

People and Culture Committee

Tue 15 October 2024, 13:30 - 16:30

Microsoft Teams



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Agenda

0 min **1. PRELIMINARY MATTERS**

People and Culture 15.10.24 Agenda Approved.pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 18th of June 2024

Attached *Chair*

1.4 Final Minutes PCC 18-06-24 Chair reviewed.pdf (9 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 People & Culture Committee October Action Log.pdf (6 pages)

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

No items for this section

0 min **3. ITEMS FOR DISCUSSION**

3.1. Speaking Up Safely Report

Presentation *Director of Workforce & OD*

3.2. Equality, Diversity and Inclusion - Update

Attached *Director of Workforce & OD*

3.2 Equality Diversity and Inclusion Update Cover Report.pdf (5 pages)

3.3. Workforce Performance Dashboard incorporating Key Performance Indicators

Attached *Director of Workforce & OD*

3.3 Workforce Performance Dashboard Cover Report.pdf (4 pages)

3.3 Appendix 1 Workforce Performance Report - Aug 2024.pdf (6 pages)

3.4. People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice

Attached *Director of Workforce & OD*

 3.4 People Plan Objective 2 Employer of Choice Update Cover Report.pdf (13 pages)

3.5. Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems

Attached *Director of Workforce & OD*

 3.5 Annual Assurance Report of Job Planning including Medical E-Systems Cover Report.pdf (6 pages)

 3.5 Appendix 1 -Job Planning Procedure and Associated Guidance.pdf (2 pages)

3.6. Feedback on Employee Experience Survey

Presentation *Director of Workforce & OD*

3.7. Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months

Attached *Director of Workforce & OD*

 3.7 Director of Workforce & OD Cover Report.pdf (11 pages)

3.8. Assurance Report on Compliance with Welsh Language Standards – More than Just Words

Attached *Director of Workforce & OD*

 3.8 Assurance Report on Compliance with Welsh Language Standards – More Than Just Words cover report.pdf (8 pages)

 3.8 Appendix 1 - English Annual Report 23-24.pdf (31 pages)

 3.8 Appendix 2 More than Just Words 2024 - ABUHB.pdf (13 pages)

 3.8 Appendix 3 - Executive Summary.pdf (15 pages)

 3.8 - Appendix 4 Self Assessment Form.pdf (7 pages)

 3.8 Appendix 5 - Self Assessment summary.pdf (7 pages)

3.9. Nursing Midwifery & SCPHN Workforce Annual Report

Attached *Director of Nursing*

 3.9 Nursing Midwifery & SCPHN Workforce Annual Cover Report.pdf (7 pages)

 3.9 Appendix 1 - Nursing Midwifery & SCPHN Workforce Annual Report.pdf (19 pages)

3.10. Committee Risk Report

Attached *Director of Corporate Governance*

 3.10 Strategic Risk Deep Dive.pdf (4 pages)

 3.10 Appendix A_PCC Strategic Risk Assessments for Deep Dive of SRR 001A B.pdf (5 pages)

0 min 4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business 2024/25

Attached *Director of Corporate Governance*

 4.1 People & Culture Committee Forward Work Plan Cover Report.pdf (4 pages)

 4.1 Appendix 1 - Forward Work Plan- People and Culture.pdf (8 pages)

4.2. Consultant Private Practice policy

Attached *Medical Director/ Director of Workforce & OD*

 4.2 - Policy Consultant Private Practice Cover Report.pdf (4 pages)

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 11th of February 2025, 13:30-16:30

**CYFARFOD BWRDD IECHYD PRIFYSGOL
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING
PEOPLE AND CULTURE COMMITTEE**

AGENDA

Date and Time	Tuesday 15th October 2024 13.30
Venue	Microsoft Teams

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 18 th of June 2024	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	<i>No items for this section</i>		
3	ITEMS FOR DISCUSSION		
3.1	Speaking Up Safely Report	Presentation	Director of Workforce & OD
3.2	Equality, Diversity and Inclusion - Update	Attached	Director of Workforce & OD
3.3	Workforce Performance Dashboard incorporating Key Performance Indicators	Attached	Director of Workforce & OD
3.4	People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	Attached	Director of Workforce & OD
3.5	Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems	Attached	Director of Workforce & OD
3.6	Feedback on Employee Experience Survey	Presentation	Director of Workforce & OD
3.7	Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	Attached	Director of Workforce & OD
3.8	Assurance Report on Compliance with Welsh Language Standards – More than Just Words	Attached	Director of Workforce & OD



3.9	Nursing Midwifery & SCPHN Workforce Annual Report	Attached	Director of Nursing
3.10	Committee Risk Report	Attached	Director of Corporate Governance
4	ITEMS FOR INFORMATION		
4.1	Review of Committee Programme of Business 2024/25	Attached	Director of Corporate Governance
4.2	Consultant Private Practice policy	Attached	Medical Director/ Director of Workforce & OD
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: <ul style="list-style-type: none"> Tuesday 11th of February 2025, 13.30-16.30pm 		

Motion to Exclude Members of the Public and the Press

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:

“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960



DATE OF MEETING	Tuesday 18th June 2024, 1.30pm
VENUE	Microsoft Teams

PRESENT	Louise Wright, Independent Member, Committee Chair
	Paul Deneen, Independent Member
	Helen Sweetland, Independent Member
	Penny Jones, Independent Member
IN ATTENDANCE	Sarah Simmonds, Director of Workforce & Organisational Development
	Julie Chappelle, Assistant Director of Workforce & Organisational Development
	Geraint Scott, Head of Welsh Language Unit
	Non-Ellis, Equality Diversity & Inclusion Specialist
	Hannah Williams, Head of Organisational Development
	James Calvert, Medical Director
	Shelley Williams, Assistant Director of Workforce & Organisational Development
	Peter Brown, Assistant Director of Workforce & Organisational Development
	Lucy Windsor, Head of Corporate Risk & Assurance
	Sara Utley, Audit Wales
	Rhian Gard, Audit Wales
	Michelle Jones, Head of Board Business
	Thomas Jaynes, Governance Support Officer
	Megan Frampton, Governance Support Officer
APOLOGIES	Rani Dash, Director of Corporate Governance

PCC/1806/1.1	PRELIMINARY MATTERS
	Welcome and Introductions
	The Chair welcomed everyone to the meeting.



PCC/1806/1.2	<p>Apologies for Absence</p> <p>Apologies for absence were noted.</p>
PCC/1806/1.3	<p>Declarations of Interest</p> <p>There were no declarations of interest raised to record.</p>
PCC/1806/1.4	<p>Draft Minutes of the meeting held on 22nd February 2024.</p> <p>The minutes of the meeting held on the 22nd of February 2024 were agreed as a true and accurate record.</p>
PCC/1806/1.5	<p>Committee Action Log</p> <p>The Committee received the action log and was content with the progress made in relation to completed actions and against any outstanding actions, as set out within the paper.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PCC/1806/2.1	<p>Committee Annual Programme of Business</p> <p>Michelle Jones(MJ), Head of Board Business, presented the Forward Work Programme (FWP) 2024/25 to the Committee. The Committee was advised that the FWP was developed with regard to recommendations from the Committee Self-Assessment 2023/24 and to enable the Committee to: -</p> <ul style="list-style-type: none"> • Fulfil its Terms of Reference; • Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and, • Seek assurance that governance, risk, and assurance arrangements are in place and working well. <p>The Committee RECIEVED and APPROVED the proposed Committee work plan and NOTED that it would be brought forward to each future Committee meeting for oversight.</p>
ITEMS FOR DISCUSION	
PCC/1806/3.1	<p>Committee Risk Report</p>



Lucy Windsor (LW), Head of Corporate Risk and Assurance, provided the Committee with an overview of the Committee Risk Register containing high-level risks with sub-risks, for which the Committee had delegated responsibility from the Board.

LW advised that since the last report to the Committee, the Board had approved changes to the Strategic Risk Register, including a reduction in the risk score and level for one of the sub-risks (SRR001- There is a risk that the Health Board would be unable to deliver and maintain high-quality quality safe and sustainable services that meet the changing needs of the population) overseen by the Committee.

The Committee **NOTED** the following:

- delegated strategic risks;
- delegated corporate risk;
- Work being undertaken to identify and manage all risks that could impact the Health Board's delivery of its People Plan.

PCC/1806/3.2

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

Sarah Simmonds (SS), Director of Workforce & Organisational Development, with support from Non-Ellis (NE), Equality Diversity & Inclusion Specialist, presented an update on the delivery of Welsh Government's Race Equality Action Plan for Wales to the Committee.

NE advised that the report also provided an update on progress made in addressing the Welsh Government's Anti-Racist Wales Action Plan (ARWAP).

The Committee considered the actions which had progressed and noted that attendance at Race Equality Advisory Groups had decreased and sought confirmation as to the selection process for membership. The Committee was advised that the process was that of self-selection.

In response to a question, NE provided an overview of the mechanisms in place for recording racist related incidents and acknowledged the need for ongoing development and awareness to empower staff and ensure psychological safety when reporting incidents.

The Committee **NOTED** the report.



PCC/1806/3.3

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

Sarah Simmonds (SS), Director of Workforce & Organisational Development, with the support of Julie Chappelle (JC), Assistant Director of Workforce & Organisational Development, presented a report on the development and delivery of the agile working framework. The Committee noted that there were limitations to the capacity and capability for some services and individuals in utilising agile working.

SS noted that the move to agile working was enabled, in part, through the support of IT. In response to a question, the Committee was informed that the Estates Strategy was key in informing the implementation of the agile agenda which would also ensure that reasonable adjustments were made to accommodate those with protected characteristics.

Paul Deneen (PD), Independent Member, sought confirmation as to how the savings from the agile working framework would be quantified, and it was agreed that the savings would be reported to the Committee as part of future agile working updates scheduled within the Committee’s forward workplan.

The Committee **NOTED** the action plan.

PCC/1806/3.4

Workforce Performance Dashboard incorporating Key Performance Indicators

Sarah Simmonds (SS), Director of Workforce & Organisational Development, with the support of Shelley Williams (SW), Assistant Director of Workforce & Organisational Development, presented the Workforce Performance Dashboard to the Committee.

SS outlined that the report detailed the position as at April 2024, and also provided an update in relation to Employee Relations Activity for the period February 2024 to April 2024. SS noted that sickness rates remained high at 6%. Staff turnover had returned to pre-COVID levels and there was an increase in the number of staff in post, with a shift in roles filled from administration roles to nursing, medical and additional clinical services.



Louise Wright (LW), Chair, noted that there had been an increase in recruitment into clinical posts with recruitment to administrative posts being subjected to a scrutiny process. LW queried whether this would have an impact on recruitment statistics and was advised that this may result in a change but noted that the vacancy scrutiny process had been helpful in ensuring recruitment to essential posts.

The Committee **NOTED** the report.

PCC/1806/3.5 **People Plan 2022/25, Annual Review**

Sarah Simmonds (SS), Director of Workforce & Organisational Development, with support from Peter Brown(PB), Assistant Director of Workforce & Organisational Development, Shelley Williams(SW), Assistant Director of Workforce & Organisational Development and Julie Chappelle (JC), Assistant Director of Workforce & Organisational Development, presented the report to the Committee.

The Committee noted the progress made over the last 12-months against the key strategic objectives of the Plan. The Committee received assurance that all data with regards to 'Speaking Up Safely' as outlined under the Health and Wellbeing objective, would be captured through the VIVUP application, and that staff would be provided with alternative methods for raising concerns. The Committee was also advised of the intention to re-launch the People Plan for a further three years in July 2025.

The Committee **NOTED** the update.

PCC/1806/3.6 **Report from the Director of Workforce & OD, including Employee Relations & Suspensions**

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided an overview of the work of the Workforce & Organisational Development Team, at a local, regional and national level. The Committee noted that the report covered the period since the last Committee meeting, 22 February 2024.

The Committee noted progress made on issues such as; Employee relations activity, NHS Wales Staff Survey, Medical E-Systems, Staff Recognition Framework and the arrangements for the production of an annual staff survey and the need to support an increased response rate. The Committee was informed that there



were 11 employees suspended, with one employee suspended for over 12 months, eight for over six months and two for less than three months.

Paul Deneen (PD), Independent Member, raised concern that the response rate to the staff survey was low at 18%. The concern was noted with plans being putting in place to support improved response rates in future.

The Committee **NOTED** the report for information.

PCC/1806/3.7

Talent and Succession Planning Progress Update

Sarah Simmonds (SS), Director of Workforce & Organisational Development, with the support of Hannah Williams (HW), Head of Organisational Development, presented the progress update.

The Committee noted that the Talent Management and Succession Planning (TMSP) Framework which detailed the Health Board's approach to the attraction, identification, development and transition of current and future talent with the aim of securing workforce sustainability through employing individuals with the right skills and experience to meet current and future organisational changes. The Committee was assured that any major service changes would be integrated as part of usual service process and requested that an update on the progress of the talent management and succession planning be provided to the Committee annually.

Action:

- Head of Board Business to update the Committee's Forward Work plan to include an annual update on talent management and succession planning.

The Committee **NOTED** the Talent Management and Succession Planning Framework and plans for implementation.

PCC/1806/3.8

Assurance Report on Compliance with Welsh Language Requirements

Geraint Scott (GS), Head of Welsh Language Unit, provided the Committee with an overview of the Health Board's compliance in meeting its statutory Welsh language duties, and provided an overview of the support provided to staff who were delivering services and for those wishing to improve their language skills.



GS highlighted the work undertaken to ensure compliance with the Welsh Language Standards, and the statutory obligation to produce a 5-year plan for increasing clinical consultations through the medium of Welsh from November 2024.

The Committee was informed that a final report on the Health Board's progress against the More than Just Words targets would be submitted to Welsh Government by the end of June 2024, with the Health Board's Annual Welsh Language report being submitted to Board in September 2024.

GS highlighted to the Committee that further guidance from Welsh Government regarding elements of the 'More Than Just Words' documentation was awaited, and the Committee requested that an update be brought to a future meeting.

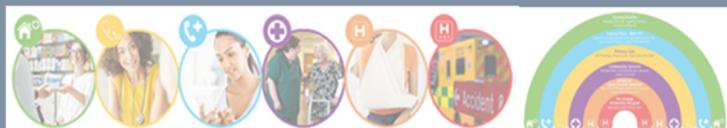
Action

- Head of Board Business to update the Committee's Forward Workplan to include a report following receipt of guidance from Welsh Government in respect of More than Just Words.

The Committee was informed that the Health Board was being investigated by the Welsh Language Commissioner's Office, for non-compliance with Standards 9 and 10, which focuses upon the provision of switch board services through the Welsh medium and noted that the Health Board had until 3rd July 2024 to reply. The Committee noted the work ongoing to address this which included the recruitment of Welsh speakers to fully comply with Standard 10 and noted that despite several attempts to recruit Welsh Speakers to the Switchboard service the Health Board would not be able to achieve compliance.

GS informed the Committee of the outcome of a Welsh Language Tribunal hearing into a local authority which found that the organisation had failed to include sufficient information in consideration documents about the possible effect upon the Welsh Language. GS advised that following this ruling the Health Board was assessing its approach when completing EQIA's as well as public consultations and research and development. The Committee noted that the information was scheduled to be submitted to the Welsh Language Commissioners Office by the end of June 2024.

The Committee **NOTED** the report.



PCC/1806/3.9

Update on the Training Programme and Compliance of Reporting Associated with the Electronic Blood Management System

James Calvert (JC), Medical Director, informed the Committee that the Patient Quality, Safety and Outcomes Committee had referred training performance on blood tracking to this Committee. JC provided an overview of the arrangements that were in place to manage the storage and usage of blood products through the Electronic Blood Management System, and the compliance with the Health and Care Standard 2.8 Blood Management.

JC assured the Committee that the traceability compliance of the Health Board's blood products had increased from 98% during the pandemic to 99.4% and that to ensure 100% compliance a dedicated Transfusion Traceability officer, responsible for blood compliance and staff training had been recruited.

The Committee **NOTED** the report and was assured that the tracing would achieve 100% compliance.

PCC/1806/3.10

Annual Assurance Report on Medical Revalidation

James Calvert (JC), Medical Director, provided the Committee with an overview of the revalidation process managed by the GMC and advised that all doctors must undertake annual appraisals.

JC advised that the Health Board was designated as the authorised body for this process and the Committee was assured that appraisal rates remained high across the Health Board and across the grades of doctors. The Committee noted that the appraisal and revalidation processes were integrated into medical education and as a result an educational perspective on appraisal with learning, wellbeing and support had been maintained with doctors continuing to embrace the concept.

JC provided an overview of the performance in respect of appraisal and noted that 91% of secondary care doctors in a substantive post had received an appraisal in 2023, with 94% of primary care doctors completing an appraisal within the same timeframe. The Committee was apprised of the circumstances which may result in a deferment of appraisal.



	<p>JC advised that on 16th January 2023 the Health Board was assessed by the Revalidation Support Unit. This visit assessed the quality of medical appraisal and revalidation processes within the Health Board on behalf of the Chief Medical Officer. The Committee was provided with an overview of this visit and noted that the report from this visit identified four recommendations, but acknowledged that robust systems were in place.</p> <p>The Committee was also advised that Professor Helen Sweetland (HS), Independent Member, had been appointed to the role of Lay Representative and now attended meetings of the Revalidation Review Group.</p> <p>The Committee RECIEVED the report.</p>
<p>PCC/1806/4.1</p> <p>PCC/1806/4.2</p> <p>PCC/1806/4.3</p> <p>PCC/1806/4.4</p>	<p>OTHER MATTERS</p> <p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee requested that the following items be escalated to The Board:</p> <ul style="list-style-type: none"> • The increased risk of non-compliance with Welsh Language Standards, including an update on the Welsh Language Commissioner’s investigation. • The need for increased resources for the Equality, Diversity and Inclusion agenda. • Suspensions over four months (one over 12 months and eight over six months). <p>Any Other Urgent Business</p> <p>There was no urgent business raised for discussion.</p> <p>Committee Reflections</p> <p>The Chair requested that the Committee email any reflections from today’s meeting to her.</p> <p>Date of the Next Meeting:</p> <ul style="list-style-type: none"> • Tuesday 15th October 2024.



Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2023	PCC/1306/2.2	<p>Director of Workforce Report; Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework.</p> <p>The finalised Speciality Doctors and Clinical Fellows Framework to be presented to the committee at a future meeting.</p>	Director of Workforce and OD	October 2024	<p>Complete</p> <p>Speciality Doctors and Clinical Fellows Framework Update will be provided within the WOD Director's report for October 2024 meeting.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
December 2023	MHMAC/06/12/5.1 Transferred from MHAMC	Items to be Brought to the Attention of the Board and Other Committees An item to be placed on the FWP for the People & Culture Committee assessing violence towards staff within the Mental Health Division and the appropriate support that is in place.	Director of Therapies & Health Science	October 2024	Outstanding Violence & Aggression against staff has been deferred to February 2025 meeting.
February 2024	PCC 2202/3.2	Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment Further work required to ensure consistent and comprehensive Equality Impact Assessments, which brought a risk of a potential for challenges in respect of the Health Board's policies and decisions. LW to raise	Louise Wright, Chair	October 2024	Complete Action raised within the People and Culture assurance report submitted to Board in March 2024. An update on EDI activity will also be included in February 2025 agenda.



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		this matter with the Board at its meeting in March 2024.			
February 2024	PCC 2202/3.8	<p>Report from the Director of Workforce & OD, Including Employee Relations & Suspensions over 4 Months</p> <p>Work being undertaken to understand how long it takes different job roles to complete mandatory training. The findings would be shared at a future Committee meeting.</p>	Director of Workforce & OD	October 2024	<p>Outstanding</p> <p><u>June Update</u> Work continues in responding to this action and an update will be provided at the next Committee meeting.</p> <p><u>October Update</u> Following discussion at the July 2024 Board, a paper addressing wider comments regarding statutory and mandatory training to progress to Executive Committee in October 2024 and Board later this year. To share</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					with next Committee in February 2025.
February 2024	PCC 2202/3.10	HEIW Report HEIW concerns with new staff members being put on call on their own without support. It was advised that work was being undertaken to ensure this did not occur. The Committee requested a further update on this at a future meeting.	Medical Director	June 2024	Outstanding HEIW update was deferred from June meeting and an update will be presented at the February 2025 meeting.
April 2024	ARAC 1604/3.4	To Approve the Report on the use of Single Tender Action Report on the Use of Single Tender Action - The People and Culture Committee to receive a detailed update on efforts to secure long-term	Director of Workforce & OD	October 2024	Completed An update on Nursing Accommodation was included in the Director of Workforce Report to the June Committee meeting.



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		accommodation for Nurses/International Nurses.			
June 2024	PCC/1806/3.3	<p>Assurance Report on the Development and Delivery of the Agile Working Framework</p> <p>Future reports on this item, to include an update on savings generated through the move to agile working.</p>	Director of Workforce & OD	February 2025	Not Due
June 2024	PCC/1806/3.7	<p>Talent and Succession Planning Progress Update</p> <p>Committee to receive an annual update in respect of talent and succession planning.</p>	Director of Workforce & OD	June 2025	Not Due



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2024	PCC/1806/3.8	Assurance Report on Compliance with Welsh Language Requirements Committee to receive an update on 'More Than Just Words' once Welsh Government has provided guidance.	Director of Workforce & OD	October 2024	Complete Assurance Report on Compliance with Welsh Language standards – more than just words has been included in the agenda for October.

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

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



DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Equality, Diversity and Inclusion (EDI) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Gubbings, Strategic Workforce Lead for Health, Care and Partnerships

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the members of the People and Culture Committee with a brief overview of the Equality, Diversity and Inclusion(EDI) activities and the progress made over the last quarter.

The People and Culture Committee is asked to note the latest update on EDI activities and progress.

Asesiad / Assessment

Head of Equality, Diversity and Inclusion Post

Interviews for this current vacancy are arranged for 17 October 2024. The role is temporarily being covered from within Workforce and OD.

In addition to this, a new role has been supported on a 12 month secondment/fixed term contract basis for a Band 7 Armed Forces Covenant and EDI Manager. The interviews for this post are arranged for 23 October 2024.

Workforce Race Equality Standard

The Health Board received its Workforce Race Equality Standard (WRES) for Wales Report in June 2024. The report details the workforce race equality data for ABUHB, focusing on representation, development, disciplinary equality and institutional culture. The report outlined its key both positive findings and areas for further improvement across the Health Board. The full report, briefing report and Health Board response are due to go to Executive Committee then will be

brought to a future Committee. In summary, the key findings include improvements are required in the following areas:

1. Absence of Ethnic Minority Board Membership
2. Progression to Senior Grades
3. Ethnicity Declaration Rates
4. Likelihood of Appointment (after shortlisting) and Capability Processes
5. Experience of Discrimination and Harassment

Positively, the report found areas of good practice in the following areas:

1. Equal Access to Non-Mandatory Training and Continuing Professional Development
2. Parity in Shortlisting to Interview Process
3. Structured Support for Reapplication
4. Inclusive Training Programs
5. Commitment to Long-Term Improvement

Equality Events

Carers Week: Carers week took place during 10 - 14th June 2024. The theme for this year's Carers Week was "**Putting Carers on the Map.**" During the week different communications initiatives were shared across each of the days.

Pride: During Pride Month, the Pride relaunched its Pride Network. Also, during this time, the Health Board put out a supportive statement in response to some inappropriate comments on a Social Media post.

Voices: Following the recent public disturbances across the UK, the Health Board put out a supportive statement to all our staff, to remind all staff that we stand in solidarity with our staff and there is no place for hatred in the NHS.

Staff Networks

To continually improve the contribution and inclusion of our staff networks, we have now created individual Microsoft teams groups for each network. Staff will be able to join the network by clicking the link on each individual staff network SharePoint page. The teams groups will be private to the network members and will serve as a platform to improve communication. This will be followed up with a renewed communication campaign to promote the networks.

A draft Staff Network Strategic Communication Structure has been developed and circulated for comment to the Staff Network Leads. The aim of this structure is to improve the utilisation of the networks in informing and delivering people strategies.

Equality, Diversity and Inclusion Policy

The current EDI policy was due for review in 2021. The policy has been updated and was discussed at the Workforce and OD Policy Group on 01 October 2024. Comments on the updated policy are awaited.

Skills Surgery



Five classes have undertaken the Skills Surgery workshops to date. The sessions include animations and learning activities aiming to show the students that there is a place for everyone within the Aneurin Bevan Family. The animations created deliberately show the diversity within our workforce and local voices are used to ensure the students can see themselves in that which has been created. Within the delivery in Pill Primary School, we also delivered a

simplified version of a careers carousel. This involved different facilitators from different departments throughout the Health Board delivering practical activities to both educate and inspire the children. The response from the schools delivered too so far has been universally positive. In this new academic year, we are looking to deliver to new cohorts as well as putting the resources into a teacher pack for schools to be able to deliver independently to their students.



Planning of Major Incident or Business Continuity for Staff with Different Needs or Requirements

When planning for Major Incident or Business Continuity disruptions, the Emergency Planning team work with services across the Health Board to prepare their response to these events.

All staff members will be undertaking their normal role but applied to the incident therefore the action cards developed with the teams ensure that any staff with different needs or requirements are considered based on the assessment undertaken when working in their normal role, and all staff members have a part to play. If anything, which could be concern or detriment to any staff member, is identified when preparing plans or specific action card we would collaborate with the local teams to ensure these are addressed.

Exercise Euclid took place on 20 June 2024 and included participation from over 100 staff members, each team from across services involved engaged with their staff and if adjustments were required, they would accommodate this, as they would in daily working practice.

The Emergency Planning team provide training and workshops across the Health Board and these will be adjusted to meet the needs of the individuals in the group.

The point of contact for Emergency Planning is Wendy Warren, Head of Planning - Civil Contingencies, wendy.warren@wales.nhs.uk

Equality Impact Assessments (EQIAs)

The panel runs every month and is currently being chaired by an interim member of staff from Workforce and OD. Current work is focusing on putting together a flow

chart and information pack to support managers to understand the EQIA process and whether a full panel is required for the submission. Further engagement and awareness raising is ongoing with Workforce and OD Business Partners and the Planning team to ensure any relevant projects, processes and policies have the appropriate EQIA (where necessary) carried out.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the latest EDI activities and progress.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Board's assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 3. Effective Care 6. Individual care 7. Staff and Resources
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 prioritise 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:	Not Applicable
Rhestr Termau: Glossary of Terms:	EDI – Equality, Diversity and Inclusion
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Not Applicable

Parties / Committees consulted prior to University Health Board:	
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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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Performance Dashboard – August 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Julie Chappelle, Assistant Director of Workforce & OD and Kate Davies, Workforce Performance Manager

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

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 new format of the Workforce Performance Dashboard is produced monthly and provides the latest data on workforce sustainability and training, workforce supply and variable pay.

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 August 2024 Workforce Performance Dashboard, **Appendix 1**, include:

- In August 2024, sickness absence decreased to 6.19%, a 0.10% reduction compared to July 2024 (6.29%). The 3 main reasons for sickness were, Anxiety, Stress, Depression and other Psychiatric illness 36.7%, other Musculoskeletal problems 8.8% and Gastrointestinal problems 7.8%.
- The 12-month cumulative sickness absence of 6.28% remained static compared with the previous year. The three highest sickness groups were, Additional Clinical Services (HCSWs) 8.67%, Estates and Facilities 8.39% and Nursing and Midwifery 6.46%.
- Short term sickness decreased in August 2024 to 1.96% compared to July 2024 (2.23%).
- The number of staff not in work due to sickness absence in August 2024 was 805wte, a decrease compared to July 2024 (817wte) but an increase compared to the previous year of (791wte).
- The 12-month total percent for turnover was 9.31% compared to 9.77% the same time last year, a decrease of 0.46%. Nursing and Midwifery have the lowest turnover rate of 7.48%.
- PADR remained below the target of 85%, with compliance for August 2024 at 74.59%, a decrease of 0.33% from last month (74.25%). PADR compliance has improved by 5.94% when compared to 68.64% in August 2023.
- Statutory and Mandatory training has decreased from 82.53% in July 2024 to 81.30% in August 2024. Statutory and Mandatory training compliance has seen an increase by 1.94% compared to 79.36% in August 2023.
- Staff in post in August 2024 was 13,020wte (16,503 people) compared to 12,763wte (16,243 people) in August 2023. The top staff group increases were in Nursing & Midwifery by 16.44wte and Additional Clinical Services by 14.80wte. Administration and Clerical decreased slightly by 8.36wte.
- Variable pay usage increased in August 2024 to 1,192wte in comparison to 943wte in July 2024, an increase of 249wte, the increase is due to August being a five week reporting month.
- Work to reduce bank and agency usage continues with the main reasons for Registered Nurse usage being to cover vacancies, sickness and extra additional ward and Healthcare support worker is mainly in enhanced care cover.
- Medical bank and agency usage in August 2024 was 108.82wte, a decrease of 14.37wte compared to 123.19wte in July 2024. The current usage split is 55% Locum and 45% agency.
- Since the eLocum bank implementation on 01 December 2023 the usage has remained consistent, on average 60wte per month, 70% of locum usage is within Junior Grades.
- The new Medical Agency Management System was implemented on 01 May 2024. Agency usage remains fairly static, however, in August 2024 usage was 49.04wte, a decrease of 8.32wte when compared to July 2024.
- The Workforce & OD Team are continuing to work with Divisions to input their Job Plans onto the new Job Planning E-System. Currently overall Job Planning compliance is 25% (Consultants is at 25% and SAS Doctors 21%). 89 Job Plans have been completed in the new system which represents just over 13%. However, there are a 499 job plans that are work in progress and 43 job plans awaiting signatures.

- Reducing time to hire – a lot of work has been undertaken to clear old records and as a result, time to hire has been below the target of 71 days for four consecutive months and is currently at 66.6 days.

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	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:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
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• 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



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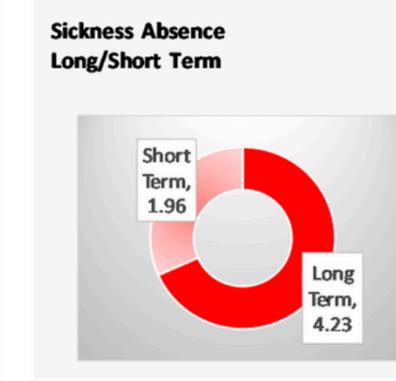
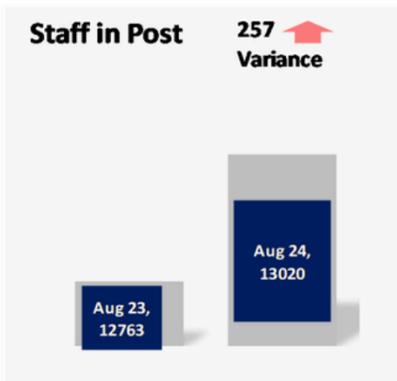
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ABUHB Workforce Performance August 2024

Top 3 reasons for absence by FTE days lost

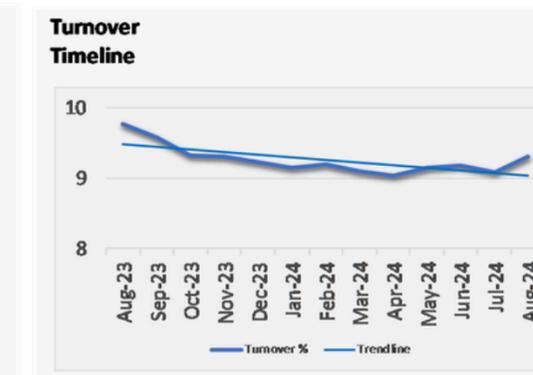
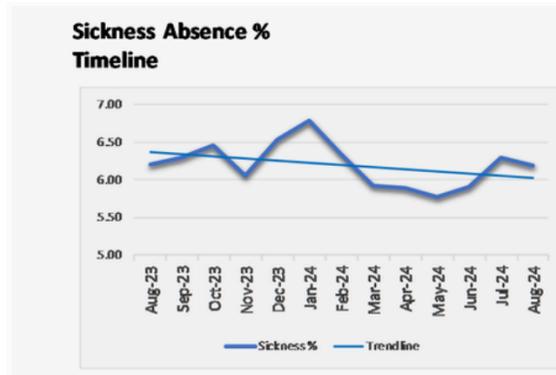
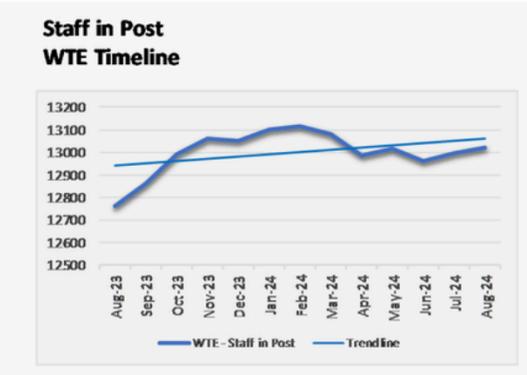
- 1. Anxiety/Stress/Depression/Other Psychiatric illness - 36.7%
- 2. Other Musculoskeletal Problems - 8.8%
- 3. Gastrointestinal Problems 7.8%%

Staff in Post has increased from 12995wte in July 24 to 13019wte in Aug 24. The main increase is within Nursing & Midwifery 16.44wte (0.41%)

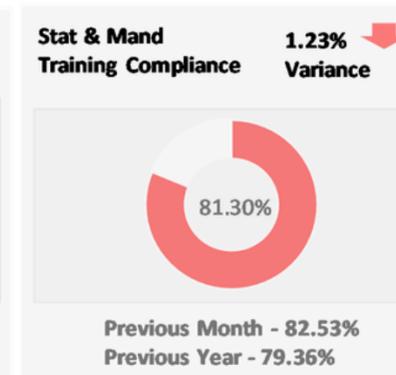
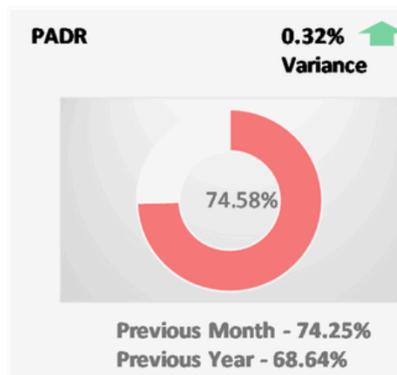


Top 3 highest sickness by staff group

- 1. Additional Clinical Services - 8.67%
- 2. Estates & Ancillary - 8.39%
- 3. Nursing & Midwifery - 6.46%



Turnover rate is 9.31% a decrease of 0.46% compared to last year rate of 9.77%. Nursing and Midwifery have the lowest turnover rate of 7.48% whilst Allied Health Professionals have the highest 12.72%. The Stability Rate is 89.32%, the health board has retained 13251 staff.

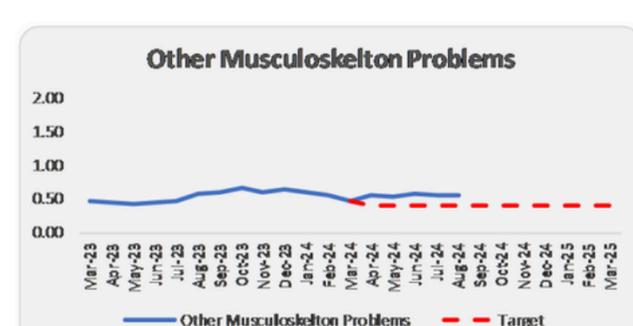
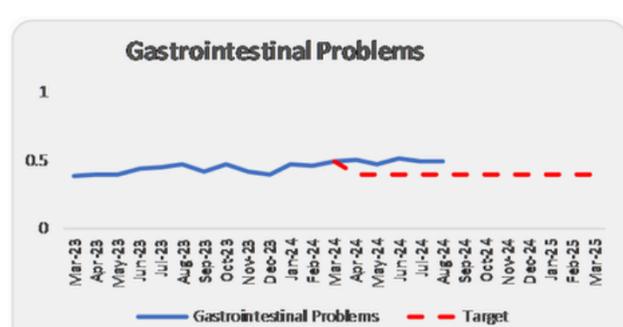
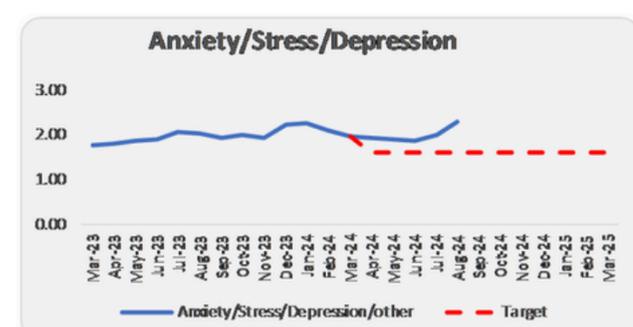
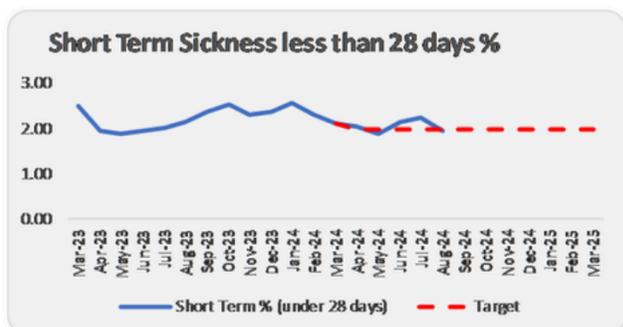
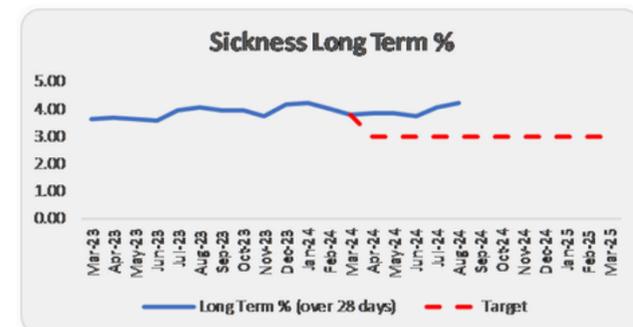
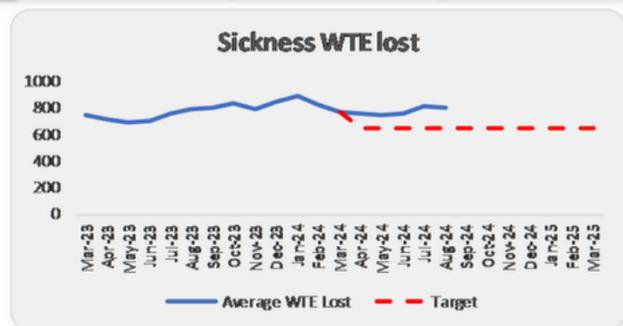
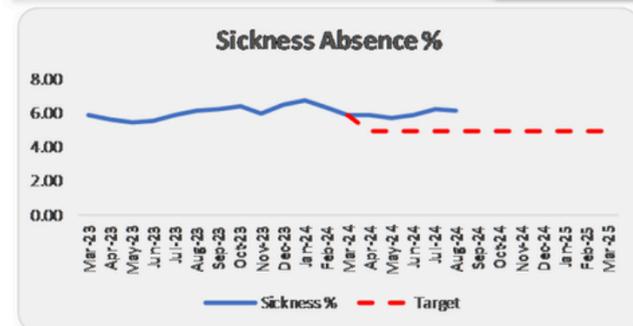


Data Source: ESR/Health Roster/Bank Staff. The targets set within this report are derived from various sources: IMTP Process/Statutory Targets/ Assessment of trends

Sickness Absence in Aug 24 is 6.19% (806wte lost) which has decreased by 0.10% (11wte) compared to July 24.

