
	c. The planning of current and future workforce capacity			

d. Effective recruitment and retention			
e. New models of care and roles			
f. Agile working			
g. Identification of urgent capacity problems and their resolution			
h. Continuous development of personal and professional skills			
i. Talent management			

34	Does the Committee receive sufficient assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning?			

Section 4 – Performance Reporting			
Question	**Response Yes / No**	**Comments**	**Suggested Improvement Actions**
35	Is the Committee confident that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures?			
36	Does the committee effectively scrutinise the workforce and organisational development performance issues and key performance indicators including: • Strategic priorities relating to workforce • Organisational culture • Staff health and wellbeing • Workforce utilisation and sustainability • Recruitment, retention and absence management • Workforce planning • Succession planning and talent management • Training, development and education • Management and leadership capacity programmes			

		Response Yes / No	Comments	Suggested Improvement Actions
37	Does the Committee receive and consider workforce and development performance audit; and monitor progress against agreed actions?			

Section 5 – Risk Management

	Question	Response Yes / No	Comments	Suggested Improvement Actions
38	Is the Committee satisfied that workforce and organisational development risks are appropriately reported to and monitored by the committee?			

Section 6 – Statutory and Mandatory Compliance

	Question	Response Yes / No	Comments	Suggested Improvement Actions
39	Is the Committee confident that that compliance and reporting requirements have been met for:			
	a. Equality and Diversity Legislation			

b. Welsh Language Standards			
c. Consultation and Organisational Change			
d. Mandatory and Statutory Training			

Overall Assessment		
Score	**Measure**	**Description**
1	**Room for improvement**	The PCC is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	**Meeting standards**	The PCC is performing to the required standard in this area. There may be room for improvement, but the PCC can be seen to be discharging its responsibilities effectively.
3	**Excelling**	This is an area where the PCC is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Comments:

ID	Start time	Completion time	Email	Name	Last modified time	1. Does the Committee	1a. Comments	1b. Suggested Improver
1	11/2/23 9:13:03	11/2/23 9:17:14	anonymous			Yes		
2	11/2/23 13:29:31	11/2/23 15:08:36	anonymous			Yes		
3	11/14/23 13:49:25	11/14/23 13:58:30	anonymous			Yes		
4	11/28/23 22:30:51	11/28/23 22:41:58	anonymous			Yes		
Yes							4	
No							0	
Didnt Answer							0	

2. Are the terms of refe	2a. Comments	2b. Suggested Improver	3. The number of meeti	3a. Comments	3b. Suggested Improver	4. Has the Committee b	4a. Comments	4b. Suggested Improver
No			Yes			Yes		
Yes			Yes			Yes		
Yes			Yes			Yes		
Yes			Yes			Yes		
3			4			4		
1			0			0		
0			0			0		

5. In terms of numbers,	5a. Comments	5b. Suggested Improver	6. Members who have r	6a. Comments	6b. Suggested Improver	7. The Committee is cle	7a. Comments
Yes			Yes			Yes	
Yes	All members of the cttee are active and contribute to the discussions. If there were more members then some may not feel the need to contribute.			Don't know if recent IMs have had induction.		Yes	I think it is clear but there are some topics which are reported to other cttees and sometimes cttee members want updates at PCC as well - eg the new e-system for job planning, which is also currently reporting to Audit cttee. It is important that only one cttee has the authority to make any decisions on an issue, to avoid duplication or confusion.
Yes			Yes	assume so- not aware		Yes	
Yes				I am not new to the committee.		Yes	
4			2			4	
0			0			0	
0			2			0	

7b. Suggested Improver	8. Committee members	8a. Comments	8b. Suggested Improver	9. The Committee uses	9a. Comments	9b. Suggested Improver	10. The Committee has
	Yes			Yes			Yes
	Yes			No	Don't think the cttee uses 'assurance mapping' - is this a specific document or process - not heard of it before.	Do we need to make 'assurance mapping' a specific part of the committee ?.	Yes
avoiding duplication with other committees	Yes			No	i am not aware of specific assurance mapping processes		Yes
	Yes			Yes			Yes
	4			2			4
	0			2			0
	0			0			0

10a. Comments	10b. Suggested Improvement Actions	11. Does the Committee	11a. Comments	11b. Suggested Improvement Acti	12. The Committee ens	12a. Comments
		Yes	Very good detail and thorough.		Yes	
It is helpful to have the plan to ensure that all appropriate areas are discussed or reported on regularly. Otherwise some topics could be covered disproportionately.	I think it may be helpful to have an annual update report on Medical training (UG and PG) as the GMC may want to know how the Board is updated on these matters.	Yes			Yes	
		Yes		opportunity to consider less or themed agenda items to explore some matters in more detail	Yes	
		Yes			Yes	The meeting is well supported and Sarah is very helpful regarding these meetings.
		4			4	
		0			0	
		0			0	

12b. Suggested Improve	13. Are the Committee's	13a. Comments	13b. Suggested Improve	14. The quality of the Co	14a. Comments	14b. Suggested Improve	15. Committee meeting	15a. Comments
	Yes			Yes			Yes	Very good chair
	Yes			Yes	Papers are very detailed and well presented.		Yes	
	Yes			Yes			Yes	
	Yes			Yes			Yes	Louise chairs the meetings very well and she has an inclusive style and approach.
	4			4			4	
	0			0			0	
	0			0			0	

15b. Suggested Improve	16. The Committee chai	16a. Comments	16b. Suggested Improve	17. The Committee envi	17a. Comments	17b. Suggested Improve	18. The Committee chal	18a. Comments
	Yes			Yes			Yes	
	Yes	The chair takes note of those who want to comment or ask questions in a fair way. Everyone is given time to contribute.		Yes	Holding the cttee 'on teams' still seems appropriate and generally works well.		Yes	
	Yes			Yes	Good opportunity for discussion and views		Yes	
	Yes			Yes			Yes	
	4			4			4	
	0			0			0	
	0			0			0	

18b. Suggested Improve	19. Members hold their	19a. Comments	19b. Suggested Improve	20. Each agenda item is	20a. Comments	20b. Suggested Improve	21. At the end of each n
	Yes			Yes			Yes
	Yes			Yes			
	Yes			Yes			No
	Yes			Yes			Yes
	4			4			2
	0			0			1
	0			0			1

21a. Comments	21b. Suggested Improvement A	22. Decisions and action	22a. Comments	22b. Suggested Improve	23. Are the outcomes of	23a. Comments	23b. Suggested Improve
		Yes			Yes		
I think we could probably do this better and take time to summarise what we have discussed / decided through the meeting before the meeting closes.	Have a specific agenda item at end to summarise main actions taken or proposed, so that everyone is clear about what has been decided.	Yes	If specific information has been requested by the cttee it is sent out in between meetings in a timely way.		Yes	Some sensitive / confidential issues have also been dealt with using an 'in-cttee' confidential section after the main meeting and may reported to a Board 'in-cttee'.	
could be strengthened	More focus at end of the meeting to ensure actions are clear and agreed	Yes			No		
The end of the meeting tends to look at any matters which need referring to/reporting to the board. There is no agenda item specifically asking - What worked well, not so well etc.	We could specifically ask - What workerd well, and what didn't work so well, if the committee thought thois would be useful?	Yes			Yes		
		4			3		
		0			1		
		0			0		

24. Does the Committee	24a. Comments	24b. Suggested Improve	25. The results of the ar	25a. Comments	25b. Suggested Improve	26. The self-assessment	26a. Comments	26b. Suggested Improve
Yes			Yes			Yes		
Yes			Yes	I hope this self-assessment will be reviewed and discussed by the cttee at the next meeting.		Yes		
Yes			No	I've not seen this done previously		No	As above	
Yes			Yes	I think this is the first annual assessment.		Yes		
4			3			3		
0			1			1		
0			0			0		

27. Is the Committee sa	27a. Comments	27b. Suggested Improve	28. Does the committee	28a. Comments	28b. Suggested Improve	29. Does the Committee
Yes			Yes			Yes
No	It is difficult to measure the culture of an organisation. The staff survey can provide some information about culture in the organisation but those who complete it are self-selected so the survey doesn't give the complete picture and may be one-sided. ABUHB is very large and covers so many sites so the culture may vary from one place to another, depending on the culture demonstrated by the leaders within a particular area.		Yes	Cttee has received regular updates on outcomes of staff surveys and actions to be taken. Cttee is also aware of other engagement activities across the UHB, for staff to meet members of the Exec team & HR team etc.	As an IM it may be helpful to be aware of opportunities to engage informally with staff across the UHB.	Yes
No		related items and work is ongoing regarding values and behaviours	Yes			Yes
Yes			Yes			Yes
2			4			4
2			0			0
0			0			0

29a. Comments	29b. Suggested Improve	30. Is the Committee co	30a. Comments	30b. Suggested Improve	31. Is the Committee as	31a. Comments
		Yes			Yes	
Regular updates from E&D HR lead about pieces of work to engage different groups of staff. This is work in progress and depends on people feeling able to contribute to the networks that are being established.		Yes	The cttee is aware of work that is being done to support the well-being of staff and the 'well-being centre' is leading the way in providing support and assessing new methods of support. I am not sure that we know whether staff feel safe or not to raise concerns and the recent self-assessment against the 'Framework for speaking up safely' will be interesting to hear about.		Yes	I am sure there are policies in place to address issues of bullying and harassment but I don't think the cttee can know about how individual cases are handled as they are confidential. The Exec team have recently been pro-active in messages on staff intranet to declare that these behaviours are not tolerated and people are encouraged to speak up and seek appropriate support.
EDI advisor also in place to the committee		Yes			Yes	more recently including EDI and speaking up safely progress
		Yes			Yes	
		4			4	
		0			0	
		0			0	

31b. Suggested Improve	32. Does the committee	32a. Comments	32b. Suggested Improve	33. Does the Committee	33a. Comments	33b. Suggested Improve	34. Does the Committee
	Yes			a.Strategic approach to growing the capacity of the workforce			Yes
	Yes	Regular updates provided.		a.Strategic approach to growing the capacity of the workforce	(This question will only accept one answer). The cttee receives updates on many of the areas listed above. Don't recall anything specific on talent management. Not sure if there is sufficient external data available to plan for future workforce capacity and this may now be impacted by financial constraints.		No
	Yes	contained through people plan progress updates		d.Effective recruitment and retention	only able to select one of the above		Yes
	Yes				Yes all are discussed and reported upon.		Yes
	4						3
	0						1
	0			4			0

34a. Comments	34b. Suggested Improve	35. Is the Committee co	35a. Comments	35b. Suggested Improve	36. Does the committee effectively	36a. Comments	36b. Suggested Improve
		Yes			Yes		
Don't think the cttee has received much information on these particular areas, especially regarding the development of managers (clinical & non-clinical), apart from the clinical leadership programme. Not aware of any specific work regarding succession planning, but may be happening.		No	Don't think that I am aware of these processes and control arrangements to be able to make any comment.		Yes	Some of these areas are scrutinised well, but other areas may not be so well discussed or reported on in the cttee. The cttee has heard a lot about workforce planning for areas such as nursing, which is a shortage area and crucial for service delivery. Don't think we have heard so much on other areas of the workforce such as other HCPs and ancillary staff.	
via people plan update		No	more focus required on what a quality service looks like		Yes		
		Yes			Yes		
		2			4		
		2			0		
		0			0		

37. Does the Committee	37a. Comments	37b. Suggested Improve	38. Is the Committee sa	38a. Comments	38b. Suggested Improve	39. Is the Committee confident tha
Yes			Yes			a.Equality and Diversity Legislation
No	Not aware of any recent audits in this area.		Yes	The new system of risk management has just started so it is on the agenda but we probably need to ensure that we take time to review the risks at the cttee so we don't pass over them too quickly without reviewing them and understanding them properly.	Carefully consider the risks listed at each cttee.	a.Equality and Diversity Legislation
No	Audit committee?		Yes			c.Consultation and Organisational Change
Yes			Yes			d.Mandatory and Statutory Training
2			4			
2			0			
0			0			

39a. Comments	39b. Suggested Improve	Score	Comments
		Meeting Standards - The PCC is performing to the required standard in this area. There may be room for improvement, but the PCC can be seen to be discharging its responsibilities effectively.	
Regular updates on E&D legislation , Welsh Language standards and mandatory and statutory training. These areas are all a work in progress. Not sure about the area of 'consultation and organisational change'.		Meeting Standards - The PCC is performing to the required standard in this area. There may be room for improvement, but the PCC can be seen to be discharging its responsibilities effectively.	Generally the cttee works well and a lot of topics are discussed, reported on and actioned. On review there do not appear to be major gaps but there may be some areas that need to be highlighted and discussed in future cttees.
all above considered but can only select one		Meeting Standards - The PCC is performing to the required standard in this area. There may be room for improvement, but the PCC can be seen to be discharging its responsibilities effectively.	
		Meeting Standards - The PCC is performing to the required standard in this area. There may be room for improvement, but the PCC can be seen to be discharging its responsibilities effectively.	All is working well. Most grateful to Rani and the governance team for their support, also to Sarah and her team for providing the evidence and to Louise for leading on this area of activity - all much appreciated.

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2024
CYFARFOD O: **MEETING OF:**	**People and Culture Committee**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**HEIW Targeted Visit September/October 2023 – Report**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	James Calvert, Executive Medical Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rachel Rouse – AMD Education & Training Linda Coe - Head of Medical Education & Revalidation Service

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

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

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 Medicine at Grange University Hospital and Royal Gwent Hospital (28th September 2023) and Nevill Hall Hospital and Ysbyty Ystrad Fawr (26th October 2023). The visits were following on from its last visit in February 2023.

The Health Board has received the report from the GUH/RGH visit (Appendix 1) but is awaiting the report from the NHH/YYF visit. However, recommendations and requirements have been received for both visits.

An outline of the response and actions against each of the recommendations and requirements is provided as Appendix 2.

The latest Health Board response was provided to HEIW on 28th November 2023.

Cefndir / Background & Context

A Targeted Visit is a component of the HEIW quality framework. Its purpose is to identify areas which are working well and those that potentially require intervention. The evidence that forms the outcomes report is considered in relation to GMC standards and assists in enabling HEIW and the Health Board to work in

partnership to support the provision of high-quality medical education and training. HEIW visits all teaching Health Boards in Wales.

The visits to GUH, RGH, NHH and YYF were part of a series of visits to monitor progress against previous actions and recommendation within medicine in relation to the service reconfiguration following the decision in July 2022 to place the Health Board into 'enhanced monitoring' for Medicine across the Board.

Updates on previous HEIW recommendations have been received by Executive Team and the People and Culture Committee and will continue to be submitted on a bi-annual basis until stepped down.

Asesiad / Assessment

HEIW Reports

HEIW recognised that positive progress has been made at all sites through the improvements undertaken by the Health Board. HEIW have given 2 requirements and 11 recommendations which require further attention.

Requirements

- The Health Board must ensure that Internal Medicine Trainees (IMTs) have regular access to clinics at Nevill Hall Hospital. Clinics need to be rostered in by the rota coordinator.
- The Health Board must ensure that there is support for the trainers. SPA time for supervision must reflect the actual time taken to supervise their allocated trainee allocation, as well as other medical and non-medical staff they are supervising.

Recommendations

- The Health Board should take steps to roster in Educational Development Time (EDT).
- The Health Board should ensure that communication is improved for the step-down process.
- The Health Board should ensure there is clarity on what clinics are available for staff at Nevill Hall Hospital. This should include information about their location and speciality (which may be at a site distant from Nevill Hall Hospital).
- The Health Board should ensure that the induction is extended to cover all sites where trainees work.
- The Health Board should ensure that International Medical Graduates (IMGs) receive an extended induction that helps them settle into Wales and the NHS.
- The Health Board should take steps to ensure that rotas are designed so as not to take all doctors from a particular ward at the same time.
- The Health Board should aim to overlap end of nightshift with post take ward rounds to ensure feedback opportunities and Acute Care Assessment Tool assessments (ACATs).
- The Health Board should aim to ensure improved support for trainees returning to work.
- The Health Board should ensure specialty trainees have sufficient access to ensure adequate curriculum coverage for their specialty.

- The Health Board should ensure induction is adequate for those working in Enhanced Local General Hospitals (ELGHs) including coverage of SOPs for walk-ins.
- The Health Board should ensure consultants have adequate time available for educational activity.

HEIW will arrange a review visit in six months' time at which point consideration will be given to whether enhanced monitoring can be removed from the Health Board. We will be working with HEIW to ensure that its recommendations are progressed and a matrix of action is included at Appendix 2.

Argymhelliad / Recommendation

The People and Culture Committee is asked to receive the Report and the progress made as assurance that the Health Board is improving its provision of training and development for its medical trainees and trainers.

Ad-hoc updates will be provided where any further HEIW issues are raised and/or when any significant changes that do not constitute business as usual occur.

