People and Culture Committee

Thu 12 January 2023, 09:30 - 12:30

Microsoft Teams

Agenda

09:30 - 09:45 15 min	**1. PRELIMINARY MATTERS**

📄 People & Culture Committee Agenda 12 Jan 2023.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 20th September 2022

Attachment   Chair

📄 1.4 Final P&C Committee Minutes 20.9.22 (Chair Approved).pdf (9 pages)

1.5. Committee Action Log

Attachment   Chair

📄 1.5 People & Culture Committee Action Log Jan 2023.pdf (4 pages)

09:45 - 09:45 0 min	**2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

Oral   Chair

There are no items for inclusion in this section

09:45 - 11:55 130 min	**3. ITEMS FOR DISCUSSION**

3.1. 09:45 - 09:55 Workforce & Organisational Development Divisional Risk Register

Attachment   Director of Workforce / Director of Corporate Governance

📄 3.1 Workforce & Organisatinal Development Divisional Risk Register.pdf (4 pages)
📄 3.1_App1_Workforce Corporate Risk Register.pdf (16 pages)
📄 3.1_App2_Workforce Divisional Risk Register.pdf (1 pages)

3.2. 09:55 - 10:00 People & Culture Committee Work Programme 2022/23

Director of Corporate Governance

📄 3.2 MASTER PCC_Committee Work Programme 2022-23.pdf (8 pages)

3.3. 10:00 - 10:30 Employee Wellbeing Survey

Presentation   Director of Workforce & OD

Will be received at the meeting.

3.4. 10:30 - 10:45 Assurance on Delivery of Actions and Activity within Objective 2 - Employer of Choice

Attachment   Director of Workforce & OD

- 📄 3.4 Assurance on Delivery of Actions and Activity within Objective 2- Employer of Choice.pdf (12 pages)
- 📄 3.4_App1_Retention Event Poster.pdf (1 pages)

3.5. 10:45 - 11:15 Director Of Workforce & Organisational Development Report

Attachment   Director of Workforce & OD

- 📄 3.5 Director of Workforce & OD Report.pdf (7 pages)

3.6. 11:15 - 11:25 Update on Variable Pay Reduction Plan

Attachment   Director of Workforce & OD

- 📄 3.6 Update on Variable Pay Reduction Plan.pdf (8 pages)
- 📄 3.6_App1_Draft Variable Pay Reduction Action Plan Nov 2022.pdf (6 pages)
- 📄 3.6_App2_Variable Pay Reduction_Terms of Reference.pdf (2 pages)

3.7. 11:25 - 11:35 Medical Training Risk Register

Attachment   Medical Director

- 📄 3.7 Medical Training Risk Register .pdf (5 pages)
- 📄 3.7_App1_Risk reporting Appendix A.pdf (16 pages)
- 📄 3.7_App2_Risk reporting Appendix B.pdf (1 pages)

3.8. 11:35 - 11:45 Medical Appraisal & Revalidation

Attachment   Medical Director

- 📄 3.8 Medical Appraisal & Revalidation.pdf (7 pages)

3.9. 11:45 - 11:55 Workforce Performance Dashboard Incorporating Key Performance Indicators

Attachment   Director of Workforce & OD

- 📄 3.9 Workforce Performance Dashboard Incorporating Key Performance Indicators.pdf (2 pages)
- 📄 3.9_App1_Workforce Monthly Dashboard - Nov 2022.pdf (4 pages)

11:55 - 12:00
5 min

4. ITEMS FOR INFORMATION

4.1. Equality Impact Assessments: More than a tick box exercise

Attachment   Director of Workforce & OD

- 📄 4.1 Equality Impact Assessments More than a tick box exercise.pdf (44 pages)

12:00 - 12:05
5 min

5. OTHER MATTERS

Oral   Chair

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:

Oral   Chair

Tuesday 13th June 2023 at 09:30 - 12:30 via Microsoft Teams

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

AGENDA	
Date and Time	Thursday 12th January 2023 at 13:00
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 20th September 2022	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
	There are no items for inclusion in this section		
3	**ITEMS FOR DISCUSSION**		
3.1	Workforce & Organisational Development Divisional Risk Register	Attachment	Director of Workforce/Director of Corporate Governance
3.2	People & Culture Committee Work Programme 2022/23	Attachment	Director of Corporate Governance
3.3	Employee Wellbeing Survey	Presentation	Consultant Clinical Psychologist, Employee Well-being
3.4	Assurance on Delivery of Actions and Activity within Objective 2 - Employer of Choice	Attachment	Director of Workforce & OD
3.5	Director Of Workforce & Organisational Development Report	Attachment	Director of Workforce & OD
3.6	Update on Variable Pay Reduction Plan	Attachment	Director of Workforce & OD
3.7	Medical Training Risk Register	Attachment	Medical Director
3.8	Medical Appraisal & Revalidation	Attachment	Medical Director
3.9	Workforce Performance Dashboard Incorporating Key Performance Indicators	Attachment	Director of Workforce & OD

4	ITEMS FOR INFORMATION		
4.1	Equality Impact Assessments: More than a tick box exercise	Attachment	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: • Tuesday 13th June 2023 at 09:30 – 12:30 via Microsoft Teams		

KEY:	
Priority 1	• Every Child has the Best Start in Life
Priority 2	• Getting it Right for Children and Young Adults
Priority 3	• Adults in Gwent Live Healthily and Age Well
Priority 4	• Older Adults are Supported to Live Well and Independently
Priority 5	• Dying Well as part of Life
Enablers	• Experience, Quality & Safety • Partnership First • Research, Innovation, Improvement, Value • Workforce & Organisational Development • Finance • Digital, Data, Intelligence • Estate • Regional Solutions • Governance

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*

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the People and Culture Committee held on
Tuesday 20th September 2022 at 1.30 pm via Teams

Present:	
Louise Wright	Independent Member (Chair)
Paul Deneen	Independent Member
Helen Sweetland	Independent Member

In attendance:	
Sarah Simmonds	Director of Workforce & OD
Debra Wood-Lawson	Deputy Director of Workforce & OD
Julie Chapelle	Assistant Workforce Director
Shelley Williams	Interim Assistant Director of Workforce & OD
Geraint Scott	Head of Welsh Language
Peter Brown	Assistant Director of Workforce & OD
Hannah Williams	Head if Organisational Development, Workforce & OD
Kate Davies	Workforce Performance Manager
Cathy Brooks	Head of Workforce Planning
Stephen Chaney	Deputy Head of Internal Audit, NWSSP
Danielle O'Leary	Head of Corporate Services, Risk & Assurance
Emma Guscott	Committee Secretariat

Apologies:	
Rani Mallison	Director of Corporate Governance
Adrian Neal	Consultant Clinical Psychologist, Employee Well-Being

	Preliminary Matters
PCC 2009/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PCC 2009/02	**Apologies for Absence** Apologies for absence were noted.
PCC 2009/03	**Declarations of Interest** There were no Declarations of Interest to record.
	Committee Governance
PCC 2009/04	**Draft Minutes of the Meeting Held on the 14th April 2022** The minutes of the People & Culture Committee meeting held on the 14th of April 2022 were noted as a true and accurate record.

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PCC 2009/05	**Committee Action Log** The Committee discussed the actions and members were assured that all actions had clear timelines. Members thanked the teams involved for the completion of previous actions. Members discussed action ***PCC 0807/08 The committee requested sight of the Primary Care Evaluation Report. To be shared with the committee.*** It was agreed that Debra Wood-Lawson, Deputy Director of Workforce & OD, would share the document 'Transformation Fund Regional Report, Project Update' with members, with the full Primary Care Evaluation Report, outside of the meeting. Paul Deneen, Independent Member, requested further information on Regional Partnership Boards (RPB) funding plans and allocation. The Deputy Director of Workforce & OD nominated Roxanne Green, Assistant Director of Partnership and Integration, to provide members with an informed overview of the RPB spend profile at a future Committee meeting. **Action: Assistant Director of Partnership and Integration/Secretariat**
	Items for Discussion
PCC 2009/06	**Committee Strategic Risk Report & Workforce Divisional Risk Register- September 2022** Danielle O'Leary, Head of Corporate Services, Risk and Assurance, supported by Workforce and Operational Development colleagues, provided the committee with an overview of the report outlining Corporate and Divisional workforce risks. Members were informed that since the previous Committee meeting held in April 2022, two additional risks had been identified and were proposed to be added to the Corporate Risk Register. The potential risks were noted as: • *Industrial Action* and *Nursing and* • *HCSW agencies refusing to contract with the Health Board.* In addition, all risks were updated to reflect the actions supporting the Health Boards new 'People Plan'. Debra Wood-Lawson, Deputy Director of Workforce & OD, discussed the additional risks and proposed that the potential risk of *Nursing and HCSW agencies refusing to contract with the Health Board* be a joint risk between the Director of Workforce and the Director of Finance, to have oversight of any potential risk arising from potential breaches of public sector pay policy. Any potential breach of the public sector pay policy would be routinely monitored by the Audit, Risk and Assurance Committee. Paul Deneen, Independent Member, requested further detail on the risk *Nursing and HCSW agencies refusing to contract with the Health Board.* Sarah Simmons, Director of Workforce & OD, informed members that the Health Board had seen exceptional demand for agency staff. Unprecedentedly high numbers of invoices had been received by the Workforce & OD team via agencies. Unfortunately, the invoices did not always align with the

	information contained on the roster system. This had sometimes, thus caused a backlog and delays, resulting in delays of payments to agencies. The Workforce and OD task and finish group were working alongside Finance and Audit teams to find solutions to current issues and redesign processes for improvement. The Health Board Agency Reduction Plan continued to be a focus, converting current vacancies into staffed posts and becoming less reliant on agency staffing. Helen Sweetland, Independent Member, noted the recent recruitment of international nurses and its impact on filling substantive nursing posts, and requested an update on the progress. Members were informed that the feedback had been positive, and many of the cohort had received required training. The Health Board was considering further overseas recruitment for nurses, recognising further recruitment work was required throughout the Health Board. Members were informed that a 'Safer Care Model' had been piloted in Nevil Hall Hospital, providing instant data ensuring rosters and agency shifts align. thanked the Workforce and Finance teams for the additional work to tackle the backlog and keep the organisation safe. Members were assured of the Health Board plans to mitigate risks. The Committee **ENDORSED** the inclusion of the following two new risks on the Corporate Risk Register and NOTED that these would be discussed further with Executive Team prior to recommendation at Board for inclusion on the Corporate Risk Register: • Industrial Action • Nursing and HCSW agencies refusing to contract with the Health Board
PCC 2009/07	**Committee Workplan 2022/23** Danielle O'Leary, Head of Corporate Services, Risk and Assurance, presented the draft proposed workplan to the Committee. Members were informed that the workplan aligned to the agreed Committee Terms of Reference, the Board Assurance Framework and the objectives as set out in the People Plan 2022/23. Members were informed that the workplan would be presented to each Committee meeting for oversight. Further discussions to finalise expectations for required items to take place outside of the meeting. **Action: Committee Chair/Director of Workforce and OD/Head of Corporate Services, Risk and Assurance** The Committee **APPROVED** the proposed workplan.
PCC 2009/08	**People Plan Update Quarter 1** Debra Wood-Lawson, Deputy Director of Workforce & OD, presented an overview of progress made during the first quarter of the implementation of the People Plan 2022-25. It was agreed that the presentation would be shared with members. **Action: Deputy Director of Workforce & OD/secretariat**

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Members were reminded of the purpose and background of the People Plan, aligning to key organisational objectives and workforce challenges, noting that the plan had been approved by the Board in May 2022.

Members were informed of the achievements to date, noted as follows:
- The findings of the fifth Staff-Wellbeing Survey had been analysed, and the teams were in the process of developing the sixth.
- Observational work had been undertaken by Workforce and OD colleagues with a focus on psychological safety for theatre staff.
- Regular Equality, Diversity and Inclusion events had been held, including published newsletters and staff networks.
- Trained mediators were now available in all Divisions to support any potential conflict situations.
- 'Walkabouts' had taken place across sites with Executive Directors, engaging with staff and resolving issues raised.
- The People Plan has received external recognition through the Healthcare People Management Association (HPMA) Awards and had reached the finals of the Association of Business Psychologists (ABP) awards 2022.
- Sanitary Products on Site (SOS) boxes have been provided across the Health Board for female staff and were available in toilets. This had been very well received by staff members.
- The Project Wingman bus, supporting staff wellbeing had been operational outside the GUH.
- Support and information had been provided to staff to help support the rise in the cost of living. A paper would be presented to the Executive Team on Financial Wellbeing.
- A Welsh Language Clinical Consultation Plan had been published and a development strategy for Welsh language, led by the Head of the Welsh Language Unit.
- Aneurin Bevan was the only Health Board in Wales to implement the Specialist and Associate Specialist (SAS) contract to deadline, securing financial support from Welsh Government, therefore avoiding additional costs for the HB. The SAS contract is key for retention and recruitment and allow doctors who were not currently on training pathways to be a consultant to allow them to work at a senior level.

Members were informed of future plans and noted that funding had not been allocated for the Centre of Excellence for Wellbeing. Although this was disappointing, the Health Board were working to seek alternative plans and pathways. Members were informed that the Health Board was exploring options and researching solutions such as income generation, and possible future partnership working around the Centre of Excellence.

Louise Wright, Committee Chair, requested reassurance that the People Plan was shared with all staff members. Members were informed of continual staff engagement, incorporating all forms of communication such as roadshows/workshops, videos and newsletters. A dedicated project management role was under development to focus and support staff engagement. An update on this to be discussed at a future meeting. **Action: Director of Workforce & OD/Secretariat**

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	Members noted the high use of agency staff and queried the attraction for staff working for agencies. The Assistant Workforce Director informed members that the flexibility and the higher rates of pay with agencies appeal to some. The Committee requested that an update on the Health Board's Recruitment Modernisation Programme, including a deep dive on agency and bank working to come back to the next Committee meeting. **Action: Director of Workforce & OD/Secretariat** The Committee Chair thanked the Workforce and OD team for the update and congratulated them on the achievements to date.
PCC 2009/09	**Workforce Performance Dashboard- September 2022** Sarah Simmonds, Director of Workforce and OD, gave an overview of the Workforce Performance Dashboard. Members were invited to provide comments on the Dashboard to the Director of Workforce & OD, with a deadline of two weeks. **Action: Director of Workforce & OD/Workforce Performance manager/Secretariat** The Committee Chair thanked the Director of Workforce and OD and the Workforce Performance Manager for the work undertaken.
PCC 2009/10	**Report from the Director of Workforce and OD** Sarah Simmonds, Director of Workforce and OD, presented the report to the Committee, providing an overview of a range of activities of the Workforce & OD Team, key issues locally, regionally and within Wales. The following points were highlighted to members: • Work had been undertaken to improve HR Harm Avoidance. A recent "Employee Investigations – Being kind to the person and the process" workshop was attended by managers, staff side representatives and workforce colleagues, introducing the concept of avoidable employee harm during disciplinary investigations and demonstrating the need for change. The HR Harm Avoidance approach was fully supported by Staff side. The investigation training would be rolled out in Autumn 2022, throughout the organisation. • Two Transfer of Undertakings (Protection of Employment) (TUPE) had taken place. The first was the transfer of 27 employees from Public Health Wales (PHW) to the Health Board on 1st October 2022. A detailed report would be presented to Board members at the end of September 2022. The second was the potential transfer of approximately 20 pharmacy staff out of the Health Board, aligning to the 'Proposal to set up a National Medicines Service under the Transforming Access to Medicines Programme (TrAMs)– Stage 1 – Senior Leadership Tier'. Staff were offered the opportunity to attend one-to-one meetings during the stage 1 consultation. No risks had been identified, however there was more work to be undertaken to ensure due diligence, reporting to Board members where appropriate. Paul Deneen, Independent Member, requested information on any financial implications to the Health Board in relation to the TUPE. Members were informed that this was a cost neutral exercise and funding would transfer will

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	staff. Relevant engagement was undertaken to support staff being transferred and the move had been well received. The Committee Chair thanked the Director of Workforce and OD for the comprehensive report. The Committee **NOTED** the report for information.
PCC 2009/11	**Employee Well-being Survey Update** Sarah Simmonds, Director of Workforce & OD, provided the Committee with a brief overview. Members were informed that this was the fifth Employee Well-Being survey. The surveys commenced at the start of the pandemic with an average response rate of 25-30%. Early analysis of responses from the fifth survey showed a small proportion of the workforce struggling to cope with work pressures and feeling work was unjust or unfair. The next steps were discussed, noting that work would be undertaken with Divisions, utilising results from the surveys to help inform programs of work and well-being interventions. Paul Deneen, Independent member, queried if discussions around survey results were triangulated with trade-unions. Members were informed that the data was presented to the Trade Union Partnership Forum and Local Negotiating Committees (LNCs), including feedback to ensure the data was congruent with the experience of their members. The Health Board's Fifth Employee Well-being Survey was included in the agenda for the next Trade Union Partnership Forum meeting in October 2022. A comprehensive report outlining the key findings and steps to progress plans would be brought back to the next Committee meeting. **Action: Consultant Clinical Psychologist, Employee Well-Being/Secretariat**
PCC 2009/12	**Agile Working Update** Julie Chappelle, Assistant Workforce Director, supported by Cathy Brookes, Head of Workforce Planning, provided the Committee with an update of the work delivered through the Agile Delivery Board and an overview of the Agile Working Plan, performance to date and associated risks. Members were reminded of the changes in working during the pandemic and informed that learning and best practice from that was used to develop the Health Board approach to agile working. Health Boards plans around agile working. The following key points were noted: • The Health Board had a dedicated manager supporting the Agile Working Framework. • An All-Wales Agile Working Group had been established, sharing learning and best practice across NHS Wales, Chaired by the Head of Workforce Planning. • Work continued at Health Board sites to analyse agile working, available spaces, and staffing requirements. A new agile working space had opened at the Cleppa Park site.

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	- The Homeworking Policy was currently under review. - The Agile Framework had been updated based upon best practice and staff feedback. - An update on costs was outlined, noting a 42% reduction in business miles and a 45% reduction in costs. Paul Deneen, Independent Member, queried whether staff had raised concerns over the cost-of-living crisis in relation to working from home. Members were informed that this had not been flagged. The Director of Workforce and OD discussed concerns over the pressure for staff working from home and the cost-of-living crisis. The Workforce and OD teams were working on a Hybrid Agile Working offer for staff, highlighting available agile working spaces at sites closest to home, that could be booked on a proposed room booking system. Helen Sweetland, Independent Member, queried if there had been a change in the support and uptake of agile working by staff since the pandemic. Members were informed that there had been a huge shift towards agile working in comparison to pre-pandemic, however it was acknowledged that agile working was not an option for a number of staff groups. It was noted that the Health Board had invested in IT equipment to support agile working. Sarah Simmonds, Director of Workforce and OD, informed members that the next steps for agile working would include collaboration with planning, finance and works and estates colleagues. Workforce and OD teams were due to meet with Divisional Leads, to embed and provide support around the Agile Framework, in October 2022. The Committee Chair thanked the Workforce and OD teams for their hard work around agile working. The Committee **NOTED** the update.
PCC 2009/13	**More than Just Words 2022-27** Geraint Scott, Head of Welsh Language, presented the report to the Committee. Members were informed of the launch of the More Than Just Words (MTJW) plan for 2022-2027 by Welsh Government in August 2022. The report provided an overview of key information from the MTJW plan and recommendations to ensure the Health Board would be compliant with the objectives outlined in the MTJWplan 2022-2027. The Welsh language Unit had undertaken two main streams of work so far. The first stream focused on careers, engaging with Welsh speaking students and lecturers teaching through the medium of Welsh, discussing employment opportunities within the Health Board. The second stream utilised data to determine the linguistic skills of current staff to inform training requirements. The Welsh Language Unit were pleased to inform members of the increase in staff noting their levels of Welsh language on ESR; the numbers had increased from 30% in 2020 to 70% in 2022. Members were informed of the key actions to be undertaken, led by the Welsh Language Unit. Actions were outlined as follows:

	• Creation of an animation/training module around 'courtesy level' Welsh which can form part of new staff induction training and be accessed by existing staff. • Link with Coleg Cymraeg Cenedlaethol to gain access to the network of Welsh language course providers. Staff can undertake a number of learning pathways, free of charge, including learning Welsh or developing their acquired skills. In addition, ensuring learning was appropriate to staff skill and area of work. • The Health Board would continue to monitor and promote ESR compliance in relation to Welsh language. • Expand on roadshows and audits to raise awareness and monitor progress in relation to visual displays and signage. The Welsh Language Unit would be providing training and learning roadshows to staff, with dates to be confirmed. • Connect recruitment managers with key stakeholders to maximise the recruitment of Welsh speaking staff. • Continue to develop and deliver careers workshops and materials in Welsh for prospective employees currently still in education. • Each Division shall appoint a senior member of staff who holds responsibility for reporting on Welsh Language. • Clear KPI's would be established for each Division to report on with support and guidance provided by the Welsh Language Unit. Sarah Simmonds, Director of Workforce and OD, highlighted the support for the work being undertaken by the Head of Welsh Language, discussing the holistic approach the Health Board was taking to improve Welsh language, improving patient care and staff experience. The Welsh Language Annual Report would be presented to the Board at the end of September 2022. The Committee **NOTED** the contents of the report and **APPROVED** the recommended key actions identified.
	Items for Information
PCC 2009/14	**Taking Care of the Carers, Management Response** The Committee **NOTED** the report for **INFORMATION**.
	Other Matters
PCC 2009/15	**Any Other Urgent Business** Sarah Simmonds, Director of Workforce and OD, informed members that this would be the last meeting for Debra Wood-Lawson, Deputy Director of Workforce & OD, as she had been successful in securing a seconded role as Director of Workforce and OD for Powys Teaching Health Board. Committee members thanked Debra Wood-Lawson for all her work in Aneurin Bevan Health Board and wished her well in her new post.
PCC 2009/16	**To confirm any key risks and issues for reporting/escalation to Board and/or other Committees** The addition of the two new risks to be discussed at Executive Team prior to inclusion on the Corporate Risk Register. The two new risks were as follows: • Industrial Action

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	• Nursing and HCSW agencies refusing to contract with the Health Board It was agreed that this would be reflected in the Committee assurance report. **ACTION: Secretariat**
	Date of Next Meeting
PCC 2009/17	The date of the next meeting was noted as: - Tuesday 10th January 2023 via Microsoft Teams.