68% of sickness is long term which has increased from 4.06% to 4.23% in Aug 24. Short Term sickness has decreased from 2.23% to 1.96% in Aug 24.

Sickness Absence	Current Value	Deviation from Target	Monthly Change	Target - March 25
Sickness %	6.19	1.19	-0.10	5.00
Average WTE Lost	805.92	151.92	-11.52	654.00
Long Term % (over 28 days)	4.23	1.23	0.17	3.00
Short Term % (under 28 days)	1.96	-0.04	-0.27	2.00
Anxiety/Stress/Depression/other	2.29	0.69	0.29	1.60
Other Musculoskelton Problems	0.56	0.16	0.01	0.40
Gastrointestinal Problems	0.49	0.09	0.00	0.40



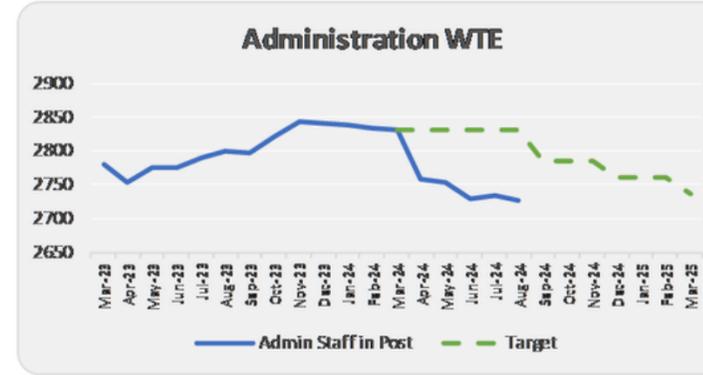
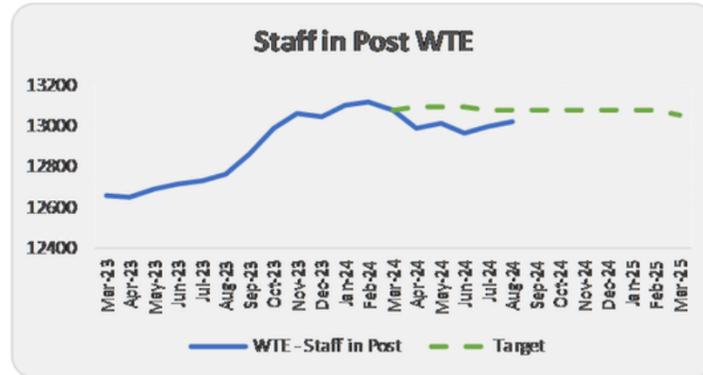
In month sickness absence percentage by division

Division	Jul-24	Aug-24	Change
040 CLINICAL SUPPORT SERVICES	5.76	5.48	↓ -0.28
040 CONTINUING HEALTH & FUNDED NURSING CARE	10.44	11.52	↑ 1.08
040 CORPORATE SERVICES	5.03	4.87	↓ -0.16
040 ESTATES AND FACILITIES DIVISION	8.19	8.07	↓ -0.12
040 FAMILY & THERAPIES DIVISION	5.68	5.69	↑ 0.01
040 MEDICINE	6.29	6.36	↑ 0.07
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	7.44	7.38	↓ -0.06
040 PRIMARY CARE & COMMUNITY SERVICES	6.93	6.80	↓ -0.13
040 SURGERY	4.86	4.89	↑ 0.03
040 URGENT CARE	5.89	5.10	↓ -0.79
Total	6.27	6.19	↓ -0.08

6 Divisions/Corporate Services reduced sickness in Aug 24.

Staff in Post	Current Value	Deviation from Target	Monthly Change	Target - March 25
WTE - Staff in Post	13019.63	-34.37	23.73	13054.00
Admin Staff in Post	2725.73	-11.27	-8.36	2737.00
Turnover %	9.31	0.11	0.23	9.20
Flexi Working Requests Approved %	76.00	-24.00	0.00	100.00

Staff in post has increased by 23.73wte. however it is below the forecasted target. Nursing & Midwifery Registered has increased by 16.44wte and Additional Clinical Services has increased by 14.80wte. Admin & Clerical decreased slightly by 8.36wte.

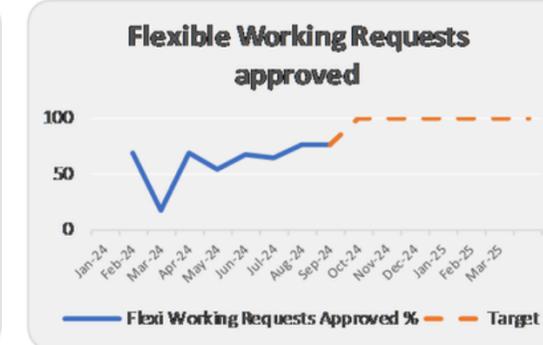
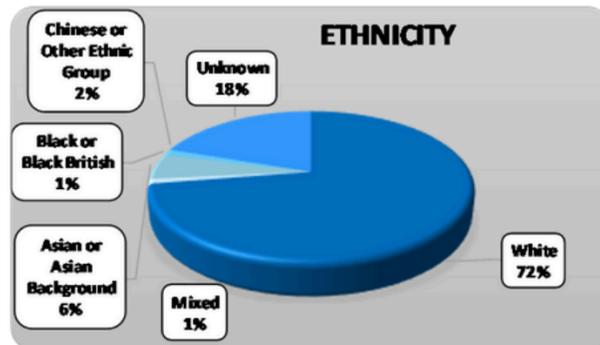


Over the last five years to date staff in post has increased by 1299wte (11.08%) pre covid comparison. The main increases are within Admin & Clerical 506wte, Nursing & Midwifery Registered 392wte and Additional Clinical Services 250.05wte.

Staff in Post			
Staff Group	Jul-24	Aug-24	Change
Add Prof Scientific and Technic	415.28	419.51	4.23
Additional Clinical Services	825.85	840.65	14.80
Healthcare Support Workers	2046.68	2052.32	5.64
Administrative and Clerical	2734.09	2725.73	-8.36
Allied Health Professionals	938.50	943.08	4.58
Estates and Ancillary	1024.23	1025.17	0.94
Healthcare Scientists	248.38	250.28	1.90
Medical and Dental	851.63	834.20	-17.43
Nursing and Midwifery Registered	3905.76	3922.20	16.44
Students	5.50	6.50	1.00
Total	12995.90	13019.64	23.74

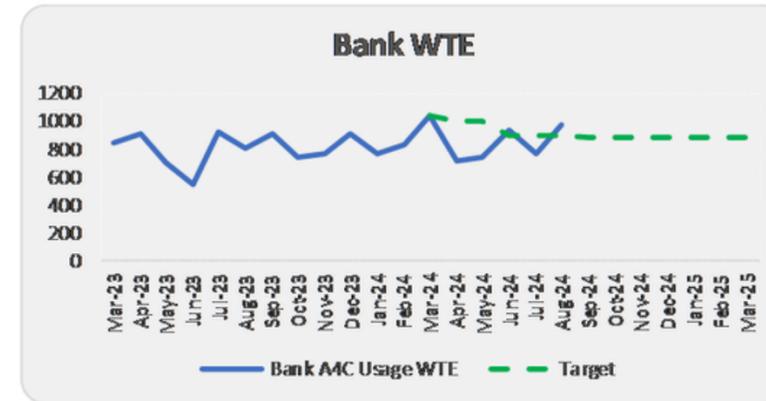
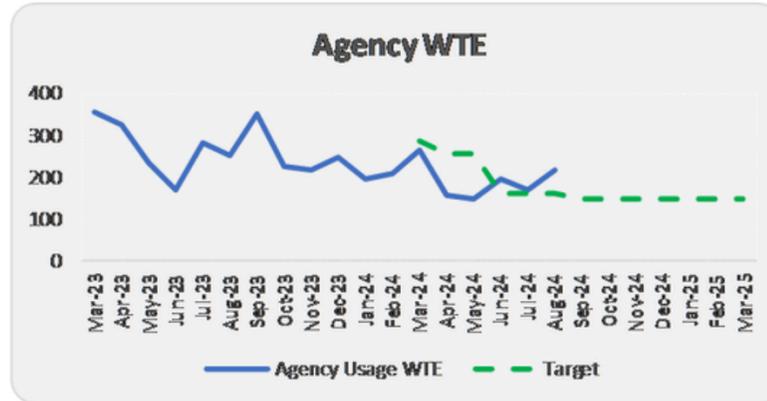


From Jan 24 to Aug 24 flexible working requests approved have increased to 76% (NB the data is sourced from ESR - new process)



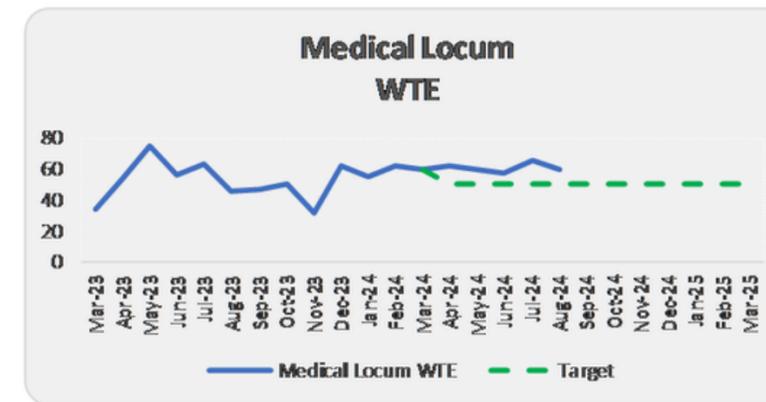
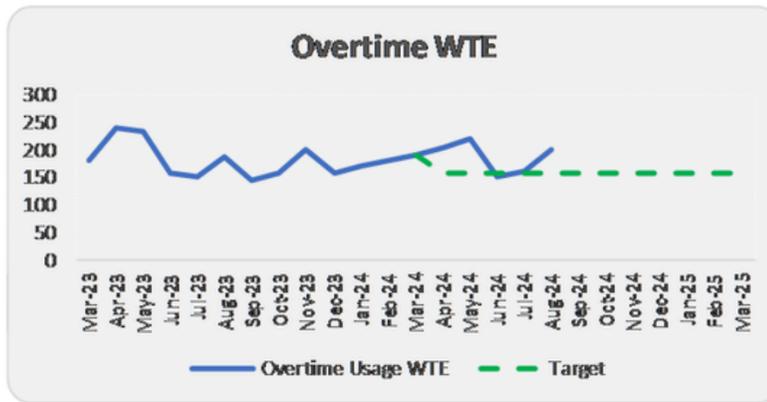
Variable Pay	Current Value	Deviation from Target	Monthly Change	Target - March 25
Bank A4C Usage WTE	975.09	91.09	202.33	884.00
Agency Usage WTE	217.34	67.34	47.08	150.00
Overtime Usage WTE	202.45	43.21	39.92	159.24
Medical Locum WTE	59.78	9.78	-6.05	50.00
Medical Agency WTE	49.04	9.04	-8.32	40.00

Agency usage has increased by 47.08wte and is currently 67.34wte higher than the year end target however Aug 24 is a 5 week month. In Aug 24 11.93wte was used for HCSW and 205.41wte for Nursing and Midwifery. The top three reasons for usage are vacancies 123.71wte (57%), Sickness 32.81wte (15%) and Enhanced Care 22.17wte

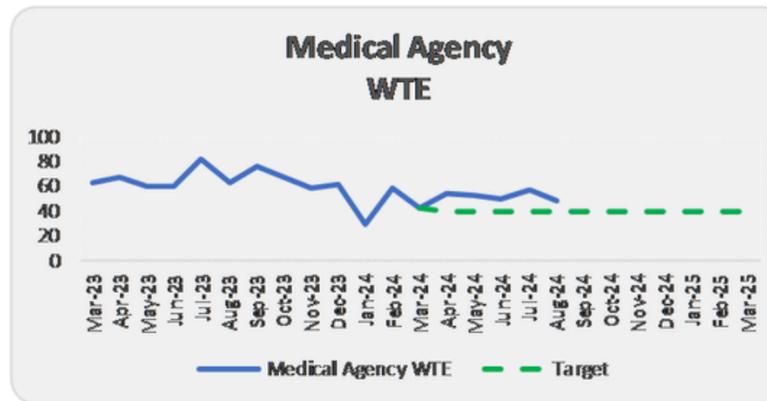


Bank usage has decreased by 202.33wte and is currently 91.09wte lower than the year end target. In Aug 24 the three highest users were HCSW 524.31wte (54%), Nursing & Midwifery 312.72wte (32%) and Facilities 92.72wte (9.5%). Highest reason for usage is Vacancies 392.09wte

Overtime usage remains fairly static peaking in May 24 but has increased to 202.45wte an increase of 39.92wte in Aug 24



Medical Locum and Agency Usage has decreased in Aug 24. Locum usage by 6.05wte and Agency usage by 8.32wte. The highest reason for usage is vacancies 55.95wte (51%).



Mandatory & Statutory Data By Division/Corporate Services	Jul-24	Aug-24	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	45.98	46.83	0.85
040 CHIEF OPERATING OFFICER	74.72	70.41	-4.31
040 CLINICAL SUPPORT SERVICES	83.74	82.66	-1.08
040 CONTINUING HEALTH & FUNDED NURSING CARE	83.50	83.10	-0.40
040 DIGITAL, DATA & TECHNOLOGY	94.75	94.43	-0.32
040 DIRECTOR OF CORPORATE GOVERNANCE	87.18	85.57	-1.61
040 DIRECTOR OF PLANNING	71.01	68.39	-2.62
040 DIRECTOR OF PUBLIC HEALTH	92.71	91.26	-1.45
040 ESTATES AND FACILITIES DIVISION	66.60	67.27	0.67
040 FAMILY & THERAPIES DIVISION	87.21	86.48	-0.73
040 FINANCE DIRECTOR	89.76	92.00	2.24
040 MEDICAL DIRECTOR	82.44	83.00	0.56
040 MEDICINE	77.88	77.06	-0.82
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	84.81	83.83	-0.98
040 NURSE DIRECTOR	83.27	81.41	-1.86
040 PRIMARY CARE & COMMUNITY SERVICES	87.26	86.09	-1.17
040 SURGERY	76.27	74.60	-1.67
040 THERAPIES & HEALTH SCIENCES DIRECTOR	92.13	90.55	-1.58
040 URGENT CARE	82.09	81.18	-0.91
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	86.49	85.66	-0.83
Total	82.53	81.30	-1.23

Training	Current Value	Deviation from Target	Monthly Change	Target - March 25
Mandatory & Statutory Training %	81.30	-3.70	-1.23	85.00
PADR %	74.59	-10.41	0.34	85.00
Recruitment	Current Value	Deviation from Target	Monthly Change	Target - March 25
Vacancy creation to unconditional offer	66.60	-4.40	-5.40	71.00
Conditional offer letter to completed PECS	27.50	2.50	-2.50	25.00
Job Planning	Current Value	Deviation from Target	Monthly Change	Target - March 25
Job Planning - Consultants	25.00	-60.00	1.00	85.00
Job Planning - SAS	21.00	-64.00	1.00	85.00



Mandatory & Statutory Training has increased to 81.30% which is only 3.70% off the target. There are eight Divisions/Corporate Services that have reached/higher than the target of 85%.



PADR have increased to 74.59% which is 10.41% lower than the target. Two Division/Corporate Service have reached/higher than the target of 85%.

PADR Data By Division/Corporate Services	Jul-24	Aug-24	Change
040 CHIEF EXECUTIVE/NON EXECUTIVE	40.00	44.44	4.44
040 CHIEF OPERATING OFFICER	71.43	71.43	0.00
040 CLINICAL SUPPORT SERVICES	74.07	75.31	1.24
040 CONTINUING HEALTH & FUNDED NURSING CARE	87.29	85.67	-1.62
040 DIGITAL, DATA & TECHNOLOGY	85.45	88.50	3.05
040 DIRECTOR OF CORPORATE GOVERNANCE	68.18	70.00	1.82
040 DIRECTOR OF PLANNING	49.09	46.15	-2.94
040 DIRECTOR OF PUBLIC HEALTH	79.14	77.85	-1.29
040 ESTATES AND FACILITIES DIVISION	76.18	75.75	-0.43
040 FAMILY & THERAPIES DIVISION	75.30	75.37	0.07
040 FINANCE DIRECTOR	80.83	83.33	2.50
040 MEDICAL DIRECTOR	68.48	67.39	-1.09
040 MEDICINE	74.85	75.23	0.38
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	69.97	69.99	0.02
040 NURSE DIRECTOR	70.14	61.22	-8.92
040 PRIMARY CARE & COMMUNITY SERVICES	76.00	76.14	0.14
040 SURGERY	71.79	73.03	1.24
040 THERAPIES & HEALTH SCIENCES DIRECTOR	56.52	60.87	4.35
040 URGENT CARE	58.19	59.66	1.47
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	81.88	80.86	-1.02
Total	74.75	74.59	-0.16

Vacancy creation to unconditional offer was 66 days which is 5 days lower than the target of 71 days. Conditional offer letter to completed PECS was 2.5 days higher than target but has reduced significantly over the last 6 months.



Consultant Job Planning increased by 1% in Aug 24 however is off target by 60% and SAS Job Planning increased by 1% in Aug 24 and off target by 64%.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance on Delivery of Actions and Activity within Objective 2 - Employer of Choice
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Assistant Directors of Workforce and Organisational Development

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

Ar Gyfer Trafodaeth/For Discussion

The purpose of this report is to provide the People and Culture Committee with assurance on the progress made against a series of actions which support Objective 2 of the People Plan - **Employer of Choice**.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board's People Plan 2022-2025, Putting People First, outlines the 3-year forward view of the priorities for the Workforce and Organisational Development (WOD) Division.

It sets out how we will drive, lead, and support the organisation to build on our successes in relation to our values, workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people.

The next iteration of the People Plan is due in 2025 and will be informed by a comprehensive engagement process, whilst utilising intelligence from other sources such as staff surveys, national drivers and future horizon scanning to ensure the Health Board remains a chosen employer, providing the best experience for our staff and patients.

The current People Plan has 3 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.

This paper provides the People and Culture Committee with an update on **Objective 2: Employer of Choice.**

Cefndir / Background

The **Employer of Choice** Objectives include 8 overarching actions (actions 10-17 of the People Plan) which are summarised below:

Action 10: Recruitment and Retention: aim to be an organisation that people choose to work in and one they choose to stay.

Action 11: A Talent Management and Succession Plan will be developed to ensure we deliberately attract, select, develop, and deploy the best people for key/business critical roles within the Health Board.

Action 12: We will build on our connections with schools, education providers, third sector and community groups to promote the wide range of roles that are offered and the opportunities that exist to develop long term career pathways.

Action 13: We will strengthen our widening access agenda through the new Aneurin Bevan Apprenticeship scheme with additional cohorts being recruited annually.

Action 14: We will build on our success in designing effective recruitment and retention strategies through a variety of bespoke recruitment campaigns and enhanced advertising techniques. We will establish a Middle Grade Doctor Strategy, increase opportunities for Management Trainee Schemes, internally and by investing in joint graduate training programmes with Local Authorities.

Action 15: We will elevate and embed equality, diversity, and inclusion in all we do and align our work plans to our values with intersectionality threaded through. There will be open conversations with our staff, including our Black, Asian and minority ethnic colleagues, across all protected areas and the establishment of staff networks.

Action 16: We will ensure new arrangements maintain and promote the provision of services to Welsh speakers.

Action 17: We will define the opportunities of inclusive and diverse volunteering opportunities across the life course, encompassing the opportunities for individuals, regardless of age or ability, to derive the well-being benefits of volunteering.

Since the last update of the **Employer of Choice** objective in January 2023, there continues to be significant demand for health and social care systems along with a variety of strategies, plans and agreements nationally (e.g. WHC (2024) Implementation of the Non-Pay Collective Agreement and various strategic workforce plans). Therefore, as recognised at the outset of the People Plan 2022-25, we have been agile in responding to and re-prioritising actions where appropriate.

Asesiad / Assessment

This section provides an update on progress against the key actions with supporting information on the next steps.

Action 10: Recruitment and Retention: aim to be an organisation that people choose to work in and one they choose to stay.

To enhance our attraction strategies, we have focused on being visible as an employer in the community, extending our advertising reach to local areas and beyond. This includes social media advertising campaigns, jobs fairs, engaging with local authority and educational partners and facilitating events in job centres with a focus of targeting unemployment.

We have analysed our social media impact to determine the number of hits (views) on jobs, to determine where and how to extend our reach. In the past 12 months, we have reached over 550,000 people with our social media campaigns which has resulted in c.1,000 applications received. The most successful of the campaigns have been in relation to our centralised Healthcare Support Worker (HCSW) recruitment where site/base preferences and flexible working arrangements were offered to support personal circumstances. We have recruited 265WTE over the last 12 months, (878WTE since the centralised recruitment campaign began in September 2022). This has proven to be a key enabler of a variable pay reduction programme.

We have made excellent progress with our time to hire through modernisation of advertising and onboarding processes. This has reduced from 103 days (October 2023) to 66 days in August 2024 (the target is 71 days). Phase 2 of the Recruitment Modernisation launched on 01 October 2024 with actions to reduce this timescale further.

Nursing

The Health Board's Strategic Nursing and Midwifery Workforce Strategy (2023-2026) was published in April 2023 and further supports the delivery of our **Employer of Choice** objective. The annual report (included at Committee agenda item 3.9) outlines the specific professional progress across the Health Board.

Our registered nursing vacancies are currently 300WTE which has reduced from 376WTE as reported in the last report in January 2023.

To support this, we have recruited:

- 75 general/adult internationally educated nurses since April 2024 and 61 have already passed OSCE (with a remaining 14 in the process of OSCE preparations). We will begin further international nurse recruitment in April 2025.
- 14 Registered Mental Health Nurses. We have applied for Welsh Government funding to support the expansion of international nurse recruitment into hard to fill specialties, including Mental Health. These nurses are due to join the Health Board by March 2025.

- 115 newly qualified nurses with a further cohort due in March 2025 (numbers to be confirmed). There are plans to offer rotational posts in readiness for September 2025 to promote areas of nursing they may not have considered and to broaden skills and opportunities. This initiative will also be open to our current staff who wish to experience different specialties and should support our variable pay reduction programme.
- We are currently supporting 146 HCSWs to undertake a flexible route to train to become a registered nurse at various points of their training, either through the Open University or the University of South Wales. We aim to sustain these numbers of placements over the coming years by showcasing the success and encouraging more HCSWs to come forward for the opportunity to earn while you learn.
- A HCSW talent pool was introduced in September 2023 which provides opportunities to further reduce time to hire. Applicants who are appointable but have not secured a mutually appropriate position can register their interest and move straight into suitable vacancies as soon as they arise.
- HCSW induction delivery was brought back in-house in March 2024 after previously being outsourced to external training providers who assessed and delivered via an online platform along with 1-day Clinical training day.

The Health Board's All Wales HCSW Clinical Induction provides newly appointed HCSWs supporting Nursing and Allied Health professions with a robust 3–5-day face to face programme of accredited learning delivered by an experienced clinical skills team. The programme will ensure that all HCSWs have met the required standards set by Agored Cymru through a standardised assessment process for each learner throughout their attendance. We have currently seen 114 HCSWs successfully complete the Induction programme with another 57 scheduled over the next 2 months.

By delivering a face-to-face programme of learning and holistic assessment we provide a positive and effective learning environment where the HCSW can ask questions, share knowledge, learning and experiences. The skills and confidence they gain through the Induction contributes to the safe and effective delivery of our clinical services to patients, creates the beginnings of their developmental and learning pathways through academic study and will look to improve the Health Board's retention among the HCSW workforce of the future. The ongoing learner evaluations have provided the team with positive and productive feedback which contributes to the continuous development and improvement of this programme.

- The Health Board has partnered with HEIW and Coleg Gwent with the RCN Wales Healthcare Connect Programme. We have recruited and supported 13 students who were unsuccessful at securing a placement on a nurse training programme to provide them with greater healthcare experience and confidence. The first cohort of 5 students have already secured a placement to study nursing, and we hope they will return to the Health Board as a registered nurse following their training.

Medical and Dental

There has been an increase of 4% in Medical and Dental staff due to an increase in Specialty Registrar posts. To continue to attract and retain medical staff a Specialty Doctor and Clinical Fellow Framework is in development to promote career progression. To support this framework, we have agreed an Autonomous Practice Policy to provide governance, and support suitably skilled and experienced SAS doctors and dentists, to work as autonomous practitioners where it is appropriate to do so.

There are currently:

- 33WTE Senior Medical vacancies (Consultant and Specialty Doctor)
- 29WTE Junior Doctor/Clinical Fellow vacancies (non-training)
- 14WTE Training Junior Doctor vacancies

Recruitment activity includes:

- International recruitment for senior doctors has taken place, making use of Welsh Government funding. We recruited 3 Senior Clinical Fellows in Medicine and 5 Specialist Doctors in Psychiatry (due to arrive by February 2025). Future international recruitment is being reviewed to ensure the right level of competencies are aligned with our service needs.
- The Junior Clinical Attachment (CA) initiative has been a success since its inception in 2022. The initiative is relatively cost free (other than the cost of a DBS) with benefits of experienced GMC registered doctors being able to apply for Clinical Fellow roles following an attachment and/or obtaining a formal training placement in Wales. As a result, and considering the senior grade vacancies, we are looking to expand the offer to Senior Clinical Attachments in the coming months.
- Clinical Fellow vacancies were advertised in advance and in readiness for the August changeover. Targeting foundation training gaps, we advertised posts as a full rotation (1 year), making them more attractive and enabled us to recruit to our gaps in full without 4-month gaps in certain specialties. We have received complimentary reports from all divisions that junior doctor changeover in August was the most seamless that it has ever been, due to the proactiveness of forecasting gaps and recruiting in advance.

Retention

Action 11: A Talent Management and Succession Plan will be developed to ensure we deliberately attract, select, develop, and deploy the best people for key/business critical roles within the Health Board.

A Talent Management and Succession Planning (TMSP) Framework has been designed and was launched in August 2024 with a suite of resources to support career conversation and succession planning training for managers. The framework uses four domains to explore activities to support this 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.

Current development activity

- **Talent Management: Career conversations** - Career Conversation Workshops are being held to identify the steps required to undertake holistic career conversations, support and influence retention within teams, confidently give and receive feedback, plan for robust succession planning using recognised tools and frameworks including the Career Conversation Framework, Talent Map and Succession Planning template and understand the steps to create a culture of growth, enabling all members of a team to contribute meaningfully. Five workshops are available for managers to book on to with the first having taken place on 30 September 2024 with 16 managers across the Health Board.

PADR - PADRs are an essential component of performance and talent management, allowing line managers and employees planned time to focus on work achievements, employee experience and developmental SMART objectives designed to improve learning and performance.

Compliance has increased steadily in 12 months, rising from 69% to 75% currently, against a target of 85%. This is attributed to a re-design of the PADR approach, ensuring the focus is on a high-quality conversation, in place of a lengthy paper exercise.

The PADR document has been re-designed, supplemented by the introduction of additional support and guidance materials. This includes:

- A much shorter, simplified PADR document which is more user friendly.
- Re-designed SharePoint page, containing clear materials and guidance.
- PADR Masterclasses allow managers additional support in delivering a first class PADR conversation.
- Revitalised PADR Strategic Working Group, represented by all divisions and focused on driving quality and compliance.
- Monthly PADR articles published on SharePoint providing insight and updates.
- Library of feedback, testimonials and inspiring stories published.
- PADR incorporated into Organisational Induction.

This work's impact is being measured through compliance rates, staff experience survey data and internal audits, all of which indicate improvement in the PADR process.

Future plans include a live leaderboard, showing compliance rates across divisions, video testimonials, in-person and virtual roadshow events and a targeted promotional campaign in Spring 2025.

Action 12: We will build on our connections with schools, education providers, third sector and community groups to promote the wide range of roles that we offer and the opportunities that exist to develop long term career pathways.

Engaging with our communities is imperative to a future workforce given that the Health Board is the largest employer in Gwent. Accordingly, we engage with many

local schools and communities to raise the profile of working in health and work with the community to provide opportunities for meaningful employment.

- **Supported Internships** - In collaboration with Coleg Gwent, Supported Internships for ILS learners were offered. Cohorts 1 and 2 saw several learners secure apprenticeships and paid employment at Nevill Hall Hospital, Royal Gwent Hospital and beyond. Cohort 3 has 10 learners exploring opportunities, while Cohort 4, with 12 learners, is set to start in November 2024.
- **RCN Cadet Scheme** - Supported by His Royal Highness Prince of Wales, our Prince of Wales Nursing Cadet Scheme helps young people aged 16 – 25 develop their skills and support them towards a career in nursing. The scheme provides 60 hours of training, which includes 20 hours observation experience. To date 3 cohorts have completed the scheme with learners securing university interviews and/or paid HCSW roles.
- **Internal Apprenticeships** – we currently have 210 internal active learners on apprentices (85 completing a clinical healthcare qualification, remainder across other disciplines, e.g., management, accounting, business administration etc.).
- **Summer Internships** – Hosted 2 HEIW-funded summer interns within Workforce and OD completing People Plan relevant projects (We are the first Health Board in Wales to do so.)
- **HCSW** – Clinical HCSW qualification (Level 2 HCSW) now available to non-clinical HCSW who intend to be starting a permanent internal clinical HCSW role.
- **Access to Medicine** – In September 2023, the first cohort of learners completed the pilot course, widening access to career pathways in medicine and related subjects. It offers students from less advantaged backgrounds the opportunity to study an Access to Medicine course. The course is the first of its kind in Wales.
- **Educational Charity** - We continue to host medical students via an educational charity supporting students to complete their studies.

We are continuing to work with demographic and socio-economic data to identify areas where we need to focus our recruitment efforts and provide additional employability skills support. By analysing the home locations of our staff and overlaying this information with areas of deprivation and high community needs, we can target engagement and recruitment campaigns in these key areas, aligning with the principles of the Foundational Economy.

We also continue to develop career pathways through our work to develop HCSW education. We have established a governance group with cross organisational senior representation from Nursing, Pharmacy, Family and Therapies and Estates and Facilities and have had three meetings to date. This stream of work also includes:

- **Local awarding body - Agored Cymru (AC)** - we have been working closely with AC who are the awarding body for our work-based learning and have recently gone through a successful annual centre review for which we received positive feedback. There are a couple of developmental pieces that we need to work on in relation to mapping old qualifications over to new in some areas to enable the learners to complete i.e., Physiotherapy level 3, 3 out of the 13 historical learners have successfully completed their Diploma, with another 5 sitting at 90% progress, total number of learners 41 registered under the Physiotherapy Diploma. Dietetic level 3 Diploma has now been successfully completed by all learners. Ophthalmology currently has 11 learners registered. Occupational

Therapy level 3 Diploma has 41 learners registered with 5 near to completion. There are also several HCSWs registered to complete individual units from various qualifications, this is a valuable resource that external training providers are unable to provide to enable HCSWs to complete role specific units to enhance and develop their individual skill set.

- **Level 4 Certificate of Higher Education in Health Care Nursing Support Worker Education** – The part time 2-year Level 4 Higher Education programme is delivered by the University of South Wales and funded through HEIW. The qualification provides HCSWs with the knowledge and skills to progress on to the BSc Nursing pathway and Band 4 Assistant Practitioner roles. The course also supports Band 4 HCSWs and Assistant Practitioners who are currently working within a Band 4 post to meet the requirements of the NHS Wales Skills and Career Framework. The programme maps to the BSc Nursing programme which allows any HCSW that has successfully completed to enter year 2 of the Nursing degree pathway. The programme requires HCSWs to attend 8 face-to-face study days a year over the 2 years with the remainder of learning online.

The Health Board currently has 50 HCSWs enrolled in year 1 and 2 of this qualification. 16 out of 18 HCSWs graduated in July 2024 with 2 HCSWs needing to re-sit a module from year 2. 20 HCSWs have been enrolled on year 1 of the programme in September 2024. 23 out of 28 HCSWs successfully completed year 1 and move on to complete year 2 of the programme with 5 re-sits for year 1.

- **Level 4 Higher Education in Healthcare Practice (Pilot)** This 1-year (34-week academic year) HEIW funded online Level 4 programme is delivered by Coleg Llandrillo Menai, like the USW CertHE programme maps to the BSc Nursing Degree and HCSWs who successfully complete this qualification can then enter the 2nd year of the Nursing degree. The caveat to this programme is the 1 day a week study leave required over the 34-week academic year. The Coleg has 2 enrolments a year, September, and February. The Health Board has 6 HCSWs currently on programme with expressions of interest already submitted for February.
- **Level 4 Therapy Assistant Practitioner (TAP)** - Level 4 TAP course which is being delivered by Trinity St David's is now in its 2nd year. The Health Board currently has 4 learners that successfully completed year 1 and are now enrolled on year 2 of the programme. Unfortunately, we have no representation from the Health Board for 2024 cohort year 1.

HCSW Conference 2024 – The conference is scheduled for 22 November 2024 at the Parkway Hotel in Cwmbran. A programme has been developed around the theme of Compassion Centred Care – Connecting with Ourselves, Patients and Others. There will be presentations from HCSWs within Mental Health, Therapies Community Admissions Avoidance, SALT (Paediatrics) HCSW Clinical Skills Trainers, and Assistant Practitioners from the Recovery through sport programme presenting along with a guest speaker Beverley Jones, Dr Adrian Neale, and Jenny Winslade. There were 108 nominations for the 3 awards which will be presented by Dr Peter Brown and Jenny Winslade. There are 16 exhibitor stands from our internal departments along with external stakeholders which will include HEIW. Members of the People and Culture Committee are welcome to attend. The attendance is set at 180 and all places have been filled.

Action 13: We will strengthen our widening access agenda through the Aneurin Bevan Apprenticeship scheme with additional cohorts being recruited annually.

Work continues with divisions to recruit 'Future Nurses' into Apprentice HCSW roles and scoping work has been undertaken to support Estates secure apprentice craftsmen. Recognising that apprentices require additional pastoral support, providing this in practice can be challenging in a climate where we are working to achieve cost savings. To date, we have appointed 21 Apprentices in HCSW positions, 17 in administration roles and 3 within Facilities. These are newly recruited apprentices (who study an apprenticeship qualification) whereas the apprenticeships listed above include staff already employed who are completing an apprenticeship as part of their development. We continue to adopt suitable workforce planning techniques to consider where apprenticeship opportunities could support service delivery balanced with ensuring apprentices have a positive and supportive experience.

We have developed and launched a new work experience offer with a more streamlined and automated application process and improved support for managers which has enabled us extend placements in an additional 16 services (total number of active host services areas: twenty-five) with a 129% increase in applications for work experience relative to the past 12 months. Hosting inclusive work experience placements is an integral part of the new approach in line with equality, diversity, and inclusion.

Action 14: We will build on our success in designing effective recruitment and retention strategies through a variety of bespoke recruitment campaigns and enhanced advertising techniques. We will establish a Middle Grade Doctor Strategy, increase opportunities for Management Trainee Schemes, internally and by investing in joint graduate training programmes with Local Authorities.

We are currently hosting 2 individuals on the national graduate management scheme (1 in year 1 and 1 in year 2) and both graduates are receiving support and mentoring from an Executive Director.

The Middle Grade Strategy has been renamed as "The Speciality Doctor and Clinical Fellow Framework" and a dedicated update is included in the WOD Director Report, Committee agenda item 3.7.

Action 15: We will elevate and embed equality, diversity, and inclusion in all we do and align our work plans to our values with intersectionality threaded through. There will be open conversations with our staff, including our Black, Asian and minority ethnic colleagues, across all protected areas and the establishment of staff networks.

We have established 7 staff networks; they are run by staff for staff. Offering a safe space for exchanging ideas, peer support, and networking. They promote equality, diversity, and inclusion, helping change organisational culture. These networks support staff with shared identities or interests and provide opportunities to influence services, policy, and support needs.

- Carers Network

- Enable Network
- Menopause Network
- Neurodiversity Network
- Pride Network
- Voices Network
- Women's Network

We continue to support the networks to develop a communications plan to raise awareness, recruit new members, and update existing ones. Promote activities to support the networks' success. Help the networks create an action plan and track their progress to measure impact effectively.