Appendix 1: HEIW Targeted Visit Report – Medicine

    (i)   The Grange University Hospital and Royal Gwent Hospital, 21st February 2023

    (ii)   Nevill Hll and Ysbyty Ystrad Fawr – awaiting report

HEIW TARGETED VISIT REPORT

Medicine

Royal Gwent Hospital and Grange University Hospital

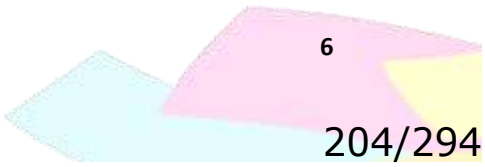Aneurin Bevan University Health Board

28 September 2023

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SECTION ONE: VISIT REMIT

Health Board	Aneurin Bevan University Health Board	Site	**Royal Gwent Hospital and Grange University Hospital**
Visit Date	28 September 2023	**Risk Rating (Pre visit)**	**9**
Specialty	Medicine	**Grade(s)**	Foundation, Core, GP & ST
Visit Panel	• Malcolm Gajraj, Director of Quality Management (Chair) • Ash Basu, Head of School of Emergency Medicine and Acute Care Common Stem training (ACCS) • Naushad Junglee, Consultant in Acute Medicine and Nephrology • Ulfin Rethnam, Faculty Lead • Ashok Vaghela, Local Foundation Lead • Inder Singh, Training Programme Director/Deputy Head of School • William Henderson, General Medical Council • John Benbow, Lay Representative • Mandy Martin, Quality Manager • Nicola Ridley, Executive Officer • Francesca Hogan, Clinical Leadership Fellow (Observer)		
LEP Representatives	• James Calvert, Medical Director • Rachel Rouse, Assistant Medical Director • Khalid Ali, College Tutor • Murali Hedge, College Tutor • Linda Coe, Head of Medical Education • Judith James, Deputy Head of Medical Education • Caroline Newman, Deputy Head of Medical Education		
Evidence Considered	• Action Plan • Evidence Timeline • GMC National Training Survey Results 2019 – 2023 • Previous Visit Report		
Trainees Present	3 x Foundation 3x IMT 4 x ST	**Trainers Present**	7 x Trainers
Status Summary	• The last visit to this department was undertaken in February 2023		

	• This concern **is** in Enhanced Monitoring status with the GMC

1.1. Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

The visits to the Grange University Hospital and Royal Gwent Hospital, are part of a series of visits to the Health Board to monitor progress in addressing training concerns which were identified following the service reconfiguration within Aneurin Bevan University Health Board.

The GMC National Training Survey results for the Royal Gwent Hospital show an overall improvement for General (internal) Medicine (GIM), Internal Medicine Training (IMT) and Foundation Programme in 2023, but a deterioration for Geriatric Medicine especially in relation to Overall Satisfaction, Workload, Handover, Adequate Experience and Educational Governance. The Grange University Hospital results show some improvement in relation to IMT but five below outliers remain (Workload, Teamwork, Induction, Feedback, Local Teaching) and a deterioration in results for GIM (with outliers for Clinical Supervision, Reporting Systems, Workload, Teamwork, Handover, Induction, Educational Governance, Educational Supervision and Study Leave) and Foundation Programme (with outliers for Reporting Systems, Workload, Supportive Environment and Study Leave).

In the previous HEIW Visit to the Grange University Hospital and Royal Gwent Hospital in February 2023 the following feedback was given:

- The trainees' feedback had improved since the previous visit, with several recommending the post for training and indicating that they would consider returning as consultants.
- Overall, the environment was perceived as friendly and supportive.
- Educational and Named Clinical Supervisors were well regarded, and the trainees had good contact

with them, although it was noted that some trainees did not have Named Clinical Supervisors.

- The trainees considered that they had good clinical supervision and support.
- Workplace based assessments could be completed, with a good variety of cases available at the Grange University Hospital.
- Grand Rounds were perceived to be a good learning opportunity.
- Access to clinics in some departments was good. However, some trainees struggled to attend clinics.
- Assessments including ACATs (Acute Care Assessment Tools) had improved although there could still be some challenges.
- Cross site working was not well covered during inductions leading to some confusions when working on other sites.
- Departmental induction was inconsistent and parts of the handbook were outdated. Some departments provided well-structured and informative inductions, although there was a lack of consistency across departments.
- The trainees did not regularly receive feedback on patients they had clerked at the Grange University Hospital.
- Post take ward rounds were not utilised as a learning opportunity.
- Whilst some supervisors encouraged the trainees to take Educational Development Time, the trainees found it difficult to do so.
- The on-call rotas for General (internal) Medicine were not widely shared.
- Step-ups could be time consuming, especially when stepping up general internal medical patients.
- Overall, General (internal) Medicine at the Grange University Hospital was unstructured and lacked clear lines of responsibility.

- Doctors at the Royal Gwent Hospital were not always made aware that stepped down patients had arrived.
- There was no sense of community at the Grange University Hospital.
- Trainers found it difficult to balance their training role and service commitments.

Following this visit the below recommendations had been made:

1. The Health Board should ensure that there is a better process for the acceptance and management of General Internal Medicine patients at the Grange University Hospital site.
2. The Health Board should take steps to introduce the facility for trainees to receive feedback after clerking patients.
3. The Health Board should take steps to ensure that the process for completing ACATs is less burdensome for trainees and trainers and takes place in their working hours and job plans.
4. The Health Board and HEIW need to improve the clarity around the process for consultants to become Named Clinical Supervisors and improve their ability to perform that role.
5. HEIW should ensure that changes to guidelines and the curriculum should be made available and easily accessible to all trainees and trainers.
6. The Health Board should ensure that all consultants across the Health Board have job plans that reflect their workload and ensure adequate time for training.
7. The Health Board needs to take further steps to make the process of transferring patients to the Grange University Hospital site less burdensome.
8. The Health Board should take steps to make the medical on-call rotas more widely available and staff should be able communicate directly with colleagues.
9. The Health Board needs to ensure that further effort is made to improve morale and generate a sense of community on the Grange University Hospital site.
10. HEIW to conduct a review visit in six months' time.

2. **SECTION TWO: SUMMARY FINDINGS**

The panel found during this visit that feedback was much improved. The working environment was described as positive and friendly; no bullying, harassment or discrimination was cited. Trainees felt well supported by supervisors who were deemed to be accessible and provided good support and advice. Trainees also felt fully able to raise concerns and expected a response. The rota did facilitate adequate clinic access, but trainees still had difficulties obtaining ACATs at both middle and higher levels. Internal Medicine trainees noted that they got access to clinical skills but needed to ensure they were rostered to the Grange University Hospital to achieve some of them.

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It was noted that there was a lot of support for training within the Health Board. There was good communication between trainers and trainees with a positive approach to training. Trainees felt that they were able to get feedback but sometimes had to seek out opportunities for this. Trainers confirmed that they were happy to discuss patients and provide feedback but they had to fit this around ward rounds and other obligations. It was felt that the Registrar tier had very busy on-calls, partly due to staffing, and this was impacting on their specialty training.

Areas Working Well	Areas for Improvement
- Positive training environment - Good support from Educational Supervisors - Access to clinics was significantly improved - Proactive feedback when requested - Rota improvements - Internal Medicine Training (IMT) trainees able to achieve acute skills as long as rostered to the Grange University Hospital - Induction was very good for specialty trainees - Good communication and a positive approach to training	- Registrars were very busy on-call and this rota was impacting on their specialty training - Difficulty obtaining ACATs - Ability to take leave - Induction – there was a need to make sure junior staff were getting an induction appropriate to the Royal Gwent Hospital and access to Standard Operating Procedures (SOPs) for the Minor Injury Unit (MIU) walk-ins needed to be included. - Limited opportunities for feedback due to rota arrangements (post-ward round) - Referral process had improved but was still problematic - The working pattern for Foundation trainees on a Friday moving from clerking patients to ward cover disrupted educational opportunities - Morning handover at the Royal Gwent Hospital did not take place.

3. **RECOMMENDATIONS**
   The following recommendations were made in response to the findings of the visit process. An update on progress is required by **4th December 2023.**

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1. The Health Board should aim to overlap end of nightshift with post-take ward rounds to ensure feedback opportunities and Acute Care Assessment Tool assessments (ACATs).

3.1. GMC Requirement R1.12

Organisations must design rotas to:
a) Make sure doctors in training have appropriate clinical supervision.
b) Support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK.
c) Provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
d) Give doctors in training access to educational supervisors.
e) Minimise the adverse effects of fatigue and workload.

2. The Health Board should ensure improved support for trainees returning to work.

3.2. GMC Requirement R3.11

Doctors in training must have appropriate support on returning to a programme following a career break.

3. The Health Board should ensure specialty trainees have sufficient access to adequate curriculum coverage for their specialty.

3.3. GMC Requirement R5.9

Postgraduate training programmes must give doctors in training:
a) training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
b) sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
c) an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
d) the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation

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e) the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working

f) regular, useful meetings with their clinical and educational supervisors

g) placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress

h) a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible,

i) Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

4. The Health Board should ensure induction is adequate for those working in Enhanced Local General Hospitals (ELGHs) including coverage of Standard Operating Procedures (SOPs) for walk-ins to minor injuries units.

3.4. GMC Requirement R1.6

Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

5. The Health Board should ensure consultants have adequate time available for educational activity.

3.5. GMC Requirement R4.2

Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.

6. HEIW will arrange a review visit in six months' time.

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3.6. GMC Requirement R2.6

Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities, and learning opportunities on placements, and must respond when standards are not being met.

In addition, there was Health Board derived recognition of a need for morning handover at the Royal Gwent Hospital site. The issue of Enhanced Monitoring status will be reviewed following feedback from the other two Health Board sites, scheduled for October 2023.

3.7. Next Steps

The Health Board is required to submit an action plan to HEIW in response to the recommendations provided with the report by 4th December 2023.

3.8. Risk Rating Recommendation

It is recommended that the current risk of 9 remain in place until visits to Nevill Hall Hospital and Ysbyty Ystrad Fawr have taken place in October 2023 at which time this would be reviewed.

4. CHAIR'S SIGNATURE

Signature:

Date: 6 November 2023

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5. APPENDIX ONE: TRAINEE & TRAINER MEETINGS

5.1. Induction

Junior trainees noted that induction was very useful. However, it was very specific to the Grange University Hospital, and it was noted that more information related to the Royal Gwent Hospital would be useful, perhaps in the form of an induction booklet, especially in relation to the geography of the hospital and where to find things. It was noted that IT access and blood gas analysis training were not issued at induction but more sporadically.

Junior trainees noted that the nature of how services were set up was quite fragmented and the logistics could be quite challenging in relation to arranging transfers, it was felt that this was not covered very well at induction. It was also noted that management of acute patients was not covered comprehensively at induction. Trainees agreed that if there was no local registrar available there would be a consultant on the rota they could contact and discuss patients with; it was more the logistical process that was complex rather than the decision to transfer a patient.

It was noted that there was a talk in the afternoon of Induction regarding step up pathways and they were given the flow centre number, but trainees said the process was not as simple as calling this number when on-call in the middle of the night. They said that sometimes they would bypass the flow centre and talk directly to the relevant registrar first and then call the flow centre. Sometimes the flow centre staff were not sure who to contact and sometimes there was a long wait for transfers and trainees had to manage the patient while they were waiting. Trainees were asked if they had experienced any instances where patients had deteriorated or come to harm because of this but they had not experienced this to date. Middle and higher grade trainees also confirmed that their induction was of very good quality. All ID's and access were ready on the day for this group and they received both Health Boardwide and site-specific induction.

5.2. Educational Supervision

All trainees confirmed that they had an Educational Supervisor (ES) or Named Clinical Supervisor who had been appointed at the start of their rotation and they felt very well supported with appropriate contact time. No problems were raised in relation to educational supervision which was accessible and proactively managed.

Some trainees confirmed that they had not been able to attend their ES meetings or take Educational Development Time (EDT) recently due to staffing levels which they felt fluctuated. They said it could be hard to leave the ward recently as their registrar who was doing the lead coordination for the ward had left and this role had been given to one of the consultants for the now. This had resulted in some disjointed leave approvals where others on the ward had not been informed of pending leave or cover arrangements. There were currently staff shortages in relation to Physician Associates (PAs) and Clinical Fellows also which impacted on this but it was hoped that staffing issues on the ward would be short term and things would improve. This had been flagged with Health Board management who were looking into it. Trainees felt that they generally had less doctors than other wards. Trainees also confirmed that access to clinical skills for IMT was positive and there were 'mop up' sessions in place for clinical skills.

5.3. Clinics

It was noted that clinics were incorporated into the rota. Trainees felt there were sufficient variety of clinics but they had to plan in advance to get access to them. In some cases clinics were affected by on-call weeks, especially for Monday clinics, but trainees were liaising with their supervisors over this. Trainees felt that clinics were well supervised and a consultant was next door to answer any questions and discuss patients.

Trainers confirmed that they were actively trying to provide clinics and that trainees were aware that they could attend other clinics, not just those they were assigned too.

Feedback and Work Based Assessments (WBAs)

Junior trainees felt that it was straightforward to get Acute Care Assessment Tool assessments (ACATs) at the Royal Gwent Hospital, but they had to stay late on their nights to get everything done. They considered they were balancing sleep, rest and trying to get sign-offs. Trainees said that they received constructive feedback on patients they had seen at post-take ward rounds. They felt this was more difficult at the Grange University Hospital where there are four simultaneous post-take rounds. There was a handover in the morning at the Grange University Hospital where they went through the whole patient list. They were able to stay for post-take after a shift if they wanted to but did not have to.

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It was noted that there was a specific problem for Foundation doctors. On Fridays they clerk patients during the day waiting for the consultant to come at 5pm, but then at 5pm the trainee would be moved on to ward cover so they received no feedback on their clerking and did not know what happened to the patients. They then stayed on the wards for Saturday and Sunday.

Middle and higher grade trainees noted that ACATs were historically difficult to achieve. There were so many consultants post-taking concurrently that it was difficult to have patients seen by the same consultant; they might be able to achieve one per week. It was not impossible but disjointed and harder than in other hospitals.

Trainees confirmed that if they have been on a night shift they do not see any patients they clerked overnight unless they stayed on for the ward round after their shift end, so this was a lost opportunity to get feedback and ACATs. There was a lack of feedback around management of patients clerked overnight even when not doing ACATs. This was the case at both hospitals.

The ability to undertake other Work Based Assessments was otherwise very good, with willing and proactive consultants.

5.4. Handover

Trainees felt that handover could be improved at the Royal Gwent site. Sometimes patients could be missed, if everyone was rotating at the same time and trainees could be left uncertain as to which patients they were responsible for, especially if the consultant was already in the ward round. The system relied on consultants knowing which patients they needed to see with no official oversight.

Trainees confirmed that the tier one on call weekend had changed in the last year because it had become a trainee welfare issue due to weekend workload. This had improved things but the 5pm change was problematic; the bleep for handover was already going off from 4.30pm. This had been raised previously and the outcome of discussions was an extra staff member coming on shift on a Saturday. It was felt that this had made some improvements but had not fixed the problem.

5.5. Raising concerns

Trainees confirmed they knew how to raise concerns and were confident to do so. They felt the Health Board was a very friendly place to work and everyone was supportive. They were not aware of any discrimination, bullying or harassment.

One trainee raised a query about IMT tracks and the way they work stating that they had been in the same specialty for 18 months during their programme. They had raised this as a training issue but told that nothing could be done. The Chair agreed to pick this up with the training programme outside of the meeting.

5.6. Transfer of patients

Trainees confirmed that the process for transfer of patients was to confirm with the consultant or registrar, then call the flow centre. Then they would speak to whoever was receiving the patient to ensure they were expecting them. Sometimes trainees had to spend time chasing but they were usually not involved in transport or anything beyond this point.

5.7. Rota

Higher grade trainees told the panel that the Grange University Hospital had a bad reputation for heavy rota arrangements. It was a 1 in 10 on call rota. Due to on-calls all leave was taken from the specialty days which meant less time in specialty specific training.

Patient acuity was quite high and the on-call felt frequent. It was noted that other hospitals would have two registrars on to cover the take, but here there was only one. As there was high patient acuity in the hospital trainees often had to provide advice to other specialties as well. They felt that extra help on the take would be beneficial. Trainees said the situation was known to everyone and that heavy on-calls were the expected if went to the Grange which had a good reputation for Cardiology training.

In relation to Respiratory Medicine and GIM, trainees confirmed that there was a requirement to do an Intensive Therapy Unit (ITU) block which was currently time-based but they were also left on the GIM on-call rota so this significantly cut down the number of days available to do the ITU. This had a huge impact on the quality of the experience. When raised with management, trainees were told it had been decided that they could not afford to lose registrars from the GIM rota so nothing could be done to change this. In terms of covering the curriculum requirements this was very challenging; one trainee had not been able to take annual leave for four months and had had to add any extra hours they stayed late to obtain the full-time commitment required.

Trainers felt the rota had been improved and there was a larger workforce.

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5.8.   Patient management and Safety

Trainees noted that there were very long waits at the Grange University Hospital for patients to see someone in Medicine from the point of referral. On a night shift they would see patients that were referred at lunchtime and would not get around to seeing any that had been referred during the night shift as they were experiencing waits of twelve hours or more after referral.