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**People & Culture Committee
January 2023 Action Sheet**

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

Agreed Actions Key:

Overdue	Not yet due	Due	Transferred	Complete	In Progress

Action Ref	Action Description	Due date	Lead	Progress	Status
PCC 0807/08 Overview and Update on Workforce & OD May-Sept 2021	The committee requested sight of the Primary Care Evaluation Report. To be shared with the committee.	**Sept 2022**	**Director of Workforce & OD**	*Transformation Fund Regional Report, Project Update* document shared with members 20/09/22. The full Primary Care Evaluation Report to be circulated with members outside of the meeting.	**Due**
PCC 1404/11.2 Agile	Deputy Director of Workforce & OD to provide an update at a future meeting on the possibilities of using	**Jan 2023**	**Deputy Director of**	The possibility of use the use of solar power would be discussed by the Decarbonisation Group, led by the	**Transferred**

Working Update	solar power, in line with the Health Board's de-carbonisation strategy.		**Workforce & OD**	Director of Finance and Procurement and reports to the PPHP Committee. This action is therefore **transferred**.	
PCC 2009/05 Committee Action Log	Members requested further information on Regional Partnership Boards (RPB) funding plans and allocation. An informed overview of the RPB spend profile at a future Committee meeting.		**Director of Partnership, and Integration**	Action **transferred** to PPHPC committee.	**Transferred**
PCC 2009/07 Committee Workplan 2022/23	Further discussions to finalise expectations for required items to take place outside of the meeting.		**Committee Chair/ Director of Workforce & OD/Head of Corporate Services, Risk and Assurance**	Workplan discussed and finalised at the agenda setting meeting.	**Complete**
PCC 2009/08 People Plan Update Quarter 1	The presentation to be shared with members.	**Oct 2022**	**Deputy Director of Workforce & OD/ secretariat**	Presentation shared with members.	**Complete**
PCC 2009/08.1 People Plan Update Quarter 1	An update on communication to staff outlining the People Plan to be discussed at a future meeting.		**Director of Workforce & OD**	The People Plan Newsletter was cascaded to staff at the beginning of October 2022. Regular newsletters and communications will be produced going forward.	**Complete**

PCC 2009/08.2 People Plan Update Quarter 1	An update on the Health Board's Recruitment Modernisation Programme, including a deep dive on agency and bank working to come back to the next Committee meeting.	**Jan 2023**	**Director of Workforce & OD**	Update on Recruitment and Retention, and the Agency Reduction Plan included on the agenda for January 2023.	**Complete**
PCC 2009/09 Workforce Performance Dashboard– September 2022	Committee members were invited to provide comments on the Dashboard to the Director of Workforce & OD, with a deadline of two weeks.	**Oct 2022**	**Director of Workforce & OD**	Comments received and the performance report has been updated accordingly. The Workforce Performance Dashboard will continue to be refined as new systems develop and information becomes available.	**Complete**
PCC 2009/11 Employee Well-being Survey Update	A full report to come back to the next Committee meeting.	**Jan 2023**	**Consultant Clinical Psychologist, Employee Well-Being**	Included on the agenda for January 2023.	**Complete**
PCC 2009/16 To confirm any key risks and issues for reporting/escalation to Board and/or other Committees	Two risks to be included in the assurance report for Board; • Industrial Action • Nursing and HCSW agencies refusing to contract with the Health Board	**Sept 2022**	**Secretariat**	Included in the assurance report for Board.	**Complete**

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

WORKFORCE & ORGANISATIONAL DEVELOPMENT
DIVISIONAL RISK REGISTER

Executive Summary

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

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

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

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

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

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	☐
Note the Report for Information Only	

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Cathy Brooks, Head of Workforce Planning

Report Received consideration and supported by:		
Executive Team	**Committee of the Board [Committee Name]**	People & Culture Committee

Date of the Report: 30 December 2022

Supplementary Papers Attached:

Appendix 1 - Workforce & OD Corporate Risk Register

Appendix 2 – Workforce & OD Local Risk Register

Purpose of the Report

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

Background and Context

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

The purpose of a Risk Register will be to:

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

Assessment

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

- **CRR002 (March-2017) –** Failure to recruit, retain and develop staff across all disciplines and specialities to critical areas, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards.
- **CRR0021 -** Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice.
- **CRR0025 -** Lack of mental and psychological staff preparedness will have a negative impact on absenteeism and could result in long term sickness with PTSD & other forms of emotional traumatisation. High work-related industrial injury claims and compensation pay-outs.

Two additional risks were identified and supported by the Committee in September 2022:

- Failure to sustain current levels of staffing due to industrial action following 2022 pay round and ballots, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing.
- Ability to process increased high levels of agency invoices generated from the requirements of the organisation may result in suppliers refusing to place agency workers with ABUHB and breaching Public Pay Policy

Since the last meeting in September 2022, this risk level has decreased from 12 to 8 due to the progress made as detailed in the risk register.

All risks have been updated to reflect the actions to support the new People Plan 2021-2025. Action plans have been updated to ensure alignment with relevant resourcing challenges across the Health Board and alignment with government legislation.

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

- Winter workforce supply due to vacancies and staff sickness
- Staff sickness
- Medical exclusion

It is recommended that these risks are merged into with winter workforce supply as the actions to mitigate the risk are similar to those for winter pressures.

In terms of medical exclusion, there is no longer separate guidance for those previously on the Shielding Patient List. The recommendation for anyone with underlying health conditions takes care to avoid routine coughs, colds, and other respiratory viruses. Each member of staff has been reviewed on a case-by-case basis to discuss any requirements or reasonable adjustments (where applicable) required to enable them to return to or remain in the workplace. Any changes to advise is reported through the Covid- 19 public health updates and communicated to staff via the corporate communication teams and managed locally. It is therefore advised to remove this risk from the W&OD local risk register.

The Risk Register will be of central importance to:

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

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

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

## Recommendation

The Committee are asked to:

- Review and provide comments on the latest Workforce & OD Corporate and Local Risk Registers
- Endorse merging the staff sickness risk with winter workforce supply risk, and
- Endorse the removal of the medical exclusion local risk as the risk has now been mitigated.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Reporting arrangements will ensure linkages with the Corporate Risk Register.
Financial Assessment, including Value for Money	Identifying and managing risks will support an approach of value for money and prudent principles relation to workforce & OD interventions.
Quality, Safety and Patient Experience Assessment	Effective oversight and management of risk will support safe staffing provision and have a direct impact on improving quality and safety and therefore the overall staff and patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessment screening indicates no negative impact and will enhance equality, diversity, and inclusion by a transparent assessment of risks.
Health and Care Standards	This report contributes to the good governance elements of the Standards with reference to the workforce standard.
Link to Integrated Medium-Term Plan/Corporate Objectives	Providing an appropriate governance to support a workforce to deliver safe, quality care.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Supports effective risk management feeding to policy development and arrangements for governance contributes to a positive impact on staff well-being, patient care and the wider population.
	Integration – Opportunities to work with local and national partners.
	Involvement – To work with Trade Unions to take account of the diversity of the membership, staff and population served to ensure policy and service change is equitable.
	Collaboration – Collaboration with external partners continues to support consistency of approach across NHS Wales organisations
	Prevention – Supports positive wellbeing and the prevention of absence and ill health.
Glossary of New Terms	n/a
Public Interest	Report has been written for the public domain.

Workforce & OD Corporate Risk Register

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision	
• **Enabler risk and links to all strategic priorities**		**TREAT**	*CRR002 (March-2017) –* *Threat Event: Failure to recruit, retain and develop staff across all disciplines and specialities to critical areas, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards.*
High Level Themes	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce	**Risk Appetite**	Low level of risk appetite in relation to potential patient safety risks. However, moderate levels of risk regarding innovation and changing roles to attract more staff and deliver services in different ways through new roles, therefore the Health Board will seek to *Treat* this risk profile.
Committee Assurance	**Internal Controls – Policies/Procedures**	**Risk Score**	
People and Culture Committee	• Monitoring Framework to support roll out of the People Plan. • Workforce Dashboard to track activity • RN Supply and Demand Tracker to review nursing vacancies, turnover and demand. • Agency Reduction Plan approved June 2022 and supported by Programme Board. • Management of attendance through All Wales Management Attendance at Work Policy and NHS Wales COVID guidance. • Health Care Standards - Section 7 staffing and resources. • Nurse Staffing Levels (Wales) Act 201625b/25c. • Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. • Agile Working Delivery Board. • Measurements of Wellbeing through the ABUHB Staff Survey. • Occupational Health and Wellbeing dashboards report KPIs. • E-LGH service reconfiguration and service development through PMO structure	**Inherent** *Risk level before any controls/mitigations implemented, in its initial state.* **Current** *Risk level after initial controls/mitigations have been implemented.* **Target** *Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.*	

Action Plan *SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.*	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
		5	5	4	5	3	5
• Workforce projections, plans and scenarios take account of increased absence and workforce availability based on previous trends and planning assumptions. Plans have been reviewed and developed to support Recovery Planning and Winter Plan 2022/23. • Implementation of an Agency Reduction Plan. • Expand medical safer staffing reviews across other divisions following the positive recruitment of an additional 21 doctors in medicine. • Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor. • Registered Nurse Recruitment Programme of events with Train, Work, Live and RCN. • Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. • Continue to monitor safe staffing levels (periodically) as part of the Safer Staffing Act section 25 reported via Executive Director of Nursing • Review of workforce requirements to sustain required levels of covid vaccination and testing programme. • Annual programme of Apprentice recruitment • Development of career pathways (e.g., non-clinical to clinical). • People First Staff Engagement Framework in place to support retention and Staff Well-being medium- and long-term plan to support retention including Well-being Staff Surveys, peer support, increase in Psychology support through investment in the service to support stage 2 of the Well-being Centre of Excellence and the development and piloting of a Trauma Step Care Model is enabling individual and team needs to be assessed and supported. • Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. • WOD lead for Talent and Succession Planning and strategic approach being drafted. Development of resource and alignment with HEIW ongoing. Pilot planned early Jan 23 with operational divisional managers • Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff. • The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. • Accelerated Cluster Development is being supported through insights, knowledge, support and training offer through the RIF Workforce programme.	2022	25		20		15	

Trend since last reporting period		Executive Owner: Director of Workforce and Organisational Development
Mapping Against 4 Harms of COVID		**Update**

December 2022:

Demand for staffing remains high with additional capacity open, high demand for high levels of enhanced care, high levels of absence and turnover. The new People Plan and supporting actions to deliver an Employer of Choice Model:

Choose to join/stay

Significant work undertaken in relation to recruitment and retention i.e., Staff Retention Framework, Covid Recovery plans in development and Winter Workforce plans are being reviewed for appropriate action including community capacity. Local retention/engagement events continue to take place across divisions. Following a review of exit questionnaires and local listening events, we have rebranded our retention engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health and Complex HR

- 51 international nurses appointed and working with the health board with plans to recruit again internationally from April 23.
- Recruited an additional 21 doctors as part of the Safer Medical Staffing Review, through European Gateway and via enhanced recruitment campaigns with a view to expand this work across other divisions.
- 2,129 bank staff recruited across all professions during 2022 including 742 immunisers to the Mass Vaccination Programme.
- 129 student nurses allocated to the HB in September 2022 and a further 57 planned to join from March 23.
- 123.97 WTE HCSW appointed to permanent or fixed term contracts.
- The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies.
- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce.
- Early indicative improvements seen on time to hire following the introduction of the Recruitment Modernisation Programme in October 2022.
- The Accessing NHS Pension Policy has been reviewed and provides the opportunity for staff to re-engage in work following a 24-hour break as opposed to the 14 day break previously.
- Agency reduction plan in place to monitor and review all agency, bank pay incentives supply and demand.
- 25 sessions of People First staff Engagement Strategy completed, planning on phase 3 engaging with triumvirates in process. Engagement started with the DMT of Primary and Community Care as well as General Management of key sites.
- Programme of equality events, newsletters and networks rolled out to support retention.
- Partnerships with employability schemes such as Kickstart and Restart.

Deployment
- Bank pay incentives continue to be used through escalation process.
- Absence "hot spot" areas identified and plans in place to support.

	Choose to Grow
	• There has been a continued focus on creating capacity through reviewing skill mix, developing existing and creating new advanced and extended roles in Radiology and reporting, Pharmacy with Medicines Management, Mental Health Wellbeing Practitioners, Physicians Associates in Anaesthetics, and other medical specialities
	• Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked
	• Online learning being scoped with a tool from HEIW called Gwella (free to all ABUHB users).
	• Recruited additional 20 apprentices as part of the second cohort of apprenticeships.
	• Internships/Graduate Schemes ongoing
	Sustainability and Transformation
	• Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts.
	• Continue to review workforce models to support improved sustainability in services where there are hard to recruit posts.
	• Actively working with Local Authorities to promote joint recruitment activities.
	• Engagement with Universities to promote ad hoc paid working opportunities for Medical and Nursing students.

| Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision	
• **Enabler risk and links to all strategic priorities**		TREAT	*CRR0021–* *Threat Event: Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice.*
High Level Themes	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce	**Risk Appetite**	Risk appetite in this area is low in the interests of compliance with the Welsh Language Act.
Committee Assurance	**Internal Controls – Policies/Procedures**	**Risk Score 12**	
People and Culture Committee	• Monitoring Framework to support roll out of the People Plan. • A Welsh Language Strategic Group is in place and divisional operational groups are being established to mainstream the implementation of the standards. These will replace the working groups that were looking at specific standards. • Detailed action plan for the implementation of the standards to mitigate this risk. Monitored through the Welsh Language Strategic Group. • Close liaison with the Office of the Welsh Language Commissioner and Welsh Language leads in Welsh Government. • Welsh Language Standards awareness activities have been held across the Health Board, these including roadshows, training sessions, attendance at team and departmental meetings, attendance at Health Board events such as conferences, community events, joint community and staff language awareness training. • A series of protocols and guidelines have been developed and approved to meet the requirements of the Standards.	**Inherent** 12	**Current** 12	**Target** 8

	• Working collaboratively with other Health Boards and Public Sector bodies to learn lessons, share best practice and develop all Wales challenges. • Continual revision and updating of the Welsh Language homepage with useful links and additional resources for staff. • Continued communication and engagement activities through a series of Frequently Asked Questions, national and local Welsh Language campaigns and the Partneriaith network. • New arrangements and an SLA being agreed with BCUHB for translation services due to concerns raised regarding the quality of the current external provider.						

Action Plan *SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.*	**Due Date**	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
		3	4	3	4	2	4
• Develop a Welsh Language Strategy for the Health Board, centred on the needs of the local population, and providing a clear vision for the implementation of the Standards. We will continue to embed the 'Active Offer' principle and developing our Partner IAITH network to support our Welsh speaking staff to maximise their linguistic skills. • Deliver a Welsh Language recruitment training scheme • Introduce a revised Welsh Language Awareness training package • Develop a robust and sustainable internal translation service • Systematic review of Workforce & OD policies and frameworks to mainstream the Welsh Language in key policies and initiatives. • Promote specific activities provided through the medium of Welsh so that Welsh speakers may choose to use them. • Develop guidelines for agencies, contractors, and providers stating the requirements regarding the use of the Welsh Language in every business arrangement with the Health Board • Redevelopment of Health Board's Language Skills Strategy and assessment matrix for assessing Welsh Language skills for vacant posts. • Provision of Welsh Language Mentor activities to ensure that performance, efficiencies and economies of scale are realised • Develop a suite of written and digital resources for clinicians to raise awareness of the importance of the 'active offer' principle • Develop improvement plans to ensure that services provided electronically for patients and the public or which demand the use of Information Technology for their administration are available to the same standard in Welsh and in English.	2022	**12**		**12**		**8**	

• Publish Review to evaluate 5-year Welsh Language Clinical Consultation plan • Publish strategy review to evaluate 5-year Welsh Language Clinical Consultation plan – measures to sustain achieved actions over the past 5-year period and actions for the next 5-year period				

Trend since last reporting period	↔	Executive Owner: Director of Workforce and Organisational Development

Mapping Against 4 Harms of COVID	Update
Harm from COVID itself · Harm from overwhelmed NHS and social care system · Harm from reduction in non-COVID activity · Harm from wider societal actions/lockdown	**December 2022:** • Welsh Language 5-year plan and Bilingual Skills Strategy agreed by Strategic Group. • Translation software procured to enable the internal translator to undertake project work. • Translation memories of neighbouring Health Boards procured to support work. • Internal auditing processes established - undertaken quarterly and reported to Strategic Group. • Mandating Welsh Language Competencies on ESR – 16% increase in overall compliance during 2021/22. • Workshops delivered to recruiting managers to support the implementation of the Bilingual Skills Strategy. A Further round of workshops will be delivered early in 2023. • Working collaboratively with Recruitment colleagues to populate a local level library of translated Job Descriptions. This library now contains 150 fully bilingual Job Descriptions. • A suite of digital accredited and informal Welsh Language training packages has been scoped and are being offered to staff. • Welsh Language Translation arrangements will be changed, and an SLA is in the process of being agreed with BCUHB an internal translator has also been appointed. Although this transfer has been delayed due to sickness in BCUHB it is hoped this will be finalised prior to the new financial year. • Translation of standard entry level Job Descriptions and establishment of a working group to undertake a comprehensive assessment and process for extensive translation. • 5 animation reels have been commissioned to share key messages regarding the Standards with staff. All have been produced and are uploaded to the AB Pulse. • The 'Active Offer' principle is now promoted during the PADR process. • Further development of the PartnerIAITH Welsh speakers/new speaker's network to include monthly virtual events, informal 'Clybiau Clonc' (Chat clubs), one-to-one support sessions, and workshops. • Continued communication and engagement activities through national campaigns (e.g., St David's Day, Dydd Miwsig Cymru, Diwrnod Shwmae, etc.). Activities are being run collaboratively with other Health Boards in order to maximise their impact and share resources and ideas. • Audit undertaken within the Primary Care Division to populate the corporate website with data regarding services available through the medium of Welsh. • Pilots underway with managed GP practices to improve their provision of an 'Active Offer'. • Research project was undertaken capturing Welsh speaking patient experience. • Audits were carried out across all Mass Vaccination Centres in Gwent to improve position against the Standards, this included the training of all staff.

|	
	• Collaborative working with Careers Wales, local businesses, employers, and alumni to produce bilingual content, including a series of short vlogs and video interviews, that will be shared with schools and colleges both locally and nationally. • Face-to-face workshops conducted with Welsh Language secondary school students, and meetings arranged for January 2023 with students undertaking Health and Social Care courses at Coleg Gwent and Coleg y Cymoedd. • Following the release of the new 'More Than Words' plan 2022-2027 by Welsh Government a paper went to board noting key actions for the Welsh Language Unit as well as KPI's for all other divisions. These will be communicated through meetings in the first quarter of 2023.

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision	
• **Enabler risk and links to all strategic priorities**		**TREAT**	*CRR0025–* *Threat Event: Lack of mental and psychological staff preparedness will have a negative impact on absenteeism and could result in long term sickness with PTSD & other forms of emotional traumatisation. High work-related industrial injury claims and compensation pay-outs.*
High Level Themes	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce	**Risk Appetite**	Risk appetite in this area is low in the interests of staff wellbeing, retention and an inability to safely staff the service capacity required to meet patient needs.
Committee Assurance	**Internal Controls – Policies/Procedures**	**Risk Score 12**	
People and Culture Committee	• Monitoring Framework to support roll out of the People Plan. • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. • Staff well-being tools, Well-being website and Covid-19 Well-being Plan available on the Intranet with a range of resources and clear signposting to support. • Well-being website has been "soft" launched and access is being promoted through the actions in the Covid-19 Pathways Implementation Staffing Plan and on all well-being communications. • Quarterly Staff Well-being Surveys for staff in progress.	**Inherent 12** **Current 12** **Target 8**	

	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
• Ministerial Measure 24 -Demonstrate an annual improvement in the overall staff engagement score Ministerial measure 25: Demonstrate an annual improvement in the % of staff who report that their line manager takes a positive interest in their health and well-being. • Ministerial Measure No 27: Demonstrate a 12-month reduction trend in the % of sickness absence rate of staff.						

Action Plan *SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.*	**Due Date**	**Likelihood** 3	**Consequence** 4	**Likelihood** 3	**Consequence** 4	**Likelihood** 2	**Consequence** 4
• Working with University partners on participation and development of local and national research projects aligned to WBCoE. • Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). • Further develop the longitudinal study with university partners to evaluate the impact of the WBCoE. • Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites. • Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders) • Develop an evidenced based medium to long term Strategy for staff with chronic fatigue and mental health issues. • Train Mediators so there is team and organisational resilience and network. • Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being • Scope, design and deliver a programme of activity 'Healthy Working Day'. • Enhance our financial well-being offer. • World leading research collaboration with Cardiff University exploring what constitutes Healthy Working Day across different staff groups postponed to Feb/March 23 due to winter pressures • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Monitoring delivery of the #PeopleFirst project through Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery Framework. Engagement ongoing with divisional management teams	2022	**12**		**12**		**8**	

Trend since last reporting period	⬌	**Executive Owner: Director of Workforce and Organisational Development**

Mapping Against 4 Harms of COVID		Update
		January 2023: • The Wellbeing Service received a total of 715 formal self-referrals in 2022, a 34% increase from 2021. • WCoE to be reframed as 'Aneurin Bevan Wellbeing' with an income generating Consultancy function that will in time help fund additional staff. • Consider scale up collaborative opportunities for the region via Regional Partnership Board. RPB has recently agreed to offer £10K from the winter support fund this will help us fund additional Staff Counsellor time until end of March 23. • Working with University partners, and national leaders (The Kings Fund) on participation and development of research projects aligned to Aneurin Bevan Wellbeing including: Avoidable Employee Harm and, Factors that inhibit middle managers to raise concerns. • Continue to work with other Health Boards and Trust in NHS Wales (recent funded work with WAST & proposed work with Shared Services, HPMA Wales, and HEIW). • Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites. • We are developing an evidenced based long term (10 years) vision paper which will outline the occupational wellbeing related challenges we face and opportunities including, engagement, health, and the ambition to offer as positive experience of work as is possible. • A new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being has been completed. • Psychologists from the Wellbeing Service continue to offer expert support to teams though this has needed to be rationalized to supporting Teams which are most likely to utilize the resource, not just those struggling. • Continue availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations. • Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid • Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision	
• **Enabler risk and links to all strategic priorities**		**TREAT**	**CRR?? – NEW RISK** *Threat Event: Failure to sustain current levels of staffing due to industrial action following 2022 pay round and ballots, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards.*
High Level Themes	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce	**Risk Appetite**	Low level of risk appetite in relation to potential patient safety risks.
Committee Assurance	**Internal Controls – Policies/Procedures**	**Risk Score**	
People and Culture Committee	• Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Under section 231 and 231A of the 1992 Act a union must, as soon as reasonably practicable after holding an industrial action ballot, take steps to inform all those entitled to vote18, and their employer(s), of the number of individuals entitled to vote in the ballot; the number of votes cast in the ballot. • Trade union partnership meetings • UHB adopts a clear communications strategy • Redeployment Principles and Risk Assessment agreed. • Services Business continuity plans in place • Support for early supported discharge prior to industrial action • Health Care Standards - Section 7 staffing and resources.	**Inherent** *Risk level before any controls/mitigations implemented, in its initial state.*	**Current** *Risk level after initial controls/mitigations have been implemented.*	**Target** *Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.*

		Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence

	• Nurse Staffing Levels (Wales) Act 201625b/25c. • All Wales training sessions provide by legal and risk to support industrial action • Ensure early identification of mandated Statutory, and core critical clinical services						
Action Plan *SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.*	**Due Date**	**Likelihood** 5	**Consequence** 5	**Likelihood** 5	**Consequence** 5	**Likelihood** 2	**Consequence** 4

• Sections under Union and Labour Relations (Consolidation) Act 1992 process determines responsibilities of trade unions to inform of ballot and industrial action
• Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employees. Such information will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces.
• Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action).
• Establish WOD hub with emergency planning –
  ➢ Ensure early identification of mandated Statutory, and core critical clinical services
  ➢ Review of business continuity plans
  ➢ Map services and staff provision and impacts of industrial action
  ➢ Assess variable pay usage in case of work to rule applies
  ➢ Assess current vacancies
  ➢ Working with partners in Gwent on a system wide basis
  ➢ Implementation of business continuity plans
  ➢ Communication plans
	2022	**25**		**20**		**8**	

Trend since last reporting period	⬌	**Executive Owner: Director of Workforce and Organisational Development**

Mapping Against 4 Harms of COVID	Update
	December 2022 • Industrial Action Guidance reviewed and implemented across Wales. • National Workforce Group in regular contact to review and share lessons learnt from strike action. • No current strike action planned – possible action from RCM and CSP (no further information). • Operational planning, led by Director of Operations, to respond to implications of strikes action in other NHS organisations • Awaiting outcome of ballot for UNITE. • Potential for other services to re-ballot in the new year. • List of derogations from other health boards set a helpful precedent for local negotiation. • Emergency planning networks across Wales to consider emergency planning response. • To ensure appropriate wellbeing support available for staff should industrial action occur.