Workforce Race Equality Standard

The Health Board received its Workforce Race Equality Standard (WRES) for Wales Report in June 2024. The report details the workforce race equality data for Aneurin Bevan University Health Board, focusing on representation, development, disciplinary equality, and institutional culture. The report outlined its key both positive findings and areas for further improvement across the Health Board. The full report, briefing report and Health Board response are due to go to Executive Committee then will be brought to a future Committee. In summary, the key findings include improvements are detailed in agenda item 3.2.

Action 16: We will ensure new arrangements maintain and promote the provision of services to Welsh speakers.

The training module '**Welsh Language Awareness**' which is mandatory for all staff has now reached 81% compliance. Bespoke induction training is provided to key clinical staff as part of their induction. These include, but are not limited to:

- HCSW Clinical Induction
- Newly Qualified Nurse Preceptorship
- Leadership Development Programme
- Nursing and Midwifery Academy

Site audits have been carried out at Grange University, Ysbyty Aneurin Bevan, Ysbyty Ystrad Fawr and The Royal Gwent Hospitals. Where issues have been identified action plans have been generated to correct issues of non-compliance A further round of visits to our other main sites is timetabled to take place within the next quarter.

Careers information events have been delivered to all Welsh Medium schools as well as awareness sessions around the importance of Welsh as a skill to those in non-Welsh medium schools, Coleg Gwent, and Coleg y Cymoedd. This data is included within the information noted under **Action 12**. We have also undertaken careers information as part of the 'Syrjeri Sgiliau – Skills Surgery' programme in Primary Schools. A dedicated update is included in the Equality, Diversity and Inclusion Update paper, Committee agenda item 3.2.

Further information in relation to progress with the Welsh language is detailed in agenda item 3.8.

Action 17: We will define the opportunities of inclusive and diverse volunteering opportunities across the life course, encompassing the opportunities for individuals, regardless of age or ability, to derive the well-being benefits of volunteering.

Our volunteering scheme, "Ffrind I Mi," continues to expand. Volunteering activities support a wide range of services including, but not limited to, befriending patients in hospital and in the community, chaplaincy support, welcoming service, therapy dogs, patient experience survey volunteers, dementia companions, and end of life champions. We have established a volunteer to career pathway supporting volunteers to move to employment. The support and skills provided via this pathway has allowed individuals to secure health and care positions including HCSW roles, social care roles and to return to education.

There are currently approximately 250 volunteers across all roles with a further 52 going through pre-placement checks. Although it should be noted that the number of active volunteers at any one time can vary, due to work, family and study commitments and other issues such as health and personal circumstances. Volunteering opportunities are advertised via Health Board social media platforms, through Gwent Association of Volunteer Organisations and Torfaen Voluntary Alliance and recruitment and training is an ongoing process. The Person-Centred Care team will do their best to ensure that anyone who wishes to volunteer can be placed in a role that is suitable for their individual needs. For example, if someone is house bound but would like to volunteer then the role of a telephone befriender may be appropriate.

Mental Health and Learning Disabilities are working closely with the volunteering team to support service users not only access the volunteering scheme but become a volunteer also. Peer groups and networks have also been established to support service users access further support to achieve more holistic benefits.

Summary

As we reflect on the progress of the first Aneurin Bevan University Health Board's People Plan, despite many challenges and being agile with our delivery plans, we are proud of the successes achieved on behalf of the Health Board, our staff, and patients over the last three years.

We will continue to work with all our stakeholders to develop our new People Plan (2025-28) building on our reputation of being and maintaining an **Employer of Choice**.

Argymhelliad / Recommendation

The People and Culture Committee are 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:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CA – Clinical Attachment HCSW – Healthcare Support Worker HEIW – Health Education and Improvement Wales OSCE – Objective Structured Clinical Examination PADR – Personal Appraisal Development Review RCN – Royal College of Nursing SMART - Specific, Measurable, Achievable, Relevant, and Time-bound TAP - Therapy Assistant Practitioner TMSP - Talent Mapping and Succession Planning WRES - Workforce Race Equality Standard WTE – Whole Time Equivalent
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 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 and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Julie Chappelle, Assistant Director of Workforce; Kathryn Bourne, Strategic Lead Medical & Dental Workforce; Ann Bentley, Head of Medical E-Systems

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

Er Sicrwydd/For Assurance

This paper provides an update on compliance with Consultant Job Planning and an update on the roll out of e-Job Planning, e-Rostering and e-Locum bank/agency medical systems.

This report is designed to provide **assurance** that work is progressing.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

A revised approach to managing medical workforce information and processes was agreed by the Executive Team in 2021 through the procurement of electronic workforce systems to include interoperable, electronic job planning, rostering, locum and agency systems.

To support these systems and to address the recommendations of the 2019 Job planning audit report Job Planning Procedure, an associated learning package and supporting documentation was developed and rolled out in August 2023.

Roll out timelines of the systems is as follows:

- Roll out of the e-Job Planning system commenced on 22 January 2024. This “go live” date was postponed due to delays in the procurement process and Industrial Action by Junior Doctors.
- Implementation of the e-Roster system commenced at the beginning January 2024 with a pilot in Family and Therapies.

- The locum system was implemented on 01 December 2023 and was rolled out to all services across the Health Board.
- The existing Agency Retinue system was replaced and rolled out with an interoperable Patchwork agency system in May 2024 when the contract with Retinue expired.

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

Cefndir / Background

The lack of medical workforce E-Systems across the Health Board to date has negatively impacted on our ability to:-

- Ensure effective financial and workforce governance.
- Provide detailed workforce report.
- More accurately workforce plan and develop IMTPs.
- Successfully deploy medical staff and profile gaps to better manage demand.

It was, therefore, agreed to procure a suite of medical e-Systems.

Historically, there has been various systems and processes across the Health Board in relation to job planning, rostering and bank and agency management:

- Job plans were paper based.
- There were two rostering systems used by Medicine and Surgery as stand alone.
- There was one locum system in ED.
- Retinue, an agency system provider, was the Health Board's provider for Agency with limited reporting ability.
- There was no agreed process or procedure for standardising the job planning process across the Health Board.

A Job Planning Procedure and associated guidance was developed and launched in August 2023, **Appendix 1**.

Following a procurement exercise, contracts were awarded on 4 September 2023:

- L2P was appointed to provide e-Job Planning.
- Patchwork was appointed to provide e-Rostering, e-Locum and e-Agency systems (E-Agency awarded in May 2024).

Asesiad / Assessment

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 and reports.
- Consistent calculation of on call sessions across the Health Board.
- The system is built based on the Health Board’s Job Planning procedure.
- Automatic reminders and alerts.
- Once familiar will save time.
- Increased compliance and support better demand capacity planning.
- Integrates with the electronic rostering system.
- Future opportunities to use the electronic system to identify capacity/demand mismatch in the medical workforce.
- The opportunity to use job planning information to ensure optimisation of productivity in the medical workforce.

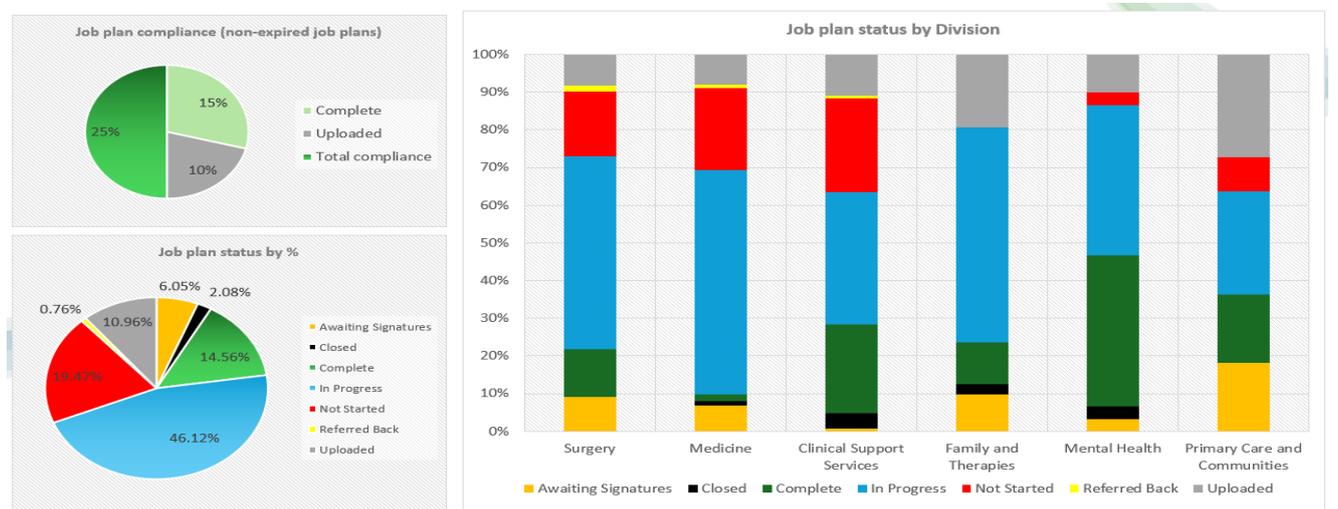
Improving Job Planning compliance

The Job Planning Procedure, supporting documents, on-line Distance 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. However, due to the number of challenges at the start of the year with Industrial Action and site pressures, this affected the availability of clinicians to undertake the job plans. There is now a large focus on developing plans and supporting the Divisions to increase compliance to 85% by year end.

Current compliance for Consultants is as follows:

- Completed (paper Job Plan uploaded and complete) - 25%
- In progress (at various stages of development) – 46.12%
- Awaiting signatures – 6.05%
- Closed (maternity/long term absence) – 2.08%
- Not commenced – 19.47%
- Referred back to Division – 0.76%

Senior Divisional bespoke sessions are being arranged to work through the local challenges to ensure that those Job Plans awaiting signature, awaiting queries and in progress are expedited. If these can be progressed then that would take Consultant Job Planning compliance to 77.93%.



In order to move the Job Plans in progress and those not started, the Medical E-Systems team has:

- Developed a trajectory, an action plan by area summarising any issues and support required and compliance data. This information is sent to the Divisions and Medical Leaders for discussion and action.
- Followed up with Divisional Directors and Clinical Directors to support compliance and assist with uploading onto the new e-system.
- Discussed with Medical Director, Divisional Directors and Senior Workforce colleagues with an agreement to follow up with targeted sessions with Divisions.
- Discussed the data at Divisional Assurance Meetings.
- Supported Team Job Planning sessions.
- Training and bespoke support for the Divisions.
- Job planning compliance is now being discussed monthly on the Medical Directors meeting with the Divisional Directors.

Electronic Rostering, Locum and Agency Systems

The interoperability of these systems enables a seamless process to transfer information from the job plan to the roster, then any gaps in the roster to locum and agency. The benefits are:

- Improved consistency and governance.
- Less time spent on paper exercises.
- Ability to forecast and plan any gaps in roster.
- Optimisation of using locum before agency thus and minimise costs.
- Shifts are advertised on one application for locum workers to see in one place.

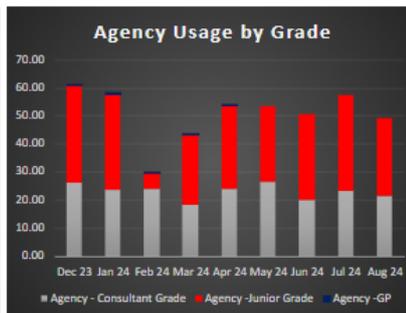
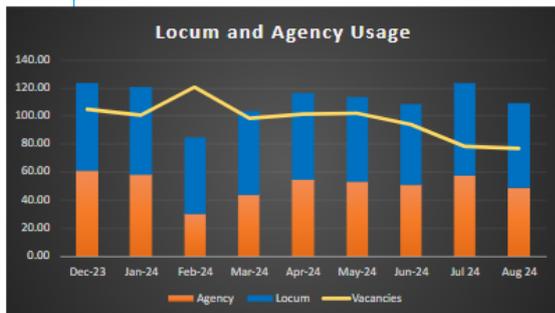
The Medical Workforce E-Systems Team has worked with L2P and Patchwork to develop and configure the software to conform to the Health Board's organisational structure and the specific requirements aligned with Health Board Procedures and hierarchies.

The implementation of the Medical E-Systems 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.

E-Rostering is reliant on good Job Planning compliance and it is imperative that we drive compliance for job planning prior to completing the roll out of e-Rostering.

The Patchwork Locum system was rolled out in December 2023 across the Health Board. Over 1,600 doctors are registered on the system to work locum bank shifts. Of which, 220 are recruited externally to the Health Board. To support this e-system the Health Board developed and agreed a suite of Rate Cards for Junior and Consultant grades to ensure consistency of pay across all areas. The Patchwork Agency System is interoperable with the Locum system to transfer vacant shifts to agency if there is a likelihood of the inability to fill. These systems provide the ability to extract workforce data that is presented to the Divisions and various committees. Recently an appointment has been made within the team for a dedicated individual to work with agencies and divisions to drive agency costs down.

Medical Locum and Agency usage December 2023 – August 2024 is outlined below:



Since Dec 23 - Agency has decreased 61.24wte to 49.04wte, Locum has decreased from 62.24wte to 59.78wte.

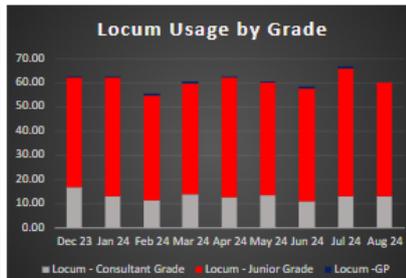
The current usage split is 45.07% Agency and 54.93% for Locum usage.

Current advertised Vacancies 76.40wte of which 34.4wte Consultant Grades and 74.41wte Junior Grades. The vacancy line indicates how the Locum and Agency is being used in comparison to vacancies.

Medicine has the highest usage in Aug 24 34.56wte, 14.85wte agency and 19.71wte locum. Surgery has the next highest at 22.31wte, 12.12wte agency and 10.19wte locum usage.

N.B - You will see a reduction in usage in Feb 24, Feb is a shorter month, calculations are worked out on an average of four weeks, resulting in a change in figures. Industrial action during this month may have impacted an effect on usage.

WTE	Agency	Locum	Total	% Agency Usage	% Locum Usage
Dec 23	61.24	62.24	123.48	49.59	50.41
Jan 24	58.16	62.07	120.23	48.38	51.62
Feb 24	29.86	54.89	84.75	35.23	64.77
Mar 24	43.57	59.87	103.44	42.12	57.88
Apr 24	54.18	61.99	116.17	46.64	53.36
May 24	53.29	60.04	113.33	47.02	52.98
Jun 24	50.55	57.87	108.41	46.62	53.38
Jul 24	57.36	65.83	123.19	46.56	53.44
Aug 24	49.04	59.78	108.82	45.07	54.93



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:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	BMA – British Medical Association ED – Emergency Department ESR - Electronic Staff Record FAQs - Frequently Asked Questions LNC – Local Negotiating Committee SPA - Supporting Professional Activity
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	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/	Not Applicable



Job Planning Procedure and Associated Guidance

The Job Planning Procedure launched in August 2023 was 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.
- 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 undertook considerable engagement with the Local Negotiating Committee (LNC) and Medical Leaders. Engagement with the British Medical Association (BMA) and the LNC was positive and helpful. There were some aspects which the BMA/LNC were seeking clarification on, but the Health Board did not believe the areas of disagreement were significant enough to delay implementation. Further engagement continues.

The Health Board has continued to work through issues as they arose with the LNC and is in the process of agreeing wording of a revised document which forms part of an agreed review one year post implementation.

Launch and Training

A link to the associated and newly developed Job Planning Distance Learning Pack was circulated, and the Medical Director asked all consultants to use one of their SPA sessions to review the pack. Completion of the training is recorded in Electronic Staff Record (ESR) to enable reporting.

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 Microsoft 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 convenes every 6 weeks. On the basis of discussion at the consistency group, the SPA tariff document has been revised to provide additional clarity.
- All questions raised are being captured and shared by means of Frequently Asked Questions (FAQs) on the Job Planning intranet page.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Director of Workforce & OD Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Workforce & OD Senior Team

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

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

This report covers the period since the last Committee meeting on 18 June 2024 and includes a specific progress update on:

- Employee Relations Activity
- Summary of Employment Tribunals
- Organisational Change including TUPE transfers and Organisational Change Policy processes
- Variable Pay Reduction Programme
- Specialty Doctors and Clinical Fellows Framework
- Values and Behaviours Framework
- Pay Progression

Asesiad / Assessment

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

EMPLOYEE RELATIONS ACTIVITY

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

<i>Disciplinary Investigations</i>	<i>Fast Tracks</i>	<i>Disciplinary Appeals</i>	<i>Informal Resolution</i>	<i>Formal Respect & Resolution</i>	<i>Respect & Resolution Appeals</i>	<i>Capability</i>	<i>Raising Concerns</i>	<i>Sickness Meetings</i>	<i>Mutual Ill Health Termination</i>	<i>Final Formal Hearings</i>	<i>Extension to Sick Pay (ETSP)</i>	<i>Temporary Injury Benefit (TIA)</i>	<i>Employment Tribunal</i>
13	7	2	5	11	4	3	1	124	4	4	5	5	2

Disciplinaries

During this period there were 13 new disciplinary investigations. The primary reason for these new investigations was failure to meet required standards of performance and behaviour.

The fast track procedure was utilised in 7 cases. Fast track disciplinary is considered for cases that would not exceed a sanction of verbal or first written warning, and where the employee has admitted misconduct or where prima facie evidence exists. Fast tracks are completed quickly because they do not require a full investigation, and as a result, are less harmful to employees and those involved.

Our avoidable employee harm programme continues to have a positive impact on the approach being taken to ensure that disciplinary action is appropriate and taken as a necessary or as a last resort. Where appropriate, informal action is taken to resolve concerns locally and ensure that lessons are learnt with informal approaches being utilised.

Respect and Resolution (Grievance)

There has been a reduction in formal respect and resolution requests compared to the previous reporting period, down from an average of 4 new requests per month cases to 2.2 requests. Where appropriate, staff who raise a respect and resolution concern are encouraged to consider informal resolution. In this period, 5 resolution requests were resolved at the informal stage.

Respect and resolution investigations may contribute to employee harm. An analysis of past cases has found that where investigations have been completed, the outcome is most often that the resolution requested could not be upheld and therefore no further action is taken. The HR team actively promote alternative approaches to resolving concerns by ensuring that a robust assessment of facts is considered.

Themes include a break down in relationship/bullying accounts for 8 cases, application of policy, procedure or practice, concerns relating to their job role and remit, and work pattern.

Suspension

Suspension from duty is a last resort and only occurs if there are serious risks associated with remaining in work. There are currently 11 employees suspended from duty (representing 0.06% of the workforce). Five employees have been suspended for over 12 months, one has been suspended for over 6 months, and five have been suspended for less than 3 months.

Each employee is met with regularly through suspension review meetings and are signposted to support services.

Sickness Absence

During the reporting period, May to September 2024, the HR team have supported 124 formal sickness meetings and 4 final formal hearings have been convened.

Through the Managing Attendance project group, eighteen sickness hotspots have been identified and deep dives have/are due to take place within the Divisions to identify opportunities to improve compliance with the managing attendance at work policy and opportunities to improve health, wellbeing and attendance at work.

Flexible Working

Flexible working requests continue to be monitored on ESR. 100 requests were recorded on ESR between May and September 2024. The majority of applications (64) were accepted, with only two applications rejected and one withdrawn. The remaining applications are pending a formal decision in line with Policy requirements. Where applications are rejected for a valid business reason, consideration is given to whether the individuals request can be accommodated across the Health Board or in an alternative role.

There are 2 team rostering pilots taking place in the Health Board in Acute Nursing, allowing staff to request self-rostered shifts (within set parameters), providing a more flexible approach to staff rostering. The pilots are in their infancy and will be analysed after a few months to consider their impact on employee satisfaction, health and wellbeing and variable pay, following which consideration will be given as to whether team rostering should be implemented more widely.

SUMMARY OF EMPLOYMENT TRIBUNALS

In this period, 2 new employment tribunal requests were received, bringing the total number of active Employment Tribunal claims during the reporting period to 7.

Of the 7 cases, 1 case was withdrawn by the claimant, 2 claims were unsuccessful and were dismissed at hearing. The remaining 4 cases continue to be defended by the Health Board.

ORGANISATIONAL CHANGE

TUPE

Phase 2 of the NHS Executive TUPE consultation transferring TEC Cymru (a hosted service) to the NHS Executive (hosted by Public Health Wales) completed on 01 September 2024, successfully transferring the employment of 16 Health Board employees.

The Health Board is consulting on two further TUPE's:

- Transfer-in of the security provision for the Grange University Hospital from the private contractor HSG Facilities Management, into the Health Board, potentially impacting on 22 individuals. The contract with HSG is due to end on 30 November 2024, with a planned TUPE date of 01 December 2024.
- Transfer-in of the facilities support at Chepstow Community Hospital currently provided via a private finance initiative (PFI), impacting on approximately 44 estates and facilities staff. The PFI arrangement is due to end in March 2025, with a planned TUPE date of 14 March 2025.

Organisational Change Policy Processes

There are currently nine staff consultations underway including roster changes, structure reviews and internal service transfers.

During the reporting period a number of Organisational Change consultations concluded including;

- A review of the Public Health Divisional structure resulting in the realignment of the Health Protection and Vaccination team from Public Health, into the Primary Care and Community Division, and revised Divisional structures that offer flexible and adaptable staffing models.
- Maximisation of the Health Board's Estates Strategy through the relocation of staff based at Caerleon House, Cwmbran House, Mamhilad House, St Cadocs and Llanfrechfa Grange to Ty Gwent, Cwmbran. This change impacted a number of staff groups and Divisions, including Finance, Estates and Facilities, Complex Care and Long Term Care teams, Public Health and Digital services. The relocations will be staggered commencing November 2024.

VARIABLE PAY REDUCTION PROGRAMME

The Programme has recently reviewed its Terms of Reference and Action Plan in line with the WHC 2024 031 – Agency Workforce Reduction Programme and Control Framework to include:

- Continuation of data management and governance
- Administration review
- Fair transparent pay for substantive hours

- Enhanced roster management
- Recruitment
- Retention
- Optimised models of care, role and team design/job descriptions
- Absence Management
- Establishment control and vacancy management
- Job Planning

Current work includes the introduction of Insight which is an interactive dashboard for e-rostering to optimise scrutiny and management of efficient rosters, establishment review and reviewing Safecare against enhanced care wards. All these actions will support effective roster management, deployment of gaps in rosters and forecasting and accurate recruitment to vacancies.

A Medical Locum and Agency dashboard has also been developed to analyse variable medical usage in the same way as nursing.

Work continues in relation to retention through career conversations, workshops and the Talent management and Succession planning resources.

There is a continuing trend of agency reduction usage and costs. In July 2023, agency costs were £3.7m compared to £2.9m in June 2024. Registered Nursing remains consistently lower than the previous year, HCSW remains low and close to being eliminated with a significant reduction in Admin and Clerical and Estates.

On 03 October at the Healthcare People Management Association (HMPA) UK conference, our teams were successful in winning the Bevan Britton Award for Digital and Workforce Analytics. This was specifically in relation to how we used workforce information and systems to inform the actions taken to reduce costs. The team were thrilled that this nomination also won the overall award at the event, the DAC Beechcroft Excellence Award.

SPECIALITY DOCTOR AND CLINICAL FELLOW FRAMEWORK (INCLUDING INTERNATIONAL MEDICAL GRADUATES) *This work is conducted jointly by The Medical Director and Workforce and OD Director Offices.*

The framework aims to:

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

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

Progress/achievements

1. Certificate of Eligibility for Specialist Registration (CESR)

This has now been renamed following a review by the GMC to the 'Portfolio Pathway to Specialist Registration'. The GMC have also revised the standards, requirements, criteria and process for achievement.

The changes have been captured and are reflected in the Draft Health Board policy which was agreed by the LNC in September 2024. This will shortly be presented to the Executive Committee for approval.

The policy describes the support offered and expectations of both SAS doctors and Portfolio Pathway supervisors. It will ensure standard practice across the Health Board to support suitably experienced and qualified doctors to successfully complete and submit their application as required by the GMC. Supervisors will be provided with additional/dedicated time for supervision and hopefully this will improve Consultant recruitment in hard to fill areas over time.

2. International Medical Graduates (IMGs)

Buddy System

A governance framework and standard operating procedure has been developed to support the implementation of an IMG buddy system. This includes a toolkit for Buddy's to assist them in undertaking the role. The infrastructure to support the launch and implementation of this is currently being established.

Softer landing

To ensure appropriate integration into the workplace and safer patient care, IMGs require focused, local, and tailored support. In collaboration with Directors of Medical Education, NHS Education for Scotland (NES) has developed the Softer Landing, Safer Care (SLSC) initiative which is supported by Health Boards and the Scottish Government. This is a framework for a 2-week shadowing period for IMGs at the start of their post, so they have sufficient time to acclimatise to working in the NHS whilst an individualised action plan is agreed between them and their Educational Supervisor. In this time, this aim is that the trainee should be supernumerary to the rota, or otherwise without any lone on-call commitments.

At the request of the Medical Director, the Post Graduate Medical Education Team is currently developing proposals to establish a similar initiative within the Health Board.

3. Appointment of Specialist Grades

The SAS contract reform of 2021 introduced a new "Specialist" role. This role was identified as a means of supporting career progression for Specialist Doctors and to aid recruitment and retention. The role could provide real benefit in areas where consultant recruitment is difficult however, the post must not be viewed as a like for like consultant replacement. Eligibility criteria and a generic capability framework were identified by NHS Employers.

The Heath Board currently employs 23 Specialist Grades in a variety of specialties, and a further two posts are in the recruitment and on boarding process. These posts are able to work autonomously and therefore as a valuable support within the clinical areas.

Previously all appointments were made via open competition. However, as a consequence of the recent pay award, Speciality Doctors who feel they meet the eligibility and criteria will be able to apply for "re-grading". Details of this process will be issued from NHS Employers in due course.

On Going work

- Workshops for prospective Portfolio Pathway candidates continue to be delivered throughout the year.
- Mapping of the generic requirement of the Portfolio Pathway to ensure candidates can meet these requirements continues. Candidates are linked into existing work, programmes etc and where possible.
- KPIs to assess the effectiveness of the Portfolio Pathway policy will be developed in the near future.
- Induction programme for Internal Medical Graduates continues to be delivered twice yearly and is extremely well evaluated. There is an intention to increase the frequency of the programme.
- The Post Graduate Medical Education Team are currently assessing the requirements for IMG lunchtime learning events.
- Assessing and reviewing the current position regarding immediate support for IMGs entering UK and the Health Board. This will allow us to map any gaps in the process where support may need to be enhanced.

VALUES AND BEHAVIOURS FRAMEWORK

Our current Values and Behaviours Framework was launched in June 2016 and there is a growing body of research indicating the healthy workplace cultures lead to better patient care, outcomes and staff experiences. As part of our Conversation for a Health Future Strategy 2035 development, Workforce & OD are undertaking a review of our organisational values and behaviours.

This work is crucial in establishing how we work together to best serve our patients, communities and staff who we are asking to shape:

Our purpose, our vision, our goals and our values

There are five identified stages to this work:

- 1. Listening** - To hear about what it's like to be a patient, service user or work at the health board. To identify the drivers of that experience, elicit the degree of connection with our values and identify desired values and behaviours.
- 2. Co-creation** - To hear the insights from listening phase and to propose a view of priorities to act on. To input all the rich insights from listening into a draft Values and Behaviours Framework and provide feedback.
- 3. Launch** - To engage the organisation in a new values and behaviours framework, presented with a values and behaviours launch session for all staff.
- 4. Embed** - In the embed phase the emphasis is on embedding our values and behaviours within processes and policies and enabling staff to engage with our values and behaviours at a much deeper level. This starts the process of integrating them into our everyday interactions. There is no time limit for this phase.
- 5. Reinforce** - It is a crucial phase where we start to look for sustainable results in behaviours and measurable changes in team effectiveness, organisational health, and ultimately patient care.

A multi-methodology approach is being taken to ensure engagement, as part of the listening phase, is thorough, inclusive and meaningful. This includes:

- Establishment of a multi-disciplinary Values and Behaviours working group.
- Development of new Values 2023 Sharepoint hub.
- Deployment of a Values Based Questionnaire
- Drop-in sessions across the Health Board.
- In-person Values Engagement Sessions scheduled across the Health Board.
- Virtual Values Engagement Sessions scheduled.
- Design and development of a range of promotional materials (poster, MS Teams Background, E-mail signature).
- Design and development of a 'People Managers Engagement Pack' to allow leaders and managers to engage their teams in a Values-Based conversation.
- Design and development of a 'One-Page Values Engagement Briefing' for those clinical leaders and managers who are more time-pressed.

In addition, a range of communication articles have been published with advocacy from Senior Leaders (including Peter Brown, Jamie Marchant, Sarah Simmonds, Jennifer Winslade) describing the importance of this work and encouraging staff to get involved. Furthermore, values-based insights from public and key stakeholders gathered from the wider strategy engagement responses will also be included.

This engagement will provide rich insight into whether people feel our values and behaviours framework is working effectively to support a healthy workplace culture

in our organisation. This includes a gauge as to whether people 'see, know, feel and demonstrate' our values and behaviours, how connected they feel and what needs including to see us into 2035 and beyond. Once the listening phase has ended, we will move to the co-creation phase, likely February 2025.

PAY PROGRESSION

The Pay Progression Policy for NHS Wales was agreed by the Welsh Partnership Forum on 14 November 2019. The development and implementation of the policy came from the Framework Agreement on the Reform of Agenda for Change which was approved on 28 September 2019 (the three-year 'pay deal'). However, the arrangements were paused in March 2020 due to the COVID-19 pandemic and restarted on 01 October 2022. The reform of Agenda for Change introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay step points.

The new NHS Wales Pay Progression policy came into effect from 01 October 2022. Staff no longer automatically receive pay affecting increments unless a Pay Progression meeting is recorded into ESR.

The Health Board have developed some useful resources to guide staff through the process. ESR generates a notification to managers four months prior to the increment date on the year that a step up is due, employees are also sent a notification one month before the step is due.

The E-Systems Team regularly monitor when pay progression increments are due and contact managers and staff when increments have not been paid. It is anticipated that staff will move to the next increment unless there is a capability/disciplinary issues or if standards have not been met (with no mitigating factors). The Health Board's standards include an up to date PADR (Pay Progression meeting) and 100% compliant with statutory and mandatory training.

Since January 2024 there have been 1,896 individuals who were due pay progression increments of which 85% were paid on time through ESR or were paid the following months outside the ESR process authorised by managers. There are currently 288 staff members who have outstanding pay progression increments. The managers and staff members have been sent reminder emails on numerous occasions to try and get the increment paid.

We will continue to work with management teams to highlight anyone outstanding and to determine if this requires immediate (and backdated) action. We will also utilise existing communication forums and strategies to bring this matter to everyone's attention and recently included it on the "Catch up with Nicola" session.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CESR - Certificate of Eligibility for Specialist Registration EDI - Equality, Diversity and Inclusion ESR - Electronic Staff Record HCSW - Healthcare Support Worker GMC - General Medical Council IMG - International Medical Graduate LNC - Local Negotiating Committee NES - NHS Education for Scotland SAS - Specialty Doctors and Associate Specialists TUPE - Transfer of Undertakings (Protection of Employment)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>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</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Report on Compliance with Welsh Language Standards – More Than Just Words
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Geraint Scott, Head of Welsh Language Unit

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

Er Sicrwydd/For Assurance

To provide an overview for assurance in relation to the Health Board's compliance with the Welsh Language Standards and the progress in relation to the targets set out in the Welsh Government's, More Than Just Words plan for increasing service delivery through the medium of Welsh.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board has now published its Welsh language standards annual report as well as its More Than Just Words report to Welsh Government. Both reports detail the Health Board's work to deliver services through the medium of Welsh.

The Health Board has recently completed a questionnaire for the Commissioners office. In the questionnaire the Health Board has been required to note its level of compliance in relation to different groups of Welsh language standards. The Health Board was also required to give evidence as to why we had made that assessment. Following the assessment, the Welsh language unit has generated an action plan based on the Commissioner's grouping of the standards to ensure a greater level of compliance.

The People and Culture Committee is asked to note the work undertaken to ensure compliance with the Welsh language standards, achievement against the More Than Just Words targets, as well as the wider work to deliver services through the medium of Welsh.

Cefndir / Background

More Than Just Words Framework

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

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

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

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

Welsh Language Standards

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

- In Wales, the Welsh Language should be treated no less favourably than the English Language; and
- Persons in Wales should be able to live their life through the medium of Welsh Language if they choose to do so.

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

submitted to the Commissioner by all Welsh Health Organisations. Final compliance notices were issued in November 2018.

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

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

Asesiad / Assessment

Annual Report

The Health Board has recently published its Welsh Language Standards annual report for 2023-2024, **Appendix 1**. The report details our work both to ensure compliance with the Welsh language standards as well as the More Than Just Words plan.

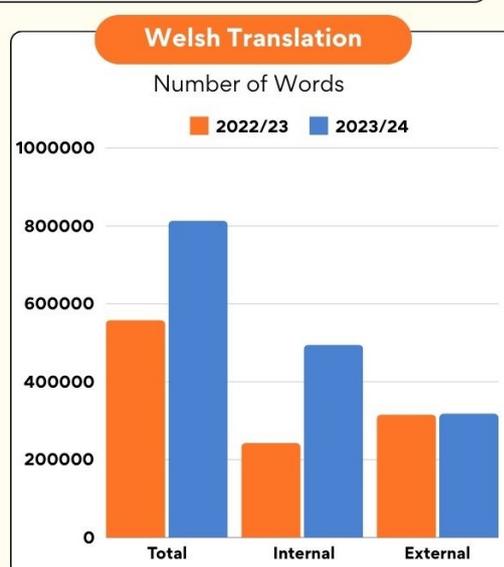
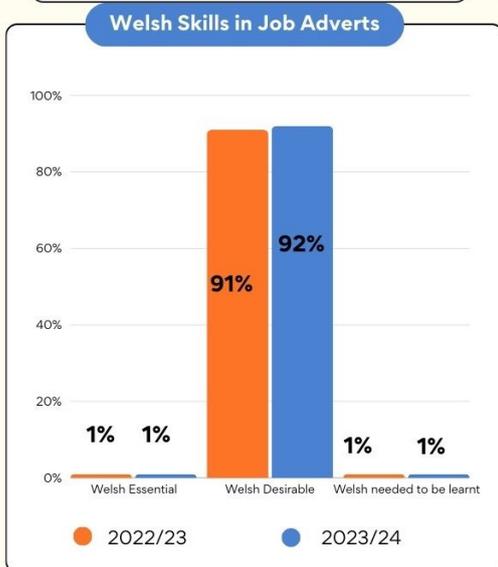
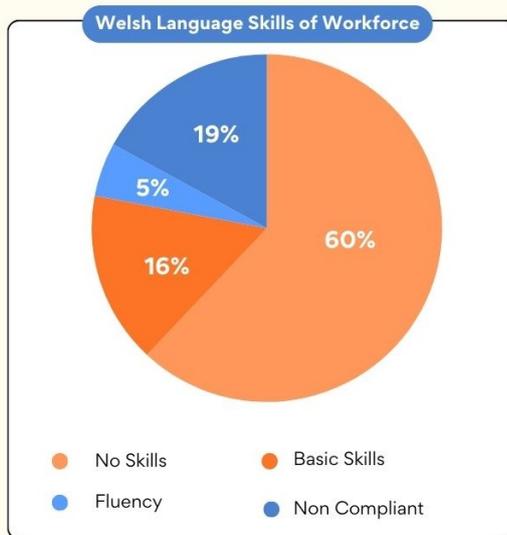
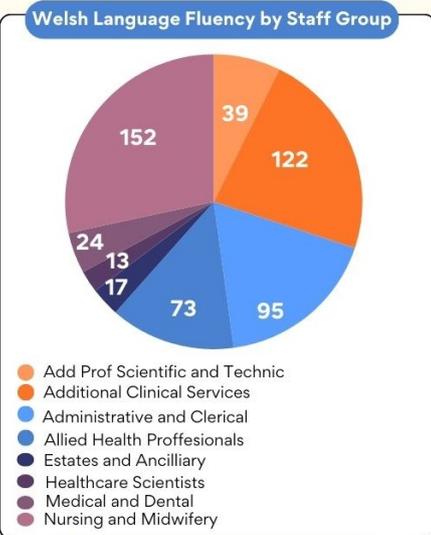
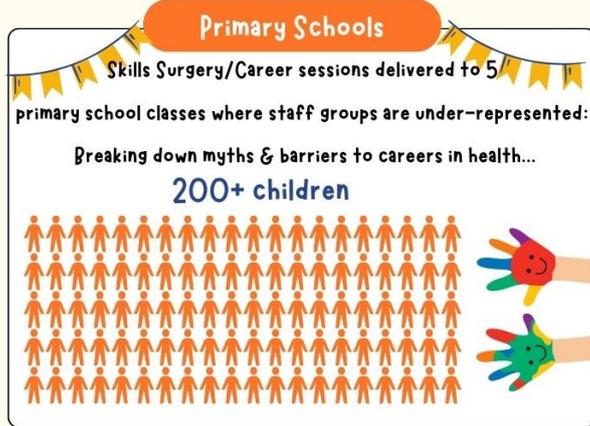
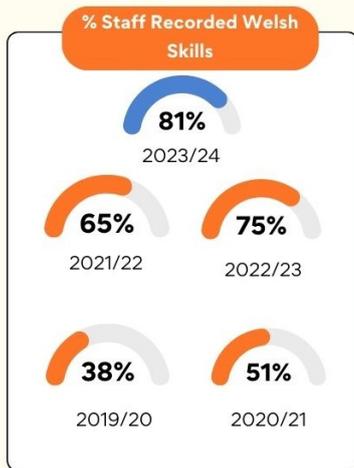
The dashboard, shown on the next page, shows some of the key data found within the report.