There were not enough staff to see the number of patients. The panel asked if this was unsafe and whether they would know if patients were deteriorating. Trainees confirmed there were two cohorts of patients, those referred from Emergency Medicine (EM) who had been medically assessed, had had initial management started and remained the responsibility of the EM department until seen by the GIM team; and Medical Assessment Unit (MAU) patients who had been seen by a medical triage nurse and were then waiting to be seen by the medical team. This second cohort had had no meaningful treatment before they came in and were sat waiting without frequent observation. They tried to prioritise the worst cases. No one was aware of anyone having come to any harm to date but there was the potential for patients to deteriorate. It was also noted that acuity in the Royal Gwent Hospital was relatively low but the volume of patients was high as there was no doctor in the Minor Injuries Unit (MIU), so patients were often triaged to be seen when it was not necessary.

Some trainees were not aware of any specific guidance regarding walk-in patients though there was protocol for paediatric patients. Trainees reported a recent incident whereby a stabbing victim had walked in but they were quickly referred to Surgery. It was noted that it was common to have 15 or 16 patients waiting to be clerked when a shift started.

5.9.   Support

One trainee commented that support for returning trainees should be improved as they had not had a good experience when returning to work after an absence. Trainers confirmed that educational supervision was becoming harder with more people to supervise, not just trainees but non-training grades too. There was a decreasing number of consultants who could train putting more pressure on the consultant body.

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Appendix 2: Response Action Matrix against each HEIW recommendation

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Report Ref:	Theme	Concern & Action	Progress Status
	Training & Education		
Req 1: **NHH only**	Clinic access	All Internal Medicine Trainees (IMT's) must have regular access to clinics at Nevill Hall Hospital.	*On this occasion the recommendation were specific to Nevill Hall Hospital but to ensure sustainability across the Health Board these are being applied to all sites.*
Action 1		Clinics are rostered by the rota co-ordinator to ensure that IMT doctors attend the number of clinics required to meet their educational outcomes.	*A master list of clinics has been compiled.* *Clinics are to be rostered alongside a flexible approach with a list of available clinics provided on "Padlet" for staff to indicate their preferred attendance and encouraging leaders to enable staff to attend where possible outside of the normal 6-week rule. Educational supervisors will be informed of the process so that they can check with trainees that rostering has taken place and clinics allocated.* *A written SOP will be provided describing the process for escalation.*
Rec 3:	Clinic access	Ensure there is clarity on what clinics are available for staff. This should include information about their location and speciality.	
Action 1	Clinic access	Create a master list of clinics to assist junior doctors choose a clinic they may wish to attend (this may be at a site that is different to the one at which they are working). Attendance at clinics to be rostered as per Requirement 1.	*A master list of clinics has been compiled.* *Clinics are to be rostered alongside a flexible approach with a list of available clinics provided on "Padlet" for staff to indicate their preferred attendance and encouraging leaders to enable staff to attend where possible outside of the normal 6-week rule. Educational supervisors will be informed of the process so that they can check with trainees that rostering has taken place and clinics allocated.* *A written SOP will be provided describing the process for escalation.*
Rec 1:	EDT	Health Board to roster in Educational Development Time (EDT).	

Report Ref:	Theme	Concern & Action	Progress Status
Action 1	EDT	Review the rota creation process to ensure that all staff have protected EDT within their rota.	*The Associate College Tutors are undertaking a survey of trainees to establish if they are getting to clinic and EDT – awaiting the results.* *Discussions with the Divisions are being undertaken to establish how EDT is rostered across all specialties. A pragmatic approach is being undertaken to ensure and encourage protected time.*
Rec 11	SPA	Ensure consultants have adequate time available for educational supervision activity.	RGH / GUH visit
Action 1	SPA	To ensure the consultants job plans and rota allow for educational activity and that this is used for this purpose.	*A survey is underway to determine the staff perspectives on workload and to assist in measuring the volume of educational activity provided in relation to demand and supply.* *The Health Board already meets the HEIW guidance on Physician Associate allocation for educational supervision. The Health Board is also considering the number of trainees allocated to individual consultants. Support may be needed to assist in recruitment and training of new educational supervisors.*
Rec 9	Curriculum coverage	Ensure specialty trainees have sufficient access to adequate curriculum coverage for their specialty.	RGH / GUH visit
Action 1		Education faculty to work with Educational supervisors to ensure trainees have access to specialty curriculum.	*This is the responsibility of the Division and concerns and issues raised with Educational Supervisors will be resolved locally within the Division or escalated to TPDs.* *Educational supervisors will be reminded to actively question trainees on their access to curriculum opportunities and will be reminded of escalation process in a written SOP.*
	Staffing		
Req 2: NHH only	Clinical Supervision	The Health Board must ensure that there is support for the trainers. SPA time for supervision must reflect the actual time taken to supervise their allocated trainee allocation, as well as other medical and non-medical staff they are supervising.	*On this occasion the recommendations was specific to NHH but to ensure sustainability across the Health Board these are being applied to all sites.* *This process is to start at NHH.*

Report Ref:	Theme	Concern & Action	Progress Status
Action 1	Educational Supervision	Create and maintain list of staff by role who require supervision i.e. Trainees, PA's, Clinical Fellows (at all sites and services).	*A list of staff is being created with the assistance of Medical Staffing department.*
Action 2	Educational Supervision	Create and maintain list of educational supervisors (at all sites and services)	*Med Ed holds a complete list of named educational and clinical supervisors and discussions are to be held with the Division to maintain and map the list to individuals employed within the Division. It is accepted that this will not be 100% accurate 100% of the time but will provide indication of the size of the workload and any gaps in the education cover at departmental level.*
Action 3	Educational Supervision	Ensure that the levels/numbers of staff supervised are distributed evenly between all clinical supervisors and that this is reflected in their job plan (at all sites and services).	*Following the survey (to determine the staff perspectives on workload and to assist in measuring the volume of educational activity provided in relation to demand and supply) discussions will be held with the Division.* *Where an educational supervisor has more than 4 trainees allocated to them this will be raised with the consultant in the first instance to ensure they have time in their job plan. Where they indicate they do not this will escalated to their Clinical Director.*
Rec 4	Induction	Ensure that induction is extended to cover all sites where trainees work.	*Staff have one induction only at the initial site at which they are placed and do not have other site inductions. The original induction does not fulfil clinical requirements for the new site.*
Action 1	Induction	Review the Clinical Induction process to ensure that all staff have an induction at each site that they work / to which they are transferred e.g. junior staff moving from RGH to GUH	*All trainees are provided with the Health Board Induction. Responsibility for local introduction lies with the Division.* *The necessity for this will be discussed with the Divisions and their plans for induction checked.*
Rec 10	Induction	Ensure induction is adequate for those working in ELGHs including coverage of SOPs for walk ins.	RGH / GUH visit
Action 1	Induction	Review the Clinical Induction documentation to ensure that all staff have an induction SOP at each site that they work including ELGH's	*All trainees are provided with the Health Board Induction. Responsibility for local introduction lies with the Division.*

Report Ref:	Theme	Concern & Action	Progress Status
			The necessity for this will be discussed with the Divisions and their plans for induction checked.
			The existing SOP for MIU Walk-ins will be included on Padlet and drawn to the attention of staff during induction.
Rec 5	Induction	Ensure that International Medical Graduates (IMGs) receive an extended induction that helps them settle into Wales and the NHS.	
Action 1	Induction	Review the existing arrangements to ensure that all relevant staff are invited to the IMG induction.	*The Health Board is highly regarded in providing a high quality IMG induction programme.* *All IMG's are invited to the extended IMG induction and are provided with Handbook. Attendance is high.* *Med Ed provides an additional monthly programme and simulation training for IMG's.*
	Operational		
Rec 2	Step Down	Ensure that communication is improved for the step down process to ensure effective patient management.	*There is a perceived lack of clarity and awareness when planned transfers have taken place and patient arrived and a lack of medical handover on transfer.* *Step down process also forms part of concerns and recommendations of HEIW Report Feb 2023.*
Action 1	Step Down	Undertake survey of junior doctors to further understand concerns. and design action plan to address concerns raised	*Step down is key to the safety of our system. Review and re-design of the step down process is included in Workstreams 5 & 6 of our 6 Goals work program. Junior doctor volunteers have been sought to join an MDT working group to include all staff groups involved in step down. Support is being provided from planning*
Rec 6	Rota	Take steps to ensure that rotas are designed so as not to take all doctors from a particular ward at the same time.	Concern raised particularly at NHH
Action 1	Rota	Ensure Ward Teams are not rostered on-call together	*General managers of operational divisions will work with rota coordinators to ensure safe rostering and ward staffing*

Report Ref:	Theme	Concern & Action	Progress Status
Rec 7	Rota	Aim to overlap end of night shift with post take ward rounds to ensure feedback opportunities and Acute Care Assessment Tool assessments (ACATs)	RGH / GUH visit
Action 1		Review shift times to ensure overlap of night / on-call shift with day shift to ensure doctor's attendance at Post Take Ward Rounds (PTWR) allows correct feedback and ACAT.	*Delivering a change in rota and shift times is extremely challenging to maintain compliance with working time directives and would need agreement at a national level. Alternative solutions are being explored with ACAT completed during the day – a guide is under development by the Associate College Tutors to assist staff. This will be provided on Padlet.*
	Workforce		
Rec 8	Support	Aim to ensure improved support for trainees returning to work	RGH / GUH visit
Action 1	Support	Review return to work process for doctors absent through sickness	*For all doctors in training then this will require action by NWSSP as their employer.*

Amcanion: (rhaid cwblhau) / Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Failure to meet the required standards of training could ultimately result in medical trainees being removed from some Health Board sites which would be a grossly detrimental impact on staffing levels and patient care.
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	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 wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: / Further Information:	
Ar sail tystiolaeth: Evidence Base:	Appendix 1: HEIW Targeted Visit Report – Medicine (i) Nevill Hall Hospital, 16th February 2023 (ii) The Grange University Hospital and Royal Gwent Hospital, 21st February 2023 Appendix 2: Response Action Matrix against each HEIW recommendation
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:	Executive Team

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 –** Improving the experience of trainees, which in turn results in overall improvement of patient care and staff experience, will aid in achieving the long term Healthier Wales ambition.
	Integration – Delivery of improvements, outlined in the plan, will ensure system resilience and improved patient safety; in collaboration with partner organisations including HEIW.
	Involvement – Patient experience, staff experience and feedback from external stakeholders (including HEIW and the Royal College of Physicians) has been taken into consideration when developing improvement actions.
	Collaboration – The delivery and ongoing work outlined has required collaboration across the organisation and with external stakeholders (especially HEIW).
	Prevention – Implementation of the improvement plan provides a heightened response when unwell patients self-present at our hospital sites, which has been previously been acknowledged as an area of concern. The improvement plan also provides assurance that concerns around the care of deteriorating inpatients are progressed.

Review of Workforce Planning Arrangements – Aneurin Bevan University Health Board

Audit year: 2023

Date issued: January 2024

Document reference: 3993A2024

Contents

Summary report

Introduction

1   An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists (A Picture of Healthcare, 2021). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their 2022 Nursing in Numbers analysis. In addition, the social care sector is also facing its own workforce issues. The pandemic exacerbated these challenges as the health sector looks to recover services.

2   Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.

3   National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long term. But there are a range of complex factors which impact on planning assumptions, these include:

- workforce age profile, retirement, and pension taxation issues;
- shifts in attitudes towards full and part-time working;
- developing home grown talent and the ability to attract talent from outside the country into Wales; and
- service transformation which can change roles and result in increasing specialisation of roles.

4   At the time of writing this report, Aneurin Bevan University Health Board (the Health Board) continues to face significant workforce challenges. There are high staff vacancy rates that are creating greater workload pressures and over-reliance on bank and agency staff. In 2022-23, the Health Board workforce spend was £781.25 million which is a 36% increase over the previous five years.

5   The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future workforce challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering and consultant job planning, fall outside the scope of this review.

6   The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

7   Overall, we found that **the Health Board has set clear workforce priorities based on a good understanding of its significant risks. It is working hard to address its immediate workforce challenges and its key actions are appropriately aligned to its agreed People Plan. However, the approach is over-emphasising the short term and operational fixes. There is a clear need to revisit Clinical Futures implementation plans so that they enable the development of financially affordable, efficient, and sustainable service workforce models.**

Key workforce planning challenges

8   The Health Board is facing significant workforce challenges as outlined in paragraph 4. The workforce indicators presented in **Appendix 2** highlight that workforce numbers have increased steadily over the past 5 years but plateauing over the past 2 years **(Exhibit 6)**. Despite the increases, the Health Board continues to face significant workforce challenges that impact on service stability. Its proportion of workforce vacancies at 5.4% are relatively low compared to other health boards but will still be challenging to manage in some key areas **(Exhibit 10)**. Whilst overall joiners exceed leavers **(Exhibit 9)** the reverse is true in two critical categories of nursing and midwifery, and medical and dental professions. This helps to account for the sharp rise in the use of agency staff, which cost the Health Board just over £61 million in 2022-23, further exacerbating an already pressured financial situation **(Exhibit 8)**. Comparatively, the Health Board's staff turnover is high but also in line with comparable health boards at 10.5%. A sickness rate of 6.9%, whilst in line with other health boards, still presents a significant workforce issue in terms of days lost **(Exhibit 11)**.

Strategic approach to workforce planning

9   **The Health Board has a good understanding of its strategic workforce challenges, it is improving data to support workforce planning and is engaging well with its key stakeholders. However, there is a clear need for it to develop workforce plans that support long-term financially sustainable service models.**

10   The Health Board has a good understanding of strategic workforce challenges and the organisation's workforce strategy, and high-level plan are focussed on addressing current, short to medium term workforce risks. The Health Board clearly articulates its strategic workforce ambition through annual plans, the Integrated Medium-Term Plan (IMTP) and the People Plan. However, the Health Board needs to ensure there is sufficient focus on long-term sustainable service workforce models, linked to refreshed Clinical Futures[1] plans.

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[1] Clinical Futures is the Health Board's plan for sustainable health and care services including priority programme areas for the whole of Gwent; emphasizing prevention and care closer to home.

11   The Health Board has a good understanding of its current issues demonstrating some examples of good analysis to anticipate future workforce demand. However, as a minimum it needs to ensure it updates its funded establishment to help inform the development of workforce plans. The Health Board is also engaging and collaborating effectively with its internal and external partners to help resolve current and anticipated future workforce challenges.

Operational action to manage workforce challenges

12   **The Health Board is working hard to address the immediate workforce challenges but is not giving sufficient attention to workforce redesign and service transformation. Whilst the Health Board clearly understands its principal risks around recruitment, retention, and sustainability, it is not undertaking longer-term workforce planning and actions for measurable impact that need to underpin a resilient and sustainable workforce.**

13   The Health Board has a reasonable level of central resource to support workforce planning, which has enabled it to support areas such as nursing and some medical workforce planning. There is a need for wider service-based workforce planning to ensure financially sustainable service models that also enable improvement in performance. The Health Board plans to re-establish the Clinical Futures Workforce Group, which should help it to progress the work needed. However, there is also a need to ensure sufficient wider capacity and capability across the organisation.

14   The Health Board clearly understands its short and longer-term risks. It has a reasonable approach for managing its immediate workforce challenges, which include vacancies, recruitment and retention challenges and associated agency use. However, it needs to ensure improvement actions are having the desired impact.

Monitoring and oversight of workforce plan/strategy delivery

15   **There is appropriate Board, Committee and Executive level scrutiny of the Health Board's People Plan, but the reports need to better describe the progress it is making and the impact it is achieving.**

16   The Board and People and Culture Committee receive regular reports that provide assurance on the progress of key workforce actions. While the reports are well articulated, there is a need to ensure that they provide effective assurance on the impact that delivery of the People Plan is achieving, the effectiveness of actions taken to mitigate workforce risks and progress of Clinical Futures workforce plans. There is also scope to benchmark more broadly with individual organisations and regional approaches that are 'best in class', subject to ensuring similar system conditions, demographics and population characteristics make the comparisons valid.