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision	
• **Enabler risk and links to all strategic priorities**		**TREAT**	*CRR00???? – NEW RISK* *Threat Event:* **Ability to process increased high levels of agency invoices generated from the requirements of the organisation may result in suppliers refusing to place agency workers with ABUHB and breaching Public Pay Policy**
High Level Themes	• Patient Outcomes and Experience • Population Health • Quality and Safety • Financial and Reputational risk • Public confidence • Workforce	**Risk Appetite**	Low – impact on patient safety, staff wellbeing and governance

Committee Assurance	Internal Controls – Policies/Procedures	Risk Score 12					
Audit Committee Finance & Performance Committee	• Strategic Nursing Workforce Group • Financial reporting • Compliance reporting of system KPI • Compliance with Public Pay Sector Pay Policy • Agency reduction plan • Recruitment of RN and HCSW	**Inherent**		**Current**		**Target**	

Action Plan *SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.*	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
		3	4	2	4	1	4
• Increase resources to support processing • Explore viability of robotics • Explore viability of self billing • Reduce agency usage • Revise system to provide multiple age debt invoices • Agreed financial acceptance tolerance (SBAR to ET) • Development of KPI's • Review of processes and updated authorised signatory list (ACL)	2022	**12**		**8**		**4**	

Trend since last reporting period		**Executive Owner: Director of Finance and Director of Workforce and Organisational Development**

Mapping Against 4 Harms of COVID	Update
	December 2022 • Monthly Task and Finish Group established, comprising of Finance, bank and workforce colleagues. • Action plan in place which includes a detailed review of staffing, aged debt, tolerances, authorisation, process, future arrangements, KPIS and disputes • 5 B2s have been recruited to the bank • Additional overtime being undertaken by bank, erostering and finance to support the action plan • Additional overtime also being put in place to support rostering issues at YYF. • Public Sector Pay Policy showing an improvement. The Health Board cumulative year to date 95.05%, in month 08 97% • No. of invoices paid 9,600 at a value of £4.1m, accrual further reduced to £3m from £4.7m in M07. • The Health Board are currently not on stop with any of the agencies. • Automated invoice checking tool is in development • Regular meetings to scope out robotics with ICT • Paper presented to Executive Team and agreed to include agency invoice discrepancy tolerance level approval of £5 to be approved by budget holder. Discrepancies beyond £5 will require Divisional Manager approval. This change will be for a temporary period to help remove the invoice backlog and is supported by internal audit • GUH pool was removed in October 2022 which will reduce invoice issues where it is unclear where an agency worker has been placed • Agency Reduction Plan in place. • Safe care implementation plan to support effective deployment of staff and reduce high-cost variable pay and is currently being rolled.

Risk Identifier						Risk Description			Risk Scoring – Inherent Risk			Risk Scoring – Current Risk Level						Risk Action Plan / Target Expected Risk Level						
Linked to Corporate Risk Register No. (CRR)	High Level Theme	Organisational Priority	Date	Executive Lead	Assuring Group/Lead Committee	Risk Description	Cause	Effect	Likelihood	Impact	Risk level	Key Current Controls and Assurances	Likelihood	Impact	Risk level	Trend	Risk Appetite level and Risk Decision	Action Plan	Due date	Likelihood	Impact	Risk level	Progress	RAG Status (on/off track)
NO – but linked to CR002	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Aug-22	Director of Workforce and Organisational Development	People and Culture Committee Executive Team	Insufficient workforce to manage winter service requirements	Winter and other service pressures requiring additional staffing against a backdrop of a high vacancy and/or sickness absence	An inability to safely staff service requirements to meet patient needs.	4	5	20	• Mass Vaccination workforce plan and staffing and resourcing plan presented to the Mass Vaccination programme board and the Executive Team 29 September • Development of system wide winter workforce plan identifying workforce requirements to support winter service models • Workforce dashboard to track staff in post trends • Daily sickness updates to understand Covid and non Covid related sickness though wellbeing and workforce performance dashboards. • Covid health and public health advice communicated via corporate communications to reduce infection rates and increase uptake in immunisations (Flu and Covid -19 boosters) • Maximise opportunities to increase skill mix and use new roles to support sustainable solutions • Robust and supportive management of staff who are sick • A continued recruitment effort of substantive, overseas recruitment, temporary and fixed term staff, and streamlining of recruitment processes (NWSSP Programme) • Maximise use of Retinue and Patchwork systems for medical staffing☐ • Continue to target hot spot sickness areas and support training for managers. • Remodelling RN and HCSW workforce supply and demand based on predicted sickness rates to understand workforce capacity restraints and presented to Executive Committee, longer term RN modelling undertaken in conjunction with HEIW • Weekly site meetings and monitoring through System Leadership meetings • Agency Reduction Programme Board	4	5	20	↔ (red)		• Recruit to winter plan requirements and overseas nursing plan • Development of surge mass vaccination workforce deployment plan ensuring staff are identified in readiness for possible deployment • Recruitment for apprenticeships and Kick Start programmes. • European Gateway and BAPIO for medical recruitment. • Explore retire and returners • Cohorting of medically fit patients to reduce impacts on RN staffing requirements - establishment of homeward bound areas across LGH sites • Utilise the recruitment webpages to their full potential • Meeting with Staff side to inform them of the urgency and plans • Detailed agency action plan to ensure appropriate booking and deployment of agency staffing and block book in areas such as therapies and pharmacy to secure resources early • Recruitment modernisation plan (NWSSP) of process to streamline process • Monitor "hot spot" areas and identify any patterns where wellbeing or OD support may be required to improve absence rates of teams. • Increase Occupational Health Support		3	5	15	• Already engaging European Gateway and BAPIO for medical recruitment to reduce vacancies before winter (see link to risk CR002) • Detailed plan to recruit and contact immunisers for mass vaccination • Contacted all mass vaccination bank staff that haven't worked lately to support • Meeting with Staff side to inform them of the urgency and plans • Remodelled RN/HCSW vacancy tracker and staffing availability presented to Executive team outlining impacts on staffing resources • Homewood bound areas implemented in YYF and NHH will be implemented in the New Year • Expect all 50 Overseas nursing due before end of March 2023 • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid • Temporary overtime payment	(orange)
NO (recommend to merge with local risk above)	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisational Development	People and Culture Committee Executive Team	The staff overall absence rate rises above the assumed level in the approved workforce plan.	Covid19 is a new virus and its disease progression and the new variants are still being understood. The vulnerable staff groups are increasing based on research and emerging evidence. In addition, absence is caused by the requirement to isolate which could increase overall absence depending on Welsh Government Policy.	Inability to safely staff the surge/winter capacity. Increased pressure on existing staff whose resilience is already compromised. An over-reliance on temporary staff which may impact on quality and safety. Non-compliance with the European Working Time Directive.	5	4	20	• Monitoring of absence, reasons for absence and trends in referrals to occupational health and employee wellbeing service through Workforce Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with monthly summary of Well-being and Occupational Health activity. • Daily dashboard report on Medical exclusion, covid sickness and non covid sickness report and incorporated in organisational performance metrics	3	4	12	↔ (amber)		• Continue daily analysis of the Workforce Absence Dashboard to assess sickness rates and the validity of the allocated uplift. Monitor "hot spot" areas and identify any patterns where wellbeing or OD support may be required to improve absence rates of teams. • Further work to understand increase in non-Covid related absence, particularly stress and anxiety. • Continue to monitor any changes to national COVID guidance and the associated impact on absence. • Detailed Covid-19 Workforce risk assessment process and guidance has been put in place for Managers and Staff. • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid		3	4	12	• Targeted hot spot areas and offered local training and policy awareness to managers. • Monitoring of reasons for sickness • Long term sickness targeting with a view to signposting and earlier intervention	(orange)
NO (recommend to remove to mitigated risk)	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisational Development	People and Culture Committee	Failure to rapidly identify, assess and protect staff who are in the 'vulnerable groups' category and at severe risk of morbidity and mortality from Covid19	The categories and sub-set of the vulnerable groups are not always identifiable via ESR, so a manual exercise has to be undertaken. Shielding being paused and the requirement to ensure all vulnerable workers are identified and supported to either work from home or return to a place of work which keeps them and others safe.	Avoidable staff exposure to Covid19 and non-compliance to shielding, medical exclusion &/or redeployment.	3	5	15	• The All Wales COVID-19 Workforce Risk Assessment is available for all staff on ESR. •During the pandemic, some people were placed on the Shielding Patient List - They are no longer at substantially greater risk than the general population, and they are advised to follow the same guidance as everyone else on staying safe and preventing the spread of coronavirus, as well as any further advice they may have received from their doctor. There is no longer separate guidance for those previously on the Shielding List, although gov.wales recommend anyone with underlying health conditions takes care to avoid routine coughs, colds and other respiratory viruses. • Wellbeing and workforce performance dashboards capture sickness rates	2	5	10	↔ (red)		• Continued monitoring through Workforce dashboard. And wellbeing dashboard including daily sickness level reporting • People plan 2022-25 roll out has commenced which will have a positive impact on staff engagement, staff wellbeing and sickness		1	5	5	• Continued monitoring through Workforce dashboard and wellbeing dashboard including daily sickness level reporting • People plan rolling out which will impact on sickness, staff engagement and recruitment Public Health Safety memos	(red)

PEOPLE AND CULTURE COMMITTEE
PROGRAMME OF BUSINESS 2022/23

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

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

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

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

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	12th January 2023	April 2023 (Date TBC)
Preliminary Matters						
Attendance and Apologies	Standing Item	Chair	X	X	X	X
Declarations of Interest		All Members	X	X	X	X
Minutes of the Previous Meeting		Chair	X	X	X	X
Action Log and Matters Arising		Chair	X	X	X	X
Committee Requirements as set out in Standing Orders						
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG	X			X
Review of Committee Programme of Business	Standing Item	Chair		X	X	
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG	X			X
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG	X			X
Committee Annual Report 2022/23	Annually	Chair & Director of CG				X
Corporate Governance, Risk & Assurance						
Committee Risk Report	Standing Item	Director of CG	X	X	X	X
Board Assurance Framework – address gaps in assurances related to Workforce	Standing Item (revised BAF to be developed)	Director of CG				X
People Plan 2022-25						
Annual Review and Refresh of the People Plan and its Priorities	Annually	Director of WOD				X
Assurance on Delivery of Actions and Activity within Objective 1 – Staff Health and Wellbeing (see Appendix 1)	Deep-Dive Annually	Director of WOD	X			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	12th January 2023	April 2023 (Date TBC)
Assurance on Delivery of Actions and Activity within Objective 2 – Employer of Choice (see Appendix 1)	Deep-Dive Annually	Director of WOD			X	
Assurance on Delivery of Actions and Activity within Objective 3 – Workforce Sustainability and Transformation (see Appendix 1)	Deep-Dive Annually	Director of WOD				X
Welsh Language						
Assurance on Compliance with the Welsh Language (Wales) Measure 2011	Bi-annually	Director of WOD				X
Assurance on Delivery of Welsh Government's "More Than Just Words" Framework	Annually	Director of WOD		X		
Equality, Diversity & Inclusion						
Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment	Annually	Director of WOD	X		X	
Delivery of Welsh Government's Race Equality Action Plan for Wales	Annually	Director of WOD				X
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	Annually	Director of WOD				X
NHS Wales Staff Survey – Results and Action Plan	Every 3-years (TBC)	Director of WOD				
Staff Wellbeing Survey – Results and Action Plan	Annually	Director of WOD		X		
Assurance on the Development and Delivery of an Agile Working Framework	Twice-yearly	Director of WOD	X		X	
Workforce Planning & Development						
Assurance on Workforce Planning and Education Commissioning Numbers	Annually	Director of WOD				X
Annual Assurance Report of Medical Revalidation	Annually	Medical Director			X	
Annual Assurance Report of Job Planning	Annually	Medical Director			X	

People and Culture Committee   Page 3 of 8
2022-23 Work Programme Final

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	12th January 2023	April 2023 (Date TBC)
					Being presented at Jan 23 Board	
Annual Assurance Report of Nursing Revalidation	Annually	Director of Nursing				X
Workforce Performance Reporting						
Workforce Performance Dashboard incorporating Key Performance Indicators	Standing Item	Director of WOD	X	X	X	
People Plan 2022/25, Quarterly Review	Standing Item	Director of WOD		Q1	Q2&3	Q4
Report from The Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	Standing Item	Director of WOD and DON	X	X	X	X
Internal Audit Plan 2022/23 – NWSSP Audit & Assurance Services						
To receive relevant audit reviews for assurance and oversight of improvements required: • Recruitment Selection Process • Agile Delivery • Review of Bank Office & Temporary Staffing Unit • Workforce Planning • Job Evaluation	TBC upon completion of audit reports	Director of WOD				
External Audit – Audit Wales/HEIW/HIW/CHC						
Receive the External Audit Annual Audit Reports pertinent to the Committee as and when they arise	TBC	Audit Wales				
"Taking Care of Carers" – Management Response and Action Plan	As requested	Director of WOD/Audit Wales	X	X		
To receive the External Inspection reports and recommendations related to Workforce as they arise	As requested	Director of WOD/TBC				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	12th January 2023	April 2023 (Date TBC)

KEY	
D of CG	Director of Corporate Governance
D of WOD	Director of Workforce and Organisational Development
DON	Director of Nursing

APPENDIX 1

People Plan 2022/25

Objective 1: Staff Health & Wellbeing

Staff Health and Wellbeing

- Establish a Wellbeing Centre of Excellence, which is underpinned by research and evidence.

- New integrated psychological wellbeing roles and permanent peer support networks will be implemented.

- Tangible wellbeing options will be intensified and available.

- Improve staff engagement because of the Cynnal Cynefin / People First – Reconnecting the Workforce programme.

- Introduce the 'Healthy Working Day' maximising the health and wellbeing of all.

- Prioritising the roll-out of compassionate leadership competency frameworks, approaches embedding in our policies and people practices.

- Benchmark occupational health provision.

- Enabling best in class people practices: reducing staff absence PADR, staff satisfaction and core skill competencies.

- Building on our financial wellbeing offer.

Objective 2: Employer of Choice

Employer of Choice

- Recruitment and Retention Strategies implemented that is adaptable to multi-generational and diverse staff.

- Strengthened focus on retention- growing our talent, succession planning in a systematic way, proactive retirement planning.

- Enhancing current and creating new inclusive entry routes and career pathways. Enhancing entry level offers and development pathways (working closely with education, third sector and social care).

- Build on our connections with schools, education, and training providers to promote the range of careers that the NHS can offer.

- Pilot and evaluate innovative selection methods for appropriate roles supporting accessibility to employment.

- Additional and broadened apprenticeship schemes are implemented.

- Create career pathways that support a life course approach to employment i.e., from training to retirement and beyond.

- Develop and deliver new middle management development offers- equipping middle managers with the skills to manage, develop and support a multi-generational, agile, and flexible workforce.

- Delivering refreshed leadership development schemes and increase those who have completed core skills competencies

- Work plans embed intersectionality which elevates and embeds Equality, Diversity and Inclusion.

- Delivery of a new Equality Impact Assessment (EQIA) process. · Implement a Welsh Language Strategy and scale up our Active Offer.

- Prospectus for Training and Development opportunities to support talent, succession, and career.

- Defined inclusive and diverse volunteering opportunities.

Objective 3: Workforce Sustainability

Workforce Sustainability

- Develop strategic workforce planning across our systems

- Develop a Health Care Support Worker Strategy

- Work collaboratively with partners to deliver the workforce plans to support new models of care and the outcome framework for the Regional Integration Fund.

- Work with NCNs to accelerate care closer to home opportunities

- Integrated workforce planning in line with the IMTP and the population needs analysis.

- Work with the GPSB/RPB partners to build sustainable models for the health and social care system.

- Step change in workforce analytics to inform planning, decision making and redesign.

- Implement a suite of electronic systems for medical staff improving efficiency and intelligence for workforce planning.

- Evolve and embed an Agile/Hybrid working culture.

- Develop a digitally ready workforce using the best technological solutions for patients and staff

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ASSURANCE ON DELIVERY OF ACTIONS AND ACTIVITY WITHIN OBJECTIVE 2 - EMPLOYER OF CHOICE

Executive Summary

The Aneurin Bevan University Health Board (ABUHB) People Plan 2022 -2025, Putting People First, outlines a three year forward view of the priorities for the Workforce & 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 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 an update on the delivery of actions and activity within Objective 2 - Employer of Choice. This objective focuses on the Health Board's ability to attract, recruit, retain and develop the right people with the right skills, competencies, experience, and values. The actions build on our commitment to support the prosperity of our local communities, create accessible training, employment, and development opportunities so people join us, stay with us, and enable us to grow a workforce that's diversity is reflective of our population. Investing in leadership capability and capacity is a critical feature of this theme. There is a correlation between leadership behaviours, culture, employee engagement and performance. Therefore, this theme also focuses on how we support current leaders and develop the next generation.

An update on the progression of actions for the first 6 months of the People Plan and the next steps.

The People and Culture Committee are asked to note the update and provide comments and views.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	☐
Receive the Report for Assurance/Compliance	☐
Note the Report for Information Only	
Executive Sponsor: Sarah Simmonds, Director of Workforce & Organisational Development	
Report Author: Assistant Directors of Workforce & Organisational Development	
Report Received consideration and supported by:	

Executive Team	Committee of the Board People & Culture Committee	
Date of the Report: 03 January 2023		
Supplementary Papers Attached: Appendix 1 – Retention Event Poster		

Purpose of the Report

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.

Background and Context

The Employer of Choice Objectives focus around 8 overarching actions (action 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 in 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 we offer 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.

These broad actions are supported by a detailed delivery plan over the next three years. To respond to the recent national and local pressures of increasing demand on our health and social care systems it has been necessary to adapt some of the delivery plans and prioritise actions in areas of the Health Board where these contextual factors are greatest.

This has been particularly the case over the recent months where we have experienced increasing staff absence, requirements for increased support for staff wellbeing, an exceptionally competitive recruitment market which has extended to all staff groups, increased staff turnover and the requirement for the Health Board to prioritise a variable pay reduction plan.

Assessment and Conclusion

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.

In order to attract the best talent and for our future workforce to choose to apply to work for ABUHB, we have reviewed our advertising techniques recognising the importance of this first step of the recruitment and employment cycle. The Recruitment and Employment Confederation (REC) suggests that 94% of current recruiters use social media to attract talent and therefore we have increased our social media coverage to promote a variety of roles, using our recognised branding and posting job adverts at times when social media audience is likely to be high (e.g., 6pm). Social media posts are also published bilingually where appropriate. We also encourage and target clinicians and staff who are high profile on social media platforms to share posts to thousands of 'followers'. We intend to analyse our social media impact to determine the number of hits (views) on jobs and how this effects the applicant pool over the coming months.

We have also introduced bespoke approaches for our recent Executive appointments (including advertising in relevant journals) and designed tailored selection processes based on the role. Whilst other NHS organisations refer to external recruitment agencies for senior roles, we have developed an executive/director appointment procedure internally and have successfully recruited four director level posts.

In some instances, the NHS onboarding process has been difficult for some candidates to navigate and can often take many months to complete pre-employment checks, resulting in poor candidate experience prior to starting in post. The Recruitment Modernisation Programme (phase 1) was implemented in October 2022 with the intention of reducing the time to hire and to improve the candidate experience. The new process provides appointable candidates with an indicative start date upfront and allows the manager to risk assess some of the checks (however some checks remain mandatory such as the right to work in the UK and a satisfactory DBS for relevant posts). An internal analysis suggests that there has been a significant reduction in the time between conditional offer and start date now taking 11 days where this was previously 65 days. This is a very early indicator which will continue to be monitored.

Nursing

We have engaged with an all-Wales programme of work overseen by Health Education and Improvement Wales (HEIW) to model registered nursing vacancies. Up until this point, we have referred to a local nursing tracker which identifies the number of nursing vacancies for acute and ward areas, through funded and known establishments required for the Nurse Staffing Levels (Wales) Act. We have used the opportunity within the modelling tool to capture other vacancies

i.e., for non-ward/non-acute areas where the Nurse Staffing Levels (Wales) Act does not apply. It suggests there are currently 376.55wte in total broken down as follows:

- 285.32wte Adult Nursing vacancies (previously 331wte September 2022)
- 76.79wte Child Nursing vacancies
- 14.44wte Mental Health and Learning Disabilities Nursing vacancies

The new tool provides us with better intelligence on nursing vacancies and the ability to benchmark across Wales and further work will be undertaken.

In addition, recruitment activity has progressed locally:

- 50 overseas nurses - 24 nurses have now successfully passed their OSCE and are working as band 5 registered nurses, 15 are awaiting results and the remaining 11 are scheduled for the new year. It is likely that the next phase of international nurse recruitment will begin in April 2023.
- 116 newly qualified nurses joined ABUHB as part of student recruitment with a further 57 planned to join from March 2023.
- We are currently supporting 102 HCSW's to undertake a flexible route to train to become a registered nurse, either through the Open University or the University of South Wales. We aim to gradually increase the number of these placements over the next three years by showcasing the success and encouraging more HCSW's to come forward for the opportunity.
- To support the reduction of HCSW agency usage, 215wte HCSW's are required to meet current demand with a total of 85.33wte already started.
- We have inducted nearly 300 people in to HCSW roles to date this year. This number after only 9 months of this year was the total number inducted over 12 months last year demonstrating a significant increase. We are in the process of reviewing our provision as it is currently outsourced.

A Nursing Recruitment and Retention Strategy is currently in development to consider sustainable workforce plans recognising that nursing demand will be significantly higher than nursing supply for the foreseeable future. Following completion of this strategy, we aim to further expand and include all professional groups across the health board, recognising the importance of MDT and transformational working.

Allied Health Professionals (AHPs)

A similar streamlining process was implemented for AHPs although due to the variety of skills and professions within this staff group, streamlining for these roles will cease and the Health Board will advertise AHP vacancies in the usual way, therefore adverts for newly qualified AHP's will be carefully timed to attract students completing training.

Medical and Dental

There are currently:

- 57 Senior Medical vacancies (Consultant and Specialty Doctor)
- 104 Junior Doctor/Clinical Fellow vacancies (non-training)
- 32 Training Junior Doctor vacancies

This number of vacancies remains consistent although we are experiencing an increasing trend for flexible working requests, particularly from doctors in training. HEIW have not yet confirmed all training places for the junior doctor rotation in February 2023 although it is likely that it will be necessary to advertise additional Clinical Fellow opportunities or fulfil rota gaps on an ad hoc basis because of an increasing number of trainees requesting to work LTFT (less than full time).

Recruitment activity includes:

- 21 additional Clinical Fellows joined the Health Board via a safer staffing recruitment campaign in medicine, although these were additional posts recognising the increased demand and acuity of medical patients. This will be expanded across other divisions in 2023.

- Circa 60 new doctors joining the ad hoc locum bank each month, a combination of current training/non-training doctors and external doctors requesting to work on an ad hoc basis only. Previously, the appointment process to the ad hoc locum bank was time consuming and both doctors and divisional managers reported dissatisfaction as delays resulted in unfilled shifts or shifts being filled via expensive agency doctors. Therefore, working with NWSSP, we have redesigned how doctors in training work, register and receive payment for ad hoc shifts, which has eliminated duplication and reduces tax implications for the doctors. This has proven to be successful, with positive feedback from the doctors, divisional managers, HEIW and the British Medical Association (BMA). As a result of this new approach, we negated the need for up to 600 doctors in training to register/apply to work ad hoc shifts with the health board.

- Recruitment to hybrid roles, i.e., to include training, education, or research, to attract passive candidates.

There have been several new appointments to the Medical Recruitment Team and a slightly modified structure means that the onboarding process for doctors is tracked more closely, including monitoring visa applications, and liaising with the Home Office. As a result of the war in Ukraine, visa delays have been problematic although the position has started to improve. The most significant challenge for international recruitment (for all professions) has been the limited accommodation and affordable housing available in the local areas.

International recruitment is likely to remain an important strategy for registered professionals within ABUHB and therefore, we plan to develop a proposal for consideration by the executive team on how we can support international recruits in a variety of ways including accommodation and settling into a new country more seamlessly.

Working with Partners

Gwent Workforce Board (formerly the Regional Workforce Development Board) aims to create better lives together across 6 key working areas, ultimately helping health and social care be more efficient and effective. We actively contribute to the group and are working with partners on a range of priorities including:

- Drafting of a Gwent Workforce Strategy.

- Piloting Micro-Carers project in Monmouthshire.

- Exploring Shared Apprenticeship H&SC project possibly with Newport City Council; meeting being held early January.

- Joint calendar of recruitment events for 2023 rather than multiple disconnect attempts at recruiting to health and social care.

- Domiciliary Care Training requirements across Gwent and how ABUHB can support training programme of work to support care closer to home in 2023

Retention

Staff retention is a significant challenge nationally in the health care sector, making it difficult for the existing workforce to keep up with the increasing demand. The overall Health Board turnover rate has increased by 3% since pre-covid (8.5%). In the last 12 months it has further increased from 10.5% to 11.48%. During the covid period the Health Board increased the workforce to respond to the demands of the pandemic. As they left this had an impact on the turnover. Furthermore, staff who were at retirement age during the covid period and those who returned to the workplace to support the service have since left.

Local retention/engagement events continue to take place across divisions. For example, visits across all mental health sites during October and November 2022 resulted in key themes being identified that impacted on staff well-being in particular financial poverty, engagement with citizens' advice bureau was instigated and bespoke sessions for staff arranged across several sites, further visits are scheduled.