Note that compliance in relation to the self-declaration of Welsh language skills by our staff has increased to 81%. An increase of 43% since 2019. Although this is a very positive step, we have noted that as there is no requirement to adjust/update these levels many of those who undertake learning do not go back into ESR to note their new abilities in Welsh. The Welsh language unit aims to undertake a piece of work with all those who have been linked to training to ensure that they recognise and note the advance in their skills. We hope by doing this we will reduce the 60% of staff who note that they have no Welsh language skills. We are however holding off on this as Welsh Government has suggested that they will be encouraging organisations to move to a new system of assessing language levels.

The Welsh language skills required within posts advertised has stayed more or less the same as previous years. In this area we are working on changing the descriptors from being a binary, skills or no skills, to something that will mean more to those applying. If you are looking for Welsh skills while recruiting, what skills are we looking for. If you are just looking for conversational Welsh spoken skills, by putting that in the job description recruiting managers would be more likely to gain applications from individuals who have those skills.

Our translation rate has increased again this year. Now that the Welsh language unit has full management of this process, we are able to better identify gaps in our compliance and ensure translation requirements are understood and undertaken throughout the Health Board.

The report also details our work around staff support and engagement, our extensive work with schools and colleges and our Welsh language communities.



More Than Just Words Annual Report

The Health Board has also submitted its annual report for the same period, noting our progress against the More Than Just Words targets, **Appendix 2**. The work on these is included in the annual report noted earlier but Welsh Government require a separate reporting mechanism. You will note from this report that there are a number of targets where we are unable to progress as we are awaiting

guidance or resources from Welsh Government. This has been raised both with the Welsh Government and the More Than Just Words independent board.

Standard 110 – 5 Year Plan to Increase Clinical Consultations Through the Medium of Welsh

We have had a series of meetings with the Welsh Language Commissioners office in relation to the requirement under the standards to develop a new plan in line with the standard in question. The Commissioners office noted that previous plans developed were too broad and had little impact on the availability of clinical consultations. With this in mind, a new approach has been adopted looking at creating an operational document rather than a strategy, and to focus on one department within the Health Board. Through taking this approach the belief is that a model can be created that can have more of an impact. This model can then be rolled out to other departments at a gradual rate.

To decide on a department to begin this work we have looked at the target areas within the More Than Just Words plan, and our assessment of where the ability of receiving clinical consultations in Welsh is key. Based on this assessment we have decided to begin with Speech and Language Therapy. We have generated a draft 5-year plan, **Appendix 3** and will be consulting with the department in the next month. The plan details different actions to be undertaken across the 5-year period but as part of the plan involves a review in year 3. For this reason, the targets for year 4 and 5 are open to be adapted. Importantly the department have accountability for the delivery of this plan and the Welsh Language Unit will provide a support function approach.

Welsh Language Commissioners Questionnaire

The Welsh language Commissioner required the completion of a questionnaire, **Appendix 4** noting our assessment on our level of compliance against the Welsh language standards. The full list of the Welsh language standards is noted on the Health Board's website.

The questionnaire, as well as our assessment notes, **Appendix 5** were submitted to the Commissioners office. Based on this assessment, the Welsh language unit held a workshop and generated an internal action plan, to increase compliance in the areas identified as requiring attention.

Investigation by the Welsh Language Commissioner

We have been notified by the Welsh Language Commissioner that we are being investigated for perceived non-compliance with Standard 45 which relates to our use of Welsh on social media. The Welsh language unit as well as the Communication and Engagement Team are working constructively with the Commissioners office to correct issues identified and better understand areas that are unclear to us. We await their response to our submissions. No timetable is given of when to expect their response.

Digital Platforms

A number of new digital communication platforms have either been rolled out or are in the process of being rolled out for service users. We are working closely

with the Digital Data and Technology division to ensure that all are compliant with Welsh language standards. Some of the platforms being procured, in development or already in service include:

- Virtual Consultations – The Welsh language unit was able to observe each of the demonstrations from the suppliers, ask questions, and note whether that which was proposed was compliant or not.
- Digital Patient Communications – Although great work, as detailed in the annual report, has been done to ensure letter and message templates are now fully bilingual, the patient portal platform is not at this stage compliant. The Digital, Data and Technology team have made it clear to the supplier that compliance is a requisite to delivering on the project.
- E-registration in Accident and Emergency – Two separate complaints have been received noting that this service is only available in English. This is a pilot programme being run in Cardiff and Vale University Health Board as well as here. We have been in touch with the team to note that this system as it stands is non-compliant. We have been informed that should this system be procured beyond the pilot there is an understanding that it must be fully compliant with the Welsh language standards.

Training (funded by Welsh Government)

The work of the dedicated tutor for raising confidence in Welsh speaking skills is being very well received with 2 cohorts have been through the programme. This totals 55 staff from across all areas of work. We will be communicating with all individuals 6 months after they have completed their sessions to understand the impact it has had on their use of Welsh in their day-to-day work.

The Canolfan Dysgu Cymraeg (Learn Welsh) have been given further funding to develop a 'Cymraeg Croeso' or Welcome to Welsh course. The aim is for this to be delivered by an individual rather than being a purely on-line learning resource. There will be a target of 150 learners within the first year. We are in discussions with our colleagues in Learn Welsh to understand the details of the course in order to understand how best to deliver it.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the work undertaken to ensure compliance with the Welsh language standards, achievement against the More Than Just Words targets, as well as the wider work to deliver services through the medium of Welsh.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	CR004 - Risk score 12 The monitoring and reporting of committee business is a key element of the Health Board's assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 6. Individual care 7. Staff and Resources

	Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Older adults are supported to live well and independently
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 prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services

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

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	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/>

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

Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Cymraeg

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2023 / 2024



FOREWORD



I have great pleasure in endorsing the publication of Aneurin Bevan University Health Board's 2023-24 Welsh Language Standards Annual Report.

We as a Health Board strongly believe that the Welsh language should not be a stand-alone target, but rather something that is embedded in all aspects of our work and believe that this report shows that ambition.

I hope you enjoy reading about our progress to date as well as our vision for the future.

Diolch

NICOLA PRYGODZICZ
CHIEF EXECUTIVE

FOREWORD

I am proud to present Aneurin Bevan University Health Boards annual report for 2023-24.

We remain fully committed to ensuring that we deliver the highest quality Welsh language services to our communities here in the Gwent region.

We hope you see the strong work we continue to do across all aspects of our services. We believe the report shows that our work is guided not only to ensure compliance with the Welsh language standards but to uphold that the needs of our population.

We work with our staff as well as our stakeholders and partners to deliver the priorities of Welsh Governments' 'More than Just Words' plan and are thankful for this opportunity to share this with you.

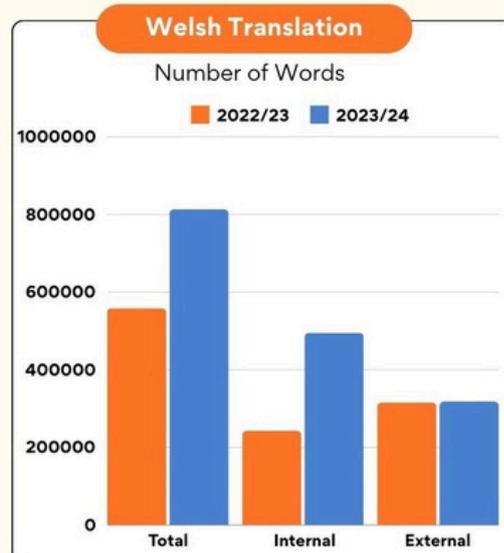
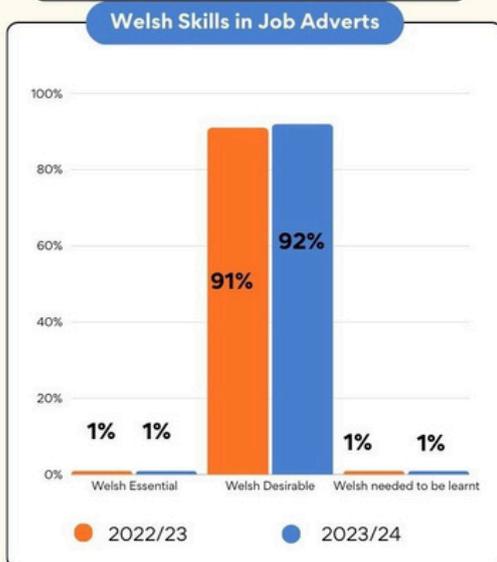
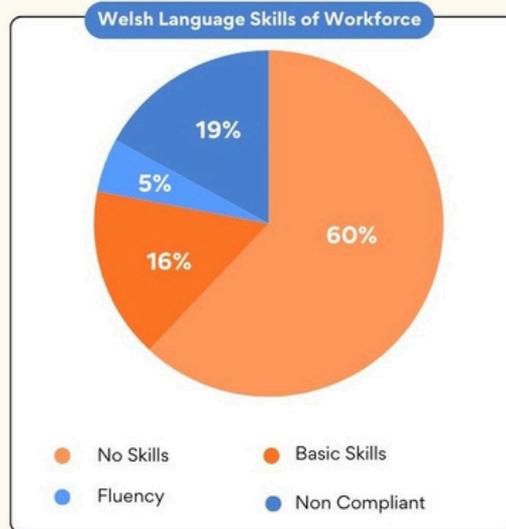
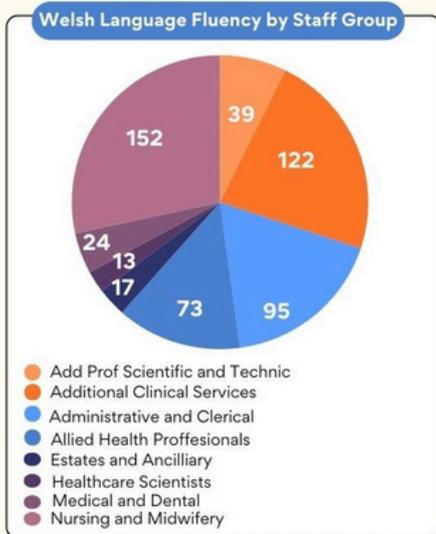
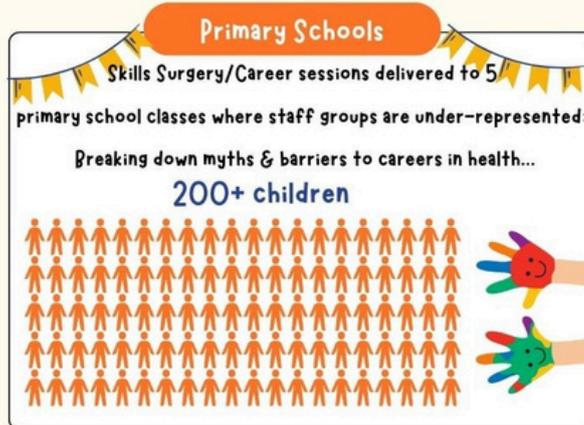
SARAH SIMMONDS,
DIRECTOR OF WORKFORCE & ORGANISATIONAL
DEVELOPMENT



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DATA DASHBOARD



INTRODUCTION

This report outlines the work undertaken to support the delivery of Welsh language services to our patients and service users in the area covered by Aneurin Bevan University Health Board (ABUHB).

The report addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards in accordance with the Welsh Language (Wales) Measure 2011. The report has been prepared with the requirements of Welsh Language Standard 120. The reporting period is April 1st 2023 to March 31st 2024.

Our targets in relation to Welsh language are monitored within our People Plan, as well as being reported to Welsh Government in accordance with the 'More than Just Words' actions.

The 'More Than Just Words' plan is Welsh Government's strategy document for delivery of Welsh language service in Health and Social Care. The current plan as well as the detailed actions associated can be found [here](#).

We continue to experience challenges when looking to advance our Welsh language service provision, but have made positive steps to understand the Welsh language skills of our workforce and are taking clear action to ensure that the Health Board builds a reputation in becoming the employer of choice for Welsh speakers in the region.

We are also pleased to include progress made on areas described in previous annual reports, reflecting the improvements and progress made during this reporting period.

Our continued progress in auditing and mapping the linguistic skills of our staff has ensured a greater understanding of our capability to deliver care through the medium of Welsh in our services and where we need to either recruit new Welsh speakers or further develop the skills of those in post. This helps to inform and develop recruitment campaigns that will directly support the 'Active Offer' principle being embedded across our services. The "Active Offer" refers to the ability to provide services on behalf of the Health Board in the medium of Welsh without it having to be specifically requested.

We have developed a number of systems to improve our delivery of written correspondence both in letter and SMS form (text messages), this is now fully bilingual following procurement of digital systems which have enabled a more streamlined service.

In line with Standard 120, this report also describes specific information in a number of key areas. This data includes:

- The Welsh language competency levels of our staff,
- The training we offer through the medium of Welsh,
- The number of complaints we have received in relation to the Welsh language,
- The level of Welsh competencies we require on any vacant and new posts advertised during the reporting period.

MANAGEMENT, ADMINISTRATION OF AND COMPLIANCE WITH THE WELSH LANGUAGE STANDARDS

Accountability, Governance and Assurance

The Executive Director of Workforce and Organisational Development is responsible for the Welsh Language portfolio within the Health Board. The Health Board has ultimate responsibility for the implementation of the 121 standards as outlined in our compliance notice from the Welsh Language Commissioner's office. Through training and awareness campaigns we ensure that all staff understand that it is everyone's responsibility to enhance the offer that we can make to meet the needs of our Welsh speaking population.

Welsh Language Unit (hereon referred to as the WLU)

The Welsh Language Unit (WLU) includes staff working at a strategic, managerial and practical level in the areas of language policy, training and development. The WLU resides within the Workforce and Organisational Development Division. The function supports staff in the delivery of services in accordance with the duties placed upon the Health Board. The role of the WLU is to provide leadership, advice, guidance and support regarding Welsh language matters to the organisation.

The WLU provides regular updates on progress, issues and good practice to the Welsh Language Strategic Group, which is the internal cross-organisation steering and governance group and approves the WLU's work plan.

Welsh Language Strategic Group (WLSG)

The purpose of the WLSG is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to Welsh language service provision for service users.

The reporting mechanism for this group is through the Health Board's People and Culture Committee which is accountable to the Board. The WLSG has a key role with regards to workforce related legislation and the legislative frameworks provided by the Equality Act 2010 and the Welsh Language (Wales) Measure 2011.



The Strategic Group provides assurance and advice to the Health Board in relation to the appropriateness of the arrangements for workforce planning, workforce development and engagement which are in line with the Health Board's Annual Plan, Priority Programmes and arrangements to meet organisational Welsh language strategic objectives.

In addition to assurance provided to the People and Culture Committee, the WLSG presents an Annual Monitoring Assurance Report to the Executive Team confirming the Group has met its terms of reference and key duties.

The WLSG is chaired by the Executive Director of Workforce and Organisational Development and meets quarterly. The clinical, operational and corporate membership of the group is designed to ensure that the information discussed within the Strategic Group is disseminated throughout the Health Board. Its membership is also designed to ensure the divisions and departments within the Health Board are given an opportunity to raise concerns, issues or initiatives they may experience in relation to Welsh language delivery.

The meeting is administered by the Workforce and Organisational Development Division through the WLU.

The Welsh Language Standards are a standing item on the agenda of the WLSG. A comprehensive implementation plan is monitored by the WLSG and any gaps in capacity, or issues of compliance, are escalated to the People and Culture Committee, Executive Team and Board as appropriate.

Risk Management

The Health Board identifies active and integrated risk management as a key element of all aspects of our functions and responsibilities. Risks in relation to the Welsh language, are recorded in the Workforce and OD risk log.

Current potential risks include meeting the requirements of the Welsh Language Standards, delivering the Bilingual Skills Strategy and implementing the 'Active Offer' principle of providing a service in Welsh without someone having to ask for it. Having Welsh language recorded as a risk ensures that the actions and controls are regularly reported to and reviewed by our People and Culture Committee.

ANNUAL SUMMARY



The Standards, which have been applied to the Health Board under section 44 of the Welsh Language (Wales) Measure 2011, are contained in the Compliance Notice which can be found on our website.

Following our work in mapping the Welsh language abilities of our workforce (data can be seen in this report), we are now in a better position to map the areas where there are skills gaps and look to put plans in place to either fill those gaps or develop measures to support those departments that are lacking in Welsh language skills.

With the recognition that we need to further develop our future workforce we look to develop imaginative and creative ways of engaging with our prospective workforce and reinforcing at an early stage, the importance the Health Board places on their ability to use the Welsh language when communicating with patients, service users and their families. We have further developed our toolkit of resources in this area and now include learning opportunities and targeted workshops around specific areas that are often overlooked when considering a role in the Health Board. If we are to meet the challenge of ensuring full Welsh language services, we also need to engage those who have learnt Welsh as a second language. Further details around our education work can be found later in the report.

With the development in digital tools to support our service users and staff, we have worked closely with our colleagues in our digital, data, and technology division to ensure any

platforms or online tools our service users interact with are compliant with the standards providing a fully bilingual offering to our Welsh speaking population.

We have developed materials to support our staff who have little to no Welsh language skills to understand the importance of the language and to use incidental Welsh. These focus on the vocabulary that will be useful to them in their role as well as general Welsh terms.

We have further developed our training offer to ensure that there is a training offer available for all language levels, abilities, and teaching methods. From our staff engagement events, that we have a number of staff who were educated to high level in Welsh, but lack the confidence in using those skills, a partnership has begun through the Ganolfan Dysgu Cymraeg to provide a tutor to work specifically with this cohort. This is in the early stages but the initial pilot cohort (33 staff) have found the programme very helpful. We are currently communicating with this cohort to explore what is the best way to continue to support them when their period with the tutor ends to maintain their newly found confidence. Further individuals have been identified for the next two cohorts.

BILINGUAL ONLINE SERVICES

Corporate Website

Our corporate website, as one of the most significant information platforms for our local population, has evolved once again this year. We are pleased to report that, overall, compliance remains positive in this area. The allocation of internal and external translation resources remains in place for the communications team to meet the continually increasing demands for Welsh language content, which is now a well-established process. Engagement with the Welsh medium corporate website has increased over the past year, with almost 4000 views across this period, compared to just over 2,000 last year. Some of the site's most popular pages this year included our hospital sites and information on Pharmacies and GPs.

The Health Board's commitment to maintaining access to the Recite Me website accessibility tool has also continued for both the English and Welsh medium corporate websites this year. With its features including screen reader compatibility, translation into more than 100 languages, and an integrated dictionary, this has yet again proven a useful tool for Welsh learners of all abilities. We are always seeking to improving our compliance in this area and to ensuring that this site is kept as up-to-date as possible.



Recite me

SOCIAL MEDIA PRESENCE

We are, once again, pleased to report that throughout this period, all communications assets produced by the Communications and Engagement Team have remained fully bilingual. Although the following numbers of our Welsh and English Social Media accounts remain unparalleled with each other, our Welsh-medium Social Media following has grown gradually during this period and we've seen a slight increase in engagement across these accounts.

Channel	Medium	Number of Followers 2022/23	Number of Followers 2023/24
	Welsh	276	327
	English	108,112	109,238
	Welsh	237	252
	English	26,050	26,456
	Welsh	114	155
	English	12,575	13,349

We were fortunate to be able to showcase the efforts of some of our Welsh-speaking staff members and volunteers on our social media accounts throughout the year. As part of Diwrnod Shwmae, we shared a video of a fantastic Welsh learner who has developed a bilingual card game for patients of all ages and Welsh language abilities. On Dydd Gwyl Dewi, we were able to share the amazing story of one of our Welsh-speaking volunteers, who identified that a patient she was visiting may be a Welsh speaker, and used her Welsh language skills to converse with the patient and put her at ease whilst in hospital. This was a real testament to how 'little things' make a big difference when learning and using Welsh. On Diwrnod Hyrwyddo Hawliau'r Gymraeg, we partnered with some of our colleagues across health and social care in Gwent to collectively show why using Welsh is #MoreThanJustWords to us.

WORKING WITH CAREERS WALES, SCHOOLS AND COLLEGES

We understand that the key to delivering Welsh language services to our service users is a workforce with sufficient Welsh language skills. In order to future proof our workforce the children currently studying in our local schools and colleges need to understand the importance of the skill of being able to communicate in Welsh. With this in mind we have set up a suite of resources to empower and educate students of all ages and deliver these throughout the area covered by the Health Board.



Research shows that preconceptions around job roles are learnt much earlier than first thought. For this reason, we have created a programme under the name 'Syrjeri Sgiliau – Skills Surgery' to educate and raise awareness with Primary School children of the roles within the Health Board.



The project was produced in collaboration with our Equality, Diversity and Inclusion team following a successful grant application to Health Education Improvement Wales. A series of sessions were delivered to children in a school setting. Each of the sessions would function to challenge ideas that the children had around different roles in health and to educate them on all of the opportunities that would be open to them in the future as part of our workforce. Sessions covered areas such as; Urgent Care, Primary Care, Children's Services as well as looking at the non-clinical roles that are essential to the day to day running of the Health Board.

Skills ambassadors from different fields were also used, to share lived experience of the roles we were discussing. We were also able to show real life experience of both service users and staff when trying to use their Welsh language skills in the Health Board. This functioned to reinforce to them the importance that the Health Board places on growing those bilingual skills. Each student also received a certificate as well as a goody bag.

Here are some of the quotes received from children:

During an activity where the children needed to draw both a Doctor and a Nurse and list characteristics, one child asked:

“Does a nurse have to be a lady and a doctor have to be a man”

While showing one of the animations another student from a different school said:

“I thought it was only doctors, nurses and paramedics who worked for the NHS, I didn’t know about all of these other jobs.”

Within our resources we have focused on schools in population areas which are underrepresented within our current workforce.

Although we are proud of our diverse workforce, we are also aware that some communities within our population are not fully represented within our current staff. The data shows that the proportion of Welsh speakers in our community is higher than the proportion of Welsh speakers in our workforce. Therefore it was key for us to engage with pupils in Welsh medium schools.

To ensure wider reach and sustainability of the programme of work, one of the legacies of the project will be the development of an on-line toolkit. This toolkit will be available to all teachers, and will allow them to deliver the sessions themselves to their students.

Through working with teachers we will ensure that the lessons and resources in this toolkit will be fit for purpose and align with the new curriculum for Wales. Those teachers who have already been involved in the project have given only positive feedback, commented on how much benefit the children have got from the activities and noted their desire to be part of the project again in future years.



Welsh Medium Secondaries

We continue to work hard with our Welsh medium secondary schools throughout the region and have run a varied series of events around general careers information, as well as focussing on specific fields of interest.

One new offering was a day focused around Health Sciences to year 7 pupils in Gwent Is Coed school. This day of activities gave the students real practical experience of different areas within Health Sciences and helped to shine a light on a sometimes overlooked area of work within the Health Board. These included practical sessions around haematology and sample collecting and analysis.

Our other activities in this area include workshops with students across the age range and larger open careers events. In our discussion we have spoken with a large number of students who have clearly experienced our services themselves and have often discussed their desire to 'give something back'. Within the discussions we also ensure that they fully understand the importance and value of using their Welsh language skills in a career in Healthcare.

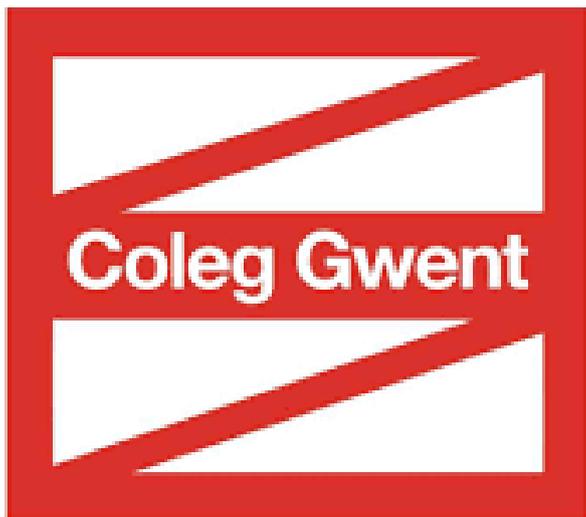
Non-Welsh Medium Secondaries

All students in Wales study Welsh language up to the age of sixteen. As such it is important to understand that all young people in Gwent have abilities in Welsh that could prove invaluable to the Health Board. With this in mind we have undertaken careers sessions with our non-Welsh medium secondary schools. We are further developing this in the next year to align with the Gwent integrated Schools Programme for Health and Social Care. This will ensure that all schools in the region will get the same message in relation to Welsh language importance and the 'More than Just Words' plan.



Colleges

We work closely with both Coleg Gwent and Coleg y Cymoedd to provide awareness sessions on 'More than Just Words' and the Welsh language standards to all students that are studying Health and Social Care courses within the colleges. Our clear aim is to generate a workforce that is well informed around the importance of the Welsh language to our Welsh speaking service users before they begin working for us.



Work Experience

With an awareness that work experience for many is their first experience of work within the Health Board we have looked to map the opportunities for Welsh speaking students to undertake their work experience placement either partially or fully through the medium of Welsh. The ambition is to show the students the normalisation of Welsh language within the Health Board. Using the networks we have within the Welsh medium secondaries as well as within the Welsh speaking community, we will share these details with those individuals who would benefit from this.



Gyrfa Cymru
Careers Wales

STAFF ENGAGEMENT

A key element of our work is to ensure that the exceptionally hard-working staff throughout the Health Board understand the importance of the Welsh language within their work, are aware of our duties and responsibilities and know where to seek support and learning opportunities.

Tailored Welsh language awareness is provided to these groups of individuals within the Health Board within our ongoing development programmes such as:

- Nursing & Midwifery Academy & Alumni – these are our senior nursing colleagues working across all disciplines across the Health Board. Here we deliver a workshop on Inclusive Leadership in Nursing & Midwifery Practice.
- Leadership Development Programme – these are new or aspiring leaders from all aspects of the Health Boards work and include both clinical and non-clinical staff.
- HCSW Clinical pathway – The Health Care Support Workers who work across our sites are vital and tend to have a huge effect on the care of our service users. They tend to be the staff our service users have most contact with and as such it is key that they have an understanding and appreciation of the need for delivery of services through the medium of Welsh to our service users.



STAFF RESOURCES AND TRAINING

We continue to generate materials to support all of our staff to use basic Welsh language skills with our service users. These are often tailored to the environment and include materials designed for certain roles such as our telephony staff.



Teimladau Feelings

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



We'd like to thank Betsi Cadwalader University Health Board for allowing us to adapt their original resources.

Sut i ateb y ffôn / How to answer the phone

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

I'm sorry, I don't speak Welsh.
 would you like to speak to a Welsh-speaker? [transfer to colleague]
 can we get a Welsh-speaker to call you back? [take caller's details and arrange for colleague to call back]
 or would you like to continue in English?

Cyfarchion dwyieithog / Bilingual greetings

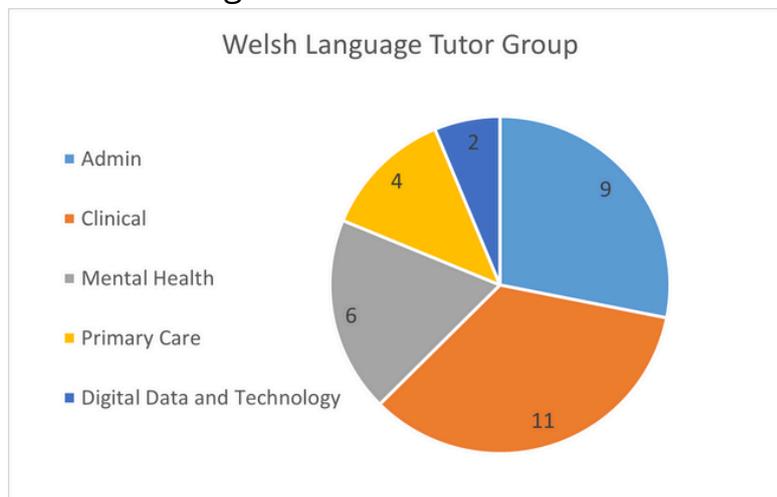
Bore Da / P'nawn da / Noswaith dda Good morning / Good afternoon / Good evening <small>Ba-nth dda / P'nawn da / Nos-wy-eh dda</small>	Dw i'n deall digyn bach o Gymraeg I understand a little bit of Welsh <small>Do-wn-dy-eh 'f' ddy-eh bach o Gym-raeg (Bach - as in the compound (Ll - as in 'Llangollen'))</small>
Ga i helpu? Can I help you? <small>Ga-ehp-eh?</small>	Diolch Thank you <small>Dy-oh-eh</small> <small>(oh as in 'red')</small>
Dalwch y llin plis Hold the line please? <small>Dal-oh-eh llin plis</small>	Ga i gymryd neges? May I take a message? <small>Ga-eh-gym-ryd neg-eh?</small>
Na i'ch trosgwyddo chi I'll transfer you <small>Nah-eh-eh trosg-wy-ddo-eh-eh</small>	

We continue to provide a wide variety of learning opportunities for our staff. Our data notes that we have staff at all stages of their learning journey and therefore our offer needs to match those needs. For those that have no Welsh language skills we can offer basic courtesy level Welsh, this also includes our international staff where English is not their first language. For those looking to further their Welsh language skills we ensure they are fully supported to do so and are offered the correct learning to match their needs. These courses can be offered on-line or in a classroom setting and include basic, intermediate and fluency courses.

An exciting development in this area is our first members of staff to participate in the immersive Welsh courses at Nant Gwrtheyrn. Some of the staff in question were past fluent speakers who have lost confidence in their abilities while others were individuals who had learnt the Welsh language but had a desire to reach full fluency.

Although a wonderful opportunity, due to operational constraints, there are many staff that would not be able to take up this opportunity. We therefore looked to provide another mechanism for staff who had higher level Welsh language skills but lacked the confidence to use them. With this in mind we are thrilled to note that we have a new collaboration through the centre for learning Welsh. The project involves qualified tutors from Coleg Gwent working with those individuals who have Welsh language skills but lack the confidence to use them in the work setting. The tutors work in small groups or on a one-to-one basis so that the sessions can be tailored to properly meet the needs of the learner.

The below graph shows the roles undertaken by the staff who made up the first cohort with the new confidence building tutor.



We will engage with all staff who undertake Welsh language training to ensure that they amend their Welsh language abilities to reflect their new skills. With those who undertake Welsh learning such as that noted in the case study above, we will engage with them six months after the completion of the course to understand the impact of the new found skills on their delivery to patients.



Case Study Jayne Hamer

I left my Welsh comprehensive school and started working in the NHS over 25 years ago. During that time, I was only able to use my Welsh skills occasionally in Welsh primary schools whilst working out in the community. I had lost most of my confidence in speaking Welsh and using my Welsh skills when I started my current role. This course sounded like a perfect way for me to improve my confidence with other Welsh speakers and learners.

The Using Your Welsh with Confidence course held at Nant Gwrthorn is for NHS staff in Wales who have Welsh language skills but would like to practice with the support of specialist tutors. It is a 5-day immersive course in North Wales. The location itself is breath-taking, the course I attended included a programme of activities through the medium of Welsh, workshops held by specialist tutors including Yoga and Mindfulness and musical entertainment. We visited Plas Glyn Weddw Gallery, Wales's oldest art gallery and also a local brewery called Cwrw Llyn where we were able to practise using our Welsh skills with the local community. There was also plenty of opportunities for us to meet and chat with other students attending other Welsh courses at Nant Gwrthorn.

I thoroughly enjoyed my week at Nant Gwrthorn, the tutors were excellent, the course content was perfect and well run. I met a lot of people who like myself were there to improve their confidence and Welsh language skills. It was lovely to be able to chat with everyone in the Welsh language. Having this opportunity has proven very valuable to me, I feel my confidence has improved greatly since attending the course and I would highly recommend it.



PATIENT COMMUNICATION SYSTEMS

We have procured a new system for the delivery of messages and letters to our service users. Our previous service was not fully compliant with the Welsh Language Standards the Welsh Language Unit has been a part of the planning of the new provider from the outset. We have actively engaged with the Digital, Data and Technology team and have been able to test the system at varying stages of its development. We also regularly audit the written correspondence sent to our service users enabling us to identify issues early and put in restorative measures where problems arise.

Through our closer links to the teams developing new software and systems for the Health Board we are able to ensure that new technologies and platforms are functional for those wishing to use the platforms in Welsh.

In a wider context, we are currently looking to improve the way we map the linguistic skills of our service users. We currently provide communication bilingually, however, we aim to map the language skills of our service users and to identify those who are looking for services through the medium of Welsh to proactively put mechanisms in place to provide these services to them in support of the Active Offer.



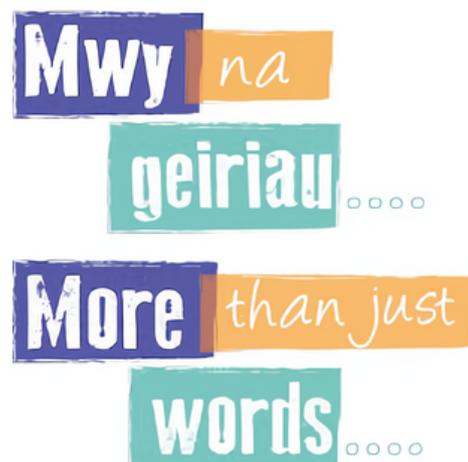
COLLABORATIVE WORKING

Recognising that we can learn a lot from other organisations both within health and in the larger community in Wales we seek to work with partners to collaborate and share best practice. We launched a joint video with Coleg Gwent and a number of our partners in Local Government over our social media platforms to coincide with Welsh language rights day, the video shone a light on the importance of delivery of services through the medium of Welsh.

'Mae Gen I Hawl' Video

The 'More than Just Words' forum is made up of the organisations from health and social care working towards the goals of the 'More than Just Words' plan. The group meets quarterly and looks to develop resources that can be useful across the organisations.

As Welsh language leads across Wales we have established a Welsh language managers network which looks to develop all Wales solutions, where applicable, to the challenges we face. One example of this is the development of a central information hub that will lead to more effective sharing of good practice at a national level.



EQUALITY IMPACT ASSESSMENTS AND SITE VISITS

Equality Impact Assessment (EQIA)

The Health Board has further developed its Equality Impact Assessment process. Although this process had already begun prior to the result of the tribunal upholding the Welsh Language Commissioner's ruling against Neath Port Talbot Borough Council ([Tribunal upholds Welsh Language Commissioner's ruling](#)), it supported the need for this development.

Within the EQIA we aim to ensure that conscientious consideration is given to Welsh language implications of both decisions and new policies. The Head of the Welsh language unit is a standing member of the EQIA panel, and as such is part of ensuring the Welsh language has been fully considered before any EQIA is signed off.

Site Visits

We regularly undertake audits of our Healthcare settings to identify any instances of both good practice and non-compliance. Following each visit the sites are provided with any actions that need to be undertaken. A follow up visit is scheduled at an appropriate time to ensure these actions have been undertaken. Examples of good practice are shared with other colleagues through the WLSG to ensure they are cascaded across all locations. The audit includes a walkaround of sites both communal areas and wards. We monitor signage, letters and forms, as well as ensuring that our staff are wearing Welsh language visual markers and that 'Active Offer' posters are clearly displayed to ensure our service users are aware that they can seek support in Welsh. In our visits this year we have noted an improvement in overall compliance, but continue to see issues in relation to temporary signage being produced and displayed in English only. This matter will be addressed through communication in the next year.

THE FIGURES

% OF STAFF WHO HAVE RECORDED THEIR WELSH LANGUAGE SKILLS VIA ESR

65%

2021/22

81%

2023/24

51%

2020/21

38.45%

2019/20

75%

2022/23

PERFORMANCE INDICATOR DATA

'More than Just Words' Awareness Training

The mandatory training module developed at an all-Wales level has been well received and gives staff a good general understanding of the principles of 'More than Just Words'. In the first year of the training, we have in 12 months reached 74% compliance.

Employee skills

The percentage Staff who have recorded their Welsh language skills on ESR has reached 81% a rise of 6% from last year and a rise of 43% since 31st of March 2020.

Recruitment Skills Data

Although the number of roles advertised with Welsh as being essential, desirable or needed to be learnt shows a small decrease, this correlates with a general decrease in the number of overall jobs advertised. As a proportion of the number of vacancies the trend continues to show an increase in the number of roles advertised as Welsh essential, desirable or needed to be learnt.

Over the next year we will be reviewing new recruitment tools implemented by Digital Health Care Wales and Powys Teaching Local Health Board which support a more accurate matching of Welsh language skill requirements and the needs of the service. The new mechanism removes the subjective element of this assessment. The recruiting manager is required to input information around current language skills within the department as well as information in relation to the level of interaction with patients. Based on this data an assessment is made and the recruiting manager is advised as to whether the role should be advertised as Welsh skills being essential, desirable, or not required.