Recommendations

17   **Exhibit 1** details the recommendations arising from this audit. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations
Workforce plans R1   While the Health Board has a three-year People Plan, the current approach to strategic workforce planning is not balanced and instead biased towards shorter term transactional workforce solutions. The Health Board's current service model is not sustainable given current demand, and this is affecting the performance and financial position. 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**)
Workforce funded establishment R2   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**)
Workforce planning capacity R3   Medium to long-term service workforce modelling is out of date and is needed to inform sustainable clinical service models. 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**)
Workforce planning training R4   We found that the Health Board had workforce planning training and support, particularly in relation to the opening of GUH, however this was paused during the pandemic and it now needs to recommence. 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)**

Recommendations

Programme infrastructure for strategic workforce priorities

R5   The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. 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**)

Reporting on the impact of the People Plan

R6   The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there needs to be greater assurance provided on the impact of delivery of the People Plan (i.e., the extent that it is making a difference). The Health Board should clearly structure its People Plan updates to better describe the impact that delivery is having. (**High priority**)

Benchmarking

R7   Whilst the Health Board benchmarks with other health bodies in Wales, there is potential to benchmark with 'best in class' organisations and clinical models from outside of Wales. 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**)

Detailed report

Our findings

18   The following three tables set out the areas that we have reviewed and our findings. These focus on:

- the Health Board's approach to strategic workforce planning (**Exhibit 2**);

- operational action to manage workforce challenges (**Exhibit 3**); and

- monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: strategic approach to workforce planning

19   This section focuses on the Health Board's approach to strategic workforce planning. Overall, we found that **the Health Board has a good understanding of its strategic workforce challenges, it is improving data to support workforce planning and is engaging well with its key stakeholders. However, there is a clear need for it to develop workforce plans that support long-term financially sustainable service models.**

What we looked at	What we found
We considered whether the Health Board's workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which: - identifies current and future workforce challenges. - has a clear vision and objectives.	We found that **the Health Board's workforce strategy and high-level plan are focussed on addressing current, short to medium term workforce risks. Given the significant financial and service pressures, the Health Board needs to do more to ensure workforce plans effectively enable long-term sustainable service workforce models.** The Health Board has aligned its Annual Plan and IMTP with its three-year People Plan which covers the period 2022 to 2025. The People Plan sets out a reasonable high-level vision. Its three core objectives focus on Staff Health & Wellbeing, an 'Employer of Choice' and creating opportunities for workforce sustainability and transformation. It is supported by 22 high-level

What we looked at	What we found
• is aligned to the organisation's strategic objectives and wider organisational plans. • is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care. • is supported by a clear implementation plan.	supporting actions. The Plan and outline delivery framework included plans for a refreshed Workforce and Organisational Development Dashboard. The Plan highlights some longer-term aspirations, although these generally have only a 3-year outlook. The Plan appropriately considers wider national plans and legislative requirements including the National Workforce Strategy for Health and Social Care, Well-being of Future Generations Act and Welsh Language standards. However overall, there appears to be a lack of long-term thinking in the People Plan. The current approach to strategic workforce planning is however not balanced and instead biased towards shorter-term and transactional workforce solutions. There is currently insufficient focus and detail on what innovation and workforce transformation will look like. Profession-based strategic workforce plans are in different states of development. Most Clinical Futures workforce implementation plans, while having a 5-year timeline, are out of date and need updating. The Health Board's current service model is not sustainable given current demand, and this is affecting the performance and financial position. The Health Board clearly needs to strengthen how it models and plans its workforce to ensure its services are sustainable in the medium to long-term (**Recommendation 1**).
We considered whether the Health Board has a good understanding of current and future service demands. We expected to see: • use of reliable workforce information to determine workforce need and risk in the short and longer term; and • action to improve workforce data quality and address any information gaps.	We found that **the Health Board has a good understanding of its current issues, demonstrating some examples of good analysis to anticipate future workforce demand. However, there needs to be a far clearer understanding of the Health Board's workforce establishment to help inform the development of workforce plans.** The Health Board has a good understanding of short-term demands and service trends. Workforce planning and demand-based forecasting is more mature in nursing, than in other areas, with workforce projections of up to 5 years in some cases. In general, the Health Board's use of workforce information, and the expertise to analyse it, appears reasonable. The Health Board uses a range of workforce and organisational development (OD) metrics which it has incorporated into data dashboards and infographic summaries. These include recruitment, staff engagement and training

What we looked at	What we found
	metrics. We particularly noted robust operational nursing information that is helping the Health Board to understand the extent that it is complying with the Nurse Staffing Levels (Wales) Act 2016.

The Health Board is using its analysis to inform its work on medical staffing, which is seeking to determine its medical workforce establishment[2], job planning[3] and rostering. However, the Health Board needs to do much more to fully determine its required establishment levels across the wider workforce (**Recommendation 2**). Current high-level organisational data including key metrics is available through its workforce performance dashboard. However, we have noted inconsistencies in the way some professions or groups of staff are coded. The Health Board is taking appropriate steps to refine its data quality noting that many issues are common across NHS Wales. Our work also indicated that workforce planning tools do not appear to be the most up to date (excel dominated) which makes is difficult to inform development of workforce establishment and support operational decision making. Nevertheless, the Health Board is taking action to improve its processes. |
| We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:
- effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and | We found that **the Health Board is working effectively with its internal and external partners to help resolve current and anticipated future workforce challenges.**

The Health Board has good approaches for ongoing and proportionate engagement with internal stakeholders including via business partners. The Health Board engages with the Local Partnership Forum, although some of the feedback we received suggested relationships with Trade Unions were consultative rather than proactively engaging in shared solutions. The Health Board has implemented its #PeopleFirst/#CynnalCynefin staff engagement initiative over the past 2 years. It appropriately acknowledges and addresses challenges experienced by Health Board staff. |

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[2] Establishment is the term for the workforce levels, staff roles and the NHS staff bandings that are financially budgeted for.

[3] A job plan is a prospective, agreement that sets out consultant duties, responsibilities, accountabilities, and objectives for the coming year.

What we looked at	What we found
• shared solutions identified with key stakeholders to help address workforce challenges.	Engagement events across hospital and community sites have enabled hundreds of staff to share their challenges, leading to positive feedback from staff.
	Senior management are working appropriately with external partners especially within community and primary care including action on Accelerated Cluster Development. As a result, cluster plans are helping to shape wider community services, appropriately supported by intelligence on the overall sustainability of the community-based workforce. The Health Board is also engaging appropriately with external partners such as Health Education and Improvement Wales (HEIW) to develop workforce solutions. It is collaborating with HEIW on the development of the Health Board's Nursing Strategy and commissioning student education. Nevertheless, we understand that the Health Board could strengthen relationships with academia. The Health Board needs to continue to build closer university partnerships to ensure effective commissioning of student places, quality of placements and support joint academic and NHS research and innovation posts. This should support recruitment and retention of key staff across acute, primary and community services.
	However, there is opportunity to strengthen the approach with external partners to find shared solutions for recruitment and on wider systemic workforce transformation. There are examples where this is starting to progress with a renewed commitment to new regional care models and workforce plans. In August 2022, Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg University Health Boards, renewed their commitment to regional working. The resulting four work programmes, of which Aneurin Bevan University Health Board will lead on ophthalmology, will require careful consideration. The current approach for regional service planning is not sufficiently considering how it will maximise the benefits of truly integrated working. Our review of the ophthalmology proposals, for example are based on co-terminus regional services rather than developing an integrated, resilient, and efficient regional model. The work should explore fully integrated and efficient design of the workforce and services so as not to replicate existing inefficiencies within a new regional treatment setting.

Exhibit 3: operational action to manage workforce challenges

20   This section focusses on the actions that the Health Board is taking to manage workforce challenges. **The Health Board is working hard to address the immediate workforce challenges but is not giving sufficient attention to workforce redesign and service transformation. Whilst the organisation clearly understands its principal risks around recruitment, retention, and sustainability, it is not undertaking longer-term workforce planning and actions for measurable impact that need to underpin a resilient and sustainable workforce.**

What we looked at	What we found
We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see: • clear roles and responsibilities for workforce planning; • appropriately skilled staff to ensure robust workforce planning; • sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and • sufficient financial resources to deliver the workforce strategy or plan.	We found that **while having reasonable central resources to support workforce planning, the Health Board does not have sufficient dedicated capacity and capability to support medium to long-term workforce planning. This will be increasingly difficult in the current financially challenging environment.** The Health Board needs to review its overall workforce planning resource. It has a reasonable corporate workforce structure and capacity committed to delivering the high-level workforce plans. This work comes under the Director of Workforce and OD and is supported by an Assistant Director of Workforce, Head of Workforce Planning and a support role. However, this forms one element of their respective roles. Workforce planning sits within the remit of the business partners and again that is only part of their job. The lack of a dedicated resource is a barrier to more detailed workforce planning. With a total annual pay cost of around £800 million and over 12,500 WTE[4] staff, there is a clear need to create sufficient workforce planning capacity and capability across the organisation. At present there is no overarching costed and resourced strategic workforce implementation plan and the Health Board need to assure themselves they have committed sufficient resources to deliver this. (**Recommendation 3**).

[4] Whole time equivalent equates to the number of staff in place if they were working a full week. Because some staff work part time, the actual headcount is higher.

What we looked at	What we found
	The Health Board clearly demonstrated prior to the pandemic that it had the capability and capacity to deliver detailed workforce plans across key service areas. During and since the pandemic, resourcing appears to have prioritised nursing in line with the Nurse Staffing Levels (Wales) Act requirements. Aspects of medical and dental workforce planning is ongoing and in varying states of maturity. However, a number of the service workforce plans provided in evidence were out-of-date, suggesting that current workforce planning capacity beyond the short term is not sufficient. In addition, there was no evidence of current workforce planning training programmes for staff (**Recommendation 4**).
We considered whether the Health Board has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see: • a good understanding of the barriers that might prevent delivery of the workforce strategy or plan; • plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and • clearly documented workforce risks that are managed at the appropriate level.	We found that **the Health Board clearly understands its short and longer-term risks. However, to date, actions to mitigate these risks appear to have had only a limited effect.** The Health Board clearly and sufficiently identifies its workforce risks in its strategic and corporate risk registers including internal controls in place and regular updates on high-level actions undertaken. Its strategic risks include recruitment and retention, staff well-being, effective leadership, and risk of industrial action. Divisional management and workforce groups regularly review separate workforce and organisational development risk registers prior to reporting into the Health Board's People and Culture Committee. The Health Board could better define actions to mitigate workforce risks to focus more on the likely difference it expects to achieve. While the Health Board manages its workforce risks through its risk management arrangements, the trend over time demonstrates that despite action to mitigate risks, they remain largely static. This suggests that a more proactive approach is needed to ensure that workforce risk mitigation actions are impactful, and an agile response is in place to address under-performance. It also seems unlikely that the Health Board can sustainably address its risks without stronger consideration of long-term risks and solutions.

What we looked at	What we found
	The Corporate risk register also appropriately identified workforce risks in other key areas. For example, the Medical Training Risk Register Report provides joint assurance to HEIW and the General Medical Council (GMC) regarding the quality of medical training within the Health Board. Risk logs, containing relevant information from various sources including the GMC survey and trainees themselves, are issued by HEIW to health boards for monitoring and investigation. The Health Board's Medical Education Faculty monitors and investigates concerns identified in the risk log to ensure medical training quality. The risk log provides a useful opportunity for open and transparent conversations between HEIW and the Health Board to review and improve the quality of medical education and training.
We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see: • effective reporting and management of staff vacancies; • action to improve staff retention; • efficient recruitment practices; • commissioning of health education and training which is based on true workforce need; and • evidence that the organisation is modernising its workforce to help meet current and future needs.	We found that **the Health Board has a reasonable approach for managing its immediate workforce challenges, which include vacancies and associated recruitment and retention challenges, and associated agency use. However, it needs to ensure improvement actions are having the desired impact.** The Health Board is also clearly facing financial risks and pressures. Vacancies continue to impact on current service delivery contributing to high use of agency staff and associated costs. The Health Board launched its variable pay reduction programme in September 2022 with an aim of reducing agency workforce use, and particularly more expensive off-contract agency. We understand that the Health Board has achieved a reduction of around 50 WTE agency nurses and over 210 agency healthcare support workers. The Health Board is planning to reduce agency costs to £38 million in 2023-24, but the current trend of agency spend (to August 2023) suggests that total agency expenditure could reach £50 million this year. Proportionately vacancy levels in the Health Board appear to be lower than most other health bodies in Wales with a vacancy rate of 5.4% (**Exhibit 10**). However, the absence of verified establishment figures impacts the reliability of reported vacancy levels. At the same time, there is also a risk that if

What we looked at	What we found
	the Health Board implements wider recruitment control to help it achieve efficiencies, then it may have less capacity to respond to increased service demand, for example responding to winter pressures. This could ultimately result in greater short-term demand for agency staffing.

The Health Board is in the process of developing and implementing approaches to improve staff retention, but clearly there is more to do. The Health Board has set up a Retention Working Group and is starting work to understand the causes of staff seeking to leave and put in place preventative approaches, analyse themes arising from exit interviews, and develop a dashboard to track organisation retention. Our analysis indicates a small improvement in turnover between 2021-22 and 2022-23. The Health Board has introduced Chat Cafés for staff to share their experiences, retention roadshows and is actively seeking feedback, particularly from those who have recently entered the organisation, and those that have or are in the process of leaving. The Health Board has identified the risks that might prevent it achieving meaningful improvement in retention and additional action to mitigate those.

The Health Board has a range of recruitment approaches in place including an apprentice scheme, a Registered Nurse recruitment programme of events along with nationally led recruitment programmes Train, Work, Live and the Royal College of Nursing (RCN). The Health Board also continues to monitor safe staffing levels (periodically) as part of the Nurse Staffing Act which the Executive Director of Nursing reports on. As a result of concerns about the ability to domestically recruit sufficient staff to fill all vacancies, the Health Board is continuing overseas nurse recruitment. Despite its recruitment and retention initiatives, the Health Board continues to struggle to reduce vacancy levels with 148 medical vacancies and 285 nurse vacancies, and a total vacancy level of around 700 WTE as of July 2023.

The Health Board has a reasonable approach for determining its healthcare education needs. Services consider their potential future workforce requirements, which informs the HEIW national education and training plan. As we have seen in some other bodies, the number of graduate appointments recruited into the Health Board falls short of the numbers required. External factors, |

What we looked at	What we found
	such as the ability of universities to recruit into programmes, course attrition rates, are outside of the Health Board's control. The ability of the Health Board to attract new graduates and changes in service demand over the period that students are training will also have an impact. As identified earlier, there is a need for the Health Board to develop medium to long-term sustainable service models. This may have a significant impact on the future configuration of the Health Board's workforce. We have seen positive but incremental examples of advanced practitioners, extended scope professionals and support roles being introduced. The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. There is a need for a more ambitious approach to workforce modernisation through a coordinating structure to help address longer-term financial pressures and service demand (**Recommendation 5**).

Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

21   This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is appropriate Board, Committee and Executive level scrutiny of the Health Board's People Plan, but the reports need to better describe the progress it is making and the impact it is achieving.**

What we looked at	What we found
We considered whether delivery of the Health Board workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see: • arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels; • effective action where progress on elements of the workforce strategy or plan are off-track; • performance reports showing the impact of delivering the workforce strategy or plan; and • the organisation benchmarking its workforce performance with similar organisations.	We found that **there is appropriate scrutiny of key strategic workforce activity by the Board, the People and Culture Committee and management. The Board has good monitoring structures and processes, but there is a need to ensure that reports provide stronger assurance on the impact that delivery of plans is achieving.** The People and Culture Committee has the lead role for strategic workforce planning including overseeing progress, assuring, and advising the Board. The committee has a well-rounded agenda that covers a good breadth of workforce matters. The committee routinely oversees the progress of the People Plan, however the People Plan update reports to committee need strengthening. The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there clearly is a need to provide greater assurance on the extent that the People Plan is making a difference and enabling financially sustainable workforce service models (**Recommendation 6**). The report on progress also needs to be more evaluative and describe the difference that delivery of the plan is making. The issue above is also evident at a management level. Monitoring structures and processes appear robust supported by regular reporting, good dashboard information and sufficient 'RAG rated[5]' tracking of the progress of key actions. However, due to the variability in updating of workforce plans

[5] RAG – Red, Amber, Green is an approach often used for assessing risk or progress.

What we looked at	What we found
	in different service areas, it is hard to measure overall system impact and effectiveness. Opportunities also remain to increase the quality and detail of progress and corrective actions in areas of operational underperformance. For example, the impact of staff recruitment and retention actions in reports. This would then make it easier to demonstrate impact across all service areas and better illustrate progress in delivering the workforce strategy, thereby increasing Board assurance. The Health Board uses benchmarking with other Health Boards although this tends to be ad hoc and not used formally as part of service improvement. Consequently, there is an opportunity for a more systematic and evaluative approach to benchmarking against 'best in class' organisations and regional clinical models to drive transformation (**Recommendation 7**).