Following a review of exit questionnaires and local listening events, we have rebranded our retention engagement chat cafes providing information and support for key topics:

- Agile Working
- Learning and Development
- Wellbeing Activity
- Occupational Health
- Complex HR

The first event took place on 08 December 2022 at Ysbyty Ystrad Fawr with 72 staff engaging from across all disciplines. Initial feedback was incredibly positive. Further events are scheduled in the new year at Ysbyty Aneurin Bevan, RGH, GUH, St Cadocs, NHH and Chepstow. In addition, the following work is in progress:

- Local departmental retention activity has now been centralised and is being populated by all the Workforce Business Partners.
- A working group commenced on 08 October 2022 and included representation from all staff side colleagues. Terms of reference have been agreed with the purpose to be a forum to identify and design support systems and initiatives that value, support, and invest in retaining our staff. This includes gaining and interrogating data from multiple sources to fully understand the issues.
- Action from the group to date has included the development of communication material to launch the ESR exit questionnaire for early January 2023.

Over the next 6 months, we will continue to hold the engagement events to capture themes. A suite of resources will also be developed to enable effective career conversations. This is a complex issue and there is no single measurement of effectiveness for our interventions. However, we are utilising multiple ways to capture the impact through a short survey, reviewing exit questionnaire data and linking closely with business partners to capture local retention interventions and impact.

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

Talent management refers to how we create a systematic approach to attract, identify, develop, engage, retain, and deploy people who are considered particularly valuable to the Health

Board. **Succession planning** focuses on deliberately identifying and growing talent so that as a Health Board, in the future we fill business-critical positions rapidly with the right people. A pilot area has been identified within Operations with Deputy Divisional Managers as a target group. A scoping exercise is underway to plan a pilot which includes using template succession planning documentation from HEIW and Career Conversation models. In addition, we have submitted a funding proposal to HEIW to provide support in delivering these resources within our Health Board (band 8a, fixed term contract 12 months; awaiting outcome). The consequence of this will be the development of a suite of resources to help support employees and their managers in their development journeys and the deliberate spotting of talent to ensure we grow our own future leaders.

Current development activity

By developing a workforce of compassionate leaders, we enable those we lead to feel valued, respected, and cared for, so they can reach their potential and do their best work. We have spent time and effort developing leadership journeys for all levels. This includes:

- **Introduction to Leadership** formerly known as Learning to Lead and Taking the Lead, this has been revamped and modernized to a new program called the "Leadership Development Program" and will cater for those entering leadership roles.

- **CDx:** The bespoke 10-month clinical director leadership programme has launched in October with over 45 current and potential CDs subscribed. It was designed by current and previous clinical directors thorough a thorough scoping exercise. The programme addresses the key leadership issues faced by this business-critical group to develop business-literate clinical leaders now and in the future.

- **Nursing Academy:** This programme has been designed by Nurses and Midwives specifically for Nurses and Midwives and provides an opportunity to create a community of clinical leaders across ABUHB to shape and support the future strategy for nursing and midwifery. The first cohort commenced in April and feedback has been excellent with a celebration event held in November, showcasing the learning and impact the academy has had on our Senior Nursing and Midwifery Leaders. The second cohort commenced in September 2022, and we are receiving expressions of interest for the third cohort due to start in March 2023.

- **Leading People:** the aim of this program is to develop highly skilled and effective leaders from across the health, social care and third sectors to ensure the delivery of high quality, safe and compassionate care with a greater focus upon staff experience, well-being, engagement, leadership styles and patient outcomes. It is a multidisciplinary program designed for advanced leaders.

Next Steps:

- **Learning Journeys**: We are currently scoping the learning journey of many core skill-based programs including leadership (and management, coaching, mentoring and many others). This will bring together in a seamless journey the leadership (and other) programs as described below making the process of identifying and building capability within this domain easier and more accessible. In addition, WOD are working across the organisation to organise all learning in a single destination to enhance the user experience using an online learning tool (see below).

- All **learning and development** will be striated for bandings (e.g. bands 1 to 3, 4 to 5 and 7+), consisting of a mix of face to face, online only and blended and based broadly on a modified blooms taxonomy (know: what can I learn the facts about online; Do: what skills do I need to implement the basics of a critical skill; Understand: what do I need to understand in detail and need help implementing with my teams to enhance my own and others capability, experience and outcomes).

PADR

PADRs have many functions and are fundamental to talent management and succession planning, allowing both the employee and their manager to deliberately spot talent and opportunities for the future. During the covid pandemic PADR compliance reduced, as of December 2021 the compliance rate was 59%.

Current compliance is **68%** for ABUHB against a target of 85%. This rise has been a result of a targeted effort to improve this measure by creating clear guidance on the intranet and communicating with managers the importance and current levels within their teams.

The current PADR process has several barriers including 1) the length of the form (12 pages+), the difficulty and lack of intuitive processes in uploading and recording on ESR and 3) manager capability. There are opportunities to simplify the process but there is also broad support and policy reasons for not making wholesale changes including the requirements of internal audit.

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 ABUHB 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.

- **Schools and Education –** Since June 2022, we have attended 9 careers events within the community (8 at schools, 1 at skills Cymru event at Motorpoint arena Cardiff). Two internal events (October 2022 and December 2022) at Mental Health and Learning Disabilities and Midwifery to discuss career pathways with staff.
- **Internal Apprenticeships -** currently have 235 internal active learners on apprentices (161 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 WOD 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.
- **Medi Prep/Access to Medicine –** We are in the process of supporting 10 students to complete an Access to Medicine training course, funded by our medical education charity. These students would be unlikely to secure a place at medical school without this support but strive to become doctors of the future. We also continue to offer work experience, in conjunction with MediPrep – a national organisation which supports applications for medical school.
- **Educational Charity-** we continue to host medical students via an educational charity supporting students to complete their studies

Some important next steps are to identify through data analysis the home location of our staff and overlay this with areas of deprivation and areas of highest primary and community needs. We will then use this data to target engagement and recruitment campaigns to these key areas supporting 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:

- **HCSW Week** - held in November 2022 saw a successful week of engagement with HCSWs and managers from a range of different divisions and sign up to qualifications and lots of interest in Level 4 qualifications. HCSWs valued and scored the sessions 5/5. These sessions will be run monthly from February 2023, rotating around different Health Board sites.

- **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 i.e., physiotherapy.

- **Level 4 Therapy Assistant Practitioner (TAP)** - Our HCSW Lead is currently doing a piece of work with Therapies in relation to the Level 4 TAP course which is being delivered by Trinity St David's. This is currently being piloted by Hywel Dda and we are looking to go through a selection process for staff in the New Year.

- **Funding HCSW education 2023** – we have begun our funding bid submission with HEIW for next year's HCSW Education development. The deadline for funding is 30 January 2023 with money typically received from 01 April.

- **HCSW Conference 2023** – the conference is scheduled for 15 March 2023 at the Christchurch Centre in Newport. A programme is currently being developed which will include a vast selection of presenters and exhibitors including HEIW. Members of the People and Culture Committee are welcome to attend.

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

An apprenticeship evaluation has been undertaken following the first cohort of ABUHB apprentices. This determined that 70% of the 28 apprentices appointed as part of the first cohort found the onboarding and induction process very good or excellent. However, it did evidence that apprentices require further increased pastoral care to settle into their new role, specifically in relation to commencing their apprenticeship qualification. The evaluation informed some changes to the recruitment of the second cohort, which includes 15 HCSW and 5 administration apprentices.

The majority of the first cohort of apprentices (recruited in 2021/22) are progressing positively with the apprenticeship qualification and 5 have already secured substantive employment with the Health Board. We are working with line managers to retain the remaining apprentices following completion of their qualification and have produced new guidance, handbooks and will facilitate regular "check in" meetings with apprentices and managers to support the second cohort of 16 HCSW apprenticeships and 5 administration apprenticeships, recruited in Autumn 2022.

Throughout 2022, we also supported 16 Kickstart placements which aimed to improve the employability prospects of young people (aged 16-24) and 6 of those placements converted into a fixed term or permanent post with the Health Board. Kickstart was a national programme, supported by the Department of Work and Pensions (DWP) but has recently been withdrawn. Initial discussions have commenced with an alternative employability scheme (Restart), and we have recently been invited to attend the Restart Employers Programme Board to work together with other employers to reduce unemployment in the local areas.

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.

- Graduate Management Scheme **–** the Health Board are currently hosting 3 individuals on the national scheme (2 in year 2 and 1 in year 1) with work underway to identify placements and funding for the September 2023 cohorts.

The Middle Grade Doctors Strategy aims to:

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

Work on this slowed down during the pandemic, however we have been progressing some of these elements such as the Autonomous Practice Policy, Induction Programme for International Medical Graduates and CESR policy. The aim is to develop an interactive framework comprising of policy, governance and good practice which will enable the organisation to retain these grades of doctors and support the doctors on ongoing development back into training where relevant.

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.

When developing the People Plan, the Health Board launched five additional staff networks, in addition to the established LGBTQ+ Advisory Group and Race Advisory Group, whose focus is on strategic objectives. The current staff networks include:

- Voices@ABUHB – Staff network for Black, Asian and Ethnic Minority Staff
- Enable@ABUHB – Staff network for those with a disability or impairment.
- Pride@ABUHB – Staff network for staff who identify as Lesbian, Gay, Bisexual, Trans, Queer or the wider LGBTQ+ community.
- Neurodiversity@ABUHB – Staff network for staff who are neurodivergent.
- Carers@ABUHB – Staff network for staff who are also unpaid carers.

All of the networks are open to all staff, recognising the role of Allies, with safe space sessions for those with the protected characteristic.

Detailed updates are provided to the People & Culture Committee via the Director of Workforce & Organisational Development report.

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

Following the launch of the More Than Just Words (MTJW) plan for 2022-2027 by Welsh Government on 02 August 2022, a paper was presented to the Executive Committee on 25 August 2022. The paper provided an overview of the key information from the MTJW plan and

recommendations to ensure the Health Board is compliant. The new plan aims to address areas that require development and build upon the successes of previous plans.

Some of the key actions progressed include:

- Promoting and implementing the "Active Offer" principle in line with the Welsh Government's Strategic Framework: More Than Just Words.
- Implementing the Bilingual Skills Strategy to ensure our workforce communication skills match our populations needs
- Improving our approach to recruiting for Welsh language skills.
- Auditing and publishing the Welsh language service availability within Primary Care as well as supporting them to further develop these services.
- Working collaboratively with others within the Health Board to increase awareness of barriers and concerns faced by Welsh speaking service users and their families.
- Developing career workshops for students through the medium of Welsh as to indicate the value the Health Board gives to their linguistic skills.

In addition, a detailed implementation plan has been developed which is monitored via our Welsh Language Strategic Group to ensure the delivery against the set targets.

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.

The Health Board are able to offer people a variety of volunteer roles. There are 16 roles at present, the majority of which are hospital based but also include Community and Telephone befriending roles. There are currently approximately 273 volunteers across all roles although 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 (GAVO) and Torfaen Voluntary Alliance (TVA), and recruitment and training is an ongoing process. The Person-Centred Care (PCC) 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.

The PCC team have worked with Job Centre Plus in the past to support people in volunteer roles who may be looking for paid employment in Health and Social Care (H&SC). The team commenced a 12-month project, Volunteer to Career (VtC) in June 2022 with Helpforce which is providing structure to supporting people with career pathways. Volunteers are asked at the point of recruitment if they are considering a role in H&SC and if so, they are invited on to the VtC pathway. There are currently 18 volunteers on the VtC project, and this will be evaluated and reported later in the year.

Summary

A significant volume of work has been started, maintained, and undertaken in the first 6 months of the People Plan, building on existing programmes and optimising new opportunities that exist internally and with partners.

Recommendation

The People and Culture Committee are asked to review and provide comments on the progress to date and next steps.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Reporting arrangements will ensure linkages with the Corporate Risk Register.
Financial Assessment, including Value for Money	Working closely with finance BPs we will support an approach of value for money and prudent principles relation to Workforce & Organisational Development interventions.
Quality, Safety and Patient Experience Assessment	Working on the key elements to make ABUHB an employer of choice will improve staff recruitment and retention, improving quality and safety and therefore the overall staff and patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessment screening indicates no negative impact and will enhance equality, diversity, and inclusion by a transparent assessment of risks.
Health and Care Standards	This report contributes to the good governance elements of the Standards with particular reference to the workforce standard.
Link to Integrated Medium-Term Plan/Corporate Objectives	Providing an appropriate governance to support a workforce to deliver safe, quality care.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** The People Plan feeds into policy development and arrangements for governance contributes to a positive impact on staff well-being, patient care and the wider population.
	Integration – Opportunities to work with local and national partners.
	Involvement – To work with Trade Unions to take account of the diversity of the membership, staff and population served to ensure policy and service change is equitable.
	Collaboration – Collaboration with external partners continues to support consistency of approach across NHS Wales organisations
	Prevention – Supports positive wellbeing and the prevention of absence and ill health.
Glossary of New Terms	n/a
Public Interest	Report has been written for the public domain.

ASSURANCE ON DELIVERY OF ACTIONS AND ACTIVITY WITHIN OBJECTIVE 2 - EMPLOYER OF CHOICE

Appendix One – Retention Event Poster

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT REPORT

Executive Summary

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

This report covers the period since the last Committee meeting on 20 September 2022.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Workforce & OD Senior Team

Report Received consideration and supported by:

Executive Team		Committee of the Board People and Culture Committee	

Date of the Report: 30 December 2022

Supplementary Papers Attached: N/A

Purpose of the Report

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

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

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

Highlights

AGILE/HYBRID WORKING- REVIEW OF THE VISION

Our programme of work to date has been heavily focussed on development of tools and guidance to support agile/hybrid working to support the required culture change and the scoping of site accommodation across specific sites. We are making progress and working with planning and services colleagues to understand space requirements across these sites.

We are currently reviewing our Agile/Hybrid working vision and strategy along with our defining principles with our staff. In doing so we have outlined the drivers, outcomes, outputs and measurable benefits we would hope to achieve. We are developing a visual document to outline what we mean by an agile/hybrid organisation and show how this translates into benefits including staff retention, recruitment, supporting our decarbonisation and estates strategy. To support staff wellbeing, we want to provide opportunities for a better work life balance giving greater autonomy where they undertake tasks.

We have engaged with Divisions and Teams in the development of the reviewed vision and strategy and also presented to the Agile Programme Board on 19 December 2022 with a view to presenting to the Executive Committee on 19 January 2023.

AVOIDABLE EMPLOYEE HARM (AEH)

Over the past four years the Employee Wellbeing Services has been quietly working with academic partners to develop an innovative approach to minimising avoidable harm (to our people, ourselves, financially, and the organisation) that inadvertently occurs as part of how we carry out many aspects of our normal business.

There are several areas of business that will in time be targeted, but in the first instance we have been working closely with HR colleagues. A preliminary impact assessment revealed a wide range of avoidable negative impacts are linked to gross misconduct investigations, that less than 50% of concluded investigations ever result in a sanction, that the average length of time is 156 days, and importantly that opportunities to learn seem to be consistently missed.

In July 2022, the Avoidable Employee Harm Programme was officially launched during a day long face to face event with up to 80 senior managers and HR colleagues. The programme has also consisted of follow up workshops and employs a QI methodology which is data driven.

At review in late December, we have seen a >60% reduction in Gross Misconduct investigations, saving on average £30,000 per investigation. This has also resulted in a reduction of new disciplinary cases being commissioned; prior to the training there was an average of 7-8 new cases a month and this is now 2-3. There has also been a reduction in the time taken to conclude an investigation, with over 30% being concluded within 4 months (the previous average was 156 days).

While this programme is gaining in pace within the Health Board, we have also successfully launched the programme within Welsh Ambulance Service Trust and will be working with Health Education and Improvement Wales in the new year to develop a series of national events. The programme has also gained the support and collaboration of The Kings Fund and Institute of Healthcare Improvement, as well as recent academic publications.

AWARD WINNERS FOR EMPLOYEE ENGAGEMENT

WOD launched the #PeopleFirst Employee engagement project in 2022 with the aim of enabling staff to feel valued, cared for, listened to and connected to colleagues and the organisation through the mechanisms of being heard.

This project was submitted for two national awards with the Association for Business Psychology and the HPMA. The project won the Association of Business Psychology award for "Excellence in Strategy & Organisational Effectiveness" and was a highly commended runner up for the HPMA award category "Browne Jacobson award for excellence in employee engagement"

The national recognition of the theoretical, practical, and applied impact of this work clearly demonstrates the value of the interventions WOD are engaging with the Health Board.

Image: Project co-leads Dr Adrian Neal (Head of Wellbeing) and Dr Peter Brown (Assistant Director of workforce & OD) accepting the award from the Association for Business Psychology for Excellence in Strategy & Organisational Effectiveness.

INDUSTRIAL ACTION

Several trades unions balloted for industrial action during the last quarter of 2022 as result of the current pay structure for agenda for change staff. Some unions did not meet the relevant threshold to initiate action (RCN and Unison) and the outcome of the Unite ballot is awaited. The Royal College of Midwives (RCM) and the Chartered Institute of Physiotherapy (CSP) are likely to initiate industrial action in the new year.

GMB implemented strike action with WAST on 21 December 2022 and therefore additional capacity, staffing and business continuity plans were in place to offload emergency ambulances as quickly as possible. This also resulted in a higher proportion of patients requiring urgent care self-present at the Emergency Department. GMB have informed WAST that the next day of strike action will take place on 11 January 2023 and therefore updated response plans are in progress.

In the case of strike action directly against the Health Board, we would engage with local trades union representatives to agree a list of derogations to preserve life or limb care for patients.

EQUALITY, DIVERSITY, AND INCLUSION (EDI)

In April 2022, a paper was presented to People and Culture Committee, setting out the review of the Equality Impact Assessment process. The revised process has since been agreed by the Exec Committee and the ABUHB EQIA Group established which meets monthly. Over the last 3 months,

20-25 EQIA's have been completed or started, this includes policies, standing orders, introduction of services, change of working location actions and business plans.

In September 2022, the Wales Audit published its report looking into how public sector organisations undertake EQIA's and we are pleased to say that our approach is positively referred to twice in the report.

The current process with the EQIA Group has been running for the last 3 months, their knowledge and experience of the process is growing each meeting.

October 2022 was **Black History Month**, and the Health Board ran a series of events and awareness sessions, which were advertised through the intranet and the fortnightly EDI newsletters. During October 2022, the Health Board were informed that their grant application to the Welsh Government Anti-Racist Wales Culture Heritage and Sports fund was successful and that the Health Board had been awarded £44,266.40, for the project Seen. This is an arts-based project, celebrating the contributions to the NHS in Gwent from our Black, Asian, and Minority Ethnic staff from the past and present with art being developed to display at 10 areas of the Health Board.

In November 2022, we celebrated **Sensory Loss Awareness Month**, holding BSL taster sessions, training on the principles of guiding someone with a visual impairment and a session looking at Charles Bonnet Syndrome and the potential misdiagnosis around mental health or dementia. From the end of November and into December 2022, we marked **Disability History Month**, which included support around mobility impairments and a reminder of the session held last year with Independent Member, Pippa Britton looking at disability in sport. On 18th January 2023, in partnership with Disability Wales we are running a session looking at the social model of disability and reasonable adjustments.

During November 2022, we ran a series of roadshow looking at **Equality and the Welsh language**, encouraging staff to get involved and find out about the support available via staff networks.

In November 2022, a paper on the **cost of living and financial wellbeing** was presented to both the Executive Committee, identifying ways to support staff through the financial crisis. This included a proposed increase in the subsidy provided for hot food in the canteen. This was approved and the Facilities team have now implemented an increased subsidy to hot food for staff members.

On 01 December 2022, we held an event for **World AIDS day**, where our own Dr Sian Warren talked about the services, we provide for those with HIV/AIDS, joined by Lisa Power from Fast Track Cities/Cardiff and Jill Nalder, the inspiration behind the character Jill in the Channel 4 series 'It's a sin'. Over 65 staff from across the Health Board and NHS Wales joined the session, which was recorded and then shared on the intranet for World AIDS Day.

On 03 December 2022, we were part of the public screening of the short film 'I shall be as white as snow' featuring members of our staff and telling the true story of a cancer patient and the compassionate care given to her and her wife.

WORKFORCE KEY PERFORMANCE INDICATORS

Staff Absence

Overall Sickness Position - Based on November 2022 date, sickness reduced slightly from 6.72% in October 2022 to 6.56% in November 2022. This consisted of 2.59% for short-term absence and 3.97% for long-term absence.

Hotspot Divisions - The Facilities Division continues to have high level of sickness absence although reducing slightly in month from 9.71% to 9.24% with short-term above 3% and long-Term 6%.

Complex Health Care (CHC) has increased its sickness rates from 8.37% to 8.64% in November 2022, with short-term being 3.14% and long-term 5.50%.

Primary Care & Community Division have also seen an increase in absence rates from 6.98% to 7.14% with short-term just below 3% and long-term at 4.21%.

It should be noted that all other clinical Divisions have sickness levels above 6% with the exception of Mental Health & Learning Disabilities Division who are reporting sickness below 6% at 5.74%.

Absence Reasons - The main absence reasons are:

- Stress, Anxiety & Depression 28.1%
- Infectious Diseases 15.9%
- Other MSK 7%
- Gastrointestinal 5.7%
- Cough Colds and Flu 5.2%

Highest Staff Groups - the highest absence in November 2022 was Estates & Ancillary 9.46%, Additional Clinical Services (mainly HCSWs) 9.14% and Nursing & Midwifery 7.30%

Additional Staffing - This, in addition to vacancies in key roles, is having a huge impact on additional staffing requirements, with bank/agency/overtime/additional hours usage increasing from 994.47wte to 1,282.43wte (between October and November 2022). Some of this usage will be as a result of continuation of additional capacity. This is in line with additional staffing usage when comparing to the same time last year when 1,186.56wte were utilised.

Daily Reporting - Early indications are showing that sickness is likely to increase slightly or remain the same when comparing November 2022 to December 2022.

A snapshot of absences over the past four months shows (daily reporting):

Reason	30/09	31/10	30/11	29/12
Covid absence	1.01.%	0.97%	0.80%	1.34%
Non-covid absence	6.06%	5.57%	6.00%	6.94%

This clearly shows that Covid related absences continue to have a significant impact on workforce supply with 197 individuals (compared to 154 heads at 30/09) absent due to this reason.

Non-covid related absence also increased with 29/12 indicating an increase to 6.94% however, December's sickness rate is likely to be just higher and is currently estimated to be 7.83%. Flu/Respiratory and Covid are continuing to circulate widely in the community.

Actions taken to support Absence Management - The Workforce & OD Team continue to:

- Offer coaching to managers when dealing with long-term absence.
- Provide training to new and existing managers – putting the policy into practice.

- Review hotspot areas within Divisions and providing one to one support with managers to help develop action plans to reduce.
- Signpost staff to the help and well-being support available both internally and externally.
- Regularly review all long-term absence cases ensuring that a plan is in place to either help the individual to return to work; seek alternative employment or exit the organisation.
- Provide individual support via the HR Helpdesk.
- Develop its processes by ensuring that claims for extension to sick pay and injury benefit claims are reviewed by a panel to ensure fairness in application.

Overview of Employee Relations Matters – activity and suspensions

Current Activity:

Sickness Meetings	Disciplinary (exc. fast track)	Fast Track	Disciplinary Appeals	Informal Resolution	Formal Resolution (Grievance)	Formal Resolution Appeals	Stage 3 Grievance Appeals	Capability	Raising Concerns
413*	20	3	1	0	5	0	0	3	1

Since the last People & Culture Committee on 20th September 2022
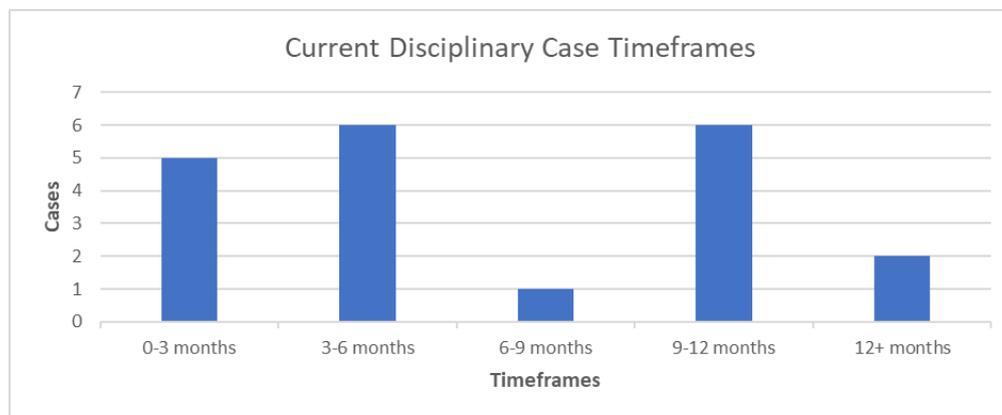
Six disciplinary investigations are subject to external agency involvement including safeguarding, police or counter fraud. The timeframes for completion are reliant on external factors and multi-agency working, which can often protract the investigation process.