WELSH COMPETENCY LEVELS OF OUR STAFF

Listening and Speaking	2020/21	2021/22	2022/23	2023/24
Level 0	3790	7888	9063	9528
Level 1	676	1747	2045	2038
Level 2	136	355	434	415
Level 3	80	137	161	166
Level 4	82	135	151	139
Level 5	91	230	277	249
Non-compliant	9809	5300 -46% from previous year	4146 -22% from previous year	2882 -30% from previous year

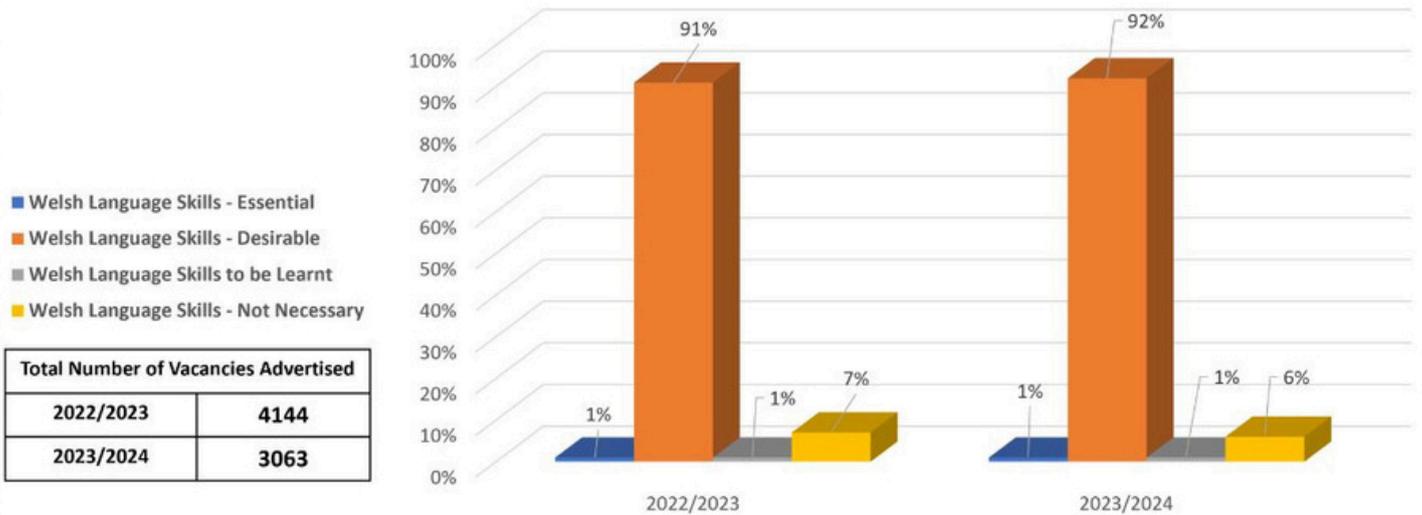
Reading	2020/21	2021/22	2022/23	2023/24
Level 0	3753	7998	9412	9731
Level 1	590	1530	1850	1799
Level 2	136	355	434	398
Level 3	80	137	146	147
Level 4	82	135	141	132
Level 5	91	230	291	267
Non-compliant	9809	5379 -46% from previous year	4003 -25% from previous year	2943 -26% from previous year

Writing	2020/21	2021/22	2022/23	2023/24
Level 0	3867	8259	9723	10102
Level 1	462	1254	1530	1467
Level 2	131	337	418	397
Level 3	58	100	131	131
Level 4	61	105	116	104
Level 5	78	219	268	247
Non-compliant	10007	5446 -45% from previous year	4091 -25% from previous year	2969 -27% from previous year

The above numbers are based on live assignments

WORKFORCE PLANNING: RECRUITING TO VACANCIES 2022 - 2023

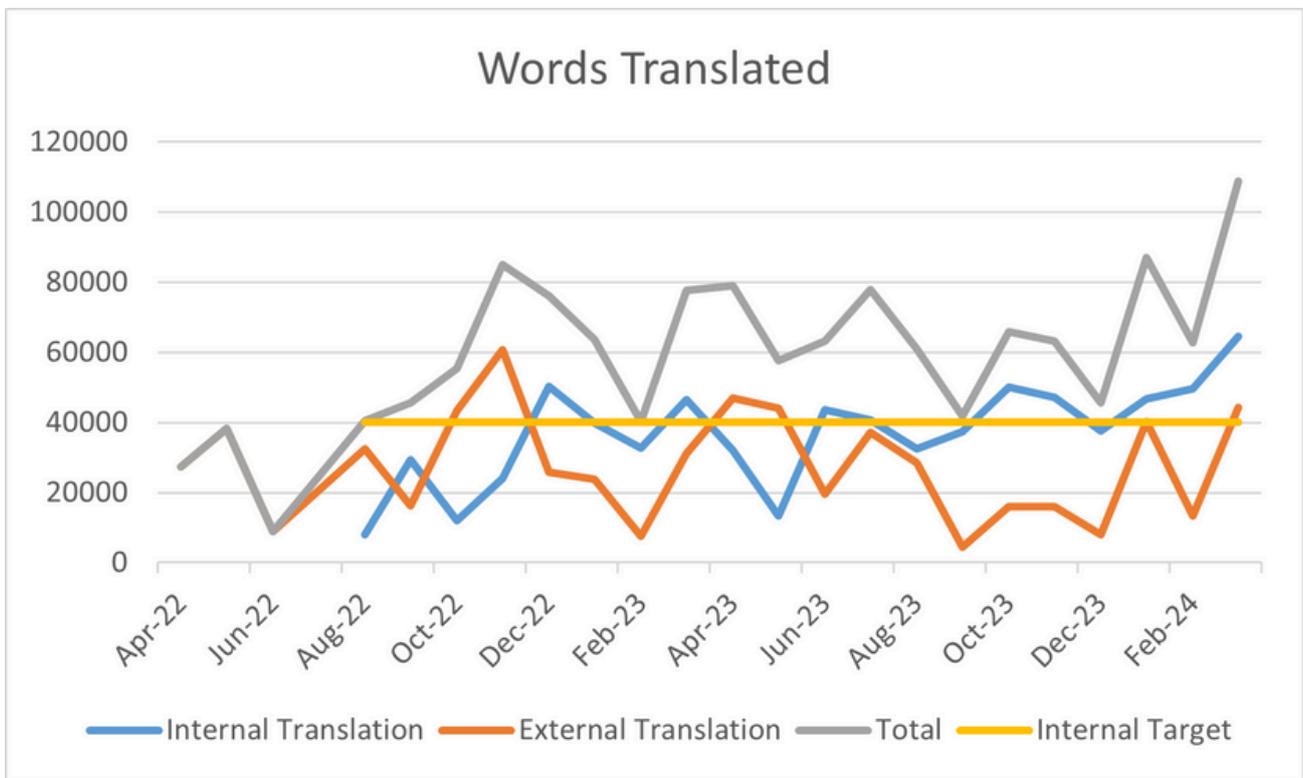
Total Number of Vacancies Advertised as:



TRANSLATION

Over the past 12 months we have made considerable improvements in the internal processes used to identify, triage and translate. We have simplified the translation request process by all translation now centralised and managed by our internal translation manager. As a consequence, we are observing an increase in the understanding of the requirements in relation to translation within the Health Board and optimising the translation resources available.

We continue to see a general increase in the number of words translated and monitor new AI translation software options to ensure we are aware of the latest developments in this field such as Microsoft Co-Pilot.



FFRIND I MI

We recognise the invaluable service provided by the volunteers of the 'Ffrind i mi' service. As such we were thrilled to hear the story of Sylvia who is one of these volunteers. Sylvia, realising that one of the service users she visited was a Welsh speaker was able to talk with the patient in Welsh which was her first language. As the video linked below shows, the impact this had on the patient was immeasurable. The video is available by clicking [here](#).

Due to their hard work and continued support for our Welsh speaking service users we were thrilled that the Ffrind i Mi project were the recipients of the Health Boards Welsh language champion award within our wider Staff Recognition Awards.



COMPLAINTS

In the past year we have received 2 service user complaints that relate to Welsh language delivery. Both of these have been dealt with through the Health Boards Putting Things Right process.

We have also received one investigation by the Welsh Language Commissioners office. The investigation related to non-compliance with standards 9 and 10 which relate to our telephony service specifically **Standard 9:**

“When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.”

and **Standard 10:**

“When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person’s wish until such point as—

- (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and
- (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.”

The most practical way to ensure compliance with standard 9 is to include into your automated message a note to inform that a Welsh language service is available. The telephony system utilised by the Health Board at the time of the investigation did not allow for this amendment to be made to the messages. Working with colleagues in the Digital, Data and Technology team we were able to amend the phonelines, adjust the messages and ensure compliance with standard 9.

With regards standard 10 we have actively attempted on several occasions to recruit staff to the service in question who are able to deal with calls through the medium of Welsh. Although we continue to have limited success in recruiting staff with the requisite Welsh Language skills for these roles, we are pleased that the Commissioner’s office recognise the work undertaken in this area and have closed the investigation.

We will continue to utilise all available avenues to recruit Welsh language speakers to our telephony service.

CONCLUSION AND VISION FOR 2024- 2025

With a number of new digital platforms and mechanisms to support patients and staff, either already operational or in development we see this as a key area of work for us in the future. Where new systems are to be implemented to increase efficiency and develop new pathways to care, we will ensure that the Welsh language is fully embedded into that work.

We will connect further with our Welsh speaking service users to gain a greater understanding of their experiences in accessing Health provision in Welsh and the barriers they face. We aim to also understand why some service users who would prefer to access services in Welsh are not doing so. Our aim is to gain insights that will allow us to better tailor awareness sessions and training sessions delivered to our staff so that we are better equipped to both understand, and respond to the needs of our service users.

We will extend the Skills Surgery programme further inspiring and educating the Primary school pupils in the Welsh medium schools of the region about the opportunities there will be for future employment.

We will continue our routine work of site visits, mystery shopper and spot checks across our services and sites as an internal quality assurance measure.

A key priority for the year ahead is the development and publication of our new plan to increase the offer of clinical consultations through the medium of Welsh in line with standard 110 of the Welsh Language Standards. Our first 5-year strategy was looking at targets at a Health Board level, but it has become clear that in order to have a true impact there is a requirement to look at more targeted and bespoke plans within specific departments of the Health Board. Taking advice from the Welsh Language Commissioners office we will be commencing with a pilot in one service area with a view to understand how localised plans will be able to demonstrate a greater impact for patients and give an approach that can identify areas of development as well as examples of best practice that can be replicated across other areas.

We will develop our network and engagement activities throughout the Health Board focussing in the next year on the directorate manager level to ensure that the messages and information is reaching all staff at all levels throughout the Health Board.

We are pleased to have further developed our positive working relationship with the office of the Welsh Language Commissioner and look forward to the model of co-regulation that their office is looking to move towards.

We continue to drive for excellence in our Welsh Language Service Delivery and are grateful for the direction and guidance provided by the Welsh Language Standards as well as the 'More Than Just Words' plan. With the Health Boards new People Plan currently in development we will continue to embed the Welsh Language into all aspects of our work.



Delivering the actions in the More than just words Plan 2022-27: For the period April 2023-March 2024

Short Term Actions (by 2023) and Medium Term Actions (by 2025)

NHS Organisation	Aneurin Bevan University Health Board
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Completed by:	Geraint Scott	Date: June 2024
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Ref	Description of Short Term and Medium-Term Action	Lead Accountability	Progress Report for 2023/24 (reporting period 1/4/23 – 31/3/24)	Priorities 2024/25	Examples of best practice/ work done in partnership.
Culture and Leadership					
1	We will set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). (<i>Short term</i>)	All health and social care bodies Welsh Government to lead on objectives for Chairs.	Welsh language training and awareness is factored and raised at each PADR. There is a requirement for all staff to undertake a PADR annually.	To increase the awareness of the Welsh language training offer to all staff so that its prominence is increased. Make it simpler and easier to access learning for all staff.	Welsh Language Embedded within all Health Board PADR's
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience.	Welsh Government/ HEIW/ SCW	The More than Just Words training module has been well received by our staff. It is mandatory for all staff at all levels	We are going to collect anecdotal evidence in video format showing lived experience of our Welsh speaking service users.	We are using the principles of More than Just Words and the Active Offer to design workshops and learning that is

	<p>In the meantime, we will bolster language awareness courses with a behavioural science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. <i>(Short to medium term)</i></p>		<p>We deliver a more localised programme to groups within our staff. These include inductions as well as modules to our Leadership Development Programme and our Nursing and Midwifery Academy.</p>	<p>We are looking to generate further localised case study materials which are localised and show in greater detail the impact of Welsh language service delivery, or the lack thereof, on their experience of care.</p>	<p>targeted towards the areas of work of those teams.</p>
3	<p>We will expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. <i>(Medium term)</i></p>	<p>Chairs and Chief Executives of health and social care bodies</p>	<p>We missed out on a place with the first cohort of the Leading in a Bilingual Country.</p> <p>We were assured that a further cohort would be run in short order and places would be allocated to us.</p> <p>We have since questioned on multiple times only to be informed that there are currently no active plans for re-running this programme. As such it is impossible for us to achieve against this target.</p> <p>The Chair and Chief Executive personally promotes the Welsh Language at Board and Executive Committee respectively</p>	<p>We will continue to monitor and await the running of the course. Senior managers from the Health Board have been identified to be booked once the course is advertised.</p>	

Theme 1: Welsh language planning and policies including data

8	<p>An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh (<i>Medium term</i>)</p>	<p>HEIW/SCW/ DHCW/ health and social care bodies including independent primary care contractors</p>	<p>We have reached 81% compliance with this target. This is mandatory for all our staff, and they are informed as part of their induction to the Health Board to complete.</p> <p>We await the new national framework as we have not heard anything further on this from any National bodies. Once received this will be incorporated in to the corporate induction and reviewed in annual PADR's.</p>	<p>Having developed a simple process to collect this data from staff who do not have regular access to the IT systems we will continue to ensure this data is collected for all.</p>	<p>As some individuals were struggling with inputting the information on the ESR system we have developed a tool that allows us to collect information in an easier way. This mechanism has been shared with other Health Boards and organisation to support them.</p>
9	<p>An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards (<i>Short to medium term</i>)</p>	<p>HEIW/SCW, health and social care bodies</p>	<p>An annual report on Welsh language service delivery is compiled. This report is approved by the Health Boards Executive Officers as well as the full Health Board.</p> <p>The report is published and is available on our website. The report gives key data as well as giving further detail to our current work and our future plans.</p>	<p>We await a new reporting framework and will feed into it as appropriate. We meet regularly with our colleagues across Health as well as Welsh Government and the Welsh Language Commissioners office to ensure we are abreast of and feeding into any discussions on this matter.</p>	

10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance informs the work of the relevant regulators and inspectorate as appropriate (<i>Short term</i>)	HEIW/Social Care Wales	<p>Have noted that this target is noted for national attention rather than at a local level.</p> <p>The Health Boards Bilingual Skills Strategy is now an embedded part of our recruitment processes.</p> <p>We work collaboratively with our colleagues in local government through our More Than Just Words Forum. The forum meets regularly to look at challenges across Health and Social care and looks to share resources and examples of best practice.</p> <p>The More Than Just Words forum reports into the larger Gwent Workforce Board with More Than Just Words and the Active Offer as a standing agenda item. This ensures the Welsh language is a consideration in workforce issues across the region in a joined-up manor.</p>	As 18 months has passed since our previous workshops on the Bilingual skills strategy, we intend to run a further set of workshops to refresh the knowledge of those who attended previously as well as educate those who have taken up responsibility for recruitment since our previous sessions.	A pilot for new careers events showing practical skills has been developed in collaboration between the members of the Gwent Workforce Board, and in collaboration with our partners in the education sector. The Active Offer, and importance of care delivery in Welsh is included for students learning Welsh as well as those who are fluent.
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and	Health and social care bodies, HEIW and SCW	We are regularly analysing the data of our Welsh speakers and are looking to fill gaps with targeted recruitment where appropriate.	As we have identified a need to increase capacity across all services a general recruitment campaign specifically for Welsh speakers across roles will	

	skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. <i>(Medium term)</i>			<p>be carried out by our recruitment team.</p> <p>In accordance with Welsh Government, and Welsh Language Commissioners guidance we will be looking at developing our new plan for increasing the offer of clinical consultations in Welsh focussing on a key target area identified with the More Than Just Words plan.</p>	
14	We will expect all NHS and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we will expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. <i>(Medium term)</i>	Health and social care bodies	<p>This course is mandatory for all staff, and we have reached 75% compliance as a Health Board. Staff are signposted to this in their induction to the Health Board.</p> <p>The Welsh Language Unit also provided bespoke training around this to targeted groups emphasising areas that are most pertinent to them.</p>	<p>We will look to target divisions and departments with low compliance levels in relation to this course and support them to increase this.</p> <p>We will continue to engage with all divisions and departments to provide additional training that meets their needs.</p>	We have been able to share a version of this training with local authorities so that it can be utilised within some social care settings.

15	<p>The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (<i>Medium term</i>)</p>	<p>Welsh Government/ National Centre for Learning Welsh</p>	<p>Welsh language tutors have now begun their work. Positive feedback has been received by both tutors and staff partaking in the programme. It is too early to be able to receive data. There are currently 24 staff actively engaging in activities with the Welsh language tutors. The Welsh language unit of the Health Board are also in regular contact with this cohort in order to support them.</p>	<p>There is an aim for this project to work with 60 staff in the first year. The Welsh language unit will continue to identify individuals who meet the criteria of this project.</p>	
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16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities (<i>Medium term – guidance to be developed and shared in the short term</i>)	Health and social care bodies	At present the general note has Welsh as essential, desirable, needed to be learnt or not required.	Although the categorisation of skill levels for posts is a factor within our Bilingual Skills Strategy, we will ensure this is detailed in the training for recruitment managers alluded to earlier in the report.	Careers events held with students who are both fluent, or learning Welsh to explain the importance of Welsh as a skill and emphasise that those who have learnt or are learning Welsh have the skill to support our service users and their families.
17	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. (<i>Short term- introduction</i>)	Health and social care bodies	We have met with Welsh Government, Coleg Cymraeg and the Canolfan Dysgu Cymraeg following their appointment to deliver this training. We await the next meeting.	Once this course is developed, we are ready to support with its rollout across our staff.	We have developed aids to support staff to understand and use basic Welsh skills in their work.  Welsh card ring  Desk Tent Card.pdf
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words	Health and social care bodies	Those with Welsh language skills but requiring support have been identified. A programme of raising confidence as well as further learning has been developed.	As we have identified a need to increase capacity across all services a general recruitment campaign specifically for Welsh speakers across roles will	

	<p>key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) (<i>Medium term</i>)</p>		<p>Local stakeholders have been engaged to provide appropriate support and training through the National Centre for Learning Welsh.</p> <p>Where gaps have been identified within workforce targeted intervention has been offered and provided.</p>	<p>be carried out by our recruitment team.</p> <p>In accordance with Welsh Government, and Welsh Language Commissioners guidance we will be looking at developing our new plan for increasing the offer of clinical consultations in Welsh focussing on a key target area identified with the More Than Just Words plan.</p>	
26	<p>Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the</p>	<p>Health and social care training providers</p>	<p>Although this is not a specific target for Health Boards, we support training providers within the region delivering sessions around More than Just Words and the Active Offer to Health and Social Care students within the colleges.</p> <p>We have a programme of engagement with Welsh speaking students at all age levels to increase their awareness of the importance we give to the skill they have as Welsh speakers. This includes those who are studying Welsh as a second language.</p>	<p>We will continue to engage and support training providers.</p>	

	medium-term plans. (<i>Short term</i>)				
Theme 3: Sharing best practice and an enabling approach					
29	We will collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. (<i>Short term</i>)	Welsh Government/ Welsh language officers	We regularly meet with our counterparts across Wales both in Health and Social Care. We share examples of best practice and utilise the technology currently available to us to do this.		<p>Many of our examples of best practice have been detailed within this report.</p> <p>These include our skills surgery programme, our mechanism for Welsh skills recording on ESR, materials generated to support Welsh learners and a new mechanism for linking learners with the correct learning.</p>
30	We will use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we will bring translators closer to content creation, drafting in Welsh and English together, so	DHCW/NHS Wales organisations	We await further information on this from those developing the toolkit.	We will engage fully in any work involving this project.	

	that we communicate clearly in both languages. (<i>Short term</i>)				
31	We will provide the required structured and resourced support for More than just words regional forums and professional networks to have space that enables learning and the sharing of best practice on consistency of care across communities with particular attention to Integration of health and social care (<i>Medium term</i>)	Welsh Government and Chairs of Regional Forums, clinical networks, Royal Colleges, British Association of Social Workers	We have an active More than Just Words Forum that feeds into the Gwent Workforce Board. Welsh Language is a standing agenda item on the Gwent Workforce Board. We have received, to date, no national guidance, structure or resourced support but in the absence of this have developed our own.	We will continue to develop the network and look for opportunities to work collaboratively.	A pilot for new careers events showing practical skills has been developed in collaboration between the members of the Gwent Workforce Board, and in collaboration with our partners in the education sector. The Active Offer, and importance of care delivery in Welsh is included for students learning Welsh as well as those who are fluent.
32	We will ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing	Welsh Government, Health and social care bodies	We have received, as yet no information around the plans for these meetings to take place. As noted previously we have our own mechanisms for sharing best practice within the Health Board and with our counterparts across NHS Wales.	Once a meeting is set up, we will ensure relevant staff from the Health Board attend.	

	awards and accolade schemes. (<i>Short term</i>)				
33	We will undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters (<i>Medium Term</i>)	Health Boards and Primary Care Clusters	<p>We scope Welsh language service delivery within our contracted primary care providers and engage with them through the NCN networks. We publish information on providers able to deliver services through the medium of Welsh on our corporate website. This information is openly available.</p> <p>We await details on any national survey from NHS Wales or Welsh Government.</p>	<p>We will continue to engage with our partners in Primary Care, we will ensure that awareness sessions around the 'Active Offer' continue and that visual markers are distributed.</p> <p>We will continue to audit skills within the sector to ensure we hold an advertise to our service users where Welsh speaking services are available.</p>	<p>We have generated a library of templates with our Primary Care providers to utilise with their Welsh speaking patients.</p> <p>We have undertaken training on the Active Offer with the Health Boards Primary Care team to ensure that information is cascaded when they deal with Primary Care contractors</p>
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We will extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify	Welsh Government/ DHCW/ health and social care bodies	<p>We proactively offer our staff a selection of visual markers to ensure we have something that meets their needs. These include</p> <ul style="list-style-type: none"> • Badges • Lanyards (both fluent and learner) • Scrubs <p>We have also generated our own materials to further help identify</p>	<p>We have had a small issue, due to the shortage of scrubs, of scrubs with the Welsh visual marker being allocated to those with no Welsh language skills. We will ensure this is rectified over the next year.</p>	

	<p>themselves by wearing laith Gwaith badges or lanyards. We will also in our ICT systems capture, display and share information that let us know individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (<i>Short term</i>)</p>		<p>Health Board staff that are Welsh speakers or Welsh learners.</p> <p>Our staff directory links to our electronic staff record where 81% of our staff have detailed their Welsh language skills. This means that for 81% of our staff our directory accurately lists those with language</p>		
37	<p>We will further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. (<i>Short term- joint working on developing standard terms</i>)</p>	<p>Welsh Government / health and social care bodies</p>	<p>Work has begun on this, and we would welcome it being developed.</p> <p>As a Health Board we have increased our translation capacity and developed our translation memory in order to ensure translations are consistent throughout the Health Board. Our internal translator engages with their counterparts across Health organisation to share best practice.</p>		
<p>Additional/general comments (expand box as necessary)</p> <p>We have undertaken a new project named ‘Skills Surgery’. The project is designed to work with children coming to the end of their time at Primary School. The project aims to educate the children in different roles within health. It challenges entrenched stereotypes around different roles and hopes to inspire the children at an early age to be considering a career in the sector. A</p>					

toolkit of resources has been generated that can be delivered across all Health Board locations by staff or independently by the school. The toolkit is fully bilingual as well as being offered with BSL interpretation.

With our partners in the More than Just Words forum we generated material shared across our social network sites as well as on our internal staff channels around the importance of the active offer and provision of care to patients in their language of choice.

Completed form to be returned by no later than: 30 June 2024

Executive Summary

In line with Standard 110 of the Welsh Language Standards imposed on the Health Board, it is required to publish a plan for each 5- year period setting out –

- (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh;
- (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;
- (c) a timetable for the actions that you have detailed in (b).

The Health Board can note that progress has been since the publication of the previous policy and a summary can be found further in this policy. The Health Board will look to build upon the foundations that have been laid throughout the previous five years.

Due to the Outcomes and Measures laid out in the previous policy, the Health Board have a much clearer idea of how many of its staff can speak Welsh, where those staff-members work, which departments or specialties are lacking in Welsh language provision and are in a better position to support staff in their learning of Welsh.

The Health Board believe it is relevant to note that the period that the previous policy covered was difficult and the situation remains so. The COVID-19 pandemic had, and continues to, put all services provided by NHS Wales under intense pressure and full focus was given to ensuring patients' clinical needs were met. Additionally, the Health Board, and NHS Wales in its totality, continues to endure financial pressure. Aneurin Bevan University Health Board does not wish to use this as justification as to why more progress was not undertaken during the previous 5 years.

As was true for the previous policy, particular focus will be given to increase the offer of Welsh clinical consultation in services accessed by the 'vulnerable groups' noted in the 'More Than Just Words' strategy. These groups are:

- Children and Young People
- Older People
- People with Learning Disabilities

- Mental Health Service Users
- People living with Dementia
- People accessing Stroke services
- People accessing Speech and Language Therapy services

Particular focus will be given to services, accessed by the 'vulnerable groups' listed above, in which assessments where using a second language are more likely to provide disadvantages to both Service User and Medical Professional. These include:

- Speech and Language Therapy Assessments
- Mental Health Assessments
- Learning Disability Assessments
- Health Visiting Assessments

A breakdown of each year's main objective(s) is provided below:

Year 1

- Scope departments which undertake regular assessments to focus on for plan.
- Gather data using most appropriate methodolog(y/ies).
- Analyse data and decide which department to focus on.

Year 2

- Establish targets for Year 3 in agreement with department.

Year 3

- Assess targets set-out in year 2.
- Build upon progress made by providing more ambitious targets.
- 3 year review to be undertaken and published.
- Begin the same approach with a different department (within the same criteria noted) using the lessons learned from the previous years.

Year 4 and 5

- Targets to be decided upon depending on progress made thus far.

DRAFT

Introduction and Background

The Welsh Language (Wales) Measure 2011 was approved by the Senedd (at the time the National Assembly for Wales) and was given royal assent on 09 February 2011.

This legislation gives the Welsh language official status in Wales, and reinforces the principle that, in Wales, the Welsh language should not be treated less favourably than the English language.

The Measure also:

- Created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”).
- Established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance.
- Gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language.

This document has been produced in accordance with the requirements placed on the Health Board under the Welsh Language Standards, Section 26 of the Welsh Language (Wales) Measure 2011.

Section 26 of the 2011 Measure enables the Welsh Ministers to specify Standards, and Section 39 enables them to provide that a Standard is specifically applicable to a person by authorising the Commissioner to issue a notice of regulatory compliance.

A notice of regulatory compliance was placed on Aneurin Bevan University Health Board on 30 November 2018, in the form of Standards.

Standard 110 requires the Health Board to publish a corporate 5 year Welsh language plan, setting out the extent to which it is able to offer to carry out a clinical consultation in Welsh and the actions it intends to take to increase its ability to offer to carry out a clinical consultation in Welsh

Overview and assessment of [Aneurin Bevan University Health Board's Standard 110 \(2019-2024\) Action Plan](#)

The previous action plan developed by the Health Board under Standard 110 outlined a number of Outcomes and Measures to increase the number of Welsh language clinical consultations.

Below is a final update of the 2019-2024 Action Plan.

Outcome 1

Establish a clear baseline of staff Welsh language skills.

- Compliance rate for completion of individual Welsh Language Competencies on ESR has increased from 30% to 81% over the course of the Action Plan.
- Welsh language training offer has been simplified, and diversified, and has seen gradual uptick in uptake over the course of the Action Plan.

Outcome 2

Action by Health Board divisions and staff and staff will mean that the organisation routinely provides an 'Active Offer' of Welsh to service users and every effort is made to ensure that language choice is ascertained and respected.

- It has been difficult to measure accurately the number of Active Offer posters displayed by divisions but resources are freely available to staff and divisions to ensure visibility.
- An NHS Wales-wide, online Welsh Language Awareness course has been developed on ESR and is mandatory for all staff to complete. The Health Board currently sits at 75% compliance.
- An increase in translation referral rate has been achieved.

Outcome 3

Action by the Health Board's divisions and staff will mean that more service users are offered a Welsh language clinical consultation.

- This has proven difficult to measure. This, however, will be the key driver in the 2024-2029 Action Plan.
- We regularly request patient and carer feedback regarding the Welsh language provision of care. This feedback is worked in to training and awareness sessions with Health Board staff.

Outcome 4

Investment in additional resources to increase the offer of Welsh language clinical consultations.

- The Health Board now employs a Senior Translator and has redeveloped, and simplified, its translation process.
- See summary of Outcome 1.
- See summary of Outcome 2.

The Health Board would like to note the progress it has made over the duration of the previous Action Plan but note that their work remains to achieve a sustainable increase in Welsh clinical consultations.

(Provisional) 5 year action plan for increasing clinical consultations in Welsh

Themes and Timetables

The assessment of the 2019-2024 action plan has outlined distinct thematic areas to focus on for the period 2025-2030. These include:

- Recruitment and upskilling (including awareness) current, and new, staff;
- The efficient use, and ease of access to, technology, systems and data; and
- 'Normalising' the Welsh Language for staff and service users

The baseline and deciding factors will be gathered and analysed within year 1 at the latest.

Compliance targets (such as completion %) will be discussed and agreed upon with individual departments hence their omission from the below tables and reported on during the three-year review.

As is required in Standard 110, a timetable of targets is available below with each theme having its own table.

Methodology

The Welsh Language Unit will use a mixed method research approach to collect and analyse data when deciding on which department to focus on for the first 2 years (before rolling out further). They will be:

- Quantitative: Microsoft Form (this will gather data on number of roles, Welsh-speakers in department, number of service users accessing services, number of services users accessing Welsh language services etc.)
- Qualitative: Semi-structured interviews (with the most senior person available to discuss current workload, experiences with Welsh-speaking service users, feelings towards the focus of Standard 110 being on them etc.)

From the data, the first department of focus will then be chosen and the plan piloted before being rolled out further.

Theme 1: Recruitment and Upskilling Current, and New, Staff

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
1A	Promote and encourage staff to enrol in Welsh language courses	Uptick in staff taking part in freely available Welsh language courses	2	No uptake in courses
1B	Increase the number of Welsh-speaking (L3+ on internal language matrix) clinical staff in department	<p>Monitor all jobs advertised in department</p> <p>Ensure that all supporting documents are translated</p> <p>Ensure Welsh language skills of applicants are considered during shortlisting process</p>	5	<p>Failure to further recruit staff</p> <p>No vacancies become available</p>
1C	Ensure department/service managers are aware of current staff's ability	<p>Monthly updates to internal Welsh-speaking department roster</p> <p>Staff information to be sent on monthly basis</p>	2	Staff not being allocated language appropriate Service Users

1D	Nominate Welsh Language Champion(s) in Department	Champion to attend Welsh Language Strategic Group quarterly meetings to update on developments within the department	2	Role is secondary to clinical responsibilities
1E	Ensure Welsh-language work experience opportunities are available to prospective students with qualified specialists	Department to link-in with Workforce and Organisation Department to ensure that work experience directory is updated and Welsh language opportunities are noted	3	Students not thinking that their Welsh-skills are valued in workplace No staff available to provide language-specific work experience opportunities
1F	Create and provide bespoke Welsh language awareness courses to all staff, as well as new beginners or quarterly basis	Welsh Language Unit to research and produce awareness session specific to department highlighting importance of language	2	Welsh Language Unit have limited capacity to provide awareness courses Difficult to measure effectiveness of the courses
1G	Department staff ESR Welsh Language Competencies and ESR courses are maintained above 95%	Monthly Business Intelligence reports to be produced specific to department New starters to be asked their competencies and WLU to update	1	Staff turnover means 95% compliance is difficult to achieve and/or maintain

Theme 2: The efficient use, and ease of access to, technology, systems and data

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
2A	All staff have access to relevant Welsh language spell-checking software and tools (Microsoft Package, Cysill etc.)	<p>Link department with IT to ensure Microsoft package is downloaded on to department devices</p> <p>WLU to create page on intranet where all software packages are available</p>	1	Staff translation is encouraged but non-proofread pieces which go live without may mean non-compliance with translation Standards
2B	Service user language preference to be recorded	<p>All new service users to have language preference recorded on health record</p> <p>Existing service user to be asked language preference on next contact and record updated</p>	3	<p>Scope of work is enormous</p> <p>No simple mechanism to retroactively record language preference</p> <p>Must ensure that the recorded language preference is used efficiently when rostering staff for services</p>
2C		Department specific assessment toolkit to be either translated, from	3	

	Welsh language assessment tool to be developed/translated for use	existing toolkit, or bespoke language specific toolkit to be developed using service-specific expertise		Confident Welsh-speaking staff unavailable to make best use of the toolkit for proper assessment
2D	Dip-sample department resources to ensure accuracy and availability of Welsh versions	Monthly dip-sampling to be undertaken by Welsh Language Unit with record kept	1	Dip-sampling may highlight gaps in accuracy and availability in Welsh documents which may lead to an increase in translation cost and go beyond current capacity
2E	All new documents to be translated in to Welsh before going live to public	All new departmental documents to have checklist before going live, which will include if document has been translated	2	Increase in translation requests will lead to an increase in translation cost if internal capacity to translate is already at max
2F	Departmental recruitment managers to be trained in the use of software that advises on Welsh language ability of advertised roles	Welsh Language Unit to facilitate training in the use of software package All roles to reflect current ability to provide services reinforced by the business intelligence reports	3	Software is not effectively used Results of the software are ignored

Theme 3: 'Normalising' the Welsh language for staff and service users

	Action	Outcome Measures	Completed by Year (1 to 5)	Risks
3A	Confident Welsh-speakers to have Work Welsh badge	<p>New starters to be asked whether they would like to receive Welsh language visual markers during induction, as facilitated by line-managers</p> <p>Existing speakers to be asked whether they would like to receive visual markers and will be evident from business intelligence reports</p>	1	<p>Resources need to be sourced</p> <p>No ease of access to staff</p> <p>Staff may not feel comfortable wearing badge</p>
3B	Confident Welsh-speakers to have Work Welsh lanyard	As above	1	As above
3C	New Welsh-speakers to have lanyard to show they're learning Welsh	As above	1	As above

3D	Develop register of new-speakers to ensure continuity of learning and provide further pathways	Welsh Language Unit to keep register of new-speakers, with all relevant information (contact, current level, current course etc.) and undertake check-ins with staff to monitor progress and provide support	2	Staff will need to inform Welsh Language Unit of progress Staff losing momentum, or any other issues, when learning leading to stagnation
3E	Basic Welsh language phrases lanyard cards to be given to any who want them	Ensure stock is readily available when staff enquire Department managers to receive stock to provide staff	1	Staff not allowed to wear lanyards due to infection control Ease of access to resource for staff
3F	'Cymraeg' bubble to be displayed in all reception areas	Welsh Language Unit to produce 'Cymraeg' bubble poster Walkaround sessions, by Welsh Language Unit, to be conducted every 6 months to ensure posters are displayed and ensure staff understand why they're there	1	Constant changing of reception-area presentation mean that the 'bubble' is removed No staff available to provide Welsh service if approached by public

3G	Welsh language phrase tent cards to be displayed in all reception-areas for staff	<p>Ensure stock is available in each department reception-area</p> <p>Walkaround sessions, by Welsh Language Unit, to be conducted every 6 months to ensure phrase cards are available and are used</p>	1	<p>Tent-cards are thrown away</p> <p>Staff not confident is using the phrases</p>
3H	Patient Information Leaflets to be readily available in Welsh	<p>Department managers to confirm that each Patient Information Leaflet is available in Welsh</p> <p>Directory of leaflets to be produced</p> <p>Any new, or updated leaflets, to be sent to Welsh Language Unit for translating and directory updated</p>	2	<p>Department not sending the Welsh copy through to update if corresponding English copy is changed</p> <p>Staff unaware where the Welsh copies are</p> <p>Staff not asking public which language copy they would like</p>
3I	Documentation to be readily available in Welsh (i.e. forms)	As above	2	As above
3J	Social media reminders to public of right to Welsh language service(s)	Communication team to run 6 monthly campaigns reminding public of right to services in Welsh	2	Negative reaction by public to post highlighting the right

				Message is lost in the number of posts which are sent daily
3K	Produce content with Welsh language service user regarding the benefits of service in Welsh	Content has been created and shared	3	No respondents to take part in content creation
3L	Active Offer to be provided to all service users (throughout entire process to best ensure consultation)	Welsh Language Awareness course completed by 90% of all staff and 90% of specialists Bespoke awareness course delivered to all staff	5	Staff unaware of Active Offer Active Offer, if given, can not be actioned due to no Welsh-speaking staff

Self Assessment Form, Regulations Number 7 - 2024-2025

The purpose of this form is to collect your self assessment of your levels of compliance with Welsh language standards.

We ask that you indicate your assessed level of compliance with each group of standards using the following measures:

High level of compliance

The organisation complies with all of the requirements at all times, under all circumstances other than in very rare exceptions.

Medium level of compliance

The organisation usually complies in full, however there is a failure to comply on some occasions or with some requirements.

Low level of compliance

The organisation complies on some occasions with some of the requirements but does not regularly comply fully.

No assurance of compliance

The organisation does not comply with the requirements at any time or does so inconsistently or with few of the requirements.

The duty does not apply

These duties have not been imposed on the organisation or the organisation does not deliver the activity.

* Required

1. Name of the organisation *

Enter your answer

2. Your name and email address: *

Enter your answer

3. Assessment of compliance *

For the below service delivery standards, note your assurance level for each group of standards:

	High	Medium	Low	No assurance
Correspondence - standards 1-7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone - standards 8-20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meetings that are not open to the public standards 21-22Ch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In- patients - standards 23-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case conferences- standard 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public events - standards 31-32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Publicity - standards 33-35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Following your assessment for each of the services above; where you have noted 'medium', 'low' or 'no assurance', describe the steps you have put in place following your self assessment.

Where you note a 'high' level of compliance - describe any arrangements that are effective in ensuring you deliver a quality service.

*

Enter your answer

5. Assessment of compliance *

For the service delivery standards below, note your assurance level for each group of standards:

	High	Medium	Low	No assurance
Documents and forms - standards 36-38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Websites and apps - standards 39-44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media - standards 45-46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage - standards 47-49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Following your assessment for each of the services above; where you have noted 'medium', 'low' or 'no assurance', describe the steps you have put in place following your self assessment.