Appendix 1

Audit methods

Exhibit 5 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

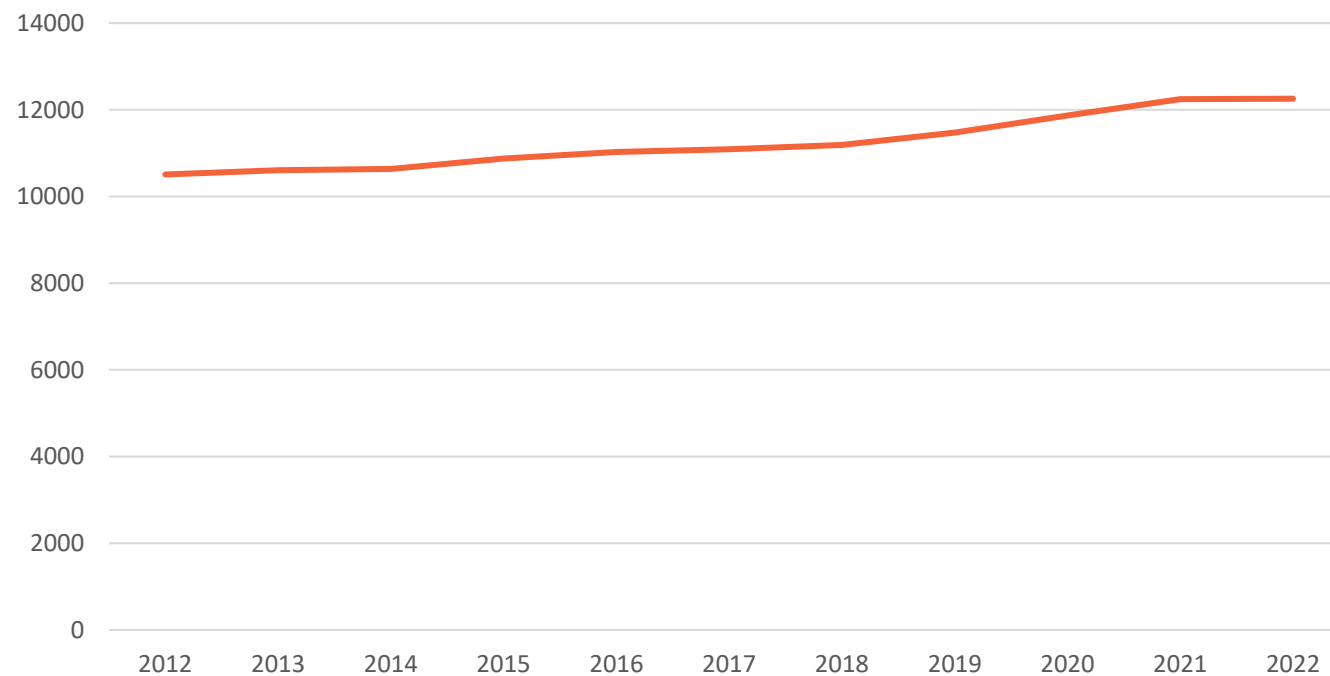| Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Workforce strategy and associated workforce plan(s) • Implementation/delivery plans for workforce strategy – high level and operational • Evidence of evaluation of workforce strategy and/or associated initiatives • Information feeding into workforce strategy development e.g., needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning • Evidence of stakeholder engagement. • Structure charts for workforce planning functions. • Examples of workforce planning training offered to staff e.g., CIPD, other training formal or informal • Workforce finance and resource plans • Corporate and operational risk registers • Document showing recruitment process and recruitment and retention initiatives • Corporate and operational level oversight and monitoring of workforce metric and strategy delivery
Interviews	We interviewed the following: • Executive Director of Workforce & OD • Executive Director of Planning and Performance • Head of Workforce and OD • Assistant Director of Workforce

Element of audit approach	Description
	• Interim Assistant Director of Planning and responsible for ABCi[6] • Chair of People and Culture Committee • Deputy Director of Nursing (workforce, education, training, and development) • Deputy Medical Director for Secondary Care • Staff Side and Job Evaluation Lead • Head of Key Systems and Workforce Data
Focus groups	We ran a focus group with: • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

[6] ABCi is a small team of continuous improvement specialists who lead and support improvement across the Health Board.
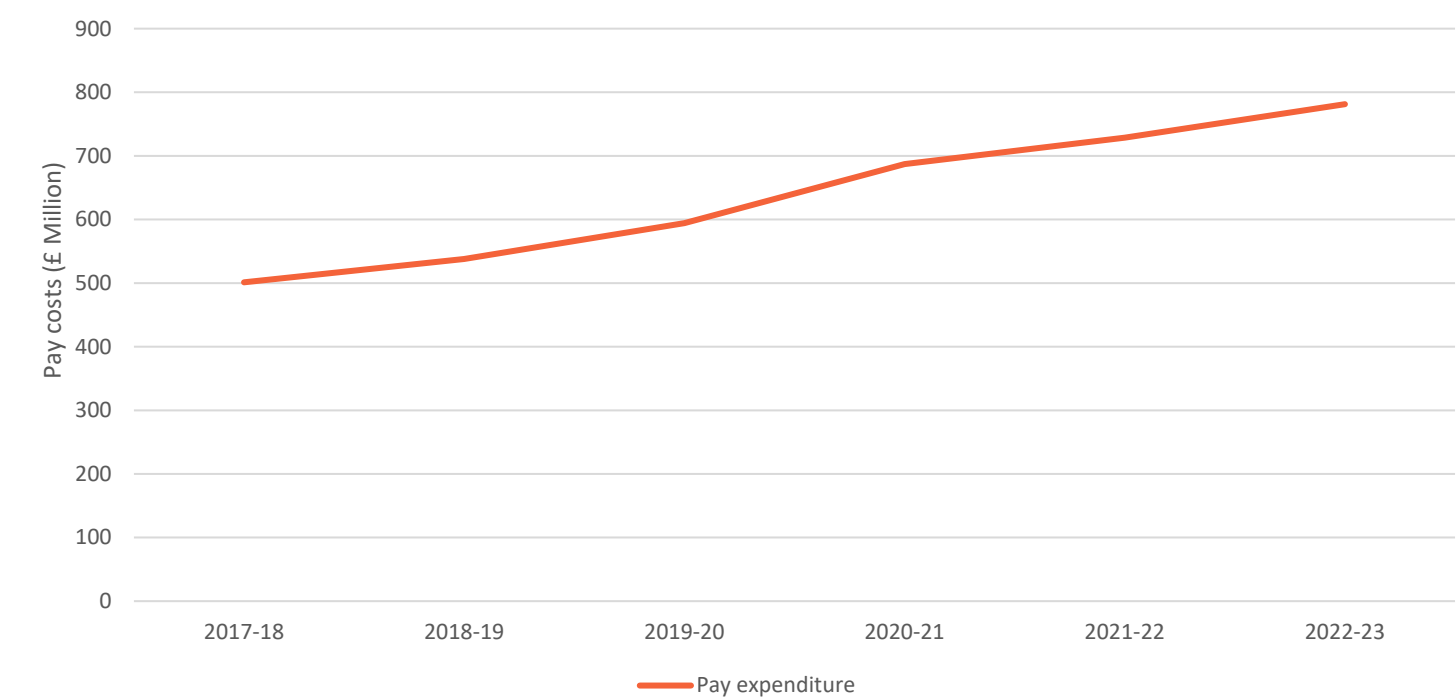
Appendix 2

Selected workforce indicators

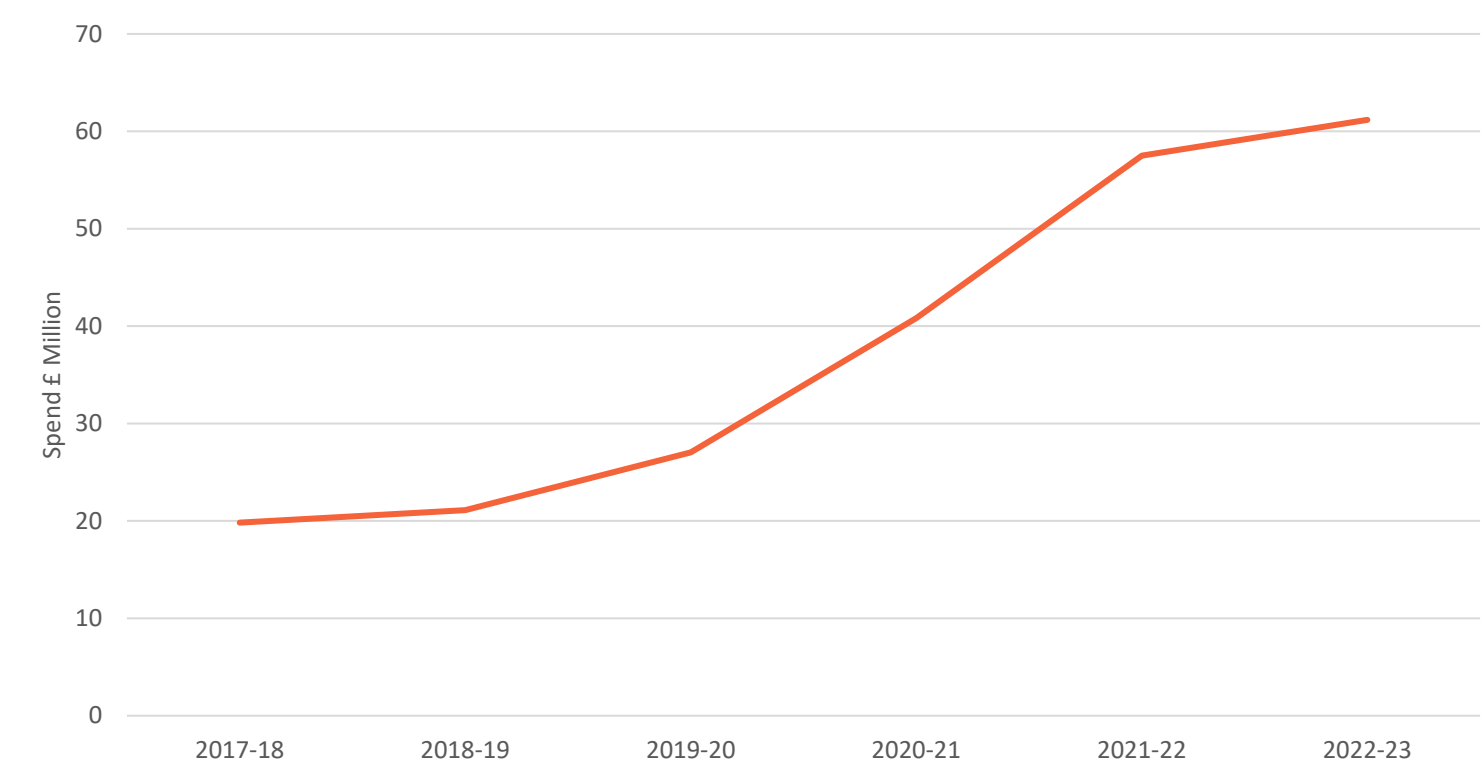**Exhibit 6: trend in workforce numbers (full time equivalent), Aneurin Bevan University Heath Board**

Source: Welsh Government, Stats Wales

Exhibit 7: trend in actual total workforce costs, Aneurin Bevan University Health Board
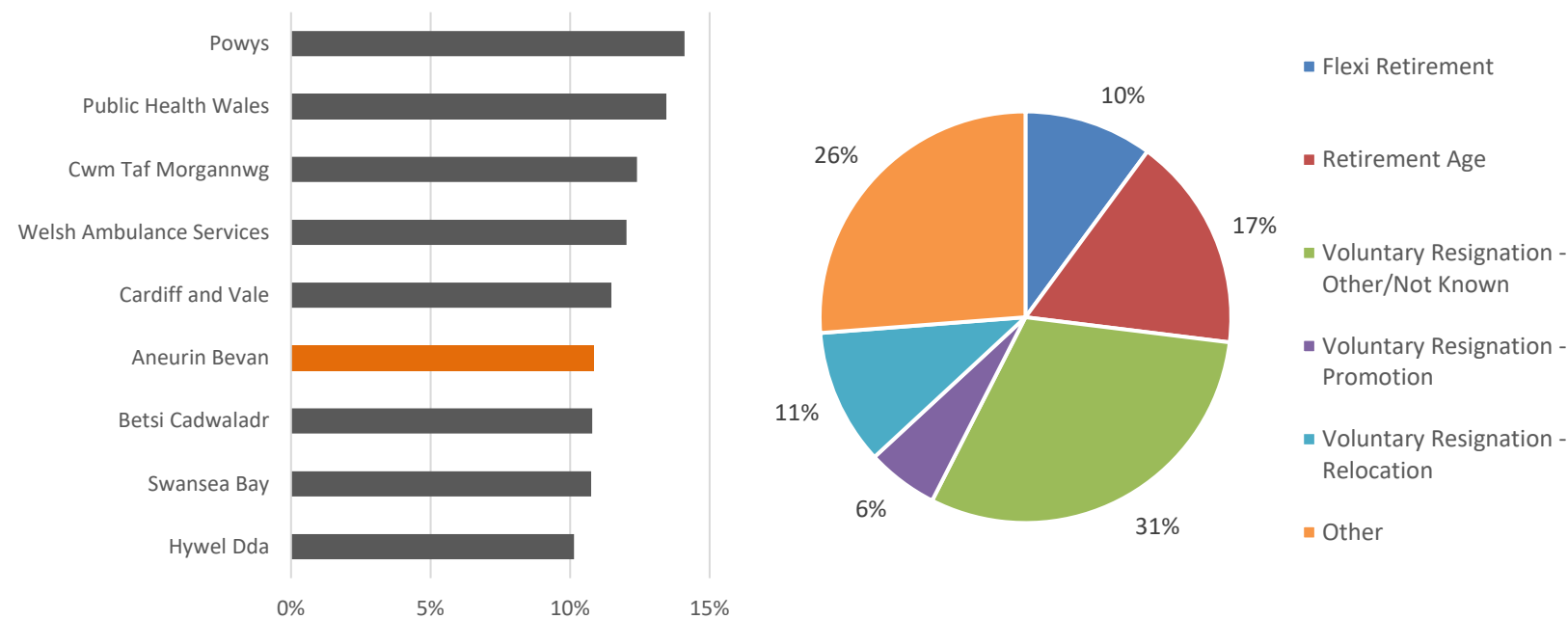

Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 8: trend of expenditure on workforce agency £ million, Aneurin Bevan University Health Board
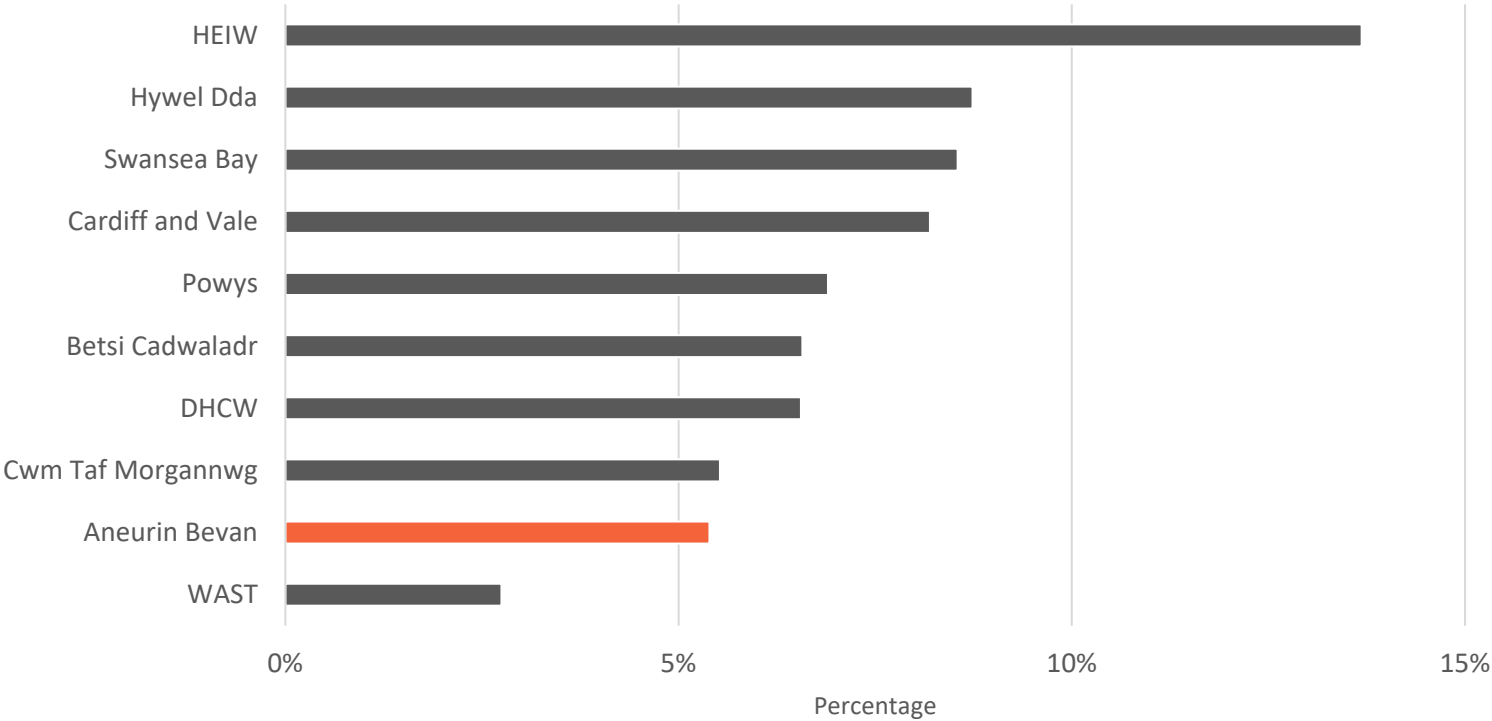

Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, and Reasons for Leaving 2021-22