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

ORGANISATIONAL CHANGE / TUPE

There are currently eight formal organisational change processes ongoing including realignment of teams, reviews of job descriptions and one TUPE of staff employed by a GP Practice, transferring to ABUHB.

Assessment and Conclusion

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

Recommendation
The Committee is asked to note this report for information.

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

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

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

UPDATE ON VARIABLE PAY REDUCTION PLAN

Executive Summary

Due to several factors linked to the impact of the COVID-19 pandemic, variable pay (Bank and Agency) has increased since 2019. The three staff groups which have seen the most notable increase are Registered Nursing, Healthcare Support Workers and Medical and Dental. We recognise a temporary workforce does not support an optimum patient experience and places additional pressures on our already tired workforce. Therefore, realistic, and proportionate steps are required to address this issue. Patient safety and quality of care will be the prime focus in enacting the variable pay reduction plan.

A programme and action plan has been developed and a number of actions have been put in place with some success. Further details are outlined in the Action Plan in **Appendix 1**. A Locum Rate Card for Medical staff has been introduced effective from 01 November 2022. It is anticipated that this will have an impact on increasing internal locum use with the impact on agency usage to be monitored.

The People and Culture Committee are asked to note the update provided on the work delivered through the Agency Reduction Programme Board.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

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

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

Report Received consideration and supported by:		
Executive Team	**Committee of the Board [People and Culture Committee]**	

Date of the Report: 30 December 2022

Supplementary Papers Attached:

Appendix 1 – Variable Pay Reduction Action Plan

Appendix 2 - Variable Pay Reduction Programme Board – Terms of Reference (TOR)

Purpose of the Report

This paper provides the People and Culture Committee with an update of the work delivered through the Agency Reduction Programme Board.

Background and Context

Due to several factors linked to the impact of the COVID-19 pandemic, variable pay has increased since 2019. The three staff groups which have seen the most notable increase are Registered Nursing, Healthcare Support Workers and Medical and Dental.

Staff Group	2019	2022	WTE Increase	% Increase
Registered Nurses	132.78	251.51	118.73	89%
HCSW	0.00	256.89	256.89	100%
Medical and Dental	25.17	34.34	9.17	36%

Several practices that were adopted to ensure safe staffing levels during this period have rolled over and are still in place which needs to be addressed.

Assessment and Conclusion

The reasons for the increase are linked to an increase in demand for staff across our system which is not matched by an increase in substantive supply. In addition, our ability to recruit and retain staff has become more challenging due to national and international skills shortages, an extraordinarily competitive recruitment market and the demographic profile of our workforce.

We recognise a temporary workforce does not support an optimum patient experience and places additional pressures on our already tired workforce. Therefore, realistic, and proportionate steps are required to address this issue. Patient safety and quality of care will be the prime focus in enacting the variable pay reduction plan. An action plan, set out in **Appendix 1**, outlines the core actions developed with finance and professional colleagues to support a reduction in variable pay in the long term with targeted actions to deliver a planned saving of £2-3m in 2022/23. The agreed target for this saving is set out below.

Staff Group	Variable Pay reduction savings target £m
Medical	1.099
Registered Nursing	1.070
HCSW	0.581

A programme approach has been developed with an agreed Terms of Reference, **Appendix 2**. Several sub-groups are established as a direct result of the main drivers for agency and variable usage. A primary focus of the plan will be to reduce agency usage in the first instance.

The sub-groups are:

- Recruitment
- Bank / Controls/ Rostering
- Retention
- Divisional Action Planning

The Programme Board meets monthly with sub-group leads, staff side colleagues and divisional representatives attending as required to work through and ensure assurance on their plans.

HCSW Agency Forecasted and Actual Trajectory

Staff Group	Variable Pay reduction savings target £m
HCSW	£0.581

To enable the Health Board to meet its £0.581m savings by December 2022, the agency usage would need to reduce by **114wte** per month.

In September 2022, 253wte were used on agency. Based on the recruitment plan an additional 126wte HCSW will be recruited. It was therefore predicted that the agency will reduce to 74.59wte by December 2022 with a potential savings of **£0.876m** agency premium projected to the end of March 2023.

The graph below outlines the planned and actual recruitment trajectory:
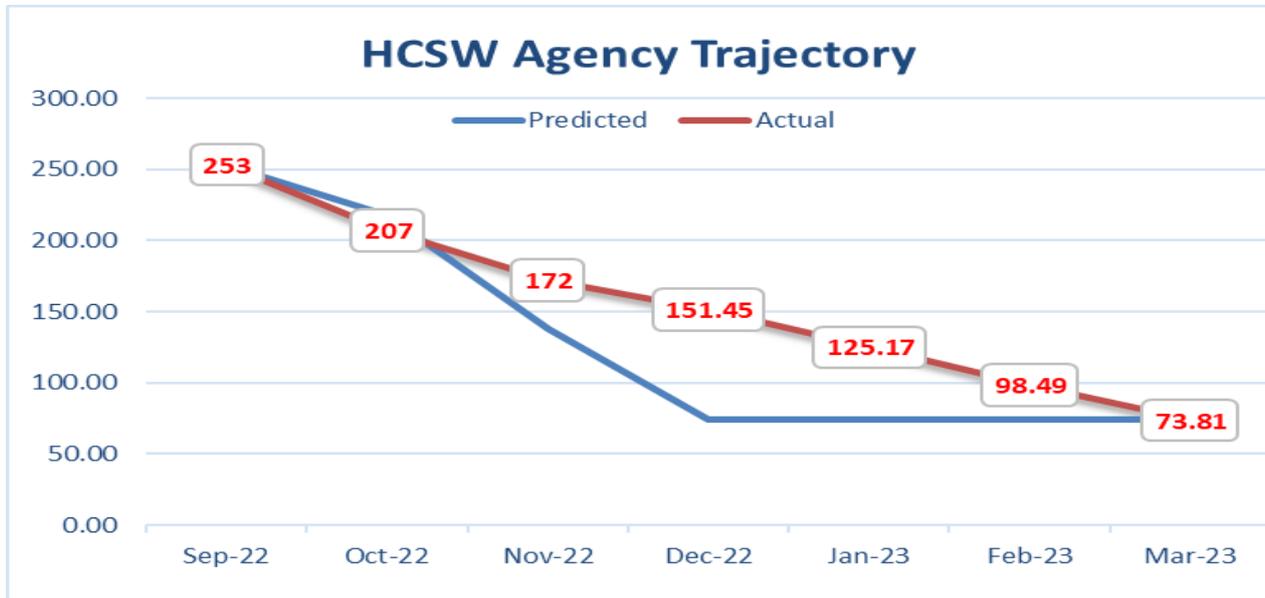
HCSW agency has reduced by maximum of 107wte since September 2022, however this has increased over recent weeks with unpresented demand on our system. The initial plans were to recruit 126wte, however, from working with the divisions we have identified there is actually a demand to recruit 215wte. A central recruitment campaign for HCSW commenced in July 2022 which resulted in the appointment of 34.86wte (start dates ranging from June to date). HCSW Divisional Recruitment campaigns to recruit a further 187wte are currently in progress with 50.47wte having started. In total 85.33wte have started employment.

There are a number of challenges in relation to recruiting HCSW which are:

- Sickness Absence is increasing and is much higher than anticipated. As at November absence was 8.55% with a predicting increase for the winter period 10% which matches the winter of 2021.
- Additional increased attendances at our Emergency Department and additional capacity opening 1 x NHH Hospital and 1 x St Woolos.
- The impact of the national industrial action is being felt on our services particularly the local action from WAST.
-
- Increased demand for enhanced care.
- High number of no shows at interview or candidates dropping out from the process in an extraordinary recruitment market.
- Increased turnover of 2%.

Registered Nurse Agency Forecasted and Actual Trajectory

Staff Group	Variable Pay reduction savings target £m
Registered Nursing	£1.070

To enable the Health Board to meet its £1.070m savings over the next 4 months December 2022 to March 2023, the agency usage would need to reduce by **60wte** per month.

In September 2022, 252wte were used on agency. In September/October 2022, 137wte newly qualified nurses started in the Health Board plus an additional 51wte overseas nurses due to start between October 2022 and March 2023. However, the additional staff will not all be going into areas with high agency usage and therefore won't provide a direct reduction in agency use. It is estimated that potentially from December 2022 that agency could reduce by **30wte** and **51wte** overseas in the rosters would generate a potential saving of **£1m** agency premium.

The graph below outlines the planned and actual recruitment trajectory:
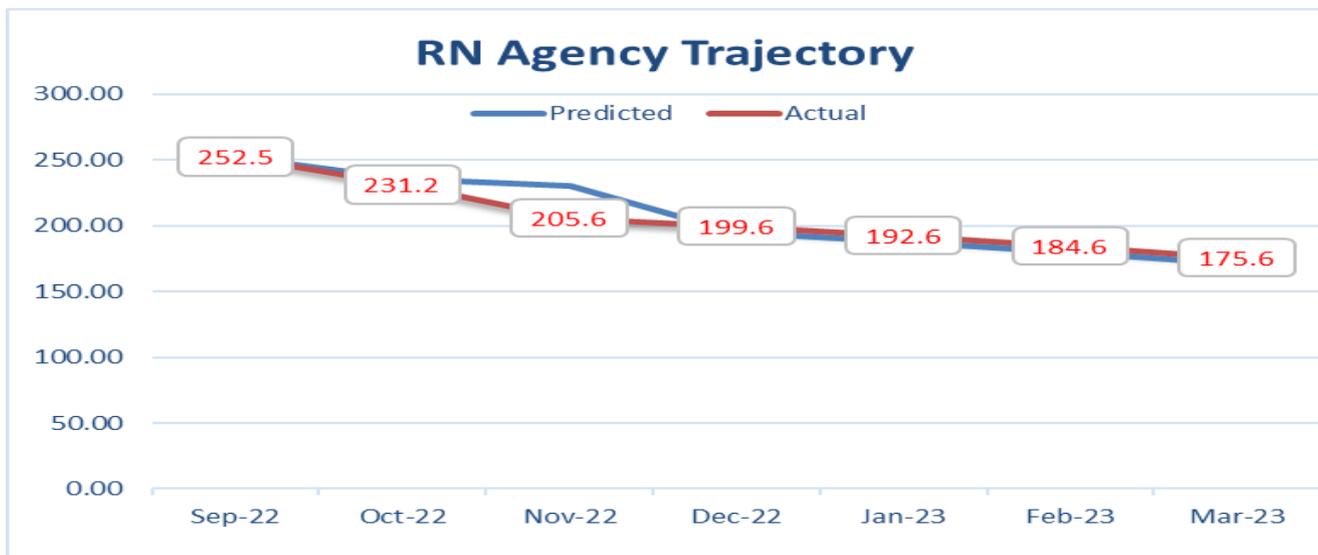
RN agency has reduced by 46wte since September 2022. The newly qualified nurses have commenced but as anticipated there is only a slight impact on the agency usage. Of the 51wte Overseas Nurses, 20wte have commenced employment with the remaining 31wte awaiting OSCEs and start dates. Again, reducing RN agency usage is challenging due to:

- The national context in respect of post pandemic, staff wellbeing, pay and service pressures there have been some significant challenges in expediting the actions as we would have wished.

- We are operating in an extremely challenging environment. Sickness absence for RNs as of November 2022 is 6.74% with a predicting increase for the winter period of 10%. Additional increased attendances at our Emergency Department and additional capacity opening 1 x NHH Hospital and 1 x St Woolos.

- The impact of the national industrial action is being felt on our services particularly the local action from WAST.

- Time taken for International RNs to undertake their OSCEs and limited availability in UK centres.

- Increased turnover of 2%.

Medical Staff Trajectory

Staff Group	Variable Pay reduction savings target £m
Medical	1.099

To enable the Health Board to meet its **£1.099m** savings over the next 5 months, the agency usage would need to reduce by **32wte** per month. This is based on the average agency costs on all grades. The range of pay for medical agency is so wide that these figures require greater scrutiny with Finance colleagues.

In September 2022, 50wte were being used on agency. From November 2022 a Locum Rate card was introduced to standardise the current rates which were being paid across the organisation. It is intended that this will ensure locum rates are more attractive and potentially increase locum usage and decrease agency usage. The manual data is currently being reviewed.

Action Plans

A summary of the actions undertaken to date are as follows:

| Actions already undertaken:	Date Actioned
Information Impact	
Divisions presented with workforce data on usage, vacancies, turnover and roster efficiencies resulting in clarity on drivers to reduce and actions	August / September 2022. Ongoing data sent to divisions
Controls	
Elimination of the GUH Pool	01 October 2022
Agencies are no longer able to book directly into the RGH and NHH Pools	01 October 2022
Issued bank and agency booking rules/controls. This includes bank shifts being available to enable bank fill prior to the agencies. This has been communicated to bank workers and positively received.	13 October 2022
These have been updated and are due to be implemented in January 2023	December 2022 / January 2023
Elimination of the Health Roster rule stopping bank workers the ability to book shifts following a period of sickness absence in substantive roles	14 October 2022
Weekly meetings in place to monitor and assess where the Bank/Agency Booking Rules are breached	Commenced 21 October 2022.Ongoing weekly
Regular roster efficiency deep dives - 50 carried out to date – ranging from correcting set rosters and structures to pay issues supporting roster efficiency.	September – October 2022. Ongoing monthly to complete every ward by March 23
Development and Introduction of the Locum Rate Card	01 November 2022
System Changes	
Trialing of the GiveBack on Health Roster. This gives access to Senior Nurses to move agency workers into the most appropriate shifts. This provides a facility to ensure that staff are moved to the right place providing stronger financial governance	September 2022
Trial and Implementation of Safecare.	September – December 2022
Recruitment & Retention	
Recruitment campaigns – centrally and divisional recruitment.	September – November 2022
A number or staff retention events have taken place across the organisation	November / December 2022

Further Actions

Plans are in development to:

- Eradicate agency for HCSW in February 2022. Discussions underway to eradicate off-contract agency usage for RNs.
- There is a planned "go/no go" meeting scheduled in January to ensure all plans are in place for the above.
- A Locum Rate Card for medical staff (excluding consultants) has been developed and was issued on 1 November 22. We are currently monitoring the impact of the new rates with the anticipation that locums will increase, and agency will reduce. We are also working with our manual data and processes in readiness for the implementation of the medical E-Systems, job planning, rostering and locum. These are currently going through a procurement process and should be in place for implementation in April 23. One of the benefits of a suite of electronic systems is improved data.
- The Facilities Divisions have developed a plan to reduce their agency usage. Phase 1 of the plan to recruit to vacancies is in process.

Costs

Division	M09 Dec-22 Savings	M10 Jan-23 Savings	M11 Feb-23 Savings	M12 Mar-23 Savings	TOTAL SAVINGS
TOTAL MEDICAL AGENCY & LOCUM	£275,000	£275,000	£275,000	£275,000	£1,100,000
TOTAL REGISTERED NURSE VARIABLE PAY	£0	£356,667	£356,667	£356,667	£1,070,000
TOTAL HCSW VARIABLE PAY	£116,200	£116,200	£116,200	£116,200	£581,000

HCSW WTE to £ Comparison

RN WTE to £ Comparison
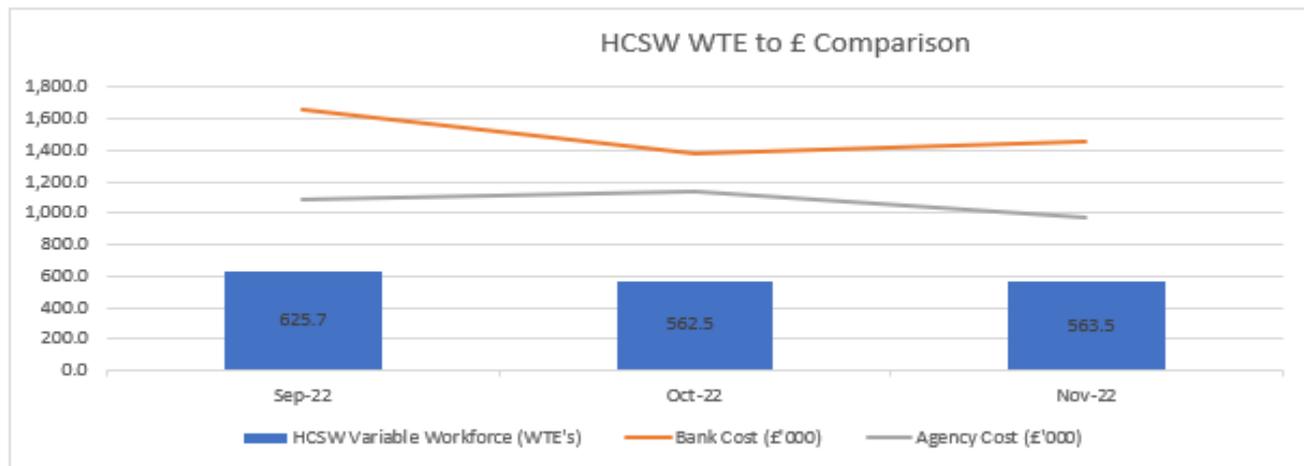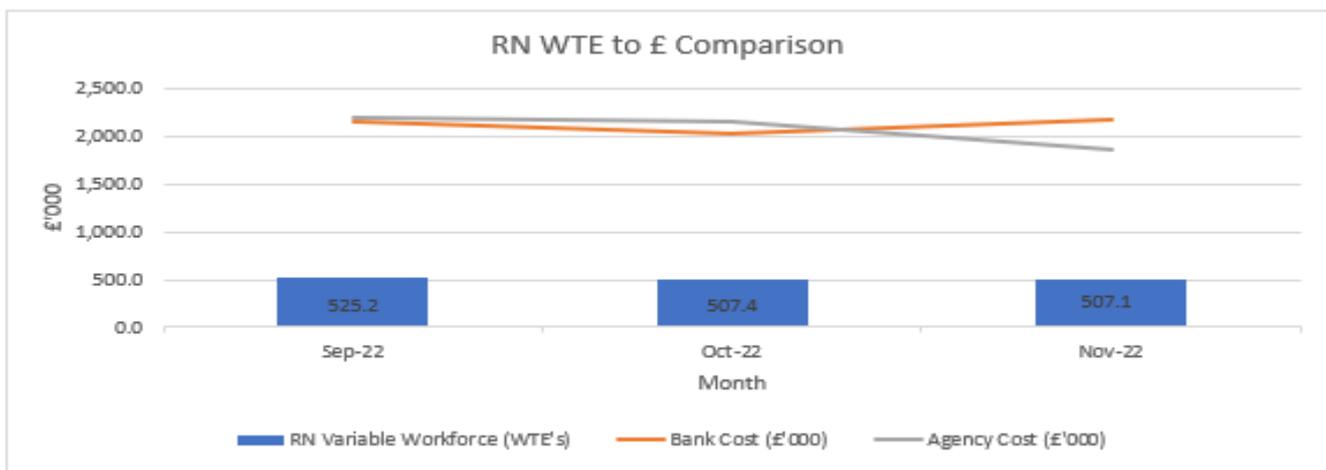
Whilst agency use has decreased, the demand for staff remains high. As a consequence, in many cases agency use has been replaced with bank worker premium incentive rates. A review of the application of the bank incentive rates is currently in progress with nursing colleagues as noted in our action plan.

A financial tracker is being developed by finance colleagues to support this programme of work.

Recommendation

The People and Culture Committee are asked to note the update provided on the work delivered through the Agency Reduction Programme Board.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Service sustainability
Financial Assessment	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
Quality, Safety and Patient Experience Assessment	Any actions will be balanced against quality and patient safety to ensure no adverse impact.
Equality and Diversity Impact Assessment (including child impact assessment)	Any actions are and will be Equality Impact assessed.
Health and Care Standards	The programmes and developments outlined in this paper meet STANDARD 7 Staff & Resources.
Link to Integrated Medium-Term Plan/Corporate Objectives	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Sustainability of service provision through our staff is prime consideration.
	Integration – Working closely with internal partners
	Involvement – As above
	Collaboration – Actions and deliverables are worked in partnership with Nursing, Workforce and Finance.

|	**Prevention –** any potential issues and challenges will be assessed prior to implementation
Glossary of New Terms	N/A

Variable Pay Reduction Action Plan November 2022

1	People Plan Objective 3 – Workforce Sustainability			

Action	Who	When	Progress (narrative/RAG)	
a) Review of Medical Workforce pay	Julie Chappelle / Kathryn Bourne / Angela Palfrey / Simon Line	October 22	• Locum Rate Card agreed with escalation process agreed for implementation 1st November 22. • ABUHB WOD Facilitating a WLI/Locum workshop at the end of October to agree standard definitions. • Review of roster practices to commence with MSOs.	
b) Workforce Analytics – Development of workforce information to inform key decisions. To include: • Analysis of activity and hot spots / Supply & Demand Trackers • Review Agencies	Julie Chappelle / Linda Alexander / Kate Davies / Jan Robinson	October 22	• Workforce data for nursing and HCSW is captured and sent to the Divisions on a weekly basis. • A performance tracker has been developed to summarise the Divisions progress and actions.	

1	People Plan Objective 3 – Workforce Sustainability				
Action		**Who**	**When**	**Progress (narrative/RAG)**	
				• Review of Agencies currently being undertaken to assess quality and supply.	
c)	Resource Bank Rules & Controls	Julie Chappelle / Linda Alexander / Kate Davies / Jan Robinson	October 22	• Bank Rules have been developed and sent to the Divisions 13 October 22, which include: ▪ Shifts will be out to bank workers prior to going out to agencies. ▪ Blook booking of agencies will cease unless senior management agreed. ▪ The Pool in GUHs has been removed 1 October 22. ▪ Agencies can no longer book into pools effective from 1 October 22.	
d)	Implement Zero on contract agency for HCSW	Julie Chappelle / Linda Alexander	February / March 23	• Send communications to agency workers • Send communications to Divisional Nurses • Prepare recruitment for further recruitment	
e)	Implement Zero off contract agency for RN	Julie Chappelle / Linda Alexander	February / March 23	• Send communications to agency workers • Send communications to Divisional Nurses • Analysis of on-contract agency providers usage • Liaise with on-contract agencies	
f)	Roster Efficiencies	Kate Davies / Amy Hugh-Jones	September – October 22	• Approximately 50 deep dives have taken place with the Divisions on roster efficiencies. Themes range from correcting set rosters and structures to pay issues. • Deep dives ongoing – currently working with Mental Health.	
g)	Communications on the Plans	Julie Chappelle / Linda Alexander	October 22-ongoing	• Communication sent out to bank workers week on 13 October 22. • Communication to HCSW agency workers to seek applications to join the bank in line with our reduction plans scheduled for week commencing 24 October 22.	