Where you note a 'high' level of compliance - describe any arrangements that are effective in ensuring you deliver a quality service. *

Enter your answer

7. Assessment of compliance *

For the service delivery standards below, note your level of compliance for each group of standards:

	High	Medium	Low	No assurance
Reception services - standards 50-53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awarding grants and contracts - standards 54-59	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting the Welsh language services the organisation delivers - standards 60-61	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corporate identity - standard 62	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courses offered by the organisation - standard 63	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public address systems - standard 64 annerch cyhoedd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care - standards 65-68	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Following your assessment for each of the services above; where you have noted 'medium', 'low' or 'no assurance', describe the steps you have put in place following your self assessment.

Where you note a 'high' level of compliance - describe any arrangements that are effective in ensuring you deliver a quality service. *

Enter your answer

9. Assessment of compliance *

For the operating standards below, note your level of assurance for each group of standards:

	High	Medium	Low	No assurance
Using the Welsh language within the administration of the organisation - standards 79-82	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processing complaints and disciplining staff - standards 83-88	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraging and facilitating the use of the Welsh language in the workplace - standards 89-95	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing the Welsh language skills of the workforce - standards 96-105	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment - standards 106-109	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage and public address systems within the workplace - standards 111-114	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	High	Medium	Low	No assurance
Offering to deliver clinical consultations in Welsh - standards 110 and 110A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Following your assessment for each of the operations above; where you have noted 'medium', 'low' or 'no assurance', describe the steps you have put in place following your self assessment.

Where you note a 'high' level of compliance - describe any arrangements that are effective in ensuring you deliver quality operations. *

Enter your answer

11. Assessment of compliance *

For the operating standards below, note your level of assurance for each group of standards:

	High	Medium	Low	No assurance
Record keeping - standard 129	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complaints procedure - standard 129	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document that records the duties the organisation is subject to comply with - standard 118	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

High

Medium

Low

No assurance

Annual report
on the Welsh
language
standards -
standard 120

12. Following your assessment; where you have noted 'medium', 'low' or 'no assurance', describe the steps you have put in place following your self assessment.

Where you note a 'high' level of compliance - describe any arrangements that are effective.. *

Enter your answer

13. There is an opportunity here for you to note any further developments regards your work with the Welsh language that you have not yet discussed.

You can also note any questions you may have regarding the standards or associated matters:

Enter your answer

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Standards 1-7 - Medium

Standard 1: Medium level of compliance. Welsh emails are forwarded to us regularly but can not guarantee all Welsh emails are sent.

Standard 4: Medium level of compliance. High level of translation requests for correspondence, if not already available, however anecdotal evidence has shown this is not the case in 100% of instances.

Standard 5: Same as above. No system to accurately monitor (due to scale and cost-implications) however the Health Board is keen to find monitoring solution.

Standard 6: Medium. All steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice.

Standard 7: Medium. Although this process is in place and communicated we would not be in a position to confirm this is fully embedded across all departments within the Health Board.

Standards 8-20: Telephone - Medium

Standard 8: Medium. All staff are aware of duties to greet in Welsh through awareness training. However impossible to guarantee it is done in 100% of instances due to sheer number of calls.

Standard 9: High. Please see Welsh Language Commissioner investigation ref: CS1173.

Standard 10: Medium. As above.

Standard 11: Medium. All steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice.

Standard 12: High. All numbers are the same and are triaged via the switchboard team.

Standard 13: Medium. Unsure if strapline is available next to each phone-number but said strapline is easily accessible for staff.

Standard 14: Medium. Performance indicators will now be monitored following the resolution of investigation ref: CS1173

Standard 15: Not Applicable: No messages can be left outside of operating hours on the phonelines in question.

Standard 16: High: New script developed for call handlers to ensure compliance with this standard.

Standard 17: Medium: Most calls are filtered through the central booking team who transfer the call to the appropriate call handler. There are some cases where departments correspond directly and we cannot ensure full compliance.

Standard 18: Medium. The Welsh Language is treated no less favourably than English in-line with the code of practice but sheer number of calls makes this difficult to accurately measure.

Standard 19: Low. The Health Board has low levels of Welsh, or any language preference, noted on its system. This however is a piece of work being undertaken by our digital, data and technology team at present.

Standard 20: High. Welsh Language Unit work closely with IT department to ensure that automated messages are available in Welsh.

Standards 21-22Ch Low

Overall: Low. Difficult to monitor due to lack of monitoring process, as well as number of meetings, but willing to report that compliance is low due to lack of enquiries regarding the issue and no enquiries regarding simultaneous translation. A clear process is in place should a request for translation be made.

Standards 23-24 Medium

Standard 23: Low. Internal records show low levels of language preference (in any language) recorded, with Welsh <1%. This has been reinforced anecdotally to Welsh Language Unit.

Standard 23A: Medium. All efforts are made to identify Welsh speakers to us internally, as well as patients. Allocation of staff is at Nurse-in-charge's discrepancy.

Standard 24: High: A policy is in place for this.

Standard 25 Low

Overall: Low. Difficult to monitor due to lack of monitoring process, as well as number of case conferences, but willing to report that compliance is low due to lack of enquiries regarding the issue and no enquiries regarding simultaneous translation.

Standard 31-32 Medium

Standard 31: Medium. All steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice.

Standard 32: Medium. Where speakers are sought externally to present guidance is sent but there is no guarantee that Welsh will be embedded through their presentations.

Standard 33-35 Medium

Standard 33: Medium. High level of translation requests indicate staff are aware and comply with Standard while treating Welsh no less favourably, however spot checks indicate this isn't the case in each instance, as well as no monitoring system to be sure.

Standard 34: Medium. All steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice.

Standard 36-38 Medium

Standard 36: Medium. All forms should be available in Welsh but due to the size and complexity of the Health Board it is near impossible to create a monitoring system ensure full compliance. Health Board keen to implement monitoring system that is sustainable and cost-efficient. Our translation process is clear to all divisions within the Health Board.

Standard 37: Medium. All documents should be available in Welsh but due to the size and complexity of the Health Board it is near impossible to create a monitoring system ensure full compliance. Health Board keen to implement monitoring system that is sustainable and cost-efficient. Our translation process is clear to all divisions within the Health Board.

Standard 38: Medium. Points A and B are complied with fully as English documents tend to be developed first then translated (by qualified translators) either internally or externally. Unsure on Point C due to sheer number of documents/forms but strapline is available and staff undertake awareness training to ensure they are readily available to public.

Standard 39-44 High

Standard 39: High. Safeguards in place to ensure that all English pages are also published in Welsh, with the Welsh proofread in each instance. All steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice. We have identified some historical content on our website such as news items from many years ago that are only available in English. Our communications team are working through these and archiving them. If content is still valid a translation will be undertaken.

Standard 40: High. Text of homepage is available in Welsh, is fully functional, and all steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice.

Standard 41: Please see Standard 39.

Standard 42: High. There is a permanent link to the equivalent Welsh page at the top of each webpage where user will be taken to said page.

Standard 43: High. The interface and all menus on each page are available in Welsh.

Standard 44: No duty. Apps are developed externally.

Standards 45-46 High

Standard 45: High. All steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice.

Standard 46: Medium. We have received no complaints from the public to imply that this is the case but no monitoring process in place to ensure full compliance.

Standard 47-49 Medium

Standard 47: Medium. Walkaround sessions undertaken to ensure all signage is bilingual and meets the conditions set out in code of practice however monitoring is limited due to (human) resource. Welsh Language Unit are looking to develop process for developing signage which stipulate clearly the requirements of the Standard. Result of walkaround sessions indicate changes have been made.

Standard 48: As above.

Standard 49: Medium. Accurate and meaningful translation will be included in the above process.

Standard 50-53 Medium

Standard 50: Medium. Number of staff who speak Welsh to 'level 3' (as stated in internally developed Welsh Language Matrix) is low compared to English meaning that this is, in practical terms, impossible. Resources have been developed to aid staff as well as providing a mechanism for them to contact Welsh support if needed.

Standard 52: Medium. The walkaround sessions have highlighted some reception areas where compliant (and made to be compliant if not) but Health Board recognises this is ongoing. Additional difficulties in gaining access to all receptions (eg due to infection control measures).

Standard 53: High. Resources are freely available to staff who can provide Welsh language services.

Standard 54-59 No assurance

Standard 54: Unknown. Welsh Language Unit have recently been made aware that grants are awarded at Health Board level and are attempting to gain hold of application documents.

Standard 55: As above.

Standard 56: As above.

Standard 57: As above. Looking to develop Welsh language requirements further in to invitations to tender for a contract.

Standard 58: As above. Process to be refined.

Standard 59: As above. Process to be refined.

Standard 60-61 Medium

Standard 60: Medium. All Welsh language services are promoted and advertised in line with the code of practice however breadth of Standard, and dynamic nature of Health Board, mean that this is impossible to accurately measure. Work Welsh visible markers such as lanyards and scrubs are utilised.

Standard 61: Medium. Strapline is available to all staff and service groups to state that corresponding service is available in Welsh. As above, breadth of Standard and dynamic nature of Health Board means this is impossible to accurately measure. Work Welsh visible markers such as lanyards and scrubs are utilised.

Standard 62 High

Standard 62: High. Corporate identity is consistent throughout all NHS Wales organisations.

Standard 63 Low

Standard 63: Low. Difficult to monitor but compliance, in all likelihood, is low due to number of assessment requests to Welsh Language Unit as well as anecdotal evidence.

Standard 64 High

Standard 64: High. IT system have internal monitoring process when updating recorded message on public address system. Welsh Language Unit work closely with IT to ensure that Welsh recordings are of standard.

Standard 65-68 High

Standard 65: High. All GP services with Welsh language provision are noted on Health Board corporate website and are updated regularly; GP practices are asked to update as-and-when but Health Board recognises this is difficult at times.

Standard 66: High. Translation services, and pre-existing resources, are freely available to primary care providers.

Standard 67: High. Resources to denote Welsh language ability are freely available to primary care providers.

Standard 68: High. Awareness sessions, as well as the online module, are available (mandatory in modules case) to all primary care providers.

Standard 79-82 Medium

Standard 79: High. Policy has been developed, is approved by Board and is available on the Health Board's intranet site.

Standard 80: Not Applicable: This work is undertaken by shared services for all Health Board.

Standard 81: Medium. All relevant forms are available in Welsh however currently we have no assurance that a given staff member is asked which version they require. Both Welsh and English versions are freely available to all staff on the intranet.

Standard 82: Medium. Scoping has been undertaken. Some policies are developed on a national level therefore sit outside HB remit.

Standard 83-88 Medium

Standard 83: High. Explicitly stated on the form, and Complaints landing page, that staff are able to make complaints through the medium of Welsh. Complaints would then be sent to the Welsh Language Unit for translation, as well as all future correspondence, until matter has been resolved.

Standard 84: Medium. Can not guarantee compliance as Welsh Language Unit have never received enquiry for guidance regarding conducting a complaints meeting in Welsh but will enquire with the Putting Things Right team. Process can be developed in none in place. A clear process for translators as required is in place.

Standard 85: Medium. As above a clear process is in place. It has however not been tested as it has not been requested.

Standard 86: Medium. As above.

Standard 87: As above.

Standard 88: As above.

Standard 89-95 High

Standard 89: High. Spelling and Grammar checking software is readily available for staff.

Standard 90: High. The Health Board's intranet site, Pulse, is fully available in Welsh and is treated no less favourably than English in line with the code of practice.

Standard 91: As above.

Standard 93: High. Although not explicitly stated, the user interface of the intranet site makes it clear that a corresponding Welsh page exists.

Standard 94: High. The Welsh Language Unit has a dedicated page(s) which provides services and support material to staff, and is updated regularly.

Standard 95: Medium. The permanent interface and menu buttons (i.e. home button) are available in Welsh but can not guarantee that interface and menu buttons in individual specialties have been translated.

Standard 96-105 High

Standard 96: High. Self-assessed language skill competencies are mandatory to complete in ESR.

Standard 97: Medium. General Welsh language training exists in many of these areas however where there is training with a high level of specialism Welsh language trainers are not always available.

Standard 98: As above.

Standard 98: As above.

Standard 99: High. Welsh Language Unit will fully support staff in receiving basic Welsh language lessons during work-hours provided that the time missed does not impact clinical operations (and all facilitating operations). Form available for staff to request study leave.

Standard 100: High. Staff are supported and encouraged to further Welsh language learning if interested.

Standard 101: High. All internal and external courses are available free of charge to staff.

Standard 102: High. Mandatory Welsh Language Awareness course (on ESR) encompasses all the themes stated.

Standard 103: High. Welsh Language is standard in Health Board induction process and is delivered by Welsh Language Awareness. Believe the Awareness course (on ESR) also complies with this Standard.

Standard 104: High. Strapline (or logo) is easily available to staff on Welsh Language Unit intranet site.

Standard 105: High. Resources are freely available to staff who can provide Welsh language services.

Standard 106-109 Medium

Standard 106: High. Almost all roles are categorised with essential, need to be learnt, desirable or not necessary.

Standard 106A: Low. Almost all roles are clearly stated (either in the job description or the job synopsis) as the categorisation's noted above, few are advertised in Welsh (progress has been made, however).

Standard 107: High. All job roles are provided with the strapline.

Standard 107A: High. All documents are available in Welsh.

Standard 107B: High. No evidence to suggest that Welsh applications are treated any less favourably. Process in place to ensure this is done when situation arises.

Standard 108: High. Option is stated clearly for applicants to receive interview or any method of assessment in Welsh.

Standard 109: High. Process in place to ensure this is done when situation arises.

Standard 111-114 Medium

Standard 111: Medium. Walkarounds of sites are completed semi-regularly with follow-ups, guidance and resources however they suggest that not all signage is available in Welsh. No further monitoring in place to ensure compliance, neither is a formal process with Estates and Facilities

department to ensure that no signage is developed without Welsh Language Standards consideration. Temporary signage a historic issue.

Standard 112: High. All steps are taken to ensure that Welsh is treated no less favourably than English, in line with the code of practice.

Standard 113: High. Signage is regularly checked before being displayed. Welsh Language Unit will look to ensure accuracy is included in development of formal process.

Standard 114: Medium. Where appropriate this is undertaken, however there are clinical instances where announcements calling staff are made, and there would be a clinical risk to provide these in line with the Standard.

Standard 110-110A High

Standard 110: High. Current plan (2020-2025) is currently in place with second of 5 year plans in development.

Standard 110A: High. Assessment has been undertaken and is available on Health Board corporate website.

Standard 129

Standard 129: No duty.

Standard 119 High

Standard 119: High. Page is available online at [Gweithdrefn Cwynion Cymraeg - Bwrdd Iechyd Prifysgol Aneurin Bevan \(gig.cymru\)](#)

Standard 118 High

Standard 118: High. Welsh Language Standards that the Health Board are under duty to comply with available at [abuhb.nhs.wales/files/welsh-language-standards1/compliance-notice-section-44-welsh-language-wales-measure-2011-pdf/](#)

Standard 120 High

Standard 120: High. Welsh Language Annual Report's are produced every year and include the information noted in the Standard. They are available at [Dogfennau Allweddol - Bwrdd Iechyd Prifysgol Aneurin Bevan \(gig.cymru\)](#) (under Welsh Language Standards)

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nursing, Midwifery and Specialist Community Public Health Nursing (SCPHN) Workforce Annual Report 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jenny Winslade – Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Kelly Downes – Deputy Director of Nursing

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The 2023/24 annual report for the ABUHB nursing, midwifery, and SCPHN workforce provides a comprehensive overview of initiatives and outcomes from the past year. This report addresses critical areas such as workforce strategy, professional regulation, recruitment, retention, and professional development, with a forward-looking approach to priorities for 2024-2025.

Cefndir / Background

ABUHB has developed a multifaceted nursing, midwifery and SCPHN Workforce Strategy 2023-2026 that responds to both current and future healthcare demands. This strategy aligns with national frameworks while addressing local workforce needs (CNO Wales Priorities 2022-24, ABUHB People Plan and the ABUHB IMTP 2022-2025).

The strategic ambition is for exceptional care to be delivered every time by a skilled workforce. Key components of the strategy to enable this include recruitment effectiveness, recruitment experience, brand and marketing, professional regulation, career/professional development, educational opportunities and retention.

Asesiad / Assessment

The strategy has led to the implementation of best practices and adherence to professional standards, significantly enhancing workforce stability and patient care quality through the following interventions:

International Recruitment & Retention:

The international recruitment campaign has successfully onboarded over 93 international nurses. Dedicated teams ensure our international colleagues are welcomed and supported from the point of recruitment, whilst preparing for NMC registration and ahead of working within our clinical areas. Ongoing pastoral support is provided with established supportive communities including the OSN Café which provides educational and social opportunities and welcomed support in settling into a new life within Wales. This approach has supported high levels of retention and afforded the organisation with an excellent reputation on an international level.

Future Nurse Academy:

This initiative has successfully enabled a unique and varied pathway from school leavers to gaining registration as a nurse. The uniqueness of the programme supports individuals to step into the academy and step out at any point in their career. The opportunities to work as a HCSW alongside the completion of studies to achieve the desired career pathway, has the strapline 'Earn as you learn' and is proving incredibly popular.

RCN Prince of Wales Nurse Cadets:

The program engaged 20 cadets this year, with evaluations indicating increased interest in nursing careers among participants, highlighting its effectiveness in fostering new talent. The success of this pilot has paved the way for the second cohort. The opportunity has opened avenues to engaging with young people and promoting ABUHB as the employer of choice.

Leadership Academy:

The Academy was developed specifically for nurses and midwives to nurture and embed a positive culture of professional leadership. The Academy welcomed its first cohort of aspiring leaders in March 2022. The academy has seen 58 leaders graduate since its inception, with feedback being incredibly positive. Many graduates have successfully gained promotion as a result of this learning. All graduates join an Alumni where they continue to develop their leadership.

Identifying a gap in leadership development, LEAD6 has seen its first cohort of Band 6 nurses across surgery and medicine graduate. Aimed to support band 6 nurses to lead, develop and empower, the pilot originating from the Division of Scheduled Care was well evaluated.

Nursing and Midwifery Students:

Effective partnerships exist with the University South of Wales, Cardiff University and the Open University with a strong tradition of collaboration and alignment of strategic priorities.

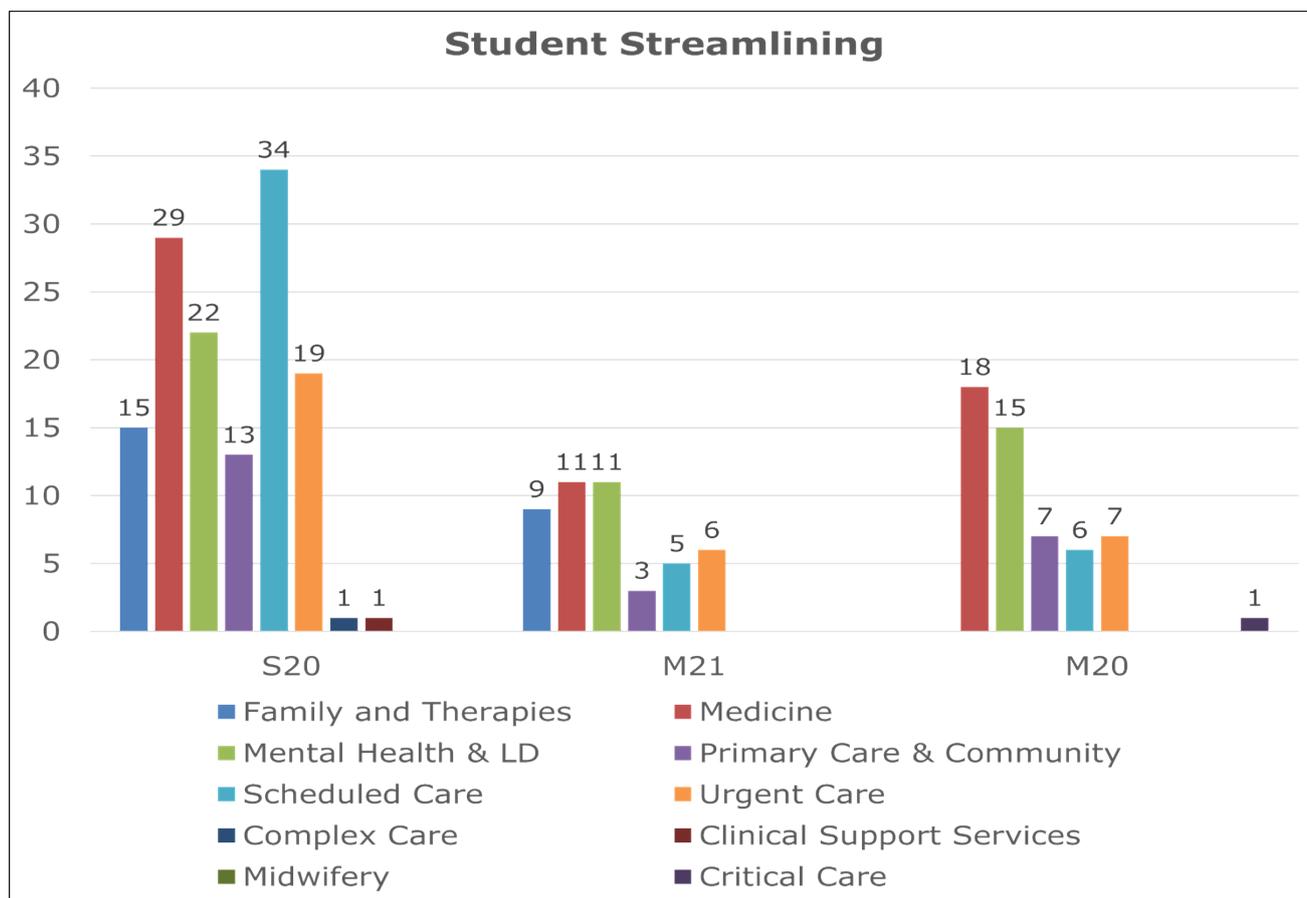


ABUHB are committed to ensuring student nurses and midwives have the best learning experience. Our dedicated team of practice educators, practice supervisors and assessors are equipped and supported to develop and support our future workforce into becoming confident and competent at the point of registration. Supporting students within practice has been a Health Board key priority in 23/24 with a range of activities including:

- Welcome meetings for all students into the Health Board prior to their 1st placement.
- Coffee and Connect sessions for students to “drop-in” to discuss issues (well-attended - between 25- 50 students/session).
- Introduction of a student Padlet accessible from a personal device. This replaces student notice boards and contains all relevant information for students.

Student streamlining:

The Student Streamlining Process is a programme specifically tailored to match student health professionals to positions in NHS Wales Health Boards and Trusts in preparation for when they complete their studies. In 23/24 180 nursing students were recruited through streamlining as outlined in the table below:



Flexible-Route:

ABUHB has led the way in supporting HCSWs on a career pathway to RN qualification. In collaboration with universities, a flexible route to becoming a RN is supported by working as a HCSW for part of the week and the rest of the week undertaking studies and clinical practice as a student nurse. The ‘grow your own’ model is very popular and widens access for ABUHB employees to achieve their



programme for new RNs which provides an induction, a series of workshops to develop competence and confidence. JOE is currently being refreshed specifically to meet the All-Wales position for Preceptorship and Restorative Clinical Supervision (RCS).

Sage & Thyme Training:

This is an accredited course which supports the listening and response to patients, clients, or carers who are distressed or concerned. 238 Nurses and Midwives have completed this training in 2023-24 and have confidence to guide into and out of a conversation with someone who is distressed.

ABUHB Nursing & Midwifery Conference 2023:

The theme of the conference was 'A Profession of Excellence - A lifetime of Compassion'. The conference showcased examples of innovation and was a real celebration of success across the breadth of Nursing, Midwifery and SCPHN practice with ABUHB with over 270 attendees. 99.3% said they would recommend this conference to a colleague. The next conference is scheduled for October 2024 with the theme 'When Care meets Creativity'.

Progress against the Workforce Strategy Priorities 2023-2026:

There has been positive progress made against the priorities in terms of effective recruitment, recruitment experience, branding & marketing, career development, education opportunities, professional development and retention.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note:

- The current position and future directions for the Nursing, Midwifery, and SCPHN workforce within ABUHB, emphasising the need for continued innovation in recruitment, retention, and professional development to maintain high-quality patient care and a sustainable workforce.
- The priorities for 2024-25 - Establish clear goals for workforce sustainability, focusing on diversity and inclusion, mental health support, and ongoing professional development at all levels, with the aim of improving overall workforce satisfaction and patient care outcomes.



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):	2. Safe Care Choose an item. Choose an item. Choose an item.
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	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partion / 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	Choose an item. 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



<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item. Choose an item.</p>
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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

NURSING, MIDWIFERY, SCPHN WORKFORCE ANNUAL REPORT 2023-24



Introduction

The Nursing, Midwifery & Specialist Community Public Health Nurse workforce plays a critical role in providing high-quality, compassionate healthcare. However, workforce sustainability is a significant challenge for many healthcare organisations, including Aneurin Bevan University Health Board (ABUHB).

ABUHB is facing notable nursing vacancy rates: 7.8% vacancy rate for Registered Nurses (RN) and 5.8% vacancy rate for Health Care Support Workers (HCSW). These workforce gaps are not unique to ABUHB. The RCN estimates there were 2,717 RN vacancies in the NHS in Wales in 2023. This widespread shortage creates significant competition in recruiting staff.

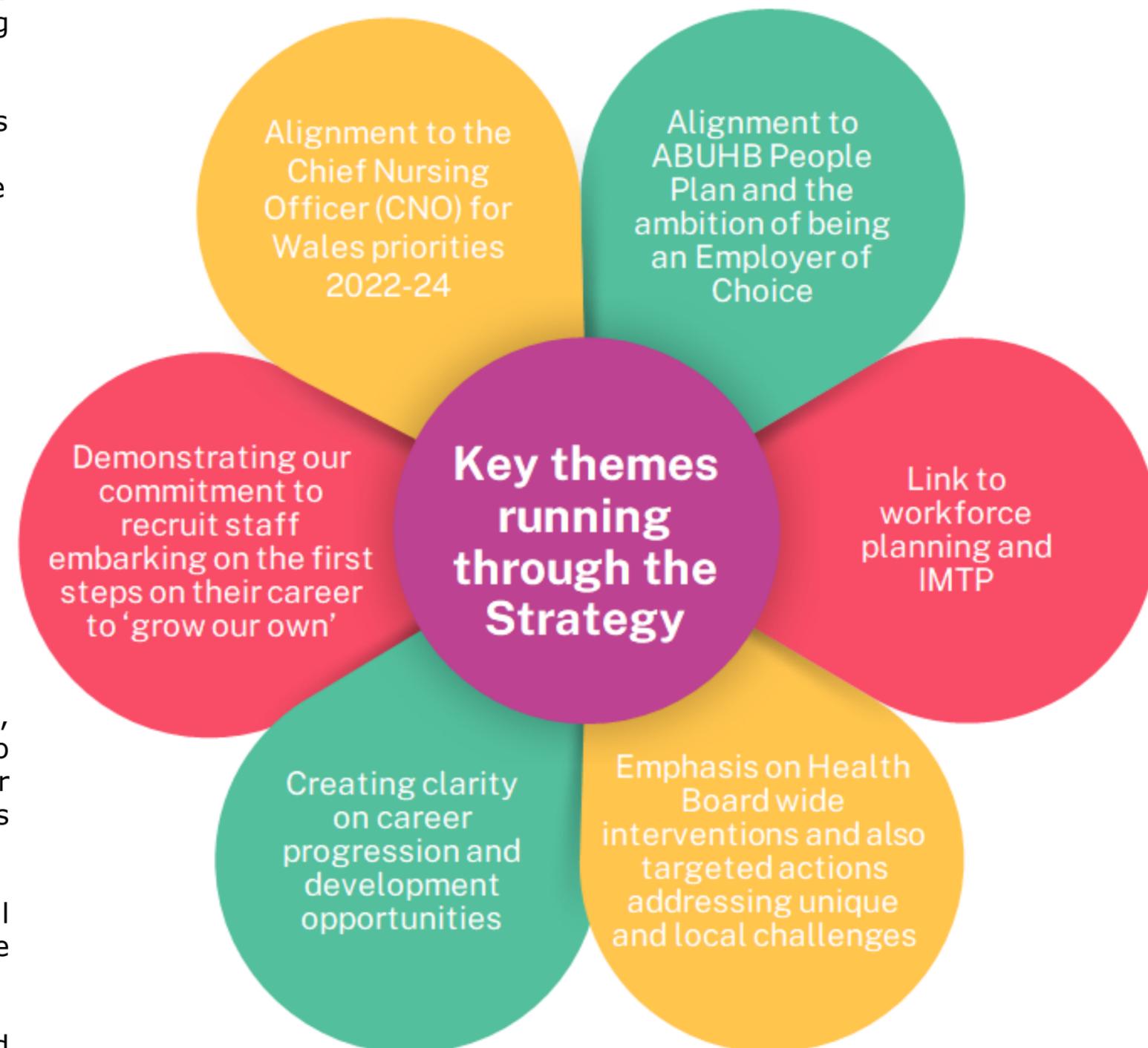
There are significant implications with workforce gaps:

- Patient Care: Staffing shortages can negatively impact the delivery of safe, efficient, and sustainable patient care.
- Compliance: Adequate staffing is necessary to comply with the Nurse Staffing Levels (Wales) Act 2016.
- Reliance on Temporary Staff: Workforce gaps often lead to increased reliance on temporary staff, particularly agency nurses, which can be costly and may affect continuity of care.

The ability to deliver high quality, compassionate care is dependant on attracting, recruiting and retaining the right people with the right skills. ABUHB needs to continuously improve how it retains, leads and develops its existing workforce. Our ambition and commitment to address the nursing and midwifery workforce challenges is outlined within The Nursing & Midwifery Workforce Strategy 2023-2026.

This strategy outlines a variety of recruitment initiatives, development and educational opportunities and retention practices to mitigate the number of vacancies, improve attraction and aims to deliver our People Plan ambition of being an Employer of Choice.

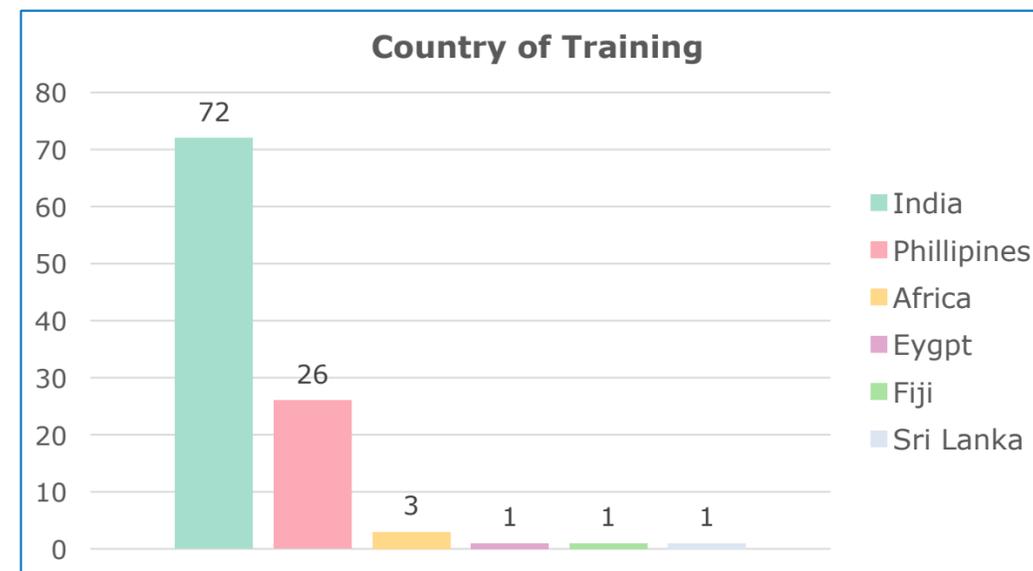
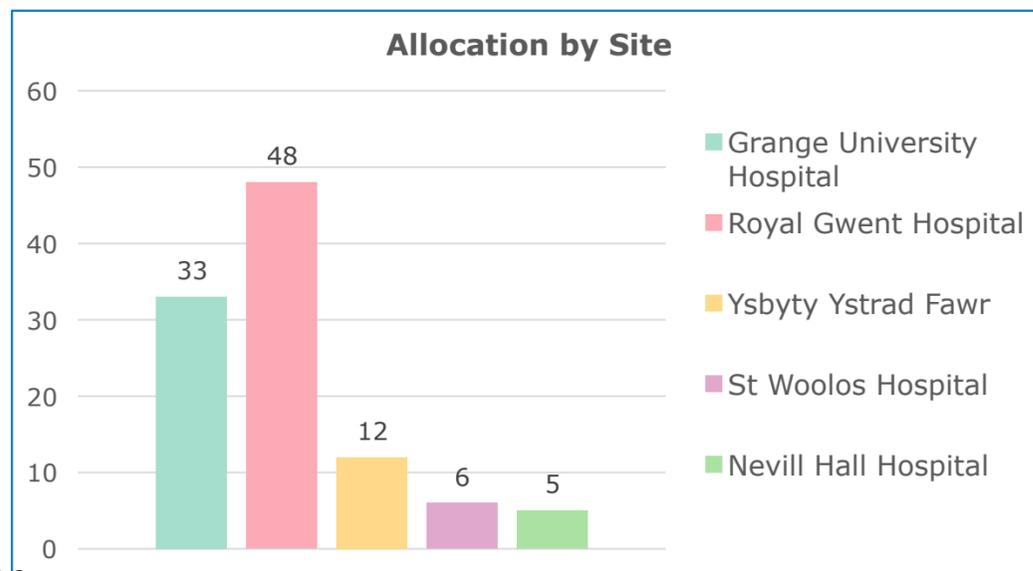
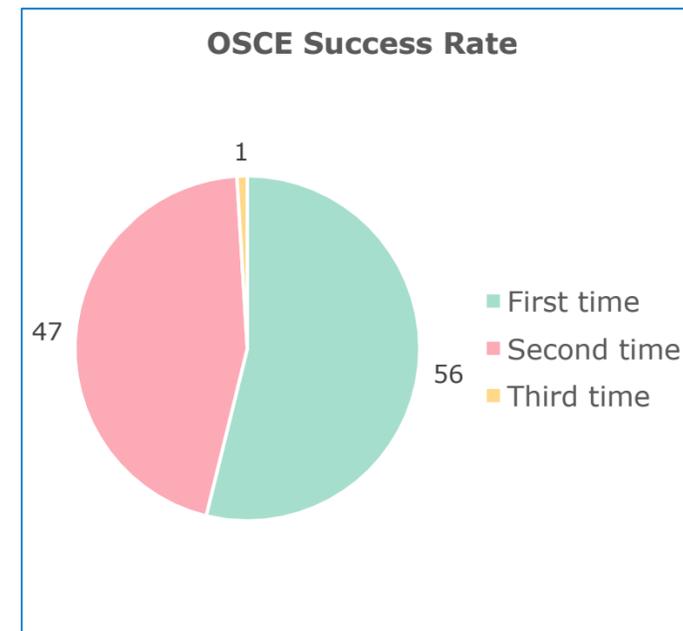
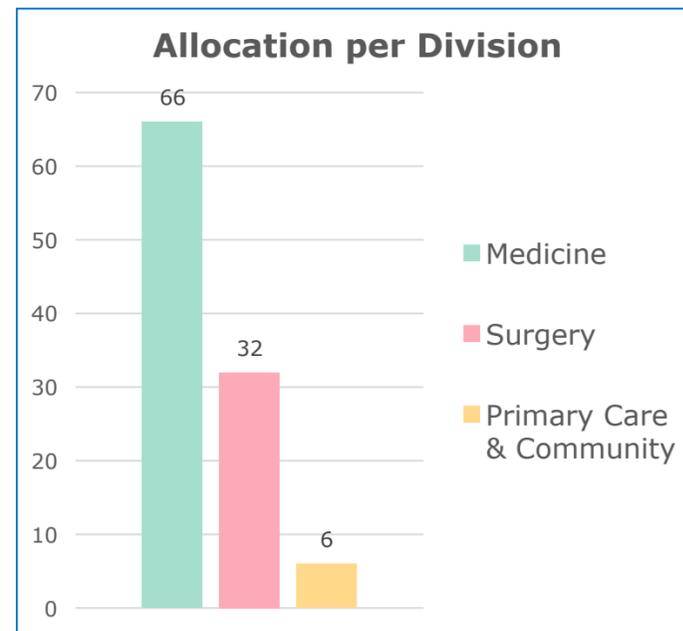
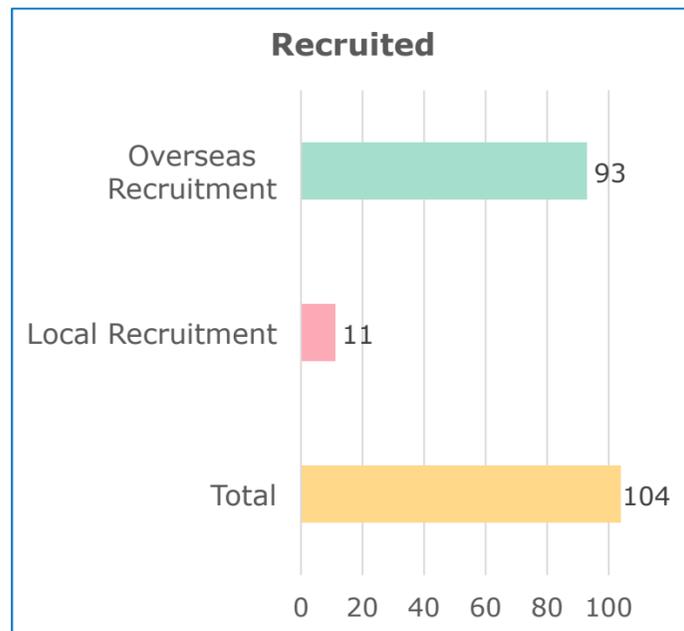
This report highlights the progress of the strategy for 2023-24 and the bold and innovative approach to explore and support new ways of working with clear pathways for education and development.



International Nurse Recruitment and Retention

We have committed to recruiting 75 International Educated Nurses (IEN) between 2023-26 in line with the all Wales process.