Source: Staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.
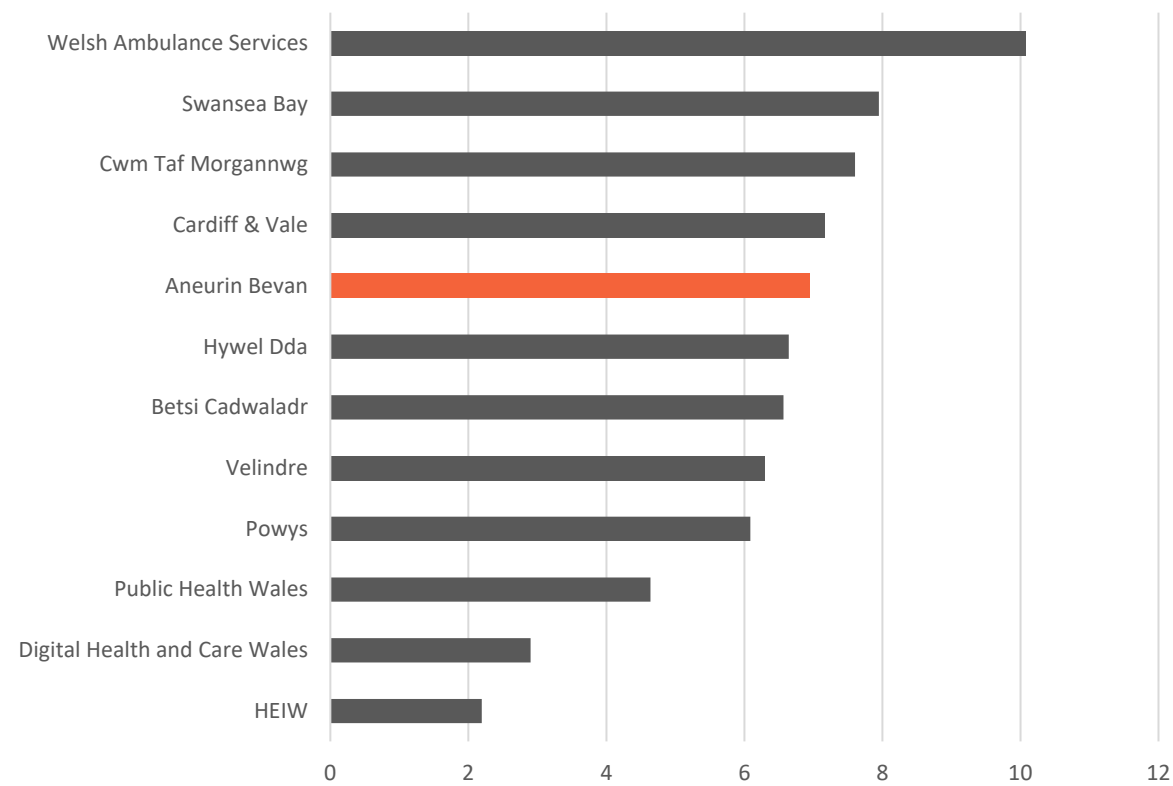
Exhibit 10: vacancies as a percentage of total establishment, as of March 2022

Source: Health body data request

Exhibit 11: sickness absence by organisation, 2022.

Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations

Exhibit 12: Aneurin Bevan University Health Board's response to our audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R1	While the Health Board has a three-year People Plan, the current approach to strategic workforce planning is not balanced and instead biased towards shorter term transactional workforce solutions. The Health Board's current service model is not sustainable given current demand, and this is affecting the performance and financial position. 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**)	The Health Board is currently engaging and will be consulting on a renewed long-term strategy up to 2035 throughout 2024. This will involve developing the strategic outlook to inform and develop workforce planning. The refresh of the People Plan for 2025 will include strategic outlook to 5 and 10-year forecasts based on the work currently undertaken on census, demographics and population needs analysis assumptions. This is addition to development and implementation of National Workforce plans supported by HEIW and Health Board workforce strategies e.g., Nursing, Midwifery, School and Public Health Nursing Workforce Strategy 2023-2026.	December 2024 May 2025	Executive Director Workforce and OD

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R2	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)**	An All-Wales group has been established to support the implementation of setting funded establishments. The Health Board has commenced work in relation to establishing agreed funded establishments supported by the assistant Finance Director and Workforce Information teams. A targeted approach is being undertaken to support completion e.g., by staff groups. The implementation of the medical E-Systems programme will also support this from a medical workforce perspective.	Project plan to be considered by Executive Committee February 2024	Assistant Finance Director and Assistant Director of Workforce
R3	Medium to long-term service workforce modelling is out of date and is needed to inform sustainable clinical service models. 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)**	We continue to provide longer term planning alongside National Workforce Strategies being developed by HEIW. We will undertake a review of capability and capacity following an assessment of workforce planning requirements via the 2024 IMTP.	July 2024	Executive Director Workforce and OD
R4	We found that the Health Board had workforce planning training and support, particularly in relation to the opening of Grange University Hospital, however this was paused during the pandemic, and it now needs to recommence.	Plans are in place in provide formal training and education in line with the newly revised HEIW workforce planning competency frameworks. The Health Board will also be introducing workforce	Training for Clinical Directors The first of February 2024.	Executive Director Workforce and OD

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	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**)	planning awareness into existing training management and leadership programmes.	Overarching plan to be developed for rollout of training March 24.	
R5	The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. 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)**	We agree that formal governance and programme arrangements are required to support the delivery of the Health Board Strategic priorities. The Workforce group has now been formalised to take forward the development and delivery of the workforce plans.	December 2024	Director of Workforce & OD via Clinical Futures Programme Board
R6	The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there needs to be greater assurance provided on the impact of delivery of the People Plan (i.e., the extent that it is making a difference). The Health Board should clearly structure its People Plan updates to	The People Plan deliverables are subject to scrutiny through People and Culture Committee with updates provided to the Board.

The People Plan deliverable benefits and outcomes are also supported by a monthly reported Workforce dashboard. | April 2024 | Executive Director Workforce and OD |

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	better describe the impact that delivery is having. **(High priority)**	We will look at different ways of time series measures over time to demonstrate outcomes and benefits where appropriate.		
R7	Whilst the Health Board benchmarks with other health bodies in Wales, there is potential to benchmark with 'best in class' organisations and clinical models from outside of Wales. 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)**	We accept the recommendation to extend benchmarking and work with HEIW in this respect. The Health Board has a compendium of new roles to support and share good practice. The Health Board also has a dedicated intranet site signposting to HEIW sites which also have compendium of roles. It draws on national workforce benchmarking and research when formulating its service workforce plans. This is in addition to workforce standards set by legislation and through respective Professional Bodies.	December 2024	Executive Director Workforce and OD

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Review of Workforce Planning Arrangements – Aneurin Bevan University Health Board

Audit year: 2023

Date issued: January 2024

Document reference:

Contents

Summary report

Introduction

1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists (A Picture of Healthcare, 2021). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their 2022 Nursing in Numbers analysis. In addition, the social care sector is also facing its own workforce issues. The pandemic exacerbated these challenges as the health sector looks to recover services.

2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.

3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long term. But there are a range of complex factors which impact on planning assumptions, these include:

- workforce age profile, retirement, and pension taxation issues;
- shifts in attitudes towards full and part-time working;
- developing home grown talent and the ability to attract talent from outside the country into Wales; and
- service transformation which can change roles and result in increasing specialisation of roles.

4 At the time of writing this report, Aneurin Bevan University Health Board (the Health Board) continues to face significant workforce challenges. There are high staff vacancy rates that are creating greater workload pressures and over-reliance on bank and agency staff. In 2022-23, the Health Board workforce spend was £781.25 million which is a 36% increase over the previous five years.

5 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future workforce challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering and consultant job planning, fall outside the scope of this review.

6 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

7   Overall, we found that **the Health Board has set clear workforce priorities based on a good understanding of its significant risks. It is working hard to address its immediate workforce challenges and its key actions are appropriately aligned to its agreed People Plan. However, the approach is over-emphasising the short term and operational fixes. There is a clear need to revisit Clinical Futures implementation plans so that they enable the development of financially affordable, efficient, and sustainable service workforce models.**

Key workforce planning challenges

8   The Health Board is facing significant workforce challenges as outlined in paragraph 4. The workforce indicators presented in **Appendix 2** highlight that workforce numbers have increased steadily over the past 5 years but plateauing over the past 2 years **(Exhibit 6)**. Despite the increases, the Health Board continues to face significant workforce challenges that impact on service stability. Its proportion of workforce vacancies at 5.4% are relatively low compared to other health boards but will still be challenging to manage in some key areas **(Exhibit 10)**. Whilst overall joiners exceed leavers **(Exhibit 9)** the reverse is true in two critical categories of nursing and midwifery, and medical and dental professions. This helps to account for the sharp rise in the use of agency staff, which cost the Health Board just over £61 million in 2022-23, further exacerbating an already pressured financial situation **(Exhibit 8)**. Comparatively, the Health Board's staff turnover is high but also in line with comparable health boards at 10.5%. A sickness rate of 6.9%, whilst in line with other health boards, still presents a significant workforce issue in terms of days lost **(Exhibit 11)**.

Strategic approach to workforce planning

9   **The Health Board has a good understanding of its strategic workforce challenges, it is improving data to support workforce planning and is engaging well with its key stakeholders. However, there is a clear need for it to develop workforce plans that support long-term financially sustainable service models.**

10   The Health Board has a good understanding of strategic workforce challenges and the organisation's workforce strategy, and high-level plan are focussed on addressing current, short to medium term workforce risks. The Health Board clearly articulates its strategic workforce ambition through annual plans, the Integrated Medium-Term Plan (IMTP) and the People Plan. However, the Health Board needs to ensure there is sufficient focus on long-term sustainable service workforce models, linked to refreshed Clinical Futures[1] plans.

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[1] Clinical Futures is the Health Board's plan for sustainable health and care services including priority programme areas for the whole of Gwent; emphasizing prevention and care closer to home.

11   The Health Board has a good understanding of its current issues demonstrating some examples of good analysis to anticipate future workforce demand. However, as a minimum it needs to ensure it updates its funded establishment to help inform the development of workforce plans. The Health Board is also engaging and collaborating effectively with its internal and external partners to help resolve current and anticipated future workforce challenges.

Operational action to manage workforce challenges

12   **The Health Board is working hard to address the immediate workforce challenges but is not giving sufficient attention to workforce redesign and service transformation. Whilst the Health Board clearly understands its principal risks around recruitment, retention, and sustainability, it is not undertaking longer-term workforce planning and actions for measurable impact that need to underpin a resilient and sustainable workforce.**

13   The Health Board has a reasonable level of central resource to support workforce planning, which has enabled it to support areas such as nursing and some medical workforce planning. There is a need for wider service-based workforce planning to ensure financially sustainable service models that also enable improvement in performance. The Health Board plans to re-establish the Clinical Futures Workforce Group, which should help it to progress the work needed. However, there is also a need to ensure sufficient wider capacity and capability across the organisation.

14   The Health Board clearly understands its short and longer-term risks. It has a reasonable approach for managing its immediate workforce challenges, which include vacancies, recruitment and retention challenges and associated agency use. However, it needs to ensure improvement actions are having the desired impact.

Monitoring and oversight of workforce plan/strategy delivery

15   **There is appropriate Board, Committee and Executive level scrutiny of the Health Board's People Plan, but the reports need to better describe the progress it is making and the impact it is achieving.**

16   The Board and People and Culture Committee receive regular reports that provide assurance on the progress of key workforce actions. While the reports are well articulated, there is a need to ensure that they provide effective assurance on the impact that delivery of the People Plan is achieving, the effectiveness of actions taken to mitigate workforce risks and progress of Clinical Futures workforce plans. There is also scope to benchmark more broadly with individual organisations and regional approaches that are 'best in class', subject to ensuring similar system conditions, demographics and population characteristics make the comparisons valid.

Recommendations

17   **Exhibit 1** details the recommendations arising from this audit. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations

Workforce plans

R1   While the Health Board has a three-year People Plan, the current approach to strategic workforce planning is not balanced and instead biased towards shorter term transactional workforce solutions. The Health Board's current service model is not sustainable given current demand, and this is affecting the performance and financial position. 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**)

Workforce funded establishment

R2   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**)

Workforce planning capacity

R3   Medium to long-term service workforce modelling is out of date and is needed to inform sustainable clinical service models. 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**)

Workforce planning training

R4   We found that the Health Board had workforce planning training and support, particularly in relation to the opening of GUH, however this was paused during the pandemic and it now needs to recommence. 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)**

Recommendations

Programme infrastructure for strategic workforce priorities

R5   The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. 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**)

Reporting on the impact of the People Plan

R6   The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there needs to be greater assurance provided on the impact of delivery of the People Plan (i.e., the extent that it is making a difference). The Health Board should clearly structure its People Plan updates to better describe the impact that delivery is having. (**High priority**)

Benchmarking

R7   Whilst the Health Board benchmarks with other health bodies in Wales, there is potential to benchmark with 'best in class' organisations and clinical models from outside of Wales. 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**)

Detailed report

Our findings

18   The following three tables set out the areas that we have reviewed and our findings. These focus on:

- the Health Board's approach to strategic workforce planning (**Exhibit 2**);
- operational action to manage workforce challenges (**Exhibit 3**); and
- monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: strategic approach to workforce planning

19   This section focuses on the Health Board's approach to strategic workforce planning. Overall, we found that **the Health Board has a good understanding of its strategic workforce challenges, it is improving data to support workforce planning and is engaging well with its key stakeholders. However, there is a clear need for it to develop workforce plans that support long-term financially sustainable service models.**

What we looked at	What we found
We considered whether the Health Board's workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which: • identifies current and future workforce challenges. • has a clear vision and objectives.	We found that **the Health Board's workforce strategy and high-level plan are focussed on addressing current, short to medium term workforce risks. Given the significant financial and service pressures, the Health Board needs to do more to ensure workforce plans effectively enable long-term sustainable service workforce models.** The Health Board has aligned its Annual Plan and IMTP with its three-year People Plan which covers the period 2022 to 2025. The People Plan sets out a reasonable high-level vision. Its three core objectives focus on Staff Health & Wellbeing, an 'Employer of Choice' and creating opportunities for workforce sustainability and transformation. It is supported by 22 high-level

What we looked at	What we found
• is aligned to the organisation's strategic objectives and wider organisational plans. • is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care. • is supported by a clear implementation plan.	supporting actions. The Plan and outline delivery framework included plans for a refreshed Workforce and Organisational Development Dashboard. The Plan highlights some longer-term aspirations, although these generally have only a 3-year outlook. The Plan appropriately considers wider national plans and legislative requirements including the National Workforce Strategy for Health and Social Care, Well-being of Future Generations Act and Welsh Language standards. However overall, there appears to be a lack of long-term thinking in the People Plan. The current approach to strategic workforce planning is however not balanced and instead biased towards shorter-term and transactional workforce solutions. There is currently insufficient focus and detail on what innovation and workforce transformation will look like. Profession-based strategic workforce plans are in different states of development. Most Clinical Futures workforce implementation plans, while having a 5-year timeline, are out of date and need updating. The Health Board's current service model is not sustainable given current demand, and this is affecting the performance and financial position. The Health Board clearly needs to strengthen how it models and plans its workforce to ensure its services are sustainable in the medium to long-term (**Recommendation 1**).
We considered whether the Health Board has a good understanding of current and future service demands. We expected to see: • use of reliable workforce information to determine workforce need and risk in the short and longer term; and • action to improve workforce data quality and address any information gaps.	We found that **the Health Board has a good understanding of its current issues, demonstrating some examples of good analysis to anticipate future workforce demand. However, there needs to be a far clearer understanding of the Health Board's workforce establishment to help inform the development of workforce plans.** The Health Board has a good understanding of short-term demands and service trends. Workforce planning and demand-based forecasting is more mature in nursing, than in other areas, with workforce projections of up to 5 years in some cases. In general, the Health Board's use of workforce information, and the expertise to analyse it, appears reasonable. The Health Board uses a range of workforce and organisational development (OD) metrics which it has incorporated into data dashboards and infographic summaries. These include recruitment, staff engagement and training

What we looked at	What we found
	metrics. We particularly noted robust operational nursing information that is helping the Health Board to understand the extent that it is complying with the Nurse Staffing Levels (Wales) Act 2016. The Health Board is using its analysis to inform its work on medical staffing, which is seeking to determine its medical workforce establishment[2], job planning[3] and rostering. However, the Health Board needs to do much more to fully determine its required establishment levels across the wider workforce (**Recommendation 2**). Current high-level organisational data including key metrics is available through its workforce performance dashboard. However, we have noted inconsistencies in the way some professions or groups of staff are coded. The Health Board is taking appropriate steps to refine its data quality noting that many issues are common across NHS Wales. Our work also indicated that workforce planning tools do not appear to be the most up to date (excel dominated) which makes is difficult to inform development of workforce establishment and support operational decision making. Nevertheless, the Health Board is taking action to improve its processes.
We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see: • effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and	We found that **the Health Board is working effectively with its internal and external partners to help resolve current and anticipated future workforce challenges.** The Health Board has good approaches for ongoing and proportionate engagement with internal stakeholders including via business partners. The Health Board engages with the Local Partnership Forum, although some of the feedback we received suggested relationships with Trade Unions were consultative rather than proactively engaging in shared solutions. The Health Board has implemented its #PeopleFirst/#CynnalCynefin staff engagement initiative over the past 2 years. It appropriately acknowledges and addresses challenges experienced by Health Board staff.