1 People Plan Objective 3 – Workforce Sustainability

Action	Who	When	Progress (narrative/RAG)	
h) Rewards	Julie Chappelle / Linda Alexander	October 22	• A review of Flexible Rewards is underway to explore opportunities to support early booking.	(amber)
i) Safecare Implementation *(The Safer Nursing Care Tool measures patient acuity and / or dependency to inform evidence-based decision making on staffing)*	Kate Davies / Divisional Nurses	November 22	• Live in NHH wards - November. • Currently in YYF due to go live December/January • GUH January/February 23, RGH, February/April 23.	(amber)

2 People Plan Objective 2 – Employer of Choice

| Action	Who	When	Progress (narrative/RAG)	
j) Apprentices: • Recruit 20 external Apprentices by December	Shelley Williams / Paige Griffiths	October 22	• 170 applicants, first phone sift end of Oct. 10 supernumerary HCSW planned for Jan 23. • Assessment Centres and Interview concluded. • 16 appointable for HCSW roles and 5 for Administration • Offers being w/c 27/11	(green)
k) Support and track HCSW vacancies	Shelley Williams / Keeli Sefton	October 2022	• Tracker developed. • 54 wte HCSW recruited through central recruitment programme. 20 commenced employment in Sept/Oct, 34 due to start by week commencing 7 November 22 • Divisional recruitment (146wte). campaigns now in place and start dates are being monitored	(amber)
l) Recruit for winter capacity	Shelley Williams / Keeli Sefton	October / November 22	• Add additional 35 wte to current recruitment drives	(amber)

2 People Plan Objective 2 – Employer of Choice

| | Actioned | In progress or pending | Outstanding requires attention |

Action	Who	When	Progress (narrative/RAG)	
			• 21wte allocated to Medicine/UC and 14 to PC&C	
m) Review Stage 2 RN Overseas Recruitment programme	Shelley Williams / Linda Alexander	November 22	• Strategic recruitment paper in development. • To be considered by Executive Committee November 2022.	
n) Develop opportunities for HCSW career pathway	Hannah Williams / Linda Alexander	November 22	• Explore opportunities for band 3 and review recruitment plans for band 4	
o) Volunteer to Career (link to apprenticeships/vacancies)	Shelley Williams / Tanya Strange	November 22	• Role approved • Recruitment in progress • Link scheme with apprenticeships	
p) Implement Recruitment Modernisation Programme to support swift on-boarding	Shelley Williams /	October 22	• Phase 1 scheduled for 17 October and implemented. • HB monitoring progress with NWSSP colleagues • Additional remote training workshops publicised for December for Recruiting Manager	
q) Review Induction	Peter Brown	October 22	• Induction review to be undertaken. OD team evaluating current Induction and options for new approach to national, organisational and local induction.	
r) Set up a Workforce Retention Group to focus on: • Exit interviews and analysis of leavers • Local Engagement Roadshows/Walk abouts *"have your say – come and meet the HR team"* (confidential discussion, flexible working, pension, management)	Peter Brown / Helen Knight / Business Partners	October 22	• Retention group established. • Data analysis and triangulation taking place to better understand context behind data (e.g. patient acuity, sickness etc). • Exit interview data indicates three main reasons for leaving: ▪ Flexible working ▪ Manager relationship ▪ Access to development	

2	People Plan Objective 2 – Employer of Choice			Actioned / progress or pending / Outstanding requires attention
Action		**Who**	**When**	**Progress (narrative/RAG)**
				• Next steps include triangulating this info with identified areas with high agency spend (HCSW population in specific wards) and testing out a potential roadshow style offer, which would include using events already planned with target groups to test out top three trends before product development (e.g. Advanced Practitioner Cafés, HCSW Cafés that Claire and Roma have been running, HCSW conference planned for March 2023) • Development of a short survey and get out and talk to people in their environments to validate exit interview info/ find new themes • Then offer a suite of short inputs on each theme to do some 'myth busting' • Retention Roadshows to commence 8 December 22 – March 23
s)	Medical and Dental Recruitment Plans to be developed for all hot spot areas	Shelley Williams/Business Partners	November 22	• Phase 1 of the recruitment modernisation programme was implemented on 17th October. There are also plans to meet with CD representatives in November to discuss expediting onboarding for medical staff with a view to reducing reliance on agency, whilst waiting for doctors to start in post. • Developing workforce data from the current systems.

3 People Plan Objective 1 – Staff Health & Wellbeing

Action	Who	Start / When	Progress (narrative/RAG)	
t) Develop a suite of Financial Wellbeing Offers.	Peter Brown / Ceri Harris	October 22	• Intranet pages developed. Costings being developed for subsidised meals. Monthly meeting established. Paper presented to Executive Team 17 November.	
u) Prioritise People First with associated actions to include Agile Working and Staff Wellbeing.	Peter Brown / Hannah Williams	October 22	• Ongoing	
v) Prioritise PADR compliance for hot spot areas	Peter Brown / Daniel Madge	October 22	• Using compliance data to support Divisions to prioritise completions. • PADR promotion in L&D delivery. • Specific messaging for those with PADR linked to pay progression.	
w) Wellbeing Survey and assess hot spot areas	Adrian Neal	December 22	• On target to deliver.	

Variable Pay Reduction – Terms of Reference

Purpose

This workstream will focus on the reduction of Variable Pay for Registered Nurses, Facilities, HCSW and Medical staffing.

Following a series of Corporate and Divisional meetings, this work will be managed within the Divisions. The work will identify key drivers for variable pay spend and develop and implement action plans.

Membership

Membership of the various groups is outlined in the appendix.

Workstream/Group Scope

Programme Board / Quorum
The following Workstream Leads will report to the Programme Board, chaired by the Workforce & OD Director, which will be responsible for understanding and overseeing the drivers for variable pay spend understanding the trend and having assurance on the action plans. The Programme Board will meet monthly. The Programme Board and subgroups do not have budget delegation to commit expenditure. Requests must be submitted to the Executive Team, via the Programme Board.

The Programme Board will be quorate if the chair or deputy chair are present along with service representatives.

Project Team

- Development of the Performance Monitoring Framework.
- Oversee the outcomes and identify key actions for recommendations.

Recruitment Group/Workstream

- To develop and expedite recruitment action plans.
- Ensure plans are monitored and actions are linked to reductions in high-cost variable pay.

Bank Operational Group/Workstream

- Action RN off contract and HCSW reduction plan.
- Develop and monitor Resource Bank controls and rules including agency booking for non- medical staff.
- Review and monitor Bank pay incentives.

- Ensure regular communications to bank workers, roster co-ordinators, managers and agencies as appropriate.
- Develop and issue of data sets to support activity and monitoring.

Medical Group/Workstream

- Understanding and presenting data on usage.
- Development and monitoring of the locum rate card
- Scoping of current roster practices with associated recommendations for improvement prior to the implementation of the medical electronic systems.
- Agree priority recruitment plans for specific areas aligned to agency usage.

Retention Group/Workstream

- Overview of why staff are leaving and overall turnover.
- Identify retention initiatives and roll out to the Divisions.
- Identify key areas of concern.
- Monitor success.
- Exit Interviews / Questionnaires and analysis of leavers.
- Prioritise PADR for hot spot areas.
- Prioritise People First Engagement programme to hot spot areas.

Finance Group/Workstream

- Log and monitor Financial Progress.
- Recommend opportunities for improved procurement via agencies
- Support the other streams by providing financial and pay information to other groups

Divisional Group/Workstream

- Develop local action plans
- Delivery and monitor progress
- Enable changes where inconsistencies have been identified or action is required.

Leads & Meeting and Reporting Structure
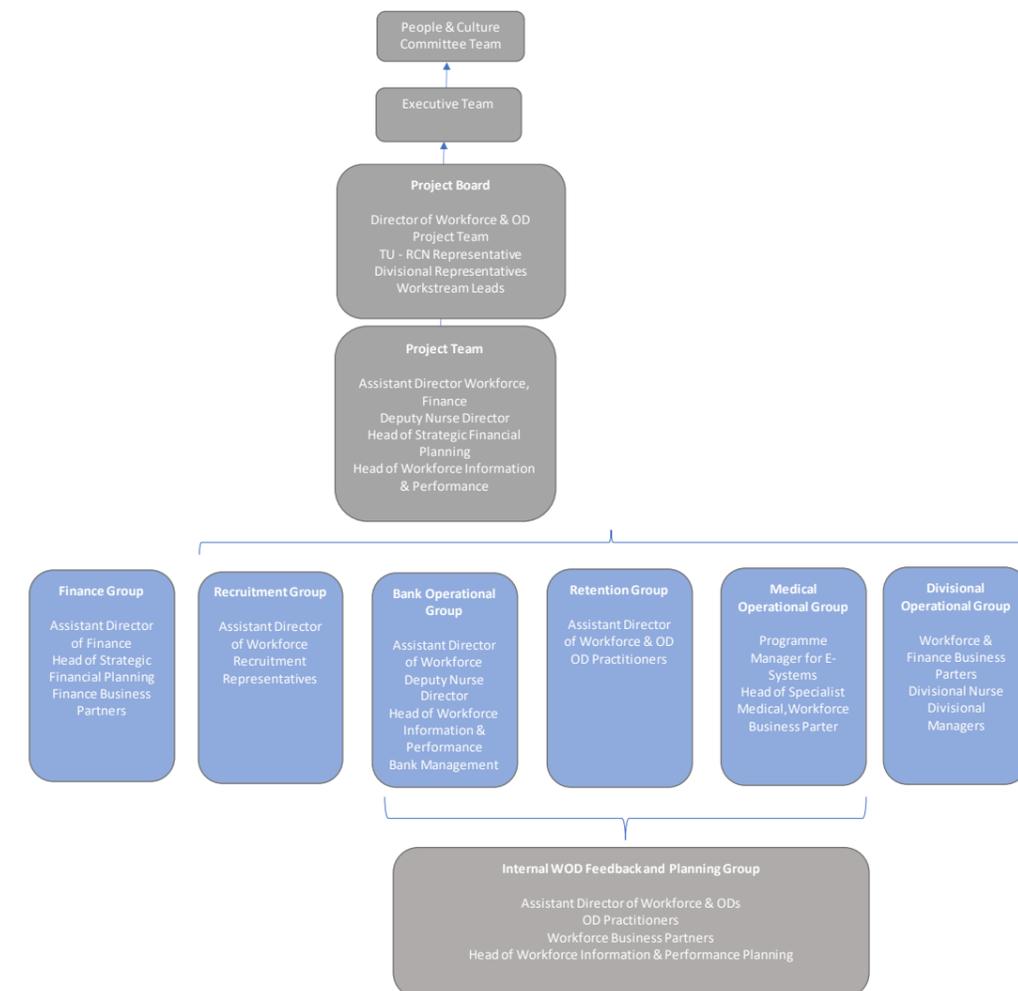
Variable Pay Reduction
Terms of Reference

October 2022

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

Aneurin Bevan University Health Board

Medical Training Risk Register

Executive Summary

The GMC set standards for medical education and training on which the Health Board are monitored via HEIWs annual commissioning process. This process is supported by ongoing monitoring via risk logs which are created and populated with information obtained from the annual GMC survey, End of Placement Reviews, Specialty School reports and ad-hoc reporting from the trainees themselves.

- Risk Logs are issued tri-annually to the Health Board
- The Medical Education Quality Team use the risk log and GMC survey to identify where further investigation is required.
- The Quality Team meet with trainees and trainers.
- Reports from meetings are sent to HEIW to inform their monitoring process.
- Reports from meetings are also shared internally to initiate local action plans were possible.

This paper updates the Board on how this information is processed within the Health Board and how resolution and progress is reported back to HEIW and the GMC.

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

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

Executive Sponsor: Dr James Calvert, Executive Medical Director

Report Author: Linda Coe, Head of Medical Education & Revalidation Services

Report Received consideration and supported by:

Executive Team	x	Committee of the Board: People & Culture Committee	

Date of the Report: 7ᵗʰ December 2022

Supplementary Papers Attached:
Appendix A – Risk Register
Appendix B – Risk Register

Purpose of the Report

The GMC are responsible for protecting patient safety and supporting medical education and practice across the UK. The GMC sets the standards for medical education and training which we follow. Our achievement against these standards is monitored by HEIW and via mechanisms such as the GMC annual training surveys.

1

HEIW use a risk-based quality management framework comprised of routine and responsive processes in order to ensure that when training does not meet national (GMC) and local standards that changes are facilitated and implemented to improve quality.

Risk Logs are issued by HEIW to Health Boards tri-annually. The information contained within them come from a variety of sources including the annual GMC Survey, End of Placement Reviews, Specialty School reports and from the trainees themselves (see appendix a)

HEIW attach a risk rating to each area as per their risk protocols and the ABUHB Medical Education Faculty takes responsibility for monitoring and investigating concerns identified with the intention of providing assurance to HEIW, and by extension to the GMC, in relation to medical training quality.

The ABUHB Medical Education Faculty responds to the risk log on behalf of the Health Board, providing an action plan and subsequent reports as required (see appendix b)

In some areas identified on the risk log, it is possible to initiate a local action plan within the specialty/division which is then monitored in order for the issues to be addressed. Risk ratings can be lowered, and even removed, based on evidence provided by the medical education faculty quality team.

A number of risks identified have already been escalated and are now part of the HEIW targeted visit process, with those relating to Medicine now under GMC enhanced monitoring.

Background and Context

The Risk Log gives HEIW assurance in relation to training concerns within the Health Board. This, in turn is reported back to the GMC in order to ensure that training provided by the Health Board is of sufficient quality. The process has been established and developed by Health Education and Improvement Wales (HEIW) to meet its obligations to the GMC and Welsh Government and has been in place for a number of years.

The issuing of and subsequent reporting on the risk log provides an opportunity for an open and transparent conversation between HEIW and the Health Board and provides a focus for review of medical education and training quality in order to ensure compliance with the GMC's standards and the delivery of the Health Board's obligations detailed in the Expectations Agreement. It is a collaborative process which enables a review of the quality of medical training being provided.

Concerns that may go into enhanced monitoring are those which might affect patient safety or training progression. Enhanced monitoring is used to encourage local management of concerns and the GMC will request updates more frequently as part of this process. They may also accompany HEIW representatives on a targeted visit to investigate a concern or monitor progress. All cases that are at the enhanced monitoring stage are published publicly on the GMC's website.

In order to address the risks identified in the risk log, we will be meeting with trainees (and other junior doctors) in the specialties identified to obtain current data in relation to the concerns previously raised. As the risk log is influenced heavily by the annual GMC Training Grade Survey, those trainees raising the concerns are no longer within the organisation.

A lot of work has already been taking place within the Health Board to address the well documented concerns raised previously via the Royal College of Physicians and subsequently the ongoing targeted visit process initiated by HEIW. The Health Board has been placed in enhanced

monitoring for Medicine and it is important that we ensure that ongoing work has a positive impact at the coal face.

As a Medical Education Faculty, it is our responsibility to now further investigate this in order to establish a current picture. In addition, we will continue to monitor as progress takes place. Our reports will be used by HEIW to inform the next targeted visits which will be taking place in the New Year. These can also be used by the Health Board to identify where the ongoing improvements are impacting in a positive way, and obviously clearly advise where such work has been ineffective at addressing concerns.

During October and November, the Quality Team met with trainees in Medicine across all sites. Whilst some areas have improved as the new clinical systems have bedded in, the issues raised continue to emulate the concerns raised previously. Clinical supervision and staffing levels, particularly at IMT3/Registrar grades continue to impact quite heavily on junior doctors, particularly out of hours. The handover process for step ups and step downs remains problematic and long-winded with trainees reporting being pressurised into making inappropriate step downs due to bed numbers. ACATs remain difficult to achieve and many trainees are unable to attend clinics.

The Quality Team will be meeting with the Unscheduled Care Directorate in January in order to identify an appropriate action plan by which the aforementioned concerns can be addressed. In addition, the Department of Medical Education is working closely with Dr Paul Mizen, Clinical Lead for Service Transformation in linking junior doctors into quality improvement projects aligned to service developments including step up/step down procedures.

In addition, the Medical Education Team have contacted all trainers to remind them of their responsibilities to support their trainees in obtaining their learning outcomes and all trainees to encourage proactivity in terms of taking advantage of educational opportunities.

Assessment and Conclusion

It is essential that we are able, as a Health Board, to provide our medical trainees with appropriate education and training. This includes ensuring an appropriate environment to allow access to educational and training opportunities. As a University Health Board, if we are unable to do this, there is a significant risk that trainees could be removed and this has an obvious, and critical, impact on how we deliver service.

The risk ratings contained within the risk log are particularly high and are reflective of the ongoing issues seen across the Board following the opening of GUH and the subsequent reorganisation of services and the new clinical futures service model.

Many of the issues raised span the entire organisation and are extremely complex to resolve. Our monitoring and further investigations can help Divisions develop processes which improve or resolve these issues and our intention is to work closely with them in relation to this.

Recommendation

The Risk Log is issued tri-annually and is an ongoing quality process. This paper is for information and is intended to keep the Committee updated on progress.

Supporting Assessment and Additional Information

3

Risk Assessment (including links to Risk Register)	It is imperative that the HB is able to provide trainees with appropriate access to educational opportunities in line with the clinical curricula and the SLA with HEIW. Failure to do so could result in the removal of trainees from areas of the HB with the obvious, critical impact that would have. In addition, the HBs University status could be at risk. We would anticipate that the likelihood of these risks being realised is very low as we work hard to mitigate and resolve current issues.
Financial Assessment, including Value for Money	Funding is received from HEIW in order to provide a supporting infrastructure for postgraduate trainees. This includes funding for the Faculty Lead posts which enables HEIW to fulfil its obligations in relation to monitoring and maintaining quality.
Quality, Safety and Patient Experience Assessment	The quality of our doctors directly impacts on the quality of patient care and ensuring that we provide a supportive learning environment with appropriate levels of access to educational opportunities for our doctors in training is paramount.
Equality and Diversity Impact Assessment (including child impact assessment)	All training programmes are fully in line with the Equality and Diversity policies. Additionally, the Medical Education Faculty provides appropriate support and internal reporting mechanisms to directly assist our doctors in training in relation to any training concern.
Health and Care Standards	The provision of high quality, effective, sustainable and appropriate training opportunities for our doctors in training is directly linked to the provision of high quality, effective, sustainable and appropriate patient care. This is integral to each of the H&C standards.
Link to Integrated Medium-Term Plan/Corporate Objectives	The provision of high quality, effective, sustainable and appropriate training opportunities for our doctors in training is directly linked to the provision of high quality, effective, sustainable and appropriate patient care. This is integral to the IMTP. In addition, the HBs People Plan supports the concept of training and engagement and improving the wellbeing of our staff. Our doctors in training have specific requirements and it is essential that our HB recognises and endorses this.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** The doctors in training today are our consultant workforce of tomorrow. It is imperative that we not only use their time with us as a showcase for a long-term career, but that we ensure we can provide safe, effective, high quality patient care delivered by highly trained professionals.
	Integration – The Quality team's goal is to ensure doctors in training have access to the highest quality educational opportunities in order to progress to become highly trained consultant staff.
	Involvement – the wellbeing of our medical workforce is vital in order to maintain a high quality patient centre service.
	Collaboration – The Quality team are working with divisions in order to create local action plans to resolve the training issues raised. In addition, the Team are working with the trainees themselves to empower them to address concerns directly, particularly those relating to access to required educational opportunities.
	Prevention – The work being undertaken by the Quality Team and the Medical Education Faculty as a whole is aimed at

	mitigating risk by ensuring that the Health Board can support and sustain a high quality training environment. Our close working relationship with HEIW is vital in providing assurance to the GMC that medical training is recognised as an integral component to HB activity.
Glossary of New Terms	N/A N/A
Public Interest	

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP453	Medicine	Medicine	Core, Foundation, Specialty & Trainer	Grange University Hospital	Trainees	2021: NEW RISK: Concerns around reconfiguration of Health Board site in relation to Medicine. Concerns include: Supervision, Workload, use of Vocera communication system, access to clinics, EWTD compliance, rotas. 2022: Survey results show - AIM - lower quartiles for Overall Satisfaction, Clinical Supervision, Induction, Adequate Experience and Educational Supervision. Gastro - below outliers for Workload and Rota Design; lower quartiles for Reporting Systems, Teamwork, Handover, Induction, Educational Governance, Educational Suprvision. Gastro Prog - below outliers for Workload and Roata Design; lower quartiles for Clinical Supervision, OOH, Induction, Adequate Experience, Educational Governance. GIM - below outliers for Clinical Supervision, Workload, Induction, Feedback; lower quartiles for Overall Satisfaction, Educational Governance, Educational Supervision, Regional Teaching. IMT - below outliers for Clinical Supervision, OOH, Reporting Systems, Workload, Teamwork, Handover, Educational Governance, Educational Supervision, Feedback; lower quartile for Induction. F1 - below outlier for Workload; lower quartile for Induction and Educational Supervision. F2 - below outliers for Induction and Study Leave.	Recent updates: 19/01/2022 – Meeting held with medical trainees (all grades) – GUH Concerns with: - ARCP's and meeting the requirements for training. - Not able to complete ACATs due to the lack of continuity in seeing consultants. - Attending clinics remained an issue although this was easier in Gastroenterology and Respiratory Medicine - Clinical supervision - No direct feedback - Vocera system remains a concern - There had been some improvement in the hours being worked although the trainees commented that they were still working over their rostered hours. - A few of the trainees felt that in the last six months they had not had any training progression and were purely service. - Morale was still very low July 2022 - Targeted Visits for medicine at the Royal Gwent, Grange and Nevill Hall, recommendations are below. An update of progress is required by Friday 2nd September 2022. 1.The Health Board must take immediate action to ensure patients are appropriately and safely transferred. Step down must be rigorous and patients must be reviewed before and after transfer. 2.The Health Board must ensure that there is dedicated training for the trainees to recognise and manage acutely unwell patients. 3.The Health Board should further reinforce the standard operating procedure around walk ins, to prevent medical registrars being called to review inappropriate patients. 4.The Health Board must produce a clear and comprehensive plan to deliver good levels of workplace-based assessments including DOPS and ACATS and sufficient access to clinics to meet curricular requirements. 5.The Health Board must ensure that there is effective supervision of all trainees especially those within Care of the Elderly. 6.The Health Board must discuss any reorganisation of training with the appropriate Training Programme Director seeking approval to implement changes where appropriate. 7.The Health Board must ensure that the induction in August includes the trainees being given appropriate access to all appropriate wards and other areas across the Health Board. 8.The Health Board must ensure that all trainees have access to hospital wide IT systems including Datix as part of the induction. 9.Given the lack of an obvious route to improve education and training provision in a reasonable timescale, HEIW will refer medicine	Updates via Health Board action plan	12

across the Health Board to the GMC to consider the application of Enhanced Monitoring status.

10. HEIW will arrange a further visit for 6 months' time.

July 2022 - Trainee feedback received post visit from those who could not attend - concerns include induction, issues on stroke ward, bad management and patient care, communication, supervision, staffing, WBA's, the medical take, step up/down and transfers, issues of where non-specialty patients are treated.

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP524	Medicine	Medicine	Core, Foundation, Specialty & Trainer	Royal Gwent Hospital	Trainees	2022: NEW RISK; Concerns in relation to the Minor Injury unit at the RGH as a result of reconfiguration of service across the Health Board. Concerns include: training progression, attending clinics, patient safety, 24 hour take and no path lab support. 2022: Survey Results - GIM - below outliers for Overall Satisfaction, Reporting Sytems, Adequate Experience, Educational Governance, Educational Supervision; lower quartiles for Teamwork. IMT - below outlier for Overall Satisfaction, Educational Goverance; lower quartiles for Teamwork, Educational Supervision. F1 - below outlier for Facillities; lower quartile for Reporting Systems and Adequte Experience. F2 - below outliers for Overall Satisfaction, Reporting Systems, Workload, Induction, Adequate Experience; lower qaurtiles for Clinical Supervision, Supportive Environment, Educational Governance, Educational Supervision.	Recent updates: 14/01/2022 - Letter sent to MD outling targeted visit recomendations across all sites: 1.Induction must address site specific information as well as being effective for trainees who work across different sites, e.g. on call. 2.Foundation doctors must be adequately supervised at all times and specialty registrars should be supported to ensure work undertaken is appropriate to their grade. 3.Communication must be effective whenever patients are transferred between sites, with consultant input, ensuring transfers are appropriate, adequately prioritised, accepted in a timely fashion and expected by the receiving team. 4.There must be an appropriate and effective SOP for managing 'walk-ins' in the eLGHs that does not involve the acute medical team. In addition, this should be effectively communicated, implemented and compliance monitored to ensure that training grade doctors are never placed in a position where they are required to work beyond their level of competence. 5.Access to clinics for training purposes must be ensured for all training grades, to ensure their competencies can be met and evidenced at ARCP thus ensuring training progression. 6.Any area used for stabilisation of patients must be adequately equipped and staffed. 7.Laboratory services for the eLGHs must be improved to ensure that training grade doctors have the information they require in a timely fashion to make appropriate patient management decisions. 8.Trainees must be supported to undertake the required workplace-based assessments on all UHB sites. 9.Thank you for confirming that the Vocera system at the Grange University Hospital will be replaced. Could you provide an indicative timescale for this and the interim mitigating actions taken to ensure communication pathways and systems for trainees are robust and effective. 10.There should be clarity about responsibility for patients awaiting transfer to eLGHs, including the patients' bed location. 11.The work pattern and patient responsibilities for Acute Internal Medicine consultants should be reviewed, to improve morale and recruitment. 12.There must be greater consultant input in acute medicine at the Royal Gwent Hospital site. 13.The frequency and input required to stabilise and resuscitate patients at the Nevill Hall Hospital site should be reviewed, to ensure adequate facilities exist to undertake such activity to an appropriate standard. July 2022 - Targeted Visits for medicine at the Royal Gwent, Grange and Nevill Hall, recommendations are below. An update of progress is required by Friday 2nd September 2022. 1.The Health Board must take immediate action to ensure patients are appropriately and safely transferred. Step down must be rigorous	Monitor via Health Board action plan	12

and patients must be reviewed before and after transfer.