Dedicated teams ensure our international colleagues are welcomed and supported from the point of recruitment, whilst preparing for NMC registration and ahead of working within our clinical areas. Ongoing pastoral support is provided with established supportive communities including the "OSN Café" which provides educational and social opportunities and welcomed support in settling into a new life within Wales.

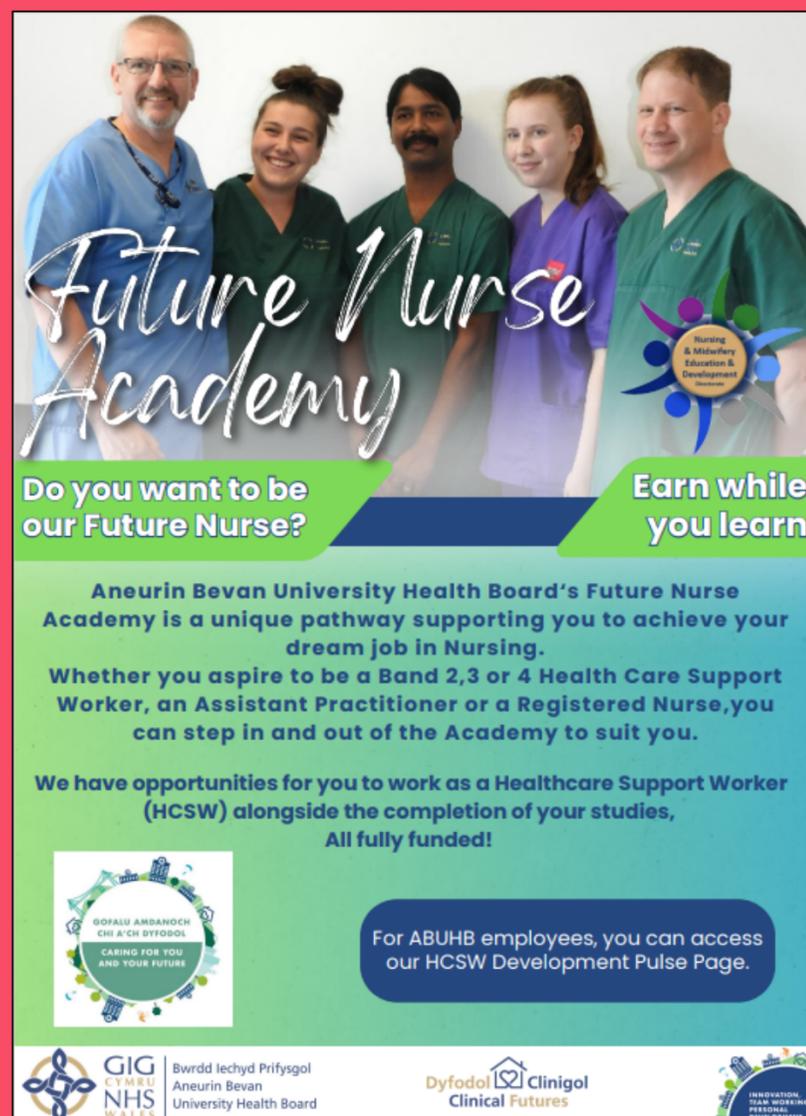


- Last cohort received 13/16 IENs (81.25%) pass rate- the highest pass rate since 1 April 2023.
- 11 locally recruited IENs successfully used SIFE form.
- Celebrated International Nurses Day with poster making and quiz bee
- Celebrated Christmas/Thanksgiving in Dec 2023

Future Nurse Academy

The Future Nurse Academy is a unique and varied pathway from school leavers to gaining registration as a nurse. The uniqueness of the programme supports individuals to step into the Academy and step out at any point in their career, the Academy door is always open.

The opportunities to work as a Healthcare Support Worker (HCSW) alongside the completion of studies to achieve the desired career pathway, has the strapline "Earn as you learn" and is proving incredibly popular.



Future Nurse Academy

Do you want to be our Future Nurse? **Earn while you learn**

Aneurin Bevan University Health Board's Future Nurse Academy is a unique pathway supporting you to achieve your dream job in Nursing.

Whether you aspire to be a Band 2,3 or 4 Health Care Support Worker, an Assistant Practitioner or a Registered Nurse, you can step in and out of the Academy to suit you.

We have opportunities for you to work as a Healthcare Support Worker (HCSW) alongside the completion of your studies, All fully funded!

For ABUHB employees, you can access our HCSW Development Pulse Page.

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

Dyfodol Clinigol Clinical Futures

INNOVATION. TEAM BELIEVING. PERSONAL DEVELOPMENT.



Future Nurse Academy

APPRENTICESHIPS
We will support you to complete a Level 2 Qualification in Clinical Healthcare Support whilst developing you for a Band 2 HCSW role

ALREADY HAVE A LEVEL 3 QUALIFICATION?
If you want to apply for Band 4 Assistant Practitioner roles, we can support you to achieve a Level 4 Certificate of Higher Education.

ALREADY HAVE A LEVEL 2 QUALIFICATION?
If you want to apply for a Band 3 HCSW post, we can support you to achieve a Level 3 in Clinical Healthcare Support.

FLEXIBLE AND PART TIME DEGREE IN NURSING
We can support you to complete your BSc in Nursing whilst you continue to work.
All branches of nursing are available:
Adult, Child, Mental Health or Learning Disabilities

If you think you could be our Future Nurse, please contact us for more information on the details below:

Apprenticeships: ABB.RecruitmentProjects@wales.nhs.uk

Level 2 & 3 Clinical HCS & Level 4 Cert HE: ABB.HCSWEducation@wales.nhs.uk

Flexible BSc in Nursing: ABB.Flexiblenursing@wales.nhs.uk

We look forward to hearing from you!

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

Dyfodol Clinigol Clinical Futures

INNOVATION. TEAM BELIEVING. PERSONAL DEVELOPMENT.

RCN Prince of Wales Nurse Cadets

On 12th June 2023 Aneurin Bevan University Health Board welcomed our first cohort of 20 RCN Prince of Wales Nurse Cadets.



The RCN Prince of Wales Nursing Cadet Scheme engages, enables and empowers young people to make a valuable contribution to society and their local communities and be proactive about the health and wellbeing of themselves and others. It is a partnership with young learners to develop skills for life and employment in nursing and the nursing family.

"I'm really excited to be doing this experience with the RCN Cadets. I know I want to go into Midwifery or Paediatrics so I'm hoping that this placement will give me the knowledge, experience and skills to hopefully make this decision."

Ruby, Coleg Gwent Student and RCN Cadet

"A career in healthcare is extremely rewarding and can offer a number of opportunities to develop in the future.

"The RCN Nurse Cadets programme is a fantastic opportunity for those who are doing health and social care courses to experience what it's like in a hospital environment and have a think about their future careers in nursing. I would encourage anyone who gets the opportunity to undertake the RCN Health Cadet course to take it up, and come out and experience what it's like in the clinical environment with us."

Sian Wilson

Senior Nurse, Undergraduate Education, ABUHB



Feedback at the end of the first cohort is a testimony to the commitment of ABUHB nursing teams and demonstrated the benefit gained by the Cadets:

LOVED ALL ASPECTS

EXCELLENT STAFF ENGAGEMENT

PUSHED ME OUT OF MY COMFORT ZONE

STAFF WERE INTERACTIVE AND MADE IT FUN TO LEARN

ONLY THING I WOULD CHANGE IS TO HAVE LONGER

VARIED EXPERIENCE

I WAS ABLE TO SPEAK WITH PATIENTS

The success of this pilot paved the way for the second cohort with more planned for this year. The opportunity has opened avenues to engaging with young people and promoting ABUHB as the employer of choice.

Leadership

Nursing & Midwifery Leadership Academy



The Nursing & Midwifery Leadership Academy is an exciting and unique programme developed by nurses and midwives specifically for nurses and midwives providing the framework to nurture and embed leadership.

Acknowledging there was work required within ABUHB to support succession planning and also in line with the priorities outlined by the Chief Nursing Officer for Wales (2022-24), the Academy was developed and welcomed its first cohort of aspiring leaders in March 2022.

With a tailored agenda and workshops spaced over 6 months, key themes include:



The Academy has seen 58 leaders graduate since inception, all of whom have demonstrated their leadership journey and the impact of the Academy in a celebration event. Our nursing and midwifery leaders graduate to an alumni where they continue to develop their leadership. Many have successfully gained promotion to senior leadership roles.

LEAD6



Identifying a gap in leadership development, LEAD6 has seen its first cohort of Band 6 nurses across surgery and medicine graduate. Aimed to support band 6 nurses to lead, develop and empower, the pilot originating from the Division of Scheduled Care was well evaluated.

The programme which follows the ethos of the Leadership Academy has been reviewed and will be opened up as an opportunity for all band 6 nurses and midwives to support their professional development.

Our Future Workforce: Nursing and Midwifery Students

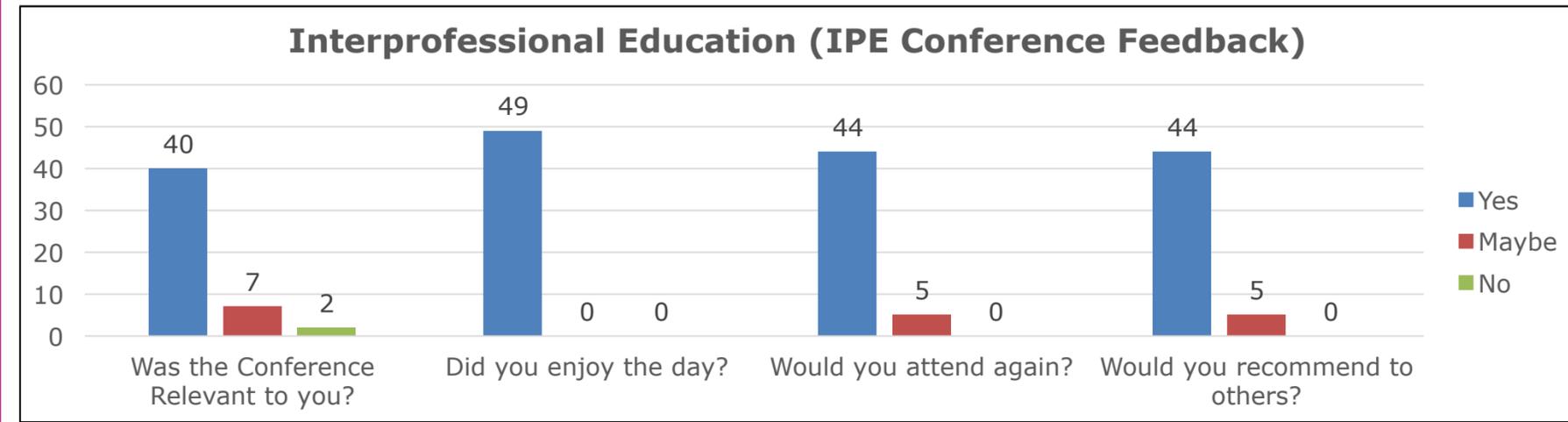
The Health Board has symbiotic partnerships with the University South of Wales, Cardiff University and the Open University with a strong tradition of collaboration and alignment of strategic priorities.

ABUHB are committed through an organisational charter to ensuring student nurses and midwives have the best learning experience. Our dedicated team of practice educators, practice supervisors and assessors are equipped and supported to develop and support our future workforce into becoming confident and competent at the point of registration.

Supporting students within practice has been a Health Board key priority in 23/24 with a range of activities including:

- Welcome meetings for all students into the HB prior to their 1st placement. Including a presentation on cultural intelligence to help support international students.
- Coffee and Connect sessions for students to “drop-in” to discuss issues. Well-attended (between 25- 50 students/session).
- Introduction of a student Padlet, an electronic platform that can be accessed from a personal device. This replaces student notice boards and contains all relevant information for students.

To promote collaborative learning and working, an interprofessional education (IPE) Conference was held in November 2023. 'IPE promotes skills and competence to work effectively in an interprofessional team, with improved communication enhances coordinated interprofessional collaborative practice. The introduction of IPE was unique with previous conferences focusing on student and nurses and midwives in practice achievements. The feedback was very positive:



To ensure there is a sufficient pipeline of new graduates within nursing and midwifery, an assessment is undertaken to determine the future demand. Known as educational commissioning, it is part of Aneurin Bevan University Health Board’s IMTP submission and is submitted directly to the strategic workforce and education body for NHS Wales.

Health Education and Improvement Wales (HEIW)

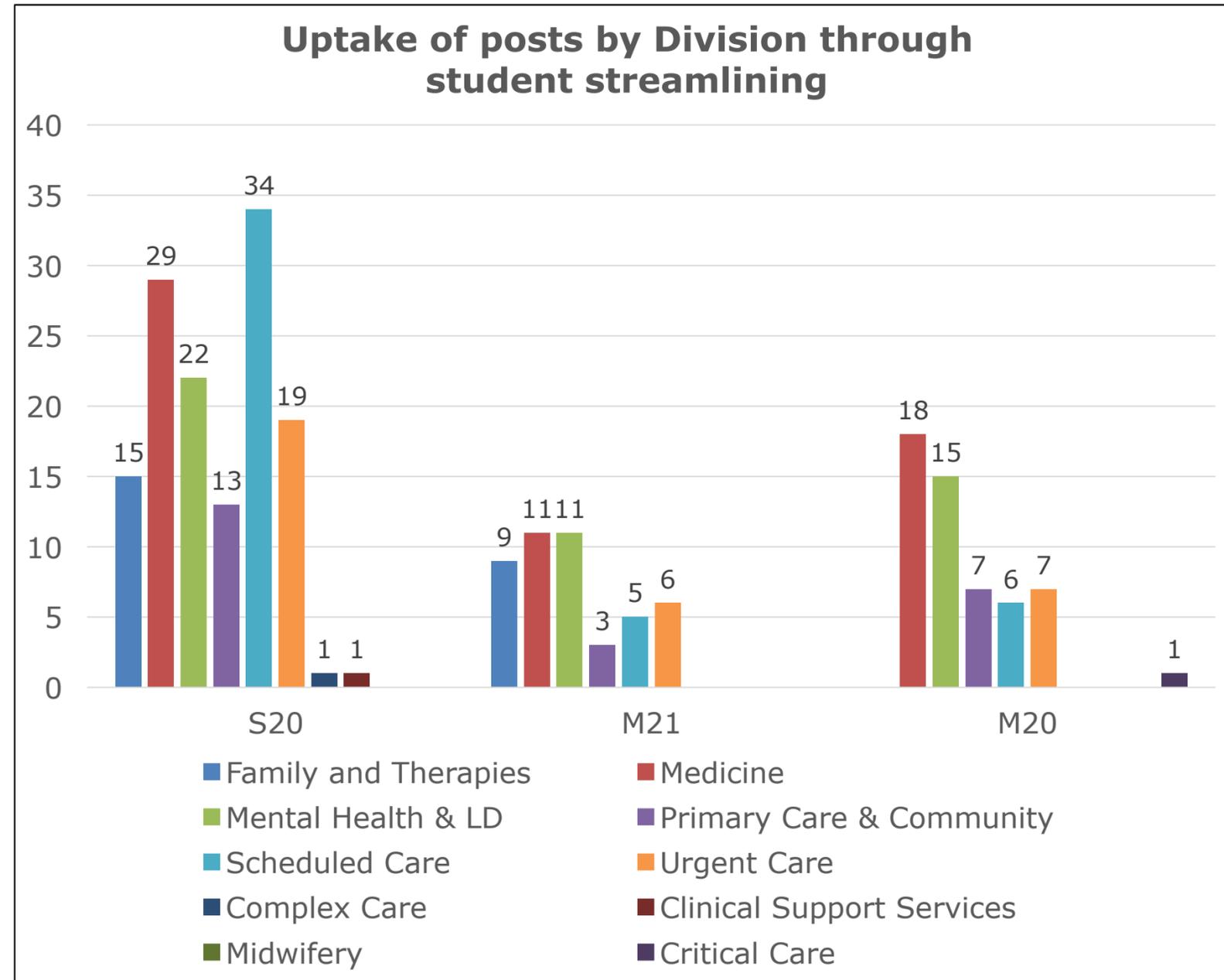
HEIW determine the funding and placement numbers and as commissioned numbers have increased over the years, this has been mirrored by HEIW and Welsh Government with increased places and funding for undergraduate courses. In 2023/24:

Bachelor of Nursing (B.N.) Adult	320
Bachelor of Nursing (B.N.) Adult (Part-time)	25
Bachelor of Nursing (B.N.) Child	37
Bachelor of Nursing (B.N.) Mental Health	65
Bachelor of Nursing (B.N.) Mental Health (Part-time)	9
Bachelor of Nursing (B.N.) Learning Disability	5
Bachelor of Nursing (B.N.) Learning Disability – Part time	0
BSc Midwifery Direct Entry	30
Health Visiting (Full-time)	11
Health Nursing (Part-time)	6
School Nursing (Full-time)	2
School Nursing (Part-time)	3
Return to Practice	4

Our Future Workforce: Nursing and Midwifery Students

Student Streamlining

The Student Streamlining Process is a programme specifically tailored to match student health professionals to positions in NHS Wales Health Boards and Trusts in preparation for when they complete their studies. In 23/24 180 nursing students were recruited through streamlining:



ABUHB has led the way in supporting healthcare support workers on a career pathway to registered nurses. In collaboration with University of South Wales and Open University, a flexible route to registered nursing is supported by working as a HCSW for part of the week and the rest of the week undertaking studies and clinical practice as a student nurse. The “Grow your Own” model is very popular and widens access for Health Board staff to achieve their chosen career pathway. The “flexible route” to nursing has been fundamental to the development of the Future Nurse Academy and the Health Board has embraced this model with a significant increase in the number of staff supported for 2023/24.

Division	All 2020 cohorts	All 2021 cohorts	All 2022 cohorts	All 2023 cohorts	Total students on flexi	Expressions of Interest @ May '24
Complex Care	3	1	3	0	7	4
Families and Therapies	2	2	1	2	7	9
Maternity				21		
Medicine	6	5	5	15	31	23
Mental Health & LD	3	4	4	6	17	13
Primary Care and Community	3	4	2	4	13	7
Scheduled Care	3	5	7	11	26	14
Urgent Care	2	1	2	4	9	5
Total	22	22	24	42	110	75

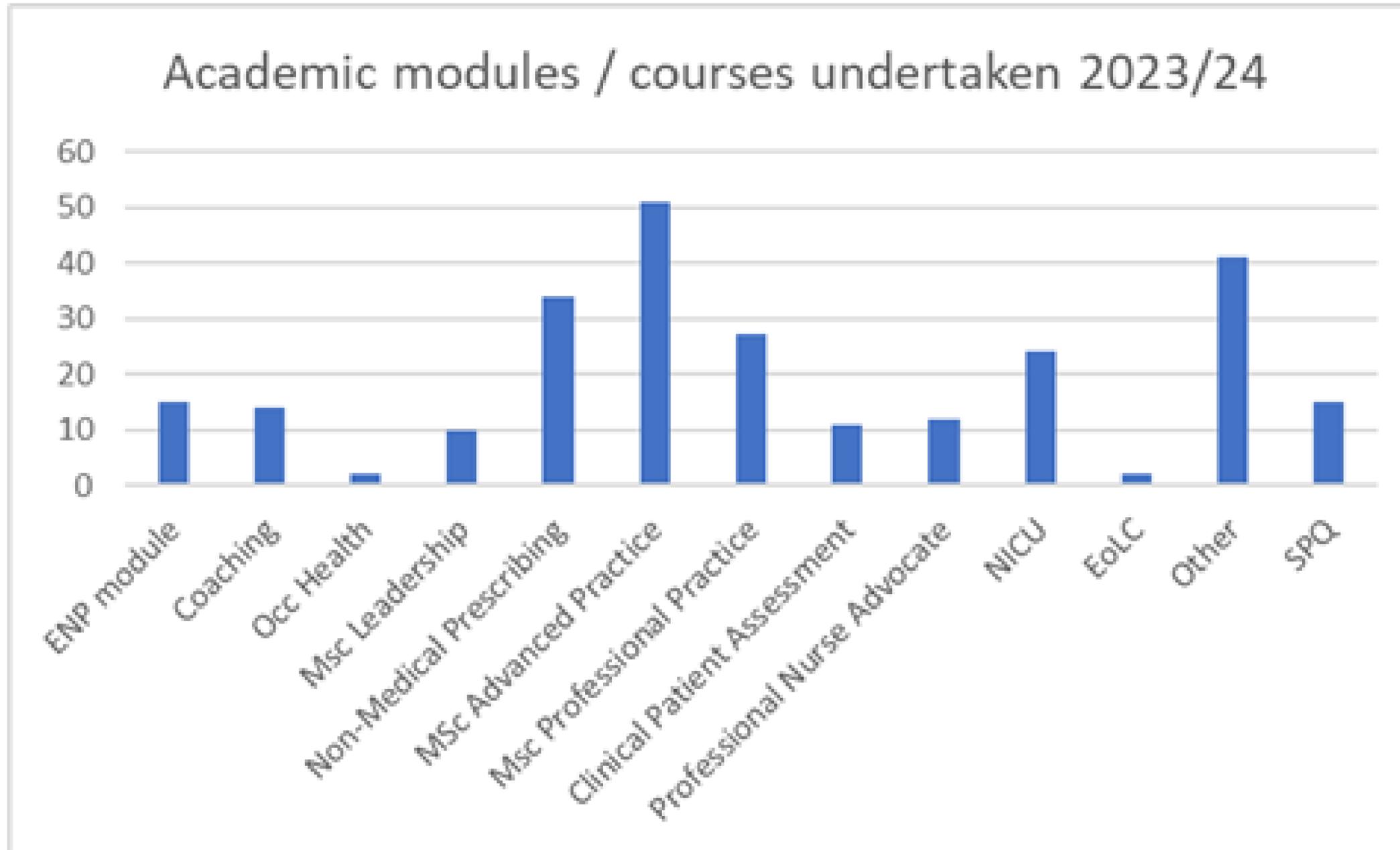
Our Future Workforce: Nursing and Midwifery Students

Transitioning from Student to Registrant – Bridging the Gap

Starting a career in nursing or midwifery as a new registrant can be both exciting and daunting. Within ABUHB we are only too aware of how new registrants feel as most of us still recall our early days as “newly qualified”. The Journey of Excellence (JOE as it is fondly known) is a programme for new registrants which provides an induction, a series of workshops to develop competence and confidence. The JOE is currently being refreshed specifically to meet the all Wales position for preceptorship and restorative clinical supervision and will be launched in September 2024 as we welcome our largest intake of the year of student nurses through streamlining.



Commitment to Professional Development



Continuing professional development (CPD) is central to a nurse and midwife's lifelong learning and constitutes a vital aspect for keeping knowledge and skills up-to-date. ABUHB is committed to lifelong learning and the development of our workforce. Formal and informal opportunities exist for development including investment in academic courses.

In 2023/24 we supported 84 modules at Masters level.

Sage and Thyme

A key objective of the End of Life Care Board is to standardise and increase opportunity for education to improve and enhance the experience of those at end of life. SAGE & THYME is an accredited course which supports the listening and response to patients, clients, or carers who are distressed or concerned and is the communication tool adopted by ABUHB. SAGE & THYME is a mnemonic to guide staff and central to this model is the belief that individuals with physical illnesses are able to understand and take some responsibility for their own wellbeing.

238 nurses and midwives have completed their training in 2023-24 and have confidence to guide into and out of a conversation with someone who is distressed.



Notice distress, listen carefully, respond helpfully



Evaluation of the ABUHB Nursing, Midwifery & SCPHN Conference 2023

How was the Conference?

164 EVALUATIONS RECEIVED

79%

EXCELLENT
(131)

19%

VERY GOOD
(31)

2%

GOOD
(3)

Take back to Practice

Q	U	A	L	I	T	Y	I	M	P	R	O	V	E	M	E	N	T	V	W	G	C	U
N	J	N	E	T	W	O	R	K	I	N	G	I	N	N	O	V	A	T	I	O	N	M
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G	F	J	I	N	S	P	I	R	A	T	I	O	N	E	X	N	U	S	W	A	N	Y
Y	F	X	Z	I	X	I	N	N	O	V	A	T	I	O	N	C	U	E	Y	V	F	A

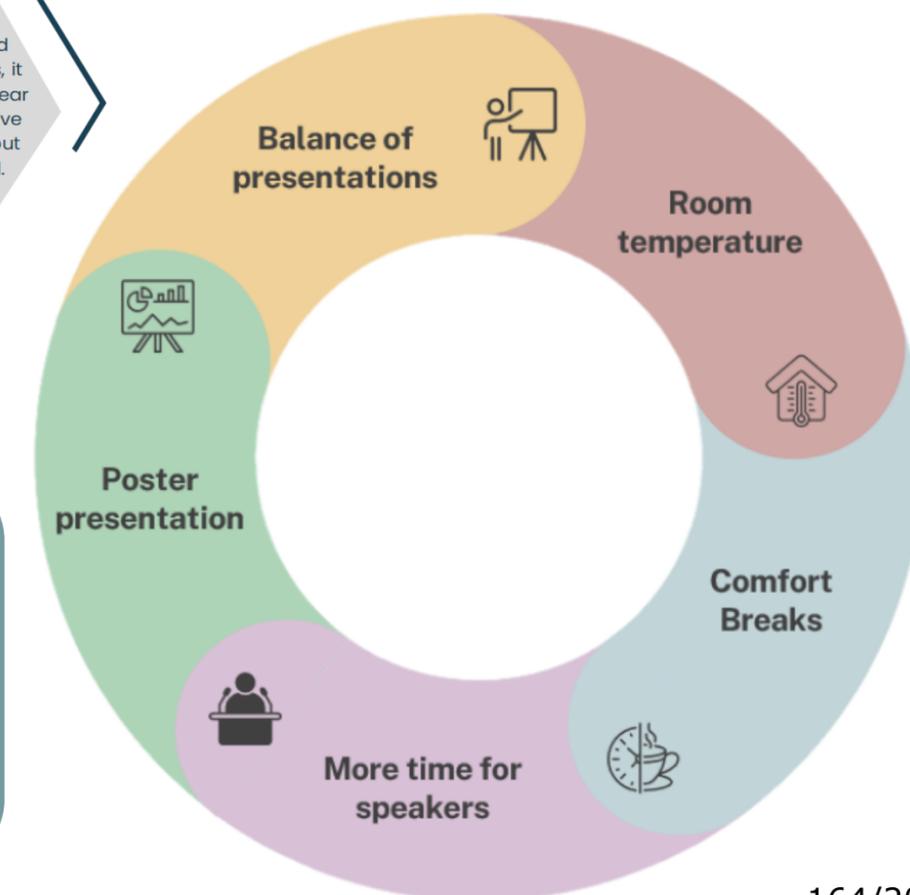
A few direct quotes from the most enjoyable parts of the Conference



Total number of Delegates

270

What have we learned for next Conference?



IT'S A YES!

99.3% would recommend the Conference to colleagues

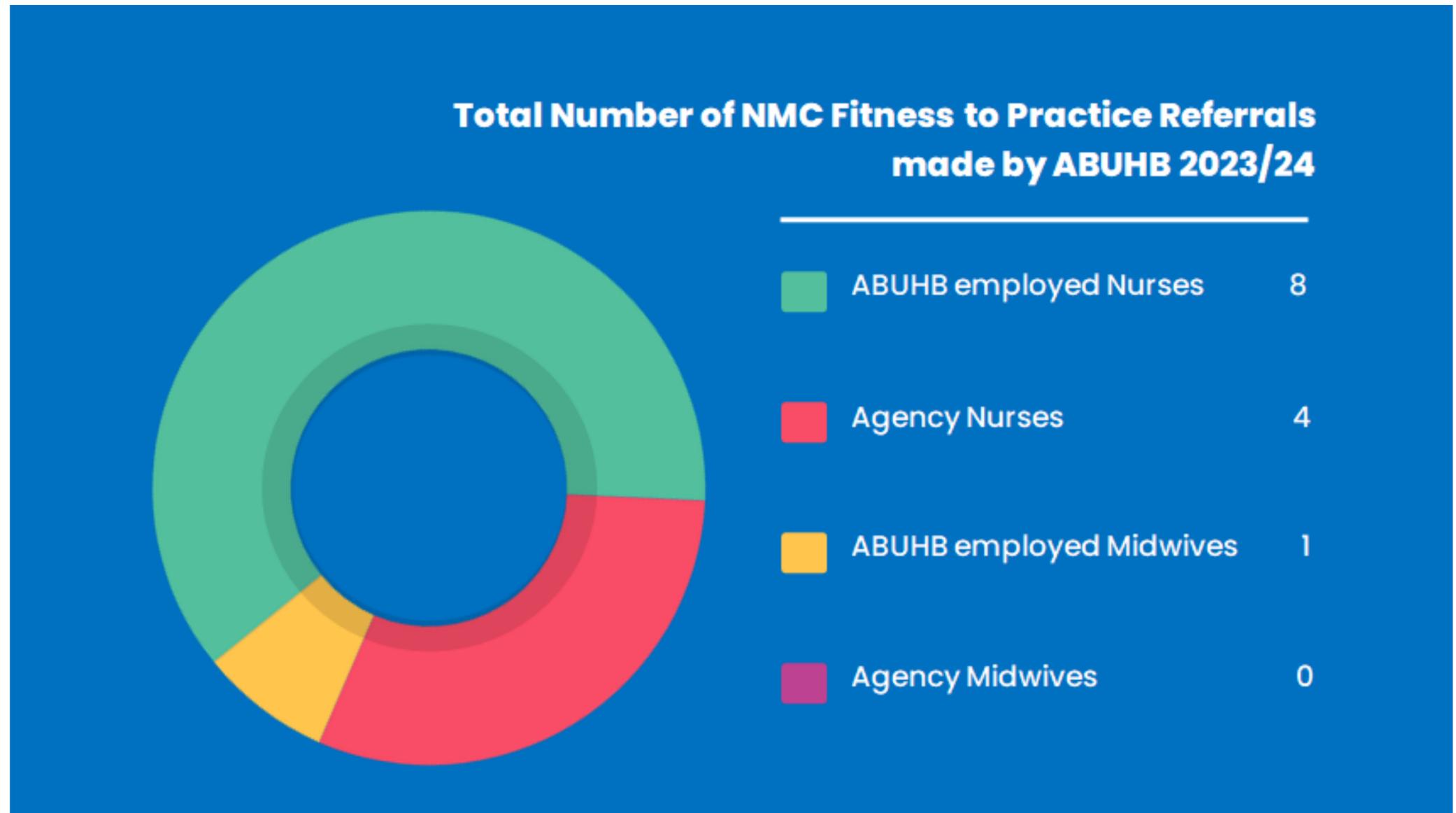
Assurance: Professional Regulation

The Nursing and Midwifery Council (NMC) are an organisation which regulates nurses and midwives in the United Kingdom. The NMC's vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. With a core role to regulate, the NMC promotes education and professional standards for nurses and midwives across the UK, maintains a register of professionals eligible to practise and investigate concerns about nurses and midwives that do not meet the standards outlined within the Code. Investigating concerns is through a fitness to practise referral process.

The NMC maintain the fitness to practise process affects a tiny minority of professionals each year.

Within ABUHB we have a duty as an employer to make referrals when appropriate and also manage the risk within the Health Board through internal process.

We have developed and maintained strong partnerships with the NMC, with regular teaching opportunities provided by the NMC to Health Board staff and regular meetings to discuss staff members under fitness to practise investigation. A supportive process is in place for those under investigation.



Actions Completed 2023/24 – Recruitment Effectiveness

Action	What will this achieve?	Progress:
Develop an annual recruitment Plan	<ul style="list-style-type: none"> • Ensure a co-ordinated, sustainable flow of candidates linked to the Health Board's Workforce Plan • Ensure a planned approach to on-boarding and training needs 	Annual planner in place that includes recruitment of: <ul style="list-style-type: none"> - 75 IENs per year - 20 nurse cadets (exceeded - 37 cadets for 23'24) - RCN connect students - Offers Coleg Gwent H&SC students' opportunity to join bank - Centralised HCSW recruitment to recruit to turnover
Continue to invest in internationally trained nurses	<ul style="list-style-type: none"> • Address long term vacancies and contribute to the ongoing supply of nurses into ABUHB 	<ul style="list-style-type: none"> - 75 IENs being recruited each year until end of 2025, plan to recruit family / friends and local IEN's employed by AB. - Accommodation secured for next 2 years. - Support café - pastoral & educational
Recruit to the future nurse and midwifery academy	<ul style="list-style-type: none"> • Ensure a future pipeline of candidates to undertake under-graduate nursing and midwifery training • Attraction and Retention • Nursing career becomes a career of choice 	<ul style="list-style-type: none"> - Internal HCSWs identified to progress to nurse training - Apprentice HCSW and HCSW adverts being advertised with the addition of a future nurse advert - Using social media platforms top advertise adverts/posters - Engaging early with H&SC students in schools and colleges and explaining the routes to nursing including the flexi route - RCN Healthcare Connect students – 4 in first cohort (one is exploring the flexi route) - 10 MH nurses supported to access K102 – OU flexible route
Develop succession and career planning approach for ABUHB	<ul style="list-style-type: none"> • Attract and retain nurses to work and stay within ABUHB • Offer developmental and career opportunities within all fields of nursing 	<ul style="list-style-type: none"> • Future nurse adverts • Internal HCSWs identified to progress to nurse training • N&M Academy, LEAD6, N&M bespoke Academy for 8b's planned for Sept 24. JOE programme being rewritten – will incorporate leadership / succession of band 5 – 6. • Assistant Practitioner governance / developmental group - meeting being arranged with all Divisional representation

Actions Completed 2023/24: Recruitment Experience

Actions	What will this achieve?	Progress:
Easy to find and refreshed Recruitment intranet and internet pages to include recruitment and selection training for managers	<ul style="list-style-type: none"> Managers will know where to go for all things Recruitment 	<ul style="list-style-type: none"> In progress Significant improvement in job advertising via social media platforms
Introduction of talent pools	<ul style="list-style-type: none"> A space to hold appointable candidates that have already been interviewed to offer future posts for high turnover posts Create a mechanism for the public to register their interest to work for the Health Board 	<ul style="list-style-type: none"> HCSWs are being recruited centrally into talent pools by location (to improve retention) Plans to expand this to include a talent pool for those interested in a future nurse role (starting at apprentice or band 2 HCSWs level)
Engagement with local community	<ul style="list-style-type: none"> Attract local population and develop Employer of Choice recognition 	<ul style="list-style-type: none"> Working with comms to link in with their communication strategy 2023 – 2026 to ensure job vacancies and career opportunities are published to our communities to develop a sense of employer of choice. Work underway to visit schools and colleges to share the career opportunities available within N&M
Review and streamline recruitment processes to ensure they support equality and diversity for our local communities	<ul style="list-style-type: none"> Supports our workforce to reflect the diversity of the community More enjoyable experience for the candidate 	<ul style="list-style-type: none"> Undertaking events in various community locations such as schools, colleges and with job centres. In doing so we are offering unemployed residents an opportunity to gain employment.
Introduction of KPIs for Bank and continue to monitor General Recruitment KPIS	<ul style="list-style-type: none"> Monitoring of time to hire and identify key areas for immediate intervention 	<ul style="list-style-type: none"> Bank KPIs in place Monitoring time to hire and working on clearing old records in Trac (where people have started in post before checks complete)
Continued training and retention for Recruitment Teams	<ul style="list-style-type: none"> Improvements for on-boarding leading to reduction in time to hire 	<ul style="list-style-type: none"> NWSSP training sessions and drop-in sessions in place. Resource team to offer training to manager to reduce time to hire and best practice tips

Actions Completed 2023/24: Brand and Marketing

Actions	What will this achieve?	Progress:
Uniform standardisation of brand	<ul style="list-style-type: none"> • Strong connection and promotion of ABUHB 	<ul style="list-style-type: none"> • Posters developed with ABUHB colours and all in same format • Link with Comms to better incorporate recruitment into comms strategy ie HCSW week etc • Job of the week advertising being progressed
Increase attendance and visibility in the community	<ul style="list-style-type: none"> • Community awareness of ABUHB as an employer (for all jobs)and mutually beneficial links with partner HEI's • Improve relationships with key stakeholders 	<ul style="list-style-type: none"> • Developed strong connections with Coleg Gwent, DWP and Careers Wales and have a strong presence at events being run across ABUHB patch. • Further work to be done with linking in with comms on this point for community awareness.
Review internal processes for staff engagement and feedback	<ul style="list-style-type: none"> • A greater sense of belonging and feeling valued 	<ul style="list-style-type: none"> • NWSSP to re-design the manager and candidate surveys on the recruitment process
Review current advertising platforms and seek all opportunities	<ul style="list-style-type: none"> • Effective advertising and best value for money 	<ul style="list-style-type: none"> • Social media platforms reach a large audience at no cost. • Advertising newly created RN vacancies to Bristol and Birmingham universities • Work on-going to review current platforms and other platforms available

Actions Completed 2023/24 : Career Development/Educational Opportunities

Actions	What will this achieve?	Progress:
Review service developments and potential opportunities for clinical nurse specialists, advanced practise and consultant nurse roles.	<ul style="list-style-type: none"> • Opportunities to develop, educate and retain existing workforce and attract staff from outside the Health Board. 	<ul style="list-style-type: none"> • ACP role – JD standardisation. • Implementation of the multiprofessional framework – including network of ACP's, portfolio workshops, research workshop planned. • First multi-professional framework meeting to share and standardise practice across professions in line with framework. • Services now being developed around the role of Nurse Consultants/ANP's
Secure a fit for purpose education facility for nursing and midwifery education	<ul style="list-style-type: none"> • Provision for essential education, timely progression of IEN's to NMC registration, efficient use of resources 	<ul style="list-style-type: none"> • Raised to Accommodation Committee – discussion to be picked up at Exec level in relation to equitable education resource for all Health Board staff.
Develop clear and ambitious pathways and opportunities.	<ul style="list-style-type: none"> • Will support individuals to reach their ambition, improve job satisfaction and ensure a skilled workforce. 	<ul style="list-style-type: none"> • Future Nurse Academy – clear pathway from school to RN – ability to step in and step out.
Increase opportunity for professional support and development.	<ul style="list-style-type: none"> • A supportive culture. 	<ul style="list-style-type: none"> • 12 PNA places secured to implement RCS framework • Current supervisors scoped as a priority for training • 2 courses supervision secured for MH/LD which will support 24 new supervisors • Constant flow of access to ILM coaching qualifications • Coaching conversations to be included as a master class at next Alumni – rolled out as "business as usual". • Prereceptorship programme under review to strengthen support for new registrants. • Support to undergraduate students strengthened through coffee and connect sessions, points of contact, education / support opportunities.