[2] Establishment is the term for the workforce levels, staff roles and the NHS staff bandings that are financially budgeted for.

[3] A job plan is a prospective, agreement that sets out consultant duties, responsibilities, accountabilities, and objectives for the coming year.

What we looked at	What we found
• shared solutions identified with key stakeholders to help address workforce challenges.	Engagement events across hospital and community sites have enabled hundreds of staff to share their challenges, leading to positive feedback from staff.

Senior management are working appropriately with external partners especially within community and primary care including action on Accelerated Cluster Development. As a result, cluster plans are helping to shape wider community services, appropriately supported by intelligence on the overall sustainability of the community-based workforce. The Health Board is also engaging appropriately with external partners such as Health Education and Improvement Wales (HEIW) to develop workforce solutions. It is collaborating with HEIW on the development of the Health Board's Nursing Strategy and commissioning student education. Nevertheless, we understand that the Health Board could strengthen relationships with academia. The Health Board needs to continue to build closer university partnerships to ensure effective commissioning of student places, quality of placements and support joint academic and NHS research and innovation posts. This should support recruitment and retention of key staff across acute, primary and community services.

However, there is opportunity to strengthen the approach with external partners to find shared solutions for recruitment and on wider systemic workforce transformation. There are examples where this is starting to progress with a renewed commitment to new regional care models and workforce plans. In August 2022, Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg University Health Boards, renewed their commitment to regional working. The resulting four work programmes, of which Aneurin Bevan University Health Board will lead on ophthalmology, will require careful consideration. The current approach for regional service planning is not sufficiently considering how it will maximise the benefits of truly integrated working. Our review of the ophthalmology proposals, for example are based on co-terminus regional services rather than developing an integrated, resilient, and efficient regional model. The work should explore fully integrated and efficient design of the workforce and services so as not to replicate existing inefficiencies within a new regional treatment setting. |

Exhibit 3: operational action to manage workforce challenges

20   This section focusses on the actions that the Health Board is taking to manage workforce challenges. **The Health Board is working hard to address the immediate workforce challenges but is not giving sufficient attention to workforce redesign and service transformation. Whilst the organisation clearly understands its principal risks around recruitment, retention, and sustainability, it is not undertaking longer-term workforce planning and actions for measurable impact that need to underpin a resilient and sustainable workforce.**

What we looked at	What we found
We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see: • clear roles and responsibilities for workforce planning; • appropriately skilled staff to ensure robust workforce planning; • sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and • sufficient financial resources to deliver the workforce strategy or plan.	We found that **while having reasonable central resources to support workforce planning, the Health Board does not have sufficient dedicated capacity and capability to support medium to long-term workforce planning. This will be increasingly difficult in the current financially challenging environment.** The Health Board needs to review its overall workforce planning resource. It has a reasonable corporate workforce structure and capacity committed to delivering the high-level workforce plans. This work comes under the Director of Workforce and OD and is supported by an Assistant Director of Workforce, Head of Workforce Planning and a support role. However, this forms one element of their respective roles. Workforce planning sits within the remit of the business partners and again that is only part of their job. The lack of a dedicated resource is a barrier to more detailed workforce planning. With a total annual pay cost of around £800 million and over 12,500 WTE[4] staff, there is a clear need to create sufficient workforce planning capacity and capability across the organisation. At present there is no overarching costed and resourced strategic workforce implementation plan and the Health Board need to assure themselves they have committed sufficient resources to deliver this. (**Recommendation 3**).

[4] Whole time equivalent equates to the number of staff in place if they were working a full week. Because some staff work part time, the actual headcount is higher.

What we looked at	What we found
	The Health Board clearly demonstrated prior to the pandemic that it had the capability and capacity to deliver detailed workforce plans across key service areas. During and since the pandemic, resourcing appears to have prioritised nursing in line with the Nurse Staffing Levels (Wales) Act requirements. Aspects of medical and dental workforce planning is ongoing and in varying states of maturity. However, a number of the service workforce plans provided in evidence were out-of-date, suggesting that current workforce planning capacity beyond the short term is not sufficient. In addition, there was no evidence of current workforce planning training programmes for staff (**Recommendation 4**).
We considered whether the Health Board has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see: • a good understanding of the barriers that might prevent delivery of the workforce strategy or plan; • plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and • clearly documented workforce risks that are managed at the appropriate level.	We found that **the Health Board clearly understands its short and longer-term risks. However, to date, actions to mitigate these risks appear to have had only a limited effect.** The Health Board clearly and sufficiently identifies its workforce risks in its strategic and corporate risk registers including internal controls in place and regular updates on high-level actions undertaken. Its strategic risks include recruitment and retention, staff well-being, effective leadership, and risk of industrial action. Divisional management and workforce groups regularly review separate workforce and organisational development risk registers prior to reporting into the Health Board's People and Culture Committee. The Health Board could better define actions to mitigate workforce risks to focus more on the likely difference it expects to achieve. While the Health Board manages its workforce risks through its risk management arrangements, the trend over time demonstrates that despite action to mitigate risks, they remain largely static. This suggests that a more proactive approach is needed to ensure that workforce risk mitigation actions are impactful, and an agile response is in place to address under-performance. It also seems unlikely that the Health Board can sustainably address its risks without stronger consideration of long-term risks and solutions.

What we looked at	What we found
	The Corporate risk register also appropriately identified workforce risks in other key areas. For example, the Medical Training Risk Register Report provides joint assurance to HEIW and the General Medical Council (GMC) regarding the quality of medical training within the Health Board. Risk logs, containing relevant information from various sources including the GMC survey and trainees themselves, are issued by HEIW to health boards for monitoring and investigation. The Health Board's Medical Education Faculty monitors and investigates concerns identified in the risk log to ensure medical training quality. The risk log provides a useful opportunity for open and transparent conversations between HEIW and the Health Board to review and improve the quality of medical education and training.
We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see: • effective reporting and management of staff vacancies; • action to improve staff retention; • efficient recruitment practices; • commissioning of health education and training which is based on true workforce need; and • evidence that the organisation is modernising its workforce to help meet current and future needs.	We found that **the Health Board has a reasonable approach for managing its immediate workforce challenges, which include vacancies and associated recruitment and retention challenges, and associated agency use. However, it needs to ensure improvement actions are having the desired impact.** The Health Board is also clearly facing financial risks and pressures. Vacancies continue to impact on current service delivery contributing to high use of agency staff and associated costs. The Health Board launched its variable pay reduction programme in September 2022 with an aim of reducing agency workforce use, and particularly more expensive off-contract agency. We understand that the Health Board has achieved a reduction of around 50 WTE agency nurses and over 210 agency healthcare support workers. The Health Board is planning to reduce agency costs to £38 million in 2023-24, but the current trend of agency spend (to August 2023) suggests that total agency expenditure could reach £50 million this year. Proportionately vacancy levels in the Health Board appear to be lower than most other health bodies in Wales with a vacancy rate of 5.4% (**Exhibit 10**). However, the absence of verified establishment figures impacts the reliability of reported vacancy levels. At the same time, there is also a risk that if

What we looked at	What we found
	the Health Board implements wider recruitment control to help it achieve efficiencies, then it may have less capacity to respond to increased service demand, for example responding to winter pressures. This could ultimately result in greater short-term demand for agency staffing. The Health Board is in the process of developing and implementing approaches to improve staff retention, but clearly there is more to do. The Health Board has set up a Retention Working Group and is starting work to understand the causes of staff seeking to leave and put in place preventative approaches, analyse themes arising from exit interviews, and develop a dashboard to track organisation retention. Our analysis indicates a small improvement in turnover between 2021-22 and 2022-23. The Health Board has introduced Chat Cafés for staff to share their experiences, retention roadshows and is actively seeking feedback, particularly from those who have recently entered the organisation, and those that have or are in the process of leaving. The Health Board has identified the risks that might prevent it achieving meaningful improvement in retention and additional action to mitigate those. The Health Board has a range of recruitment approaches in place including an apprentice scheme, a Registered Nurse recruitment programme of events along with nationally led recruitment programmes Train, Work, Live and the Royal College of Nursing (RCN). The Health Board also continues to monitor safe staffing levels (periodically) as part of the Nurse Staffing Act which the Executive Director of Nursing reports on. As a result of concerns about the ability to domestically recruit sufficient staff to fill all vacancies, the Health Board is continuing overseas nurse recruitment. Despite its recruitment and retention initiatives, the Health Board continues to struggle to reduce vacancy levels with 148 medical vacancies and 285 nurse vacancies, and a total vacancy level of around 700 WTE as of July 2023. The Health Board has a reasonable approach for determining its healthcare education needs. Services consider their potential future workforce requirements, which informs the HEIW national education and training plan. As we have seen in some other bodies, the number of graduate appointments recruited into the Health Board falls short of the numbers required. External factors,

What we looked at	What we found
	such as the ability of universities to recruit into programmes, course attrition rates, are outside of the Health Board's control. The ability of the Health Board to attract new graduates and changes in service demand over the period that students are training will also have an impact.

As identified earlier, there is a need for the Health Board to develop medium to long-term sustainable service models. This may have a significant impact on the future configuration of the Health Board's workforce. We have seen positive but incremental examples of advanced practitioners, extended scope professionals and support roles being introduced. The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. There is a need for a more ambitious approach to workforce modernisation through a coordinating structure to help address longer-term financial pressures and service demand (**Recommendation 5**). |

Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

21   This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is appropriate Board, Committee and Executive level scrutiny of the Health Board's People Plan, but the reports need to better describe the progress it is making and the impact it is achieving.**

What we looked at	What we found
We considered whether delivery of the Health Board workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see: • arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels; • effective action where progress on elements of the workforce strategy or plan are off-track; • performance reports showing the impact of delivering the workforce strategy or plan; and • the organisation benchmarking its workforce performance with similar organisations.	We found that **there is appropriate scrutiny of key strategic workforce activity by the Board, the People and Culture Committee and management. The Board has good monitoring structures and processes, but there is a need to ensure that reports provide stronger assurance on the impact that delivery of plans is achieving.** The People and Culture Committee has the lead role for strategic workforce planning including overseeing progress, assuring, and advising the Board. The committee has a well-rounded agenda that covers a good breadth of workforce matters. The committee routinely oversees the progress of the People Plan, however the People Plan update reports to committee need strengthening. The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there clearly is a need to provide greater assurance on the extent that the People Plan is making a difference and enabling financially sustainable workforce service models (**Recommendation 6**). The report on progress also needs to be more evaluative and describe the difference that delivery of the plan is making. The issue above is also evident at a management level. Monitoring structures and processes appear robust supported by regular reporting, good dashboard information and sufficient 'RAG rated[5]' tracking of the progress of key actions. However, due to the variability in updating of workforce plans

[5] RAG – Red, Amber, Green is an approach often used for assessing risk or progress.

What we looked at	What we found
	in different service areas, it is hard to measure overall system impact and effectiveness. Opportunities also remain to increase the quality and detail of progress and corrective actions in areas of operational underperformance. For example, the impact of staff recruitment and retention actions in reports. This would then make it easier to demonstrate impact across all service areas and better illustrate progress in delivering the workforce strategy, thereby increasing Board assurance. The Health Board uses benchmarking with other Health Boards although this tends to be ad hoc and not used formally as part of service improvement. Consequently, there is an opportunity for a more systematic and evaluative approach to benchmarking against 'best in class' organisations and regional clinical models to drive transformation (**Recommendation 7**).

Appendix 1

Audit methods

Exhibit 5 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

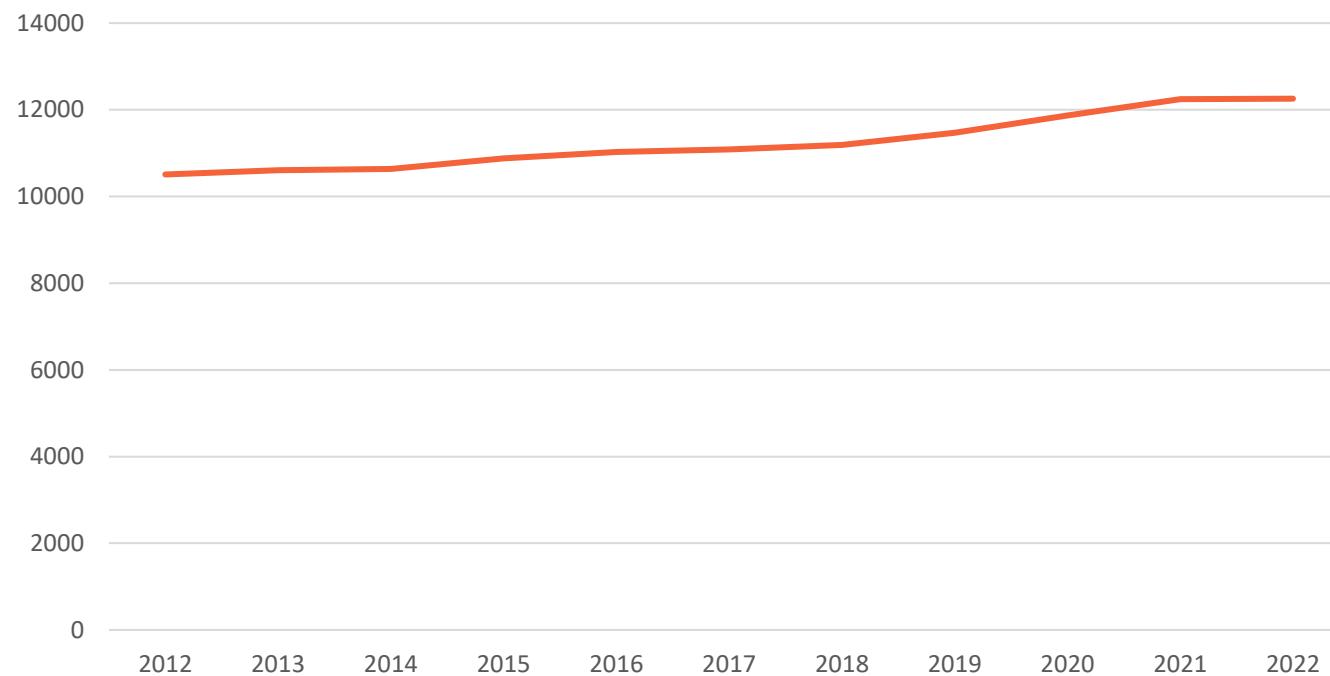| Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Workforce strategy and associated workforce plan(s) • Implementation/delivery plans for workforce strategy – high level and operational • Evidence of evaluation of workforce strategy and/or associated initiatives • Information feeding into workforce strategy development e.g., needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning • Evidence of stakeholder engagement. • Structure charts for workforce planning functions. • Examples of workforce planning training offered to staff e.g., CIPD, other training formal or informal • Workforce finance and resource plans • Corporate and operational risk registers • Document showing recruitment process and recruitment and retention initiatives • Corporate and operational level oversight and monitoring of workforce metric and strategy delivery
Interviews	We interviewed the following: • Executive Director of Workforce & OD • Executive Director of Planning and Performance • Head of Workforce and OD • Assistant Director of Workforce

Element of audit approach	Description
	• Interim Assistant Director of Planning and responsible for ABCi[6] • Chair of People and Culture Committee • Deputy Director of Nursing (workforce, education, training, and development) • Deputy Medical Director for Secondary Care • Staff Side and Job Evaluation Lead • Head of Key Systems and Workforce Data
Focus groups	We ran a focus group with: • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