2.The Health Board must ensure that there is dedicated training for the trainees to recognise and manage acutely unwell patients.

3.The Health Board should further reinforce the standard operating procedure around walk ins, to prevent medical registrars being called to review inappropriate patients.

4.The Health Board must produce a clear and comprehensive plan to deliver good levels of workplace-based assessments including DOPS and ACATS and sufficient access to clinics to meet curricular requirements.

5.The Health Board must ensure that there is effective supervision of all trainees especially those within Care of the Elderly.

6.The Health Board must discuss any reorganisation of training with the appropriate Training Programme Director seeking approval to implement changes where appropriate.

7.The Health Board must ensure that the induction in August includes the trainees being given appropriate access to all appropriate wards and other areas across the Health Board.

8.The Health Board must ensure that all trainees have access to hospital wide IT systems including Datix as part of the induction.

9.Given the lack of an obvious route to improve education and training provision in a reasonable timescale, HEIW will refer medicine across the Health Board to the GMC to consider the application of Enhanced Monitoring status.

10.HEIW will arrange a further visit for 6 months' time.

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP525	Medicine	Medicine	Core, Foundation, Specialty & Trainer	Nevill Hall Hospital	Trainees	2022: NEW RISK - Concerns in relation to the Minor Injury unit at the NH as a result of reconfiguration of service across the Health Board. Concerns include: Training progression, attending clinics, patient safety, transfer of patients, delays seeing patients, 24 hour take with no path lab support, nursing shortages. 2022: Free text comments 2AB2022PS & 1AB2022PS in relation to staffing and Service. 2022: Survey Results - GIM - Below outliers for Overall Satisfaction, Clinical Supervision, OOH, Reporting Systems, Workload, Handover, Induction, Adequate Experience, Feedback, Rota Design; lower quartiles for Teamwork, Educational Governance and Educational Supervision. IMT - below outliers for Overall Satisfaction, Clinical Supervision, Handover, Induction, Adequate Experience, Feedback; lower quartiles for OOH, Reporting Systems, Teamwork, Supportive Environment, Eduational Supervision. F1 - below outliers for Clinical Supervision, OOH, Reporting Systems, Workload, Adequate Experience, Rota Design; lower quartiles for Overall Satisfaction, Induction, Educational Supervision. Trainer - NHH - lower quartile for Handover & Rota Design.	Recent updates: 20/01/2022 – Meeting held with medical trainees (all grades) – NHH Concerns with: - Clinical Supervision - trainees based on the ward were not told in advance who would be providing senior cover and found the situation difficult due to a lack of continuity of care. It also made it difficult for trainees to follow patient plans as this could often change with different consultants. - Limited training opportunities - Often patients were only reviewed by very junior trainees. - There were concerns raised on one ward in relation to the supervision at Registrar level provided by a non-training grade doctor. - Trainees felt that there were inadequate arrangements for supervision of lower grade doctors on several wards - Rota gaps - Consultants did carry the registrar bleep where there was a gap but often the consultant was not from an acute specialty and did not provide appropriate levels of support for the more junior trainees, particularly in relation to arrest situations. - Workload, especially on-call - Many trainees were working long hours, often finishing 2 hours + past their rostered finish time. This was further exacerbated by some consultants undertaking ward rounds in the afternoon which left a large number of jobs for the junior to do after 5:00pm. As the workforce was already stretched, none of the trainees felt it was appropriate to leave work with jobs outstanding. - Patient flow had improved in relation to stepping up patients, although patients still had long waits for transfers. - Still issues with stepping down patients. They were still receiving inappropriate step down patients from GUH who arrived in NHH without the Team knowing about them. In addition, many patients were stepped back up to GUH shortly after arriving in NHH. - Registrars and the wider team were still routinely contacted to deal with MIU walk ins and they still felt that this was dangerous. - Trainees felt that Nevill Hall Hospital remained ill-equipped to cope with the acuity of patients being sent ther. - Concern in relation to ARCP and meeting the requirements for their training. They were not able to complete their ACATs. This was mainly due to the way of working and lack of continuity in seeing the consultants regularly for long enough periods to sign these off. - Difficult to attend clinics. - Concern regarding meeting GIM competencies in relation to on-calls. - Lack of feedback on patients that trainees clerk. - Foundation grade trainees reported how difficult they found it to take their Self Development Time. - Concerns with rota. Trainees would like to be involved in the rota - The trainees were very demoralised and expressed feelings of burn out and fatigue. - None of the trainees would recommend their posts and none wished	Monitor via Health Board action plan	12

to work in the Health Board in the future
- Lack of handover information.

July 2022 - Targeted Visits for medicine at the Royal Gwent, Grange and Nevill Hall, recommendations are below. An update of progress is required by Friday 2nd September 2022.
1.The Health Board must take immediate action to ensure patients are appropriately and safely transferred. Step down must be rigorous and patients must be reviewed before and after transfer.
2.The Health Board must ensure that there is dedicated training for the trainees to recognise and manage acutely unwell patients.
3.The Health Board should further reinforce the standard operating procedure around walk ins, to prevent medical registrars being called to review inappropriate patients.
4.The Health Board must produce a clear and comprehensive plan to deliver good levels of workplace-based assessments including DOPS and ACATS and sufficient access to clinics to meet curricular requirements.
5.The Health Board must ensure that there is effective supervision of all trainees especially those within Care of the Elderly.
6.The Health Board must discuss any reorganisation of training with the appropriate Training Programme Director seeking approval to implement changes where appropriate.
7.The Health Board must ensure that the induction in August includes the trainees being given appropriate access to all appropriate wards and other areas across the Health Board.
8.The Health Board must ensure that all trainees have access to hospital wide IT systems including Datix as part of the induction.
9.Given the lack of an obvious route to improve education and training provision in a reasonable timescale, HEIW will refer medicine across the Health Board to the GMC to consider the application of Enhanced Monitoring status.
10.HEIW will arrange a further visit for 6 months' time.

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP456	Surgery	Surgery	Core, Foundation and Specialty Training	Health Board Wide	HEIW Open	2021: NEW RISK - Concern with surgical Departments at newly opened Grange hospital and impact on other sites. Hospital access, supervision, Voccera system, effectiveness of the training environment. Survey results show concerns including Clinical Supervision, OOH, Workload, Team work, Handover, Supportive Environment, Induction, Local Teaching, Study Leave, Rota Design.. T&O RGH - Overall Satisfaction, Adequate Experience, Curriculum Coverage and Rota Design, Clinical Supervision, OOH. 2022: 5 free text comments (5AB2022PS, 17AB2022PS, 19AB2022PS, 35AB2022PS, 37AB2022PS) received in relation to surgical specialties (Gen Surgery, Vascular and T&O) in relation to service, staffing and out of hours cover. 2022: Survey results: Gen Surgery – RGH – Below Outliers for Clinical Supervision, Reporting Systems, Handover, Induction, Local Teaching, Regional Teaching; lower quartiles for OOH, Educational Supervision, Study Leave Gen Surgery – GUH – below outliers for Local and Regional Teaching; lower quartiles for OOH and Handover. F1 – RGH – below outliers for Overall Satisfaction, Reporting Systems, Supportive Environment, Induction; lower quartile for Clinical Supervision, OOH, Adequate Experience and Educational Supervision. F2 – below outliers for Clinical Supervision, OOH, Reporting Systems, Supportive Environment, Study Leave; lower quartiles for Overall Satisfaction and Induction. F1 – GUH – below outliers for Overall Satisfaction; lower quartiles for OOH, Reporting Systems. F2 – below outlier for Educational Supervision; lower quartiles for Clinical Supervision. CST – below outliers for Reporting Systems, Handover, Educational Governance, Study Leave; lower quartiles for Clinical supervision, OOH, Supportive Environment.	Recent updates: 14/01/2022 - Letter sent to MD outling targeted visit recomendations across all sites: 1. Induction must address site specific information as well as being effective for trainees who work across different sites, e.g. on call. 2. Foundation doctors must be adequately supervised at all times and specialty registrars should be supported to ensure work undertaken is appropriate to their grade. 3. Communication must be effective whenever patients are transferred between sites, with consultant input, ensuring transfers are appropriate, adequately prioritised, accepted in a timely fashion and expected by the receiving team. 4. There must be an appropriate and effective SOP for managing 'walk-ins' in the eLGHs that does not involve the acute medical team. In addition, this should be effectively communicated, implemented and compliance monitored to ensure that training grade doctors are never placed in a position where they are required to work beyond their level of competence. 5. Access to clinics for training purposes must be ensured for all training grades, to ensure their competencies can be met and evidenced at ARCP thus ensuring training progression. 6. Any area used for stabilisation of patients must be adequately equipped and staffed. 7. Laboratory services for the eLGHs must be improved to ensure that training grade doctors have the information they require in a timely fashion to make appropriate patient management decisions. 8. Trainees must be supported to undertake the required workplace-based assessments on all UHB sites. 9. Thank you for confirming that the Vocera system at the Grange University Hospital will be replaced. Could you provide an indicative timescale for this and the interim mitigating actions taken to ensure communication pathways and systems for trainees are robust and effective. 10. There should be clarity about responsibility for patients awaiting transfer to eLGHs, including the patients' bed location. 11. The work pattern and patient responsibilities for Acute Internal Medicine consultants should be reviewed, to improve morale and recruitment. 12. There must be greater consultant input in acute medicine at the Royal Gwent Hospital site. 13. The frequency and input required to stabilise and resuscitate patients at the Nevill Hall Hospital site should be reviewed, to ensure adequate facilities exist to undertake such activity to an appropriate standard.	Faculty Team and FPD to investigate survey results especially in relation to Foundation trainees.	8

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP553	Cardiology	Cardiology	Specialty Training	Grange University Hospital	2022 NTS	2022: NEW RISK: Survey results show below outliers for Workload, Supportive Environment, Study Leave; lower quartiles for Overall Satisfaction, Clinical Supervision, OOH, Reporting Systems, Teamwork, Handover, Educational Governance, Educational Supervision, Rota Design. Programme - below outliers for Overall Satisfaction, Workload, Supportive Environment, Study Leave, Rota Design; lower quartiles for Clinical Supervision, OOH, reporting Systems, Teamwork, Handover, Induction, Adequate Experience, Educational Governance, Educatoinal Supervision, Local Teaching.	2022: Survey results show below outliers for Workload, Supportive Environment, Study Leave; lower quartiles for Overall Satisfaction, Clinical Supervision, OOH, Reporting Systems, Teamwork, Handover, Educational Governance, Educational Supervision, Rota Design. Programme - below outliers for Overall Satisfaction, Workload, Supportive Environment, Study Leave, Rota Design; lower quartiles for Clinical Supervision, OOH, reporting Systems, Teamwork, Handover, Induction, Adequate Experience, Educational Governance, Educatoinal Supervision, Local Teaching.	Faculty Team to investigate. Trainee Feedback via Medicine targeted visit	8

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP321	Multiple Specialties	Multiple Specialties	Foundation, GP, Core & ST	Multiple Sites	2016 GMC Survey Results	2016: Risk created Health Board Wide in relation to Reporting Systems. 2016 Survey results show below outlier for Reporting Systems (new indicator in 2016) for GP Psychiatry (St Cadocs), Respiratory Medicine (Royal Gwent & Nevill Hall), Surgery F2 (Royal Gwent), Geriatric Medicine (Royal Gwent). Lower quartiles for General Surgery (Nevill Hall), Medicine F2 (Royal Gwent & YYF), Geriatric Medicine YYF), Paediatrics (Royal Gwent). 2017: results show Below Outlier for Obs & Gynae (Royal Gwent) and lower quartiles for CST (Royal Gwent), General Surgery (Royal Gwent), Respiratory Medicine (Royal Gwent), Surgery F1, Surgery F2 (Nevill Hall), Surgery F1 (Neville Hall). 2018: survey results show below outliers for Programme - GP O&G at Royal Gwent Hospital, Surgery F2 at Nevill Hall and Royal Gwent Hospitals. 2019: survey results show below outliers for Programme - General Surgery at the Royal Gwent Hospital and Paediatrics at the Royal Gwent Hospital. Post - Paediatrics at the Royal Gwent Hospital. 2019 survey results show an 1.22% decrease in the reporting systems indicator since 2018 across the Health Board. 13.07% of trainees said they have not been made aware of how to report patient safety incidents, 6.34% said there is not a culture of pro-actively reporting concerns, 4.32% said that there is not a cultue of learning lessons from concerns raised, 4.90% said that they are not confident that concerns are effectively dealt with and 6.91% said that when concerns are raised actions are not fed back appropriately. 2021: survey results show below outliers for Reporting Systems at Otolaryngology at RGH, Paediatrics at GUH. 2022 Survey results show below outliers for GIM at NHH and RGH, Gen Surgery at RGH, Geriatric Medicine at RGH, CST at RGH, IMT at GUH, Medicine F1 at NHH, Mnedicine F2 at RGH, Surgery F1 at RGH, Surgery F2 at RGH. There are also 10 further lower quartiles across specialties.	Recent updates: 06/07/2020 - Update via meeting with Faculty Leads and MEM - The faculty team have requested responses from all departments concerning how they feedback about concerns. A document has been provided indicating how some of the specialties provide learning opportunities for trainees arising from Datix entries. This information will be shared with other departments as good practice. 11/03/2021 - Update from Health Board - This continues to be an all Wales issues. The Quality Team have liasied with the AD for Quality and Patient Safety for ABUH and are working together to ensure all trainees are aware of reporting datix issues and are continuing to work on providing any learning outcomes raised from datix. 2021 Survey results show below outliers for Reporting Systems at Otolaryngology at RGH, Paediatrics at GUH. 05/11/2021 - Update from Health Board - The Quality Team are continuing to work with the AD for Quality and Patient Safety regarding learning outcomes arising from datix issues.	Review 2022 Survey results. Continue to monitor and actively promote risk reporting and feedback on concerns. Ensure trainees are informed how to raise concerns via induction.	6

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP408	Otolaryngology	Otolaryngology	Core and Foundation	Royal Gwent Hospital	Trainee Survey results 2018	2018: Risk created following survey results: below outliers for Overall Satisfaction, Clinical Supervision, Handover, Induction, Adequate Experience, Educatonal Supervision, Local Teaching; lower quartiles for Clinical Supervision Out of Hours, Reporting Systems, Teamwork, Curriculum Coverage, Educational Governance and Study Leave. Free text comment received in relation to supervision and workload 13AB2018PS. 2019 survey results show below outliers for Study Leave; lower quartiles for Overall Satisfaction, Clinical Supervision, Clinical Supervision Out of Hours, Induction, Educational Governance, Educational Supervision. CURRENT ISSUES: 2021: survey results show concerns including Reporting Systems, Local Teaching, Facilities, Curriculum Coverage, OOH, Induction, Study Leave, Team work, Clinical Supervision (F2) Adequate Experince, Feedback, Handover, Educational Governance, Educational Supervision, Regional Teaching. 2022: Survey results - prog - below outliers for handover and Induction.	Recent updates: 15/03/2021 - Meeting with FL and MEM - Repeatedly interviewed the trainees. Registrars are always happy. Induction have re-iterated who to contact but more junior colleagues are struggling to call consultants directly for help. 2021 survey results - post results – Below outlier for Reporting Systems, Local Teaching, Facilities. Lower quartiles for OOH, Handover, Educational Governance, Educational Supervision, Regional Teaching. Programme – below outliers for Curriculum Coverage, lower quartiles for OOH, Adequate Experience and Feedback. F1 Surgery – Below outliers for OOH and Induction; lower quartiles for Reporting Systems. F2 surgery – below outliers for Clinical Supervision, OOH, Teamwork, Induction, Study Leave. 05/11/2021 - Update from Health Board - The Quality Team will be arranging to meet with ENT trainees as there was poor attendance at the previous meeting.	Update required in relation to Handover and Induction and action plan.	6

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP450	All Specialties	All Programme Specialties	All	Grange University Hospital	Meeting with Faculty Leads and MEM	2020: Risk created. A detailed plan and structure is required to guide the Faculty Team in relation to Grange University Hospital operations. Also concerns raised by trainees about facilities, minor injuries departments and surgical. 2021:12 patient safety concerns were raised via the 2021 GMC survey which related to reconfiguration of service and concerned issues such as communication, staffing, transfer of patients, working beyond competence, resources and organisation. An Oversight Group has been set up to discuss issues in relation to the new medical model. 2022: 20 Free Text comments received across the Health Board, 15 related to service. Other concerns related to staffing, workload, communication, cross cover, supervision and inadequate staff training (15 comments related specificlaly to The Grange University Hospital).	Recent Updates: December 2021 Oversight group agreed the following actions: 1.That a letter be drafted to go out to trainees on behalf of HEIW and copied to the Health Board relaying the actions taken to ensure that there were opportunities to achieve the competencies necessary to support progression. 2.A date for the meeting to consider planning the future faculty infrastructure and educational facilities, including the libraries to be arranged. 3.That HEIW formerly request an update on whether the Health Board would be able to return to the originally agreed upon working model with a take until 10pm and consultant presence until 9pm and if not what the mitigation was and what further action could be taken. 4.That there were still concerns from a trainee perspective about meeting ARCP competencies and this needed to be examined on an individual basis (Head of School and TPDs). The quality of training needed to be considered as well as the ability to meet minimum curricular requirements appropriate also. The Director of Quality Management would discuss the latter with the Head of School of Medicine. 5.That the Health Board will continue to update the action plan and merge any further actions resulting from the Targeted Visit report into one overarching action plan which would be submitted prior to the next meeting of the Medical Education and Oversight Group. 6. That the Quality Unit would aim to arrange a further meeting at the end of February 2022. 25 February 2022 - the Medical Education & Training Oversight Group agreed the following actions: 1.To agree and circulate dates of meetings for the rest of the year; every two months. 2.That modelling be confirmed as an agenda item at the next meeting of this Group. 3. That more detail about rotations at NHH would be submitted to the next meeting of the Group. 4.Quality Unit to link with the Head of School of Medicine to signpost ES's to have a forward looking meeting with trainees to map gaps for competencies in advance of ARCP's. A summary is to be submitted to the group in order to identify gaps across the Health Board at the next meeting. 28/03/2022 - Royal College of Physicians letter concerning visit in June 2021 and follow up review.	Update required from Faculty Team.	6

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP521	General Practice	General Practice	GP	Blaenavon Medical Practice	GP AD	2021: NEW RISK: varied TRAP responses received following a previous trainee concern and practice visit by GP AD in 2020. Investigation by GP AD. Concerns include absence and unfilled posts, lack of admin time and lack of flexibility regarding home visits, perceived inequity in workload, supportive environment, induction, working environment. No 2022 Survey results.	October 2021 - varied TRAP results received following a previous trainee concern and practice visit by GP AD in 2020. GP AD has met with trainees, concerns included: -a lot of changes -absence and unfilled posts together with changing work patterns because of Covid-19. -Initially little involvement in telephone triage, seeing lots of face-to-face consultations which were complicated, lack of admin time and lack of flexibility regarding home visits. -perceived inequity in workload. -Lack of collegiate or supportive environment. -when above issues were raised, the pattern of work was changed to include telephone triage, fewer face-to-face appointments and no home visit before HDR. Noted - these consulting patterns were not unusual during the Covid-19 pandemic. -One trainee reported that induction was good but another said they had not received an induction. -Good teaching, debriefs and feedback. -Timings were unrealistic when considering the need to don and doff PPE. -there were cliques within the practice that made it hard to fit in. -Supervision was good with a named doctor and all the doctors were approachable. -Often over ran and stayed after other staff had left at 6.30 to review notes. A practice visit led by the GP AD took place autumn 2021. They were satisfied that the current workload was reasonable for a GP trainee and their stage of training. Covid-19 has increased workload and changed working practices. The practice has adjusted according to feedback from trainees and discussions at Trainers' Workshop. The practice has had difficulty obtaining locums and replacements for doctors who have left but are addressing this e.g. employing an Advanced Nurse Practitioner. The practice is aware that their next GP trainee will probably need more supervision and a longer induction than usual. Practice meetings and informal meetings have been affected by the Covid-19 pandemic; together with staff changes this has not helped the working environment. The GP AD will continue to monitor the practice.	GP AD to monitor and feedback	6

ANEURIN BEVAN RISK REPORT

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP526	Medicine	Medicine	Core, Foundation, Specialty & Trainer	Ysbyty Ystrad Fawr	Trainees	2022: NEW RISK: Concerns in relation to the Minor Injury unit at the YYF as a result of reconfiguration of service across the Health Board. Concerns include: rota gaps, workload, induction, clinics, rotas, study leave, patient safety. Free text comments Reference Number 66AB2022PS & 21AB2022PS in relation to supervision/support and staffing. 2022: Survey Results show - GP – below outliers for Clinical Supervision, Workload, Teamwork, handover, Supportive Environment, Regional Teaching, Rota Design; lower quartiles for Overall Satisfaction, Adequate Experience, Educational Governance, Educational Supervision, Study Leave. F2 – below outliers for Clinical Supervision, Adequate Experience, Study Leave, Rota Design; lower quartiles for Overall Satisfaction, Educational Governance. GIM – lower quartiles for Overall Satisfaction, Clinical Supervision, Reporting Systems, Supportive Environment, Adequate Experience, Educational Governance, Educational Supervision, Feedback, Rota Design. Geriatric prog – below outliers for Adequate Experience, Study leave, Rota Design; lower quartiles for Overall Satisfaction; Clinical Supervision, OOH, Reporting Systems, Induction, Educational Governance, Educational Supervision, Feedback. Geriatric post – below outliers for Clinical Supervision, Adequate Experience, Educational Governance, Study Leave, Rota Design; lower quartiles for Overall Satisfaction, Reporting Systems, Educational Supervision. Trainer - NHH - lower quartile for Handover & Rota Design.	Recent updates: 14/01/2022 - Letter sent to MD outling targeted visit recomendations across all sites: 1. Induction must address site specific information as well as being effective for trainees who work across different sites, e.g. on call. 2. Foundation doctors must be adequately supervised at all times and specialty registrars should be supported to ensure work undertaken is appropriate to their grade. 3. Communication must be effective whenever patients are transferred between sites, with consultant input, ensuring transfers are appropriate, adequately prioritised, accepted in a timely fashion and expected by the receiving team. 4. There must be an appropriate and effective SOP for managing 'walk-ins' in the eLGHs that does not involve the acute medical team. In addition, this should be effectively communicated, implemented and compliance monitored to ensure that training grade doctors are never placed in a position where they are required to work beyond their level of competence. 5. Access to clinics for training purposes must be ensured for all training grades, to ensure their competencies can be met and evidenced at ARCP thus ensuring training progression. 6. Any area used for stabilisation of patients must be adequately equipped and staffed. 7. Laboratory services for the eLGHs must be improved to ensure that training grade doctors have the information they require in a timely fashion to make appropriate patient management decisions. 8. Trainees must be supported to undertake the required workplace-based assessments on all UHB sites. 9. Thank you for confirming that the Vocera system at the Grange University Hospital will be replaced. Could you provide an indicative timescale for this and the interim mitigating actions taken to ensure communication pathways and systems for trainees are robust and effective. 10. There should be clarity about responsibility for patients awaiting transfer to eLGHs, including the patients' bed location. 11. The work pattern and patient responsibilities for Acute Internal Medicine consultants should be reviewed, to improve morale and recruitment. 12. There must be greater consultant input in acute medicine at the Royal Gwent Hospital site. 13. The frequency and input required to stabilise and resuscitate patients at the Nevill Hall Hospital site should be reviewed, to ensure adequate facilities exist to undertake such activity to an appropriate standard.	Monitor via Health Board action plan - update required.	6

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP554	Clinical Radiology	Clinical Radiology	Specialty Training	Grange University Hospital	2022 NTS	2022: NEW RISK - Survey results show - post - below outliers for Overall Satisfaction, Adequate Experience, Local Teaching; lower quartiles for Clinical Supervision, Educational Supervision, Feedback, Regional Teaching, Faciltities. Programme - Below outliers for Overall Satisfaction, Clinicial Superviion, Adequate Experience, Local Teaching; lower quartiles for OOH, Educational Governance, Educational Supervision, Feedback, Regional Teaching, Faciliities.	2022: NEW RISK - Survey results show - post - below outliers for Overall Satisfaction, Adequate Experience, Local Teaching; lower quartiles for Clinical Supervision, Educational Supervision, Feedback, Regional Teaching, Faciltities. Programme - Below outliers for Overall Satisfaction, Clinicial Superviion, Adequate Experience, Local Teaching; lower quartiles for OOH, Educational Governance, Educational Supervision, Feedback, Regional Teaching, Faciliities.	Faculty Team & Head of School to investigate.	6
TP555	Trauma and Orthopaedics	Trauma and Orthopaedic Surgery	Specialty Training	Royal Gwent Hospital	2022 NTS	2022: NEW RISK - Survey results show - post RGH - below outliers for Overall Satisfaction, Clinical Supervision, Study Leave; lower quartiles for OOH, Reporting Systems, Induction , Educational Supervision.	2022:Survey results show - post - below outliers for Overall Satisfaction, Clinical Supervision, Study Leave; lower quartiles for OOH, Reporting Systems, Induction , Educational Supervision.	Faculty Team & Head of School to investigate.	6

ANEURIN BEVAN RISK REPORT

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP556	Haematology	Haematology	Trainer	Royal Gwent Hospital	2022 NTS	2022: NEW RISK - Survey results show - post - below outliers for Time and Training Resources; lower quartiles for Overall Satisfaction, Supportive Environment.	2022: NEW RISK - Survey results show - post - below outliers for Time and Training Resources; lower quartiles for Overall Satisfaction, Supportive Environment.	Faculty Team & Head of School to investigate.	6

Case Ref.	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Summary of Issues	Risk Report Update	Next Steps	Risk Rating
TP440	Paediatrics	Paediatrics	Foundation, GP, Core & ST	Grange University Hospital	2019 Survey results	2019: Risk created - survey results showed concerns with the training environment (below outliers for Reporting Systems, Supportive Environment, Induction, Local Teaching, Study Leave & Rota Design. GP - below outliers for Overall Satisfaction, Educational Governance, Educational Supervision, Local Teaching, Regional Teaching) 2020: Concerns with local teaching, rota's, Induction. CURRENT ISSUES: 2021: Survery results show concerns with for Reporting Systems, Handover, Supportive Environment, Induction, Educational Governance, Rota Design, Facilities, Clinical Supervision, Curriculum Coverage,Educational Governance, Educational Supervision. GP– Reporting Systems, Feedback, Regional Teaching, Teamwork, Supportive Environment, Induction, Curriculum Coverage. 2022: February - Targeted visit took place (trainee attendance at governance meetings, supervision meetings, consultant support, work arrnagements for those working overnight, staffing and rotas) 2022 Free Text Comment concerning Support, Workload, Service - resources, A&E cover (48AB2022PS) 2022: Survey Results - post - lower quartile for Educational Supervision. Programme - Below outlier for Educational Supervision. F1 - lower quartile for Educational Superviiosn - ABOVE outliers for Overall satisfaction, Workload and Rota Design.	Recent updates: June 2022 - response to recommendations received: 1. There is a monthly Clinical Governance Meeting which involved medical and nursing staff from General and Community Paediatrics, including trainees. Trainees are invited to this. The current group of registrars all attended on their first day. 2. Consultants have been reminded of this option. Local Programme Director has regular meetings with the trainees and will add this as a standard question to these meetings. 3. Part of induction is informing trainees of the escalation plan. The Clinical Director spoke to the new intake about this in March 2022 and will ensure it continues to be part of induction. Consultants should always be contacted if registrar is in any doubt and consultant would make the final decision as to need. The trainees were clear that they had never been refused. Assistant CD and Local Programme Director will meet with Divisional Nurse to incorporate calling the consultant into the Directorate Escalation Plan. This will be ready for the August induction. 4. As this is a shift system no trainees are scheduled to work after nights.Consultant job plans were designed with no clinical duties the day after an on-call for this reason. 5. In response to feedback have created a rota to increase cover to have 2 middle grades until 9pm 7 days a week. Plan to change twilight shift to increase night time cover. Currently have two specialty doctors and from September will have an ST3 from the Deanery. A 4th person is part of Service's aspiration, and are reviewing what is possible within the financial allocation. If approved will recruit a 4th person to this rota for 2 years. The longer term plan will be to have ANPs instead of the 4th person. 6. Prior to implementing the new rota will monitor the intensity of work overnight to be able to optimise the hours where there are 2 registrars balanced against the time of the shift finishing. Currently the twilight shift is 16h00 – 24h00 and once the aforementioned monitoring is completed can ascertain if 18h00 – 02h00 or 22h00 – 05h00 or something in between would offer the safest cover. Once this is implemented will survey the middle grades, Tier 1 team and nursing staff to measure the impact on patient safety and staff wellbeing	Continue to monitor	4

Date Added	Case Ref	Specialty	Programme Specialty	Grade	Site	Concern Raised Via	Risk Rating	HB Action 09/22
2021	TP453	Medicine	Medicine	Core, Foundation, ST & Trainer	GUH	Trainees	12	Specific responses to targeted visit recommendations co-ordinated centrally. Due to enhanced monitoring status, Quality Team to meet with all trainees during October with reports being sent to HEIW following each meeting.
2022	TP524	Medicine	Medicine	Core, Foundation, ST & Trainer	RGH	Trainees	12	Specific responses to targeted visit recommendations co-ordinated centrally. Due to enhanced monitoring status, Quality Team to meet with all trainees during October with reports being sent to HEIW following each meeting.
2022	TP525	Medicine	Medicine	Core, Foundation, ST & Trainer	NHH	Trainees	12	Specific responses to targeted visit recommendations co-ordinated centrally. Due to enhanced monitoring status, Quality Team to meet with all trainees during October with reports being sent to HEIW following each meeting.
2021	TP456	Surgery	Surgery	Core, Foundation & ST	HB wide	HEIW Open	8	Specific issues raised through 2022 GMC survey. HB Quality Team to meet with all surgical trainees during October/November with reports being sent to HEIW following each meeting. EPEFs from previous F1 & F2 posts also to be reviewed.
2022	TP553	Cardiology	Cardiology	ST	GUH	2022 NTS	8	HB Quality Team to meet with cardiology trainees as part of medicine visits during October. These will be followed up by cardiology specific visits if required. Reports to be sent to HEIW following the meeting.
2016	TP321	Multiple Specialties	Multiple Specialties	Foundation, GP, Core & ST	Multiple Sites	2016 NTS	6	Raising Concerns included in induction information and followed up as part of the rolling induction programme.
2018	TP408	Otolaryngology	Otolaryngology	Core & Foundation	RGH	2018 NTS	6	HB Quality Team to meet with trainees during October/November
2020	TP450	All specialties	All specialties	All	GUH	Quality Team Meeting	6	Issues within this risk are part of risks TP453, TP524 and TP525. This risk should be merged. Current updates provided through the Oversight Group.
2021	TP521	GP	GP	GP	Blaenavon Medical Practice	GP AD	6	GP AD monitoring practice but no concerns raised at 2022 NTS. Recommend Reduce Risk.
2022	TP526	Medicine	Medicine	Core, Foundation, ST & Trainer	YYF	Trainees	6	Specific responses to targeted visit recommendations co-ordinated centrally. Due to enhanced monitoring status, Quality Team to meet with all trainees during October with reports being sent to HEIW following each meeting.
2022	TP554	Clinical Radiology	Clinical Radiology	ST	GUH	2022 NTS	6	Quality Team to meet with all trainees during October/November with reports being sent to HEIW.
2022	TP555	T&O	T&O	ST	RGH	2022 NTS	6	Quality Team to meet with all trainees during October/November with reports being sent to HEIW.
2022	TP556	Haematology	Haematology	Trainers	RGH	2022 NTS	6	Quality Team to meet with trainers to establish detail re outliers in 2022 NTS.

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

Aneurin Bevan University Health Board

Medical Appraisal & Revalidation

Executive Summary

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

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

Dr James Calvert, Medical Director acts as Responsible Officer for ABUHB and makes revalidation recommendations to the GMC for doctors connected to ABUHB after discussion at a revalidation meeting attended by the RO, Deputy ROs for Primary and Secondary Care and the Head of Medical Education.

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

Appraisal & Revalidation Highlights:

- 88% of secondary care doctors in substantive posts have had an appraisal in the last 18 months
- 96% of primary care doctors have completed an appraisal in the last 18 months
- Quality Assurance Sessions
- Recommencement of the Appraisers' Network
- EQIA Process to inform HB of appraisal outcomes

Appraisal & Revalidation Challenges:

- Managing appraisal for Clinical Fellows
- Constraints Reporting

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	x
Note the Report for Information Only	

Executive Sponsor: Dr James Calvert, Medical Director
Report Author: Linda Coe, Head of Medical Education & Revalidation Services
Report Received consideration and supported by:

Executive Team	Committee of the Board People & Culture Committee	
Date of the Report: 14th November 2022		
Supplementary Papers Attached: None.		

Purpose of the Report

Revalidation formally came into force for all doctors practising in the UK in December 2012. In Wales, Responsible Officers were the first to revalidate, going through the process in March 2012. The second cycle of revalidation began in April 2018 and was severely disrupted in 2020 and 2021 due to the Covid pandemic where appraisal was put on hold and revalidation postponed. In March 2021, the requirement for annual appraisal was reinstated and the medical body has slowly returned to pre-pandemic engagement levels.

In ABUHB, the responsibility for appraisal and revalidation sits within Medical Education to ensure that appraisal remains as a formative process and educational benefits of appraisal can be realised. This is in-line with GMC guidance.

This paper is intended to provide assurance on the revalidation process at ABUHB. Provision of this report to the board on an annual basis is suggested GMC best practice.

Background and Context

Aneurin Bevan University Health Board is the Designated Body for 1,268 doctors; 494 in primary care and 772 in secondary care. Appraisal and Revalidation are directly linked but are two distinct areas. Each doctor must engage in annual appraisal in order to be revalidated. Revalidation occurs on a five-year rolling basis and offers a defined point at which outcomes of appraisal and other governance information can be triangulated to allow the RO to make a recommendation to the GMC on whether a doctor should retain their licence to practice.

The decision to revalidate or defer is made by the Responsible Officer which, in Wales, is the Medical Director. A decision must be made for each doctor prior to a pre-defined revalidation date which is issued by the GMC. The RO can make 3 types of recommendation: Positive (MD recommends that doctor retains their licence to practice), deferral (usually due to lack of information provided by doctor to allow a positive recommendation), non-engagement (if the doctor has failed to participate actively in the appraisal process this leads to a non-engagement recommendation. This is rare and leads to immediate action by the GMC to remove a doctor from the medical register).

In Wales, the benefit of developing an all-Wales e-system for Appraisal and working closely with other Health Boards to develop similar processes to manage appraisal and revalidation was considered the way forward and we have engaged fully with the Revalidation Support Unit in Cardiff which has co-ordinated this work. A formal committee structure, WROG (Welsh Revalidation Operational Group) is now in operation and ABUHB contribute regularly to this.

MARS & Orbit 360
All medical appraisals within ABUHB are carried out using the all-Wales Medical Appraisal and Revalidation System (MARS) which acts as an advanced e-portfolio system supporting annual appraisal following the structure defined by Good Medical Practice. The system allows us to record, monitor and manage medical appraisals electronically and also allows us to extract significant statistical data which enables us to obtain an over-view, actively manage and identify appraisal activity on an ongoing basis. We continue to be actively involved in the development of this software, including the new Orbit360 system which facilitates patient and colleague feedback for doctors (a doctor and patient 360 is required once in every 5 years cycle by the

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GMC). It is expected that MARS will be updated to reflect the revised Good Medical Practice document when it is published by the GMC shortly.

## Assessment and Conclusion

Appraisal Rates

The Team within ABUHB continues to be active in developing local processes and working to enhance the benefits of appraisal within the Health Board. 88% of our doctors have undertaken an appraisal in 2021/22.

The following table shows the breakdown of appraisals across the various grades but does not take into account extenuating circumstances which prevent an appraisal taking place. Such circumstances could include maternity leave, long term sick leave etc. Despite this, the completion rates remain high. The appraisal rate for Clinical Fellows appears low but this is due to the high numbers of Clinical Fellows who joined us in August and would not be due for appraisal until August 2023. Every doctor's progress with annual appraisal is tracked and reviewed regularly. There is a clear escalation process where doctors are not engaging or miss deadlines.

	Connected	**Appraisal in 21/22**	**%**
Consultants	511	469	91.8%
GPs	496	479	96.6%
SAS	117	104	88.9%
Clinical Fellows	144	61	42.4%
TOTAL	**1268**	**1113**	**87.8%**

Covid had a significant impact on appraisal and revalidation in that the vast majority of doctors due for revalidation between April 2020 and March 2021 had their revalidation date postponed by one year and the requirement to undertake appraisal was put on hold. In addition, the GMC opened up the notice period which allows us to now make revalidation recommendations up to one year prior to the revalidation date. As the following chart shows, we were still able to make over 200 positive revalidation recommendations during 2020 and a similar number in 2021. This was broadly due to many of our doctors finding appraisal useful during the height of the Covid pandemic despite the necessity of appraisal being removed.

The following chart shows the revalidation recommendations made over the past five years:

Recommendations Made

	2018	2019	2020	2021	2022
Positive Recommendations	166	311	205	220	95
Deferral Requests	36	46	15	84	42
Notification of Non-Engagement		1			
TOTAL	**202**	**358**	**220**	**304**	**137**

■ Positive Recommendations ■ Deferral Requests
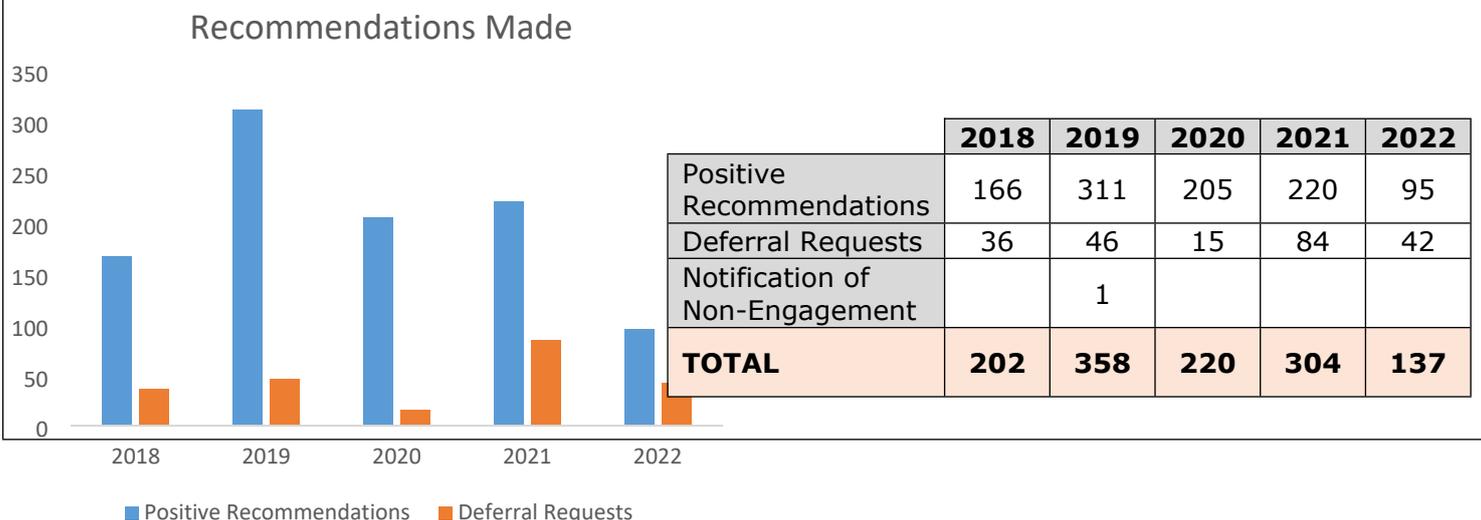
Deferral rates remain at around 30% which is in line with the all-Wales average. The vast majority of deferrals currently being seen (around 75%) are due to incomplete Patient and Colleague feedback. The Multisource Feedback has to be discussed at appraisal and, ideally, this would have been completed in year 3 or 4 of the cycle. However, this has not been possible due to Covid and, as a result, we are having to defer the revalidation date to all this process to be complete.

Appraisal Management

ABUHB has a robust system of appraisal management which enables us to ensure that our doctors are able to undertake annual appraisal and also to manage extenuating circumstances and concerns during the cycle instead of addressing these at the point of revalidation. Each appraisee is given a 3 month appraisal quarter during which time they should undertake their appraisal. Appraisees are notified by the MARS system up to 6 months prior to this, they also receive notifications from the Appraisal Team in ABUHB as the quarter starts. In addition, appraisees are contacted part way through the appraisal quarter if they have not organised their appraisal and also at the end of the quarter. There are a number of reasons why an appraisal doesn't take place within the quarter. If an appraisee fails to undertake their appraisal during the quarter, they are given a short timeframe to organise the appraisal in the following quarter. Failing this, they are invited to meet with the Assistant Medical Director where an individual plan can be put in place. If this fails, doctors will be referred to the GMC via the Rev6 protocol which can result in their revalidation date being bought forward.

Quality Assurance & Appraiser Network
Within secondary care, we have continued to work hard to professionalise our Appraisers and have adopted an appropriate SPA tariff to recognise and protect time for this important work. We have a formal job description for our Appraisers which we are in the process of updating as part of an appraiser review. As part of this, we have highlighted our expectations in relation to the information doctors bring on quality assurance and training to their appraisal, which should improve the quality and benefit of appraisals.

The Appraisers' Network has recommenced after a Covid hiatus. This presents an opportunity for ABUHB Appraisers to share ideas and to network with other appraisal colleagues. In addition, we use this platform as an opportunity to quality assure our processes and the appraisal summaries in line with national criteria. These sessions have proved to be popular and are an excellent way of disseminating and sharing both good and bad practice across our Appraiser pool. Following the QA exercise in May 2022, our outcomes suggest that we remain slightly above the all-Wales average in terms of appraisal quality which is extremely encouraging. The all-Wales average for secondary care was 72% and our average was 73.3%.   There are some areas where we can improve, and these will form the basis of discussion for future Appraiser Network sessions.

EQIA
Medical appraisal is designed as a formative process and is not part of employee performance review (as for other NHS employees). Performance management of doctors takes place as part of job planning and other processes.

Medical appraisal should be a positive experience for the individual doctor. This is in line with GMC guidance.

To this end, we have introduced a process whereby appraisers can complete an Effective Quality Improvement Activity Form (EQIA) at appraisal which highlights the any quality improvement work which is being carried out by many of our doctors but which is not currently being reported back to the Board. These forms are collated centrally and form the basis for the annual EQIA Event to which we invite a multi-professional audience including many General and Directorate Managers to ensure that those outside of medical roles can have an insight into the important

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quality improvement work which has direct impact on patient care. Unfortunately, these events were also postponed due to Covid but we intend to recommence these in 2023.

Learning Logs
As part of the revalidation process appraisal information is triangulated with governance information. Doctors are required to reflect on Significant Events at each appraisal. We have introduced an initiative whereby a learning log is completed, including full reflection, for SUIs within the Health Board. The learning log includes reflection on the event written by the doctor involved. We expect this to be fully discussed at the next appraisal and appropriate actions identified within the PDP. The appraisal team review the appraisal output to ensure this has taken place. When it has not this is escalated to the deputy RO.

This process gives us assurance at a HB level that appropriate reflection and learning occurs following a Significant Event and has been made possible as part of the appraisal process.

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

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

Recommendation

In summary, whilst Covid has had a significant impact on medical appraisal and revalidation, we are seeing activity and engagement returning to previous levels. It continues to be challenging in some areas as we deal with burn out and low morale across the Board. By integrating appraisal and revalidation into Medical Education, we have been able to retain an educational perspective on appraisal, focusing on learning, wellbeing and support. This has had a positive impact on our doctors who continue to embrace the appraisal concept.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risks to the organisation are minimal and unlikely. One of the purposes of appraisal and revalidation are to mitigate risk by ensuring that our doctors are fit to practice, triangulating reflective appraisal information with governance. Additionally, the service relies on the all Wales MARS system and Orbit feedback interface to function effectively and any issues with this provision could effectively stop all activity.
Financial Assessment, including Value for Money	Medical Appraisers are currently awarded 0.5 SPA sessions for undertaking up to 10 appraisals per year. Appraisers are overseen by the AMD for Appraisal and the number of appraisers is regularly reviewed to ensure that all doctors linked to our Health Board have the opportunity to undertake a timely appraisal. The spread of appraisers across specialties places an uneven financial pressure on those directorates' SPA budget for essentially providing a service to another directorate.
Quality, Safety and Patient Experience Assessment	The appraisal and revalidation process is designed to protect patients in ensuring that doctors remain fit to practice. In addition, development of Quality Improvement and the ongoing reflection on SUIs via learning logs supports the concept of a learning organisation which impacts positively on patient care. As part of the revalidation process all doctors with direct patient contact roles undertake a patient feedback exercise. Through discussion at appraisal any areas of poor patient experience can be identified, and remedial measures taken if necessary. Appraisal also requires assurance statements from doctors that they pose no risk to patients through health matters. Both of these mechanisms provide a 'background' means of ensuring patient experience and safety in addition to the more obvious ones through HB and GMC guidance.
Equality and Diversity Impact Assessment (including child impact assessment)	All appraisers and appraisees are treated in line with Equality and Diversity protocols. Additionally, ABUHB has maintained a supportive and coaching approach to appraisal which has helped those doctors who do find appraisal and associated reflection difficult. This approach can be directly linked to the low number of non-engagement referrals we have made to the GMC. The appraiser body is a very representative cross-section of the medical establishment within the Health Board and represents that diversity. Also, as well as the 'usual' channels for raising Equality and Diversity issues, they have the additional resource of an AMD with whom to discuss any issues for either themselves or appraisees that may arise within the 'protected' appraisal interview space.
Health and Care Standards	All appraisals are carried out in line with Good Medical Practice which encompasses all themes identified in the Health & Care Standards. Quality improvement activity is also a fundamental pillar of appraisal and reflection on activity enables doctors to continually improve services and subsequently patient care. The existence of the EQIA reporting also provides a pathway for

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	sharing innovations in care that would otherwise remain with a service 'silo'.
Link to Integrated Medium Term Plan/Corporate Objectives	Evidence suggests that doctors who are regularly appraised and given the opportunity to reflect fully and openly in relation to activity and professional development provide higher quality patient care. High quality patient care is central to everything that we do. Appraisal discussion should cover all aspects of a doctor's work and through the use of an appropriate Personal Development Plan the doctor can focus on areas that have been identified a requiring input towards both service and corporate objectives.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Each appraisal generates a Personal Development Plan which is created following the appraisal discussion. This outlines the direction of travel for an individual and is monitored and developed over time via subsequent appraisals.
	Integration – Our appraisers are professionally trained to discuss wider impact issues of individual activity. The fact that appraisers appraise doctors from many different specialities means they are uniquely placed to see and discuss the context of issues discussed within the hospital and health board as a whole.
	Involvement – Appraisers actively signpost individuals to ensure development can take place.
	Collaboration – Appraisers actively signpost to ensure appropriate collaboration and the removal of silo working.
	Prevention – Formal reflection on SIUs, complaints and compliments form part of every appraisal and such reflection considers outcome and development/improvement in a professionally based forum (the appraisal). Patient safety is pivotal to most aspects of the appraisal discussion and quality improvement activity is required of every doctor to revalidate.
Glossary of New Terms	Not applicable.
Public Interest	Not applicable.

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

WORKFORCE PERFORMANCE DASHBOARD INCORPORATING KEY PERFORMANCE INDICATORS

Executive Summary

The People and Culture Committee will receive the November 2022 Workforce Performance Dashboard.

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

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

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Julie Chappelle, Assistant