Actions Completed 2023/24: Retention

Actions	What will this achieve?	Progress:
Implement exit questionnaires	<ul style="list-style-type: none"> • Feedback on what we need to do to be the employer of choice and improve retention of current staff. 	<ul style="list-style-type: none"> • Questionnaires now on ESR and are autogenerated prior to individuals leaving the organisation. • Benchmarking across Wales taking place to design and implement 'stay conversation' to complement exit questionnaire process. • Retention group established with the purpose of identifying and designing support systems in retaining our staff. This includes interrogating data from multiple sources.
Encourage and support the use of self-rostering	<ul style="list-style-type: none"> • Increased staff satisfaction, reduce sickness absence. 	<ul style="list-style-type: none"> • Retention self assessment plan being piloted within Community and Childrens Nursing. • Tracker developed for all Wales Retention Action Plan
Retire and Return Initiative	<ul style="list-style-type: none"> • Encourage experienced staff to return to work. 	<ul style="list-style-type: none"> • Poster being developed to encourage retirees back to work on FTCs or bank
Optimise flexible working opportunities	<ul style="list-style-type: none"> • Work-life balance • Return to practice • Make the profession more attractive 	<ul style="list-style-type: none"> • Poster being developed to encourage retirees back to work on FTCs or bank. • Retention engagement chat cafes across the organisation have taken place with engagement of over 500 staff. • Self rostering trial on ICU and NICU

Priorities 2024-25

Although it is pleasing to note the positive progress against 2023-24 priorities, a focus on 2024-25 is now required to ensure the full extent of the strategy is realised. To this end, 2024-25 priorities are:

Actions

- A continued focus on the achievements of 2023-24 to ensure progress is tracked against expected outcomes.

Career Development/ Educational Opportunities:

- Focus on nurse led services, providing career opportunities and a platform for nurses in transforming and re-designing services.
- Integrate the Professional Framework for Enhanced, Advanced and Consultant Practice to enable practitioners to utilise their skills to their full potential, optimising their contribution to meeting population health needs whilst contributing to the support and leadership within the Health Board.
- Align education and resource to ensure standardisation, relevant and equitable access and opportunity.
- Ensure the Health Board is closely aligned to the Registered Nurse Associate work being progressed with Welsh Government.
- Secure a fit for purpose education facility for nursing and midwifery education.

Retention:

- Support the implementation of the career-spanning support for supervision recommendations. To include:
 - Ensuring a positive preceptorship experience for newly registered nurses.
 - Implementing and embedding restorative clinical supervision to support reflective practise and help build resilience within the nursing workforce.
- Upscale the use of self-rostering, with an aim for this to be piloted in all Divisions.
- Support flexible working options
- Identify career aspirations of current workforce with a focus on talent mapping.

Recruitment Experience:

- Focus on hard to recruit vacancies such as, health visiting, mental health and learning disabilities. Placing attention on career advancement, career pathways, training and support, incorporate flexibility and work-life balance opportunities.
- Introduce the all-Wales recruitment for International Educated Nurses to support onboarding and induction
- Refresh and evaluate the nurse & HCSW induction programmes to support retention and improve turnover in the first 12 months
- Review recruitment process for Flexible route student nurses to ensure wraparound of Health Board to support them into substantive post.

Recruitment Effectiveness:

- Attract and engage retire and returns and return to practice.
- Map commissioned student numbers for the duration of this strategy.

Brand and Marketing:

- Explore SLA with Coleg Y Cymoedd to secure the future HCSW workforce.
- Marketing Career Pathways (to include enhanced, advanced & consultant practice) at Student Streamlining events, at the point of job advertisement

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Deep Dive of Strategic Risk SRR 001A and SRR 001B
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

The report is intended for the People and Culture Committee (P&C Committee) to undertake focused scrutiny of the risks that it is responsible for monitoring on behalf of the Board.

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

At the recent Audit, Risk, and Assurance (ARA) Committee meeting, the Committee sought assurance that delegated subcommittees are rigorously assessing risks to ensure robust and appropriate controls and assurance mechanisms. Furthermore, that any risks that exceed the domain's risk appetite are actively managed or escalated to the Board, thereby enabling the Board to determine whether to accept the residual risk, provided that all practical controls are in place.

Following discussions, it was determined to implement an alternative method of risk reporting. This approach would allow Committees to conduct a thorough examination of the risks for which they are responsible, not only to satisfy themselves but also to reassure the ARAC and Board that their risks are being effectively managed.

Cefndir / Background

The Health Board has a predetermined risk appetite, and each Committee is responsible for managing and evaluating risks that are pertinent to its agenda.

The P&C Committee is responsible for overseeing risks related to the theme "people" and has an appetite threshold of 17 or lower.

This revised approach will ensure that the P&C Committee, ARA Committee, and the Board can take a higher level of assurance by demonstrating that a thorough assessment of specific risks, controls, and actions has been conducted, as opposed to a general overview.

Asesiad / Assessment

The current risks within the remit of the P&C Committee fall below the threshold of 17, meaning they are within the accepted threshold. However, it is recognised that staying within the threshold does not eliminate the need for ongoing scrutiny.

The focus will shift towards:

- **Enhanced Scrutiny:** A more rigorous evaluation of specific risks, particularly those that, if not well controlled, could escalate.
- **Review of Controls and Assurances:** Ensuring that the existing controls are both appropriate and effective. Where gaps are identified, further controls will be considered.
- **Ongoing Actions:** Assurance that any risk, even those within the threshold, has a clear action plan to further mitigate any potential impact or likelihood of occurrence.

The P&C Committee's strategic risk profile is provided below; however, for the purposes of this report, the Committee will focus on sub-risks SRR 001A and SRR 001B, which are contained in **Appendix A**.

Risk Details:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 Theme People Appetite OPEN Score 17 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services that meet the changing needs of the population.	a) Due to an inability to recruit and retain staff across all disciplines and specialties.	Extreme (16)	Y
		b) Due to a deterioration in, and a failure to improve, the well-being of our staff.	High (12)	Y
		c) Due to insufficient and ineffective leadership levels throughout the organisation.	High (12)	Y
		d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.	High (12)	Y

By adopting this targeted approach, we aim to assure ARAC and the Board that all risks under the Committee's responsibility are actively managed, with measures continuously updated and reassessed to prevent escalation. This will provide

confidence that the full Strategic Risk Report accurately reflects thoroughly scrutinised risks, with appropriate assurances in place.

At the next P&C Committee meeting, strategic risks SRR 001 C and D will be presented for focused scrutiny.

Argymhelliad / Recommendation

The People and Culture Committee is asked to:

- **CONDUCT** a comprehensive review and discussion of risk SRR 001A and B to ensure that the risks are effectively managed.
- **NOTE** the new approach to ensuring all strategic risks are appropriately scrutinised.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 001 A - D
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

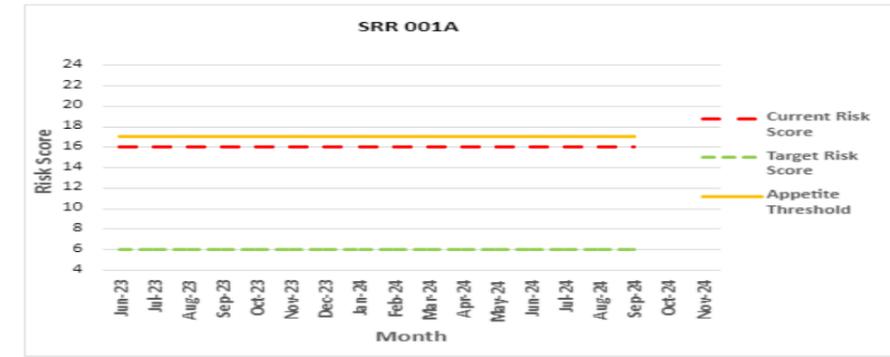
Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Included throughout the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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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/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

RISK THEME		PEOPLE			
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
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.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards Reliance on agency and bank staff Litigation & Financial Penalties 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	4 (Likely) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 September 2024	Risk rating	= 16 (Extreme)	= 6 (Moderate)	
Next Review (based on risk score)	01 October 2024				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Monitoring Framework to support roll-out of the People Plan. Workforce Dashboard to track activity – recruitment, turnover, sickness absence. Supply and demand tracker (Nursing and HCSW). People Plan tracker to support delivery of actions within the People Plan 2022-25. Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. Management of attendance through All Wales Management Attendance at Work Policy. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Nurse Staffing Levels (Wales) Act 201625b/25c. Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. Workforce planning supported by Compendium of new roles to support innovative workforce models. Recruitment KPI's. IMTP (Integrated Medium-Term Plan) Educational Commissioning. Workforce Establishment controls national working group has been instigated. Value and Sustainability Board. Collective Agreement (Non-Pay Deal) 2022/24 <p>Recruitment</p> <ul style="list-style-type: none"> Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. Annual programme of Apprentice recruitment Overseas Nursing (All Wales Recruitment programme) Nursing Workforce Strategy agreed. Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022) Partnerships with employability schemes and FE/HE to widen access. Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. <p>Retention</p> <ul style="list-style-type: none"> Retention lead appointed with programme action plan in place for the next two years. 	<p>Retention</p> <ul style="list-style-type: none"> Development of career pathways (e.g., non-clinical to clinical). NHS Wales Nurse Retention Plan quarterly updates being reviewed for submission 09 Sept 2024 Short project in progress with an MSc student to develop a retention dashboard, using a regression model to better understand and predict retention. Data analysis is underway with a 5 year past dataset shared. <p>Variable Pay Reduction</p> <ul style="list-style-type: none"> Development of action plan based on WHC to support the reduction in bank and agency usage. <p>E- Systems</p> <ul style="list-style-type: none"> Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas. Roll out of medical rostering to predict junior doctor gaps and look for alternative ways to fill. Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision. Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles. <p>Development of alternative and new roles</p> <ul style="list-style-type: none"> Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. Looking to increase Assistant band 4 in Community/Mental Health. Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity. Increasing consultant therapy and nurse practitioners.

- Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR.
- Week of events planned to support retention agenda in June 2024. This will include a mixed method of online webinars, videos and retention materials.
- Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts.
- Changes in pension regulation and flexile retirement options from October 2023 and reduced break in service required following retire and return.
- Development of HCSW skills matrix and career framework has commenced.
- Talent management and succession planning framework and resources now live and available on SharePoint. Framework signed off by Executive Committee.
- Career conversations and succession planning resources designed; workshop dates available with spaces for 120 people (with monthly training sessions available). Sessions are nearly fully booked with 114/120 places booked.
- All Wales self-assessment retention tool completed and submitted to HEIW with assessment at organisational level for Nursing and Midwifery to provide a baseline.

Variable pay reduction

- Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board.

E- Systems

- Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. E-Locum Bank, E-Job Planning, E-Agency systems are all 'live' and rolled out within the Health Board.
- E-Rostering is planned to go live shortly following ESR interface testing.
- Development of alternative and new roles
- A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent, and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care
- The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management.

Training

- The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2024 and beyond which are required to support turnover and existing vacancies.
- The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing, health care science, medical speciality training junior doctors, pharmacy and continued increase in HCSW investment and increased placements in adult nursing in General Practice.
- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.
- RCN Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (12 supported so far this year, with 3 more to interview)
- Cadet Nursing programme in place (20 candidates last year)
- K102 bridging model now being offered to support HCSW pathways into registered nursing.
- Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) is in its second year. Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff.

Vacancy Numbers and establishment control

- Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period August 2024 there were circa 636 WTE vacancies. No change from figures reported March 24.
- Development of ESR establishments commenced on a national basis w/c 03 September 2023. Local delivery action plan has been developed and approved by Executive Committee in April 2024. Project workstream established and work commenced. National work programme proposal is also in development.

Staff attendance

- RCN introduction of Registered Nurse Associate role to help build the capacity of the nursing workforce – students to start from September 2025 with placements from September 2027.
- Development of new roles and career pathways to support hard to fill roles in Health Visiting.
- Re-design of the Health Board's work experience programme with 246 applicants since March 2024 and 75 placements confirmed

Training

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy
- Workforce planning training prospectus of local and online training launched September 2024
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR. 236 attendees in July 2024.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.

<ul style="list-style-type: none"> 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 	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Workforce reports to the Nurse Strategic Workforce Group. Monthly sickness monitoring reports. Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. Medical Staffing Co-ordinator review of medical rotas. Cross site operational calls. Occupational Health and Wellbeing dashboards report KPIs. Recruitment KPIs Medical & Dental and Student Streamlining fill rate reports 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> 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 (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. Measurements of Wellbeing through the ABUHB (Aneurin Bevan University Health Board) Staff Survey Routine Reporting against nurse staffing levels. Variable Pay Programme Board reporting to Value and Sustainability Board 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Reviews 2023 -24 Long Term Sickness Absence Management (Q4) Flexible Working (Q4) External quarterly vacancy reporting to WG External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative. 	<ul style="list-style-type: none"> Latest local survey saw a reduction in staff wellbeing 	<ul style="list-style-type: none"> Internal Audit Staff Culture Q3 2024/25

Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Positive Assurance

RISK THEME	PEOPLE				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
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.	
Impact	<ul style="list-style-type: none"> 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 claims Financial Implications 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Expected Date Target Score will be Achieved –					
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 July 2024	Risk rating	= 12 (High)	= 9 (High)	
Next Review (based on current risk score)	01 October 2024				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
General <ul style="list-style-type: none"> Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. Strategic Equality plan Rest and Facilities charter – monitoring and compliance. Staff related policies. National Staff Survey and Health Board Employee Experience Survey External Employee Assistance Programme Speaking up Safely action plan Race/LGBT groups. Wellbeing resources Staff diversity networks 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 Chaplaincy service for staff Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB. 	General <ul style="list-style-type: none"> Increase wellbeing initiatives. Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders). Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. Trained mediators so there is team and organisational resilience and network. Scope, design and deliver a programme of research 'Healthy Working Day'. Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. Occupational Health. <ul style="list-style-type: none"> Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Submission of response to All Wales KPI delivery and ongoing data analysis review in place. Recently appointed 8a role to provide further clinical leadership and key priority for M1-3 is to undertake training needs analysis to develop OH team. 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.

- an externally commissioned SUS hotline will be piloted in September 2024.
 - An external Employee Assistance Programme (Vivup) has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative. Waiting times have now reduced on average by 30%.
- Occupational Health**
- Additional occupational health resources secured to reduce waiting times.
 - Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes.
 - Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19.
 - Support equality and diversity of workforce.
 - A part time Disability Inclusion Officer has been seconded to the EDI Team (December 2023 – December 2024).
 - Band 5 EDI Officer appointed and commence in post at the end of March 2024.
 - Inclusive Leadership sessions embedded in the Leading People Programme from January 2024 onwards.
 - Reverse Mentorship Programme launched February 2024.
- Other**
- Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC
 - Reducing fatigue poster developed.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Dashboard reporting • Reporting to monitor the rollout of the People Plan 22-25 • Reporting to monitor of demand on wellbeing services 	<ul style="list-style-type: none"> • Understand if support is reaching all staff 	<ul style="list-style-type: none"> • Meetings with Divisions ongoing to ensure all areas are aware of what's available.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • People and Culture Committee reports (People Plan 22-25) • Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and Facilities 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> • National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers • Staff Welfare Charter • Sickness Absence Audit 2023/24 – Outcome: Reasonable Assurance 	<ul style="list-style-type: none"> • Latest local survey saw a reduction in staff wellbeing 	<ul style="list-style-type: none"> • Internal Audit Staff Culture Q3 2024/25
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Positive Assurance		

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	People & Culture- Committee Forward Work Plan 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Governance Governance Support Officer

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

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

The Forward Work Programme Plan is designed to assist the Committee in the review of its programme of business. It captures the timing of report submissions, identifies items that have been deferred, and captures new requests for reports. The plan also allows the Committee to monitor and review its business at each meeting.

During the period of June to October the following requests and/or changes to the Forward Work Plan have been included:

Items deferred on the Forward Work Programme:

- Annual Review of Committee Effectiveness 2024/25 deferred to February 2025 meeting;
- Internal and External Audit Recommendations Tracker deferred to February 2025 meeting to align with reporting schedule;
- Update on Violence & Aggression against staff across ABUHB as requested by the Mental Health Act Monitoring Committee deferred to February 2025 meeting;
- HEIW Update deferred to February 2025 meeting due to ongoing work;
- Employee Experience Strategy deferred to February 2025 meeting.

Additions to the Forward Work Programme:

- Update on how support can be provided in the recruitment of volunteers as requested by the Patient, Quality, Safety and Outcomes Committee to be reported in February 2025 meeting;
- Update on Communications and Engagement Update Report - outcomes of the Communication Strategy including top themes as requested by Board to be reported in February 2025 meeting;
- Consultant Private Practice Policy included to be reported on in October 2024 meeting;
- Nursing, Midwifery & SCPHN Workforce Annual Report included to be reported on in October 2024 meeting;
- Update on EDI activity to be reported in February 2025 meeting

Asesiad / Assessment

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

Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable

<ul style="list-style-type: none"> • Financial 	Not Applicable
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>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</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Not Applicable Choose an item.</p>

Annual Programme of Business for 2024-25

People & Culture Committee

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

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

Area of Focus as per Standing Orders:

The purpose of the People and Culture Committee is to provide assurance to the Board on:

- all matters relating to staff and workforce planning of the Health Board;
- plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better health care;
- the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

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

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

Committee Risk Report	DoCG	SI	✓		✓	✓
Internal and External Audit Recommendations Tracker	DoCG	Bi-Annually	✓		✓D	✓
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓
Annual Review and Refresh of the People Plan and its Priorities	DoW&OD	Annually				✓
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually			✓	
Violence & Aggression against Staff across ABUHB	DoT&HS/C OO	Annually			✓D	✓
Speaking Up Safely Report	DoW&OD	Annually			✓	
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	Annually			✓	
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓			
Employee Experience Strategy	DoW&OD	Annually			✓D	✓
Update on EDI Activity PCC 2202/3.2	DoW&OD	Action				✓
Organisational Development						

Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓
Assurance on the Development and Delivery of an Agile Working Framework	DoW&OD	Bi-Annual	✓			✓
Annual Assurance Report on Medical Revalidation	MD	Annually	✓			
Progress report on Compliance of Bank and Agency Staff Electronic Reporting Blood Management System	DoW&OD	Annually	✓			
Talent and Succession Planning Progress Update	DoW&OD	Annually	✓			
Speciality Doctors and Clinical Fellows Framework PCC/1306/2.2	MD/DoW&OD				✓	
HEIW Update PCC/2202/3.10	MD		✓D			✓
Quality Report – Update on How Support can be provided in the recruitment of volunteers PQSOC 30004/2.1						✓
Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes ABUHB 2205/22	Assistant Director of Communications	Bi-Annually				✓
Consultant Private Practice policy	MD	Annually			✓	
Workforce Performance						

Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems	DoW&OD	Bi-Annually			✓	✓
Workforce Performance Dashboard incorporating Key Performance Indicators	DoW&OD	Quarterly	✓		✓	✓
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓			
People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually			✓	
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually				✓
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	Quarterly	✓		✓	✓
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓	
Report on the Use of Single Tender Action - The People and Culture Committee to receive a detailed update on efforts to secure long-term accommodation for Nurses/International Nurses ARAC 1604/3.4	DoW&OD	Annually	✓			
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	Annually			✓	

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

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP

D	Deferred from this agenda
√D	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Policy: Consultant Private Practice
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Calvert, Executive Medical Director Sarah Simmonds, Director of Workforce and OD
SWYDDOG ADRODD: REPORTING OFFICER:	Richard Howells, Executive Business Manager, Office of the Medical Director Kathryn Bourne, Strategic Lead Medical & Dental Workforce

**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 is a new policy; approved by the Executive Committee on 3rd October 2024.

Cefndir / Background & Context

The Health Board required a policy to ensure that appropriate guidance is in place to inform consultants of their contractual obligations and organisational expectations in relation to the undertaking of private practice.

Asesiad / Assessment

This policy will set out the expectations of consultants undertaking private practice along with the principles they should adhere to. The policy will also provide explanation on how their private practice should work alongside their NHS commitment and contractual obligations, together with guidance on appraisal requirements and their schedule of work. Instruction on the requirement to complete an annual disclosure of interest is also covered.

The organisation also understands the right of patients to transfer from private sector care, back to the NHS. This policy provides governance on the procedure to be followed to ensure that principles of the transfer are adhered to.

The policy ensures that there is clarity around the use of NHS facilities, resource and staff in relation to private practice. This will ultimately benefit the patient population of ABUHB by ensuring equity across waiting lists for NHS patients and ensuring that NHS resources and staff are not used for private practice purposes reducing the burden on NHS employees e.g. medical secretaries.

The relevant staff organisations and groups (BMA and LNC) have been included in the consultation process, as have the senior medical management team. This has provided assurance about the practicalities of implementing and managing the policy in an operational setting.

Argymhelliad / Recommendation

The People & Culture Committee is asked to receive the policy, 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):	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 priorities 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:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	LNC BMA

Effaith: (rhaid cwblhau) / Impact: (must be completed)	
	<p>Is EIA Required and included with this paper</p>
<p>Asesiad Effaith Cydraddoldeb / Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>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</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio / Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>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.</p> <p>Integration – Delivery of improvements, outlined in the plan, will ensure system resilience and improved patient safety; in collaboration with partner organisations including HEIW.</p> <p>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.</p> <p>Collaboration – The delivery and ongoing work outlined has required collaboration across the organisation and with external stakeholders (especially HEIW).</p> <p>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.</p>



Aneurin Bevan University Health Board

Medical Staff Private Practice Policy

This policy provides medical staff with guidance on organisational expectations in relation to the undertaking of private practice.

Whilst this Policy is primarily directed at Consultants undertaking private patient activity, it equally applies to any other medical staff employed by the Health Board who privately charge for their services whilst using NHS facilities, equipment or staff, or who may undertake such activities during NHS time, including private patients travelling from outside of the UK.

For the avoidance of doubt, the term "Consultant" includes any other category of medical staff undertaking private patient activity.

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1. Introduction

- 1.1. The contractual right of consultants to undertake private practice is set out in the Amendment to the *National Consultant Contract in Wales (2003)* (chapter 9), paragraphs 40-43 of the *NHS Hospital Medical and Dental Terms and Conditions of Service 2002* and sections 62, 65 and 66 of the *National Health Service Act 1977* (as amended). NHS Employers also provides advice to consultants on undertaking private practice.
- 1.2. This policy does not affect a consultant's right to undertake private practice in accordance with the *National Consultant Contract in Wales (2003)*.
- 1.3. The policy also recognises the right of patients to seek care in the Private Sector and to transfer their care back to the NHS at any point.

2. Purpose

- 2.1. The policy seeks to ensure that guidance is in place to assist consultants in understanding organisational expectations in relation to the undertaking of private practice.
- 2.2. It is imperative that no individual is paid twice for the same period of time, regardless of by whom or how they are paid. Consultants undertaking private work in NHS contracted time or who contravene the requirements of this policy may be in breach of contract and liable to employment or civil proceedings. SPA activity may not be shifted to undertake Private Work.

3. Objectives

- 3.1. This policy sets out organisational expectations of consultants undertaking private practice and describes principles to which they should adhere. It explains the organisation's interpretation of rules for how Consultants private practice should work alongside their NHS commitment to avoid conflicts of interest. Guidance will also be provided with respect to appraisal requirements, scheduling of work and the process for completion of an annual disclosure of interest.
- 3.2. The organisation understands the right of patients to transfer from private sector care, back to the NHS. This policy will provide guidance on the governance arrangements to be followed to ensure adherence to the transfer principles.
- 3.3. The policy will ensure that there is clarity around the use of NHS facilities, resource and staff in relation to private practice.

4. Scope

- 4.1. Whilst this policy is primarily directed at consultants undertaking private patient activity, it equally applies to any other medical staff employed by the Health Board who may privately charge for their services. The term "Consultant" as applied in this policy includes any other category of medical staff undertaking private patient activity.
- 4.2. This policy applies to all planned private patient treatment undertaken by medical staff employed by the Health Board.

5. Consultants Responsibilities

- 5.1. All consultants undertaking private practice have a responsibility to adhere to the principles set out within this policy.
- 5.2. Consultants must be aware that failure to abide by this policy and any related policies or processes may result in a referral to Counter Fraud and/or the GMC and/or investigation under the terms of "Upholding Professional Standards in Wales".

6. Clinical Responsibilities

- 6.1. Consultants treating a patient in the private sector and providing ongoing treatment for the particular condition being treated, maintain clinical responsibility for the patient regarding that condition until the consultant discharges the patient from Private care.

7. Managers Responsibilities

- 7.1. Managers must be satisfied that the consultant is fulfilling their NHS commitments and that their private practice is not affecting their ability to fulfil these commitments.
- 7.2. Managers will discuss private practice as part of the job planning process to ensure that private work is not routinely planned during NHS sessions.

8. NHS requirements when conducting private practice

- 8.1. When conducting private practice a consultant must:
 - (i) Demonstrate that their private practice does not affect their ability to fulfil their contracted NHS commitments.
 - (ii) Show that there is **no** conflict of interest between their NHS work and private work and that the private commitments will not adversely affect NHS work, nor in any way hinder or

conflict with the needs of their NHS patients or their contractual obligation to their employer.

- (iii) Ensure that the needs of patients in the NHS/NHS services will not be prejudiced by the provision of services to private patients.
- (iv) As stated in the Amendment to the National Consultant Contract (Wales (2003) paragraph 9.11) "if NHS sessions are disrupted the Consultant should rearrange the private sessions. Agreed NHS commitments will take precedence over private work".
- (v) Inform the Medical Director as soon as possible of any issues arising from their private practice which might significantly affect their ability to fulfil their NHS commitments (e.g. an inability to deliver contracted sessions agreed in their job plan, or their on call and out of hours work).

In addition:

- (vi) Consultants must not plan to undertake private patient consultations on ABUHB premises as the Health Board does not currently have the resources to facilitate this.
- (vii) Consultants must not plan admission to any of the ABUHB hospitals on a private basis, such that their private care or treatment is provided during contracted NHS duties.
- (viii) NHS staff or resources may not be used for patients whose care is on a private pathway, unless this is a pathway commissioned by the NHS with a private provider. This includes the use of NHS secretaries and administrative staff to manage private practice activities during their paid NHS Secretarial time e.g. typing private letters or booking private patients during their NHS contracted time.
- (ix) If a patient is seen in private practice and wishes to revert to NHS care this must be facilitated by the consultant. It is suggested that the consultant provide a referral letter to the relevant NHS referral coordinator. Alternatively, they may request the GP to make an NHS referral in the usual way. The patient will join the NHS waiting list at a point appropriate to their clinical urgency as judged by the results of investigations carried out in the private sector. A referral from the private sector cannot be used as a way of circumventing the NHS waiting list unless the patient requires expedited care because of the acuity of their condition.

9. Declaration about Private Practice

- 9.1. The Health Board's Policy for Standards of Business Conduct¹ requires "any member of staff employed by the Health Board to declare any other employment/self-employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes private practice". Consultants must complete the annual Declaration of Interest form, and lodge this with the Director of Corporate Governance². Where Consultants are unsure of whether they should complete the Declaration Form it is advised that they do as evidence of their acting with probity.
- 9.2. Details on how to complete and submit a declaration of interest can be found in the Aneurin Bevan University Health Board Policy for Standards of Business Conduct, which can be accessed via the staff intranet.³

10. Appraisal

- 10.1. Under the appraisal guidelines agreed in 2001, NHS consultants must be appraised on all aspects of their medical practice. In line with the requirements of revalidation, consultants must submit evidence from private practice to their appraiser, as part of the whole practice appraisal process.
- 10.2. Consultants must comply with any specific requirements from their Responsible Officer (RO) with respect to information that is required to permit the RO to make a judgment about a clinician's private practice for the purposes of revalidation. The range of information that must be brought to the NHS appraisal is governed by the same GMC rules as the information that must be collated for appraisal of a doctors NHS practice (this includes audit of private practice, reflection on complaints arising in the Private Sector and appropriate CPD if the Private Practice scope of practice differs from clinicians NHS scope of practice).

Agreement will be required between clinicians undertaking private practice and their NHS appraiser on the information requirements for appraisal of Private Work that must be presented over the 5-year revalidation cycle. The consultant will be expected to replicate the quality and quantity of information which they provide for their NHS practice from their Private Practice. Where the consultant undertakes work for a recognised private provider, completion of a satisfactory appraisal in the Private Sector may be brought as evidence to the NHS Appraisal.

¹ Details on submission of Declarations of Interest Form link [Declarations of Interest and Staff Conduct](#)).

² Link to [Declaration of Interest Form](#)

11. Schedule of Work and Job Planning

11.1. A consultant must ensure that:

- (i) That there are clear arrangements to avoid the risk of private commitments disrupting NHS commitments, for instance by causing NHS activities to begin late, run short, or to be cancelled.
- (ii) Planned delivery of Private Practice or travel to Private Practice premises must not take place during rostered DCC or SPA time. Exceptions will apply where a patient in a private facility under the care of the consultant requires immediate emergency attendance and no other consultant is available.
- (iii) The Divisional Director must be informed as soon as practicably possible about each occasion when this has taken place or may take place.
- (iv) Job planned NHS commitments must take precedence over private work.
- (v) The job planning process will be used to agree when NHS sessions are scheduled between the employer and the doctor undertaking private practice.
- (vi) The needs of patients in the NHS will not be prejudiced by the provision of services to private patients. Scheduled SPA and DCC sessions must not be moved to undertake Private work, unless with by prior written agreement.
- (vii) As described in the Amendment to the National Consultant Contract (Wales (2003) paragraph 2.12, "SPA sessions, mutually agreed at the job planning review, may be scheduled across the week such that up to one session of contractual commitment may take place outside working hours leaving a similar period free in which there is no contractual commitment during normal working hours". This previously agreed free period may accommodate private practice.
- (viii) When there is a mutually agreed change to the job plan, the Health Board is required to allow a period for consultants to rearrange existing private sessions. This will usually be 3 months' notice, unless the consultant is reasonably able to re-arrange duties sooner and agrees with the shorter notice.
- (ix) If job planned NHS sessions are being regularly disrupted the Consultant must re-arrange private sessions or request that a change to their NHS job plan is considered.
- (x) Due to the nature of on-call work in many specialities and in the interest of patient safety, the Health Board does not routinely permit consultants to undertake private practice when

on call for the Health Board. However, the amendment to the National Consultant Contract (Wales (2003) states that "A consultant with a low likelihood of recall may undertake appropriate private practice when on-call for the NHS, with the prior agreement of their NHS employer that this will not affect their availability for NHS commitments".

If a consultant believes that the nature of their NHS on call commitments may permit a regular commitment to private practice then, prior agreement with the Divisional Director or Medical Directors Office must be sought ahead of any commitment to private practice being made.

A diary exercise will be requested demonstrate the low likelihood of recall prior to reaching agreement.

In the event that the consultant chooses not or is unable (due to this being a new post) to participate in a diary exercise the Divisional Director will use professional judgment in deciding whether to permit a consultant to undertake private work whilst on call.

- (xi) The Health Board does not permit consultants to undertake private practice in time or days that they are **contracted** to the Health Board when the consultant is absent from work for reasons other than annual leave e.g. when on sickness absence, for training paid by the Health Board.

In the interests of patient safety there may be exceptional circumstances during **non-contracted time** where minimal essential continuing private treatment may be permitted e.g. reviewing diagnostic results. Prior to undertaking such work during a period of absence the consultant must make every attempt to provide cover by other means e.g. from another Consultant working in the private sector. If this is not possible the Consultant must seek the agreement of the Divisional Director in advance of undertaking private work.

In addition to patient safety reasons there may also be other exceptional circumstances and depending on the reason for the sickness absence which means private practice on **non-contracted days** may be approved by the Health Board whilst the Consultant is absent from NHS employment.

All requests to undertake private work whilst absent from NHS employment on non-contracted days must be discussed with the Divisional Director in advance of undertaking the private work. All decisions will be made in accordance with the Managing Attendance at Work Policy and following discussions with the operational workforce team.

- (xii) There may be exceptional circumstances in which consultants may reasonably provide emergency or essential continuing treatment for an existing private patient during NHS time on the basis of clinical need.

In such exceptional circumstances consultants must make alternative arrangements to provide cover for their NHS patients, for example, by arranging to swap shifts with an appropriate colleague.

12. Informing NHS patients about private treatment

- 12.1. In the course of their duties and responsibilities consultants must not solicit discussions about providing private services for NHS patients, nor must they ask other NHS staff to initiate such discussions on their behalf.
- 12.2. Where an NHS patient seeks information about the availability of, or waiting times for, NHS and or private services, consultants must ensure that any information provided by them, is accurate and up to date.
- 12.3. NHS consultants must not advertise their private practice to patients seeking care from the NHS including providing business cards.
- 12.4. A consultant may provide information about a service in the private sector which is not available on the NHS⁴.

13. Transfer of patients between Private Practice and the NHS

- 13.1. A patient who chooses to be treated privately is entitled to NHS services on exactly the same basis of clinical need as any other patient.
- 13.2. A private patient is legally entitled to revert to NHS status at any stage during treatment. This may be as a result of an unforeseen change in circumstances, e.g. if a patient is admitted for a minor operation and is then found to be suffering from a different, more serious complaint.
- 13.3. Any patient changing their status after having been provided with private services should be accepted onto waiting lists according to clinical priorities identified by the referrer and the Health Board.
- 13.4. If a patient has self-funded their own referral/treatment in the private sector, the Health Board will not fund ongoing treatment in the private sector except as part of an agreed and commissioned pathway of care. To ensure equity, all such requests will be

⁴ Further guidance can be found on the BMA website (bma.org.uk).

declined, and the clinician advised to refer the patient to local or commissioned NHS services.

- 13.5. If, however, there is no local or locally commissioned service provision for the proposed treatment, the request for a referral to an external NHS consultant will be considered, based on the clinical information provided. The patient will be expected to receive all treatment with an NHS provider and must be added to the appropriate waiting list accordingly. This process may fall under the Individual Patient Funding Request (IPFR) process⁵.
- 13.6. Where the patient wishes to change from private to NHS status, the consultant must apply the following principles:
- (i) In certain circumstances private patients admitted as an Inpatient/Day case for a procedure and length of stay in a private facility may develop complications and the patient may choose to revert to NHS status, based on the overriding principle of clinical need. Upon transfer as an emergency to an ABUHB facility, they will be managed on the basis of their clinical need, as per NHS status.
 - (ii) Patients who change their status from private to NHS must have their clinical priority assessed and must not gain advantage over other NHS patients.
 - (iii) Patients who change status from private to NHS care for treatment for an episode of care cannot revert back to private care to complete that episode of care.
 - (iv) If a patient wishes to remain in private care but the procedure or intervention needed can only be delivered from an NHS facility the patient will need to meet the full cost of the care. Any such proposal by a consultant must be made on an exceptional, case-by-case, basis. This must be escalated to the Divisional General Manager and Divisional Director for decision on whether to authorise the proposal.
 - (v) The only exceptions will be when a patient is found to have cancer, or there is a strong suspicion that a patient has cancer, at which stage, onward care in the NHS should be offered, and an USC referral made via the usual NHS route.

14. Use of NHS Resources, Facilities and Staff for Private Practice

- 14.1. The Health Board does not allow the use of its resources, facilities or staff for private practice. This means that Consultants must not:

⁵ IPFR guidance can be found on the Health board intranet site [IPFR info](#)

- (i) Use Health Board or NHS facilities, resources or staff (nursing, Physician Associates (PAs) secretarial, administrative etc.) for the provision of private services during their contracted NHS duties.
- (ii) Use Health Board or NHS facilities or staff for arranging or undertaking the consultant's private activities e.g. secretarial staff arranging appointments, ICT systems, computers or mail systems etc, during their contracted NHS duties.
- (iii) Ask NHS staff to support the diagnosis, treatment or administration of private patients, including discussion at MDT.
- (iv) Transfer patient information from NHS records to their private records e.g. using email.

14.2. It is recognised that at times consultants will need to undertake some private work or fee paying services which will require access to NHS systems and resources. Where this de minimis non-NHS work e.g. insurance reports, is generated as a direct by-product of NHS duties then it is reasonable to permit use of NHS resources for the completion of that work.⁶

14.3. Care must be taken by NHS staff not to contravene policies and procedures when undertaking approved private patient work (e.g. e-mailing patient information between NHS and home computers, in contravention of Information Governance policies). Such policies and procedures apply equally to both NHS and non-NHS activities when using NHS equipment, systems or other resource.

15. Pathology and Radiology Procedures

15.1 The Health Board does not allow the use of its radiology or pathology resources for private practice outside commissioned pathways.

16. Prescribing following a private consultation

16.1. NHS prescriptions must not be used for private prescribing under any circumstances.

16.2. Consultants who prescribe as part of their private activity must familiarise themselves with their ongoing clinical responsibilities as set out in the All-Wales Guidance (Prescribing Dilemmas – A Guide for Prescribers; AWMSG 2021).

⁶ Para 9.14 & 9.15 of the Amendment to the National Consultant Contract in Wales

17. Monitoring and Effectiveness

- 17.1. The application and implementation of this policy will be monitored by Internal Audit via regular audit.
- 17.2. A Consultant's time and use of resources for private practice may be audited via the submission of Declaration of Interests.

18. Review

- 18.1. This policy will be reviewed every three years.
- 18.2. This policy will be updated when there is significant change to legislation, standards or in the event of contractual changes or changes in organisational position and any other factors impacting on it, if these occur within the three year review period.