[6] ABCi is a small team of continuous improvement specialists who lead and support improvement across the Health Board.
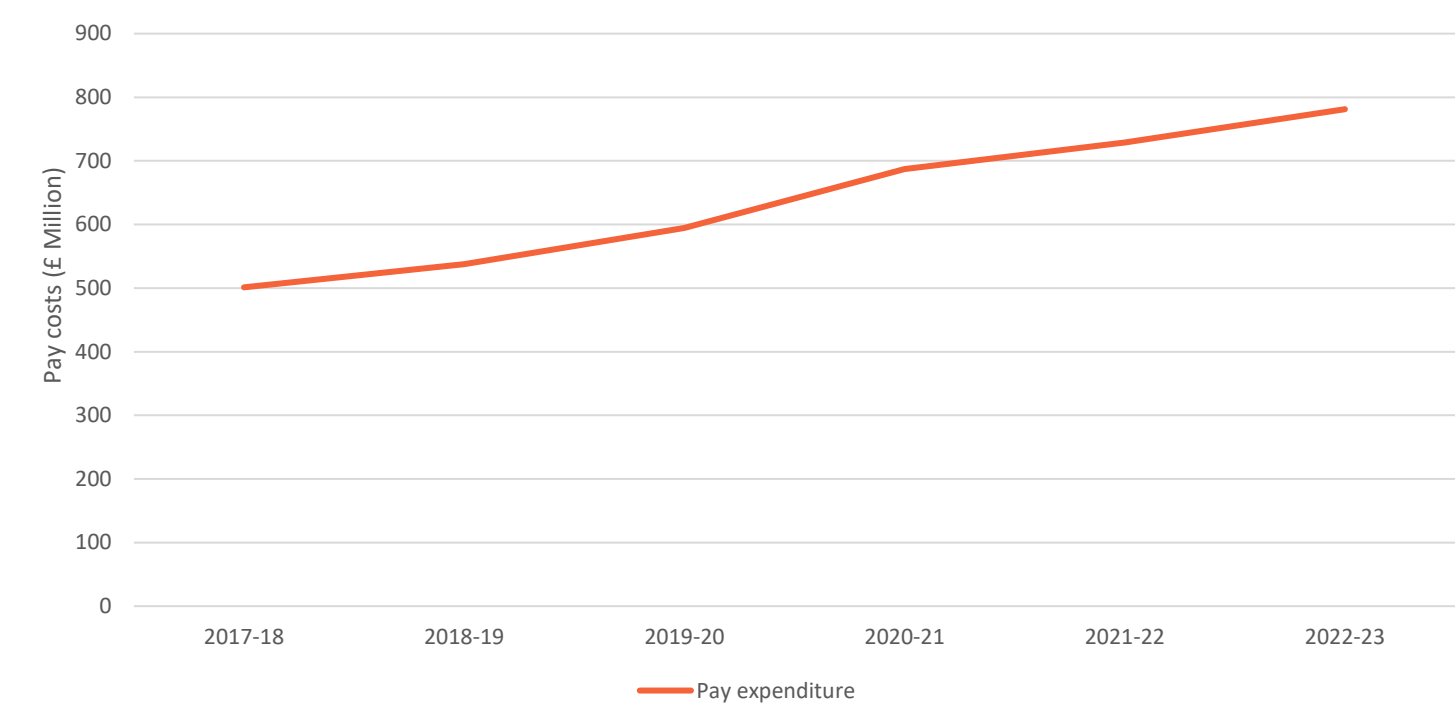
Appendix 2

Selected workforce indicators

Exhibit 6: trend in workforce numbers (full time equivalent), Aneurin Bevan University Heath Board
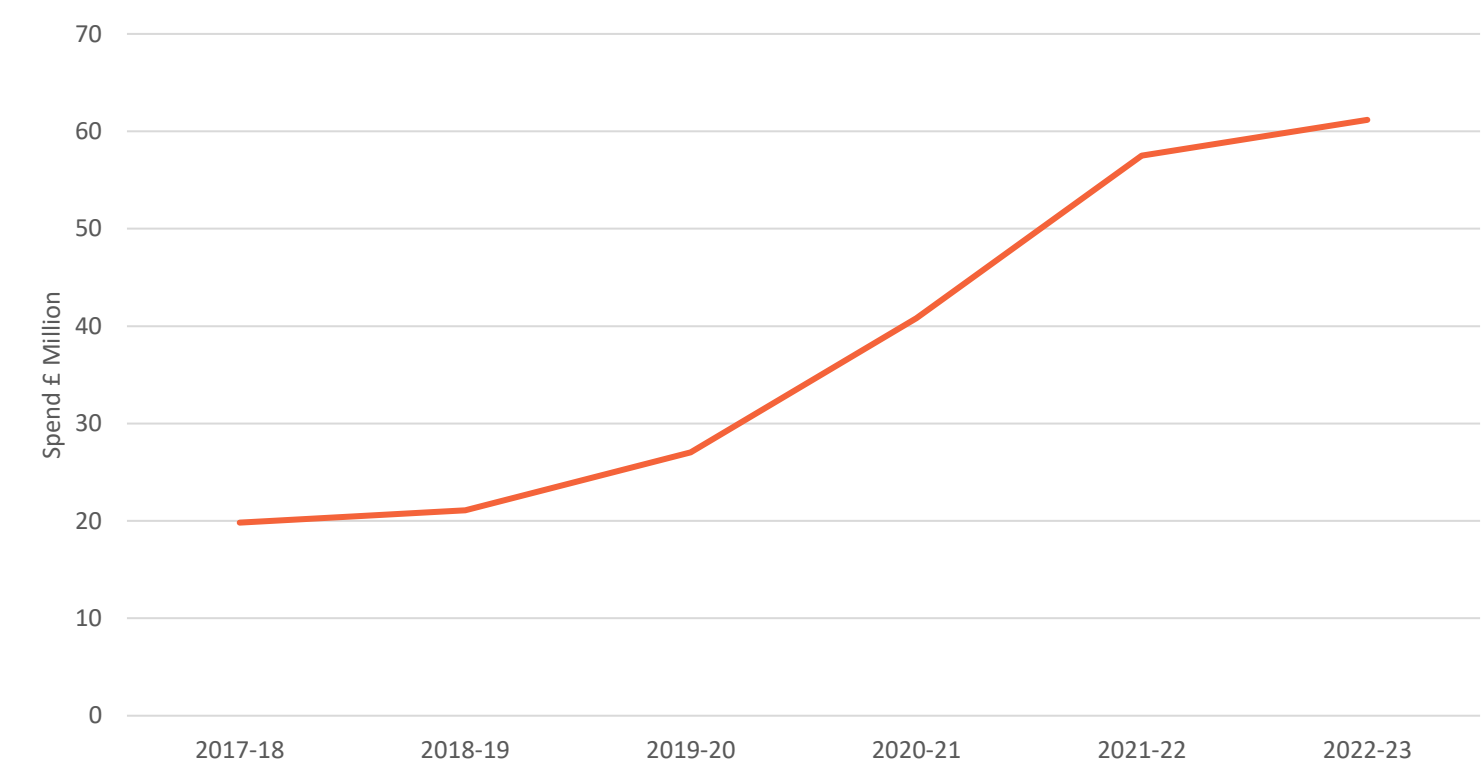

Source: Welsh Government, Stats Wales

Exhibit 7: trend in actual total workforce costs, Aneurin Bevan University Health Board
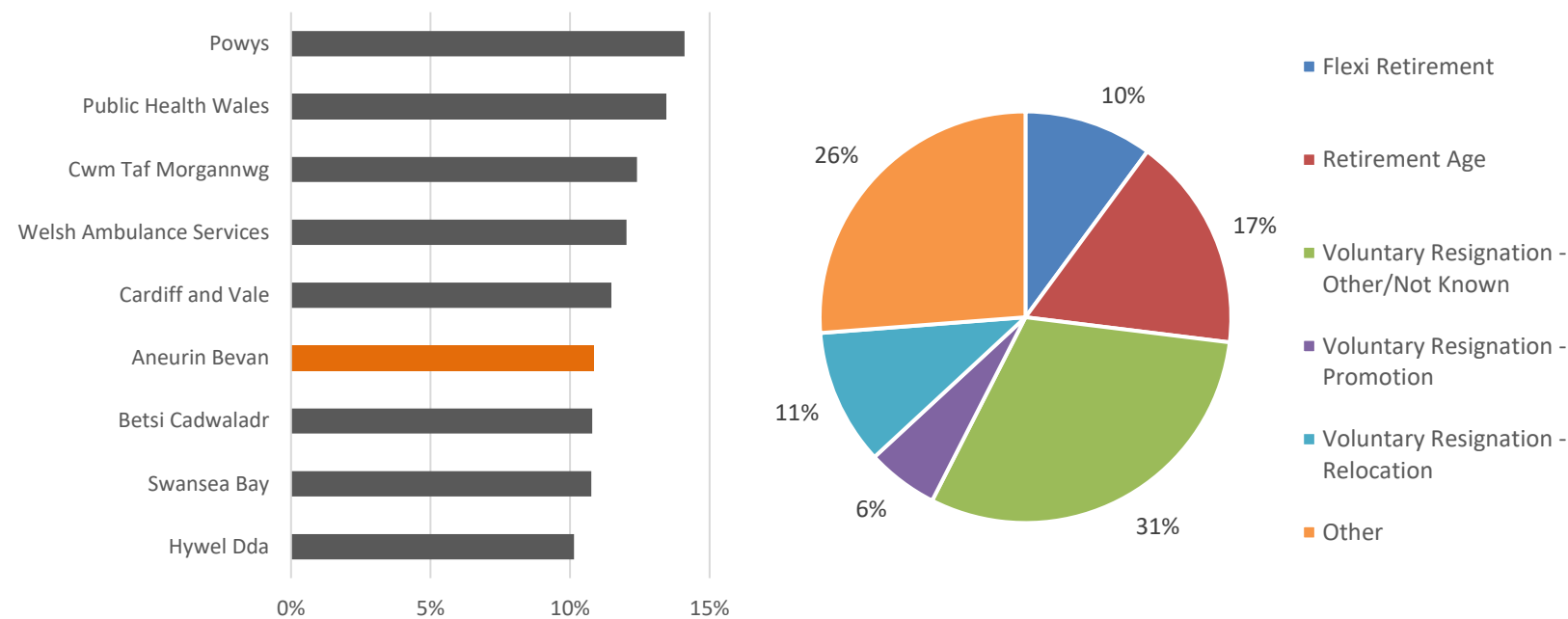

Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 8: trend of expenditure on workforce agency £ million, Aneurin Bevan University Health Board

Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, and Reasons for Leaving 2021-22

Source: Staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

Exhibit 10: vacancies as a percentage of total establishment, as of March 2022

Source: Health body data request

Exhibit 11: sickness absence by organisation, 2022.

Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations
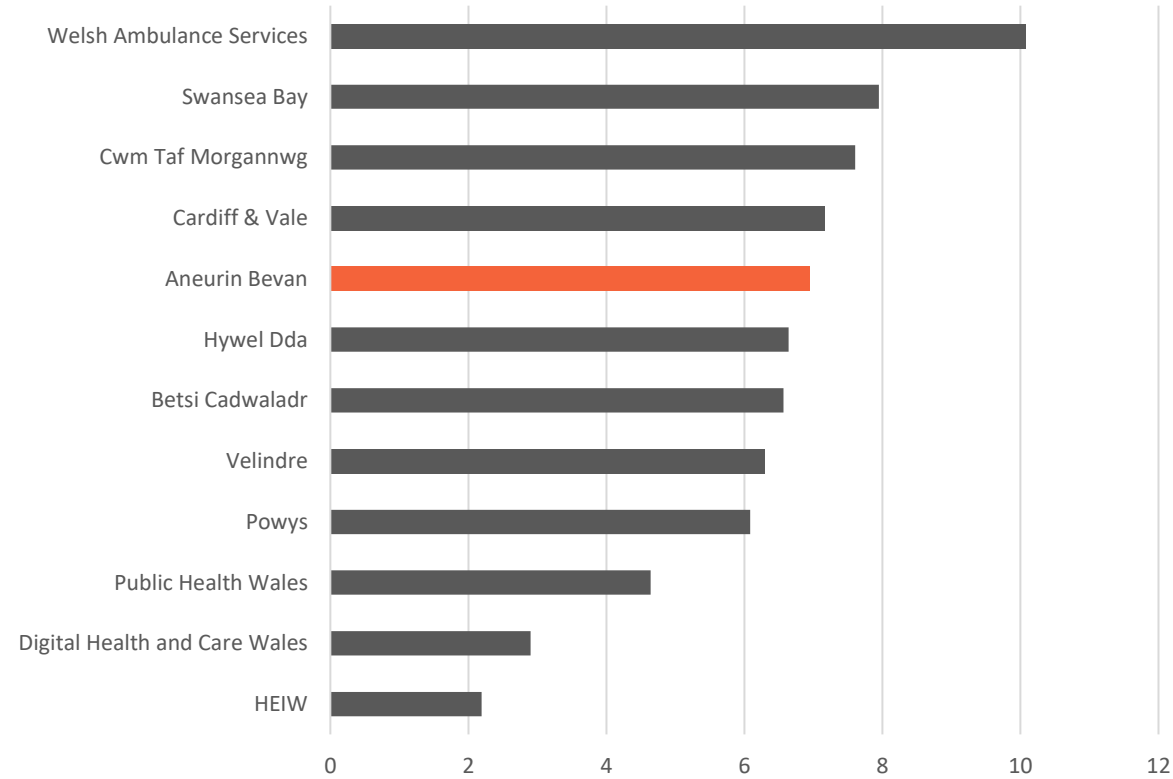
Exhibit 12: Aneurin Bevan University Health Board's response to our audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R1	While the Health Board has a three-year People Plan, the current approach to strategic workforce planning is not balanced and instead biased towards shorter term transactional workforce solutions. The Health Board's current service model is not sustainable given current demand, and this is affecting the performance and financial position. 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**)	The Health Board is currently engaging and will be consulting on a renewed long-term strategy up to 2035 throughout 2024. This will involve developing the strategic outlook to inform and develop workforce planning. The refresh of the People Plan for 2025 will include strategic outlook to 5 and 10-year forecasts based on the work currently undertaken on census, demographics and population needs analysis assumptions. This is addition to development and implementation of National Workforce plans supported by HEIW and Health Board workforce strategies e.g., Nursing, Midwifery, School and Public Health Nursing Workforce Strategy 2023-2026.	December 2024 May 2025	Executive Director Workforce and OD

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R2	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)**	An All-Wales group has been established to support the implementation of setting funded establishments. The Health Board has commenced work in relation to establishing agreed funded establishments supported by the assistant Finance Director and Workforce Information teams. A targeted approach is being undertaken to support completion e.g., by staff groups. The implementation of the medical E-Systems programme will also support this from a medical workforce perspective.	Project plan to be considered by Executive Committee February 2024	Assistant Finance Director and Assistant Director of Workforce
R3	Medium to long-term service workforce modelling is out of date and is needed to inform sustainable clinical service models. 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)**	We continue to provide longer term planning alongside National Workforce Strategies being developed by HEIW. We will undertake a review of capability and capacity following an assessment of workforce planning requirements via the 2024 IMTP.	July 2024	Executive Director Workforce and OD
R4	We found that the Health Board had workforce planning training and support, particularly in relation to the opening of Grange University Hospital, however this was paused during the pandemic, and it now needs to recommence.	Plans are in place in provide formal training and education in line with the newly revised HEIW workforce planning competency frameworks. The Health Board will also be introducing workforce	Training for Clinical Directors The first of February 2024.	Executive Director Workforce and OD

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	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**)	planning awareness into existing training management and leadership programmes.	Overarching plan to be developed for rollout of training March 24.	
R5	The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. 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)**	We agree that formal governance and programme arrangements are required to support the delivery of the Health Board Strategic priorities. The Workforce group has now been formalised to take forward the development and delivery of the workforce plans.	December 2024	Director of Workforce & OD via Clinical Futures Programme Board
R6	The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there needs to be greater assurance provided on the impact of delivery of the People Plan (i.e., the extent that it is making a difference). The Health Board should clearly structure its People Plan updates to	The People Plan deliverables are subject to scrutiny through People and Culture Committee with updates provided to the Board.

The People Plan deliverable benefits and outcomes are also supported by a monthly reported Workforce dashboard. | April 2024 | Executive Director Workforce and OD |

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	better describe the impact that delivery is having. **(High priority)**	We will look at different ways of time series measures over time to demonstrate outcomes and benefits where appropriate.		
R7	Whilst the Health Board benchmarks with other health bodies in Wales, there is potential to benchmark with 'best in class' organisations and clinical models from outside of Wales. 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)**	We accept the recommendation to extend benchmarking and work with HEIW in this respect. The Health Board has a compendium of new roles to support and share good practice. The Health Board also has a dedicated intranet site signposting to HEIW sites which also have compendium of roles. It draws on national workforce benchmarking and research when formulating its service workforce plans. This is in addition to workforce standards set by legislation and through respective Professional Bodies.	December 2024	Executive Director Workforce and OD

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 February 2024
CYFARFOD O: **MEETING OF:**	People and Culture Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Audit Wales - Review of Workforce Planning Arrangements
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 Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides the People and Culture Committee with an update on the recommendations and organisational response to the Audit Wales review of workforce planning arrangements and the recommendations and responses with the audit report.

Early in 2023 Audit Wales undertook an audit of Workforce Planning Arrangements across all Health Boards and Trusts in Wales. A draft report with seven recommendations for the Health Board was received in November 2023. A final detailed report was received in January 2024 with the Health Board responses to the recommendations in the original draft report, **Appendix 1**.

The key focus of the audit review was to determine whether the Health Board's approach to workforce planning was helping it to effectively address current and future NHS workforce challenges. Specifically, the auditors looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future workforce challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering and consultant job planning, fell outside the scope of this review.

The auditors reviewed a range of documents, conducted a number of interviews with leads in corporate services and conducted focus group workshops for those involved in workforce planning.

The audit report was reviewed by the Audit Committee on 08 February 2024 and positive comments were received. Actions have been put in place to address the recommendations within the report which is indicated in the responses to the recommendations in the report, **Appendix 1.**

The People and Culture Committee is asked to note the audit report and the recommendations. The People and Culture Committee will receive further updates of progress against each of the recommendations at the next committee.

Asesiad / Assessment

In summary, the seven recommendations of the audit included:

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**)

Workforce and OD have commenced delivering actions in support of these recommendations and will provide updates to the next People and Culture Committee as well as through corporate audit monitoring processes.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the audit report and the recommendations. The People and Culture Committee will receive further updates of progress against each of the recommendations at the next committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce Choose an item. 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.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

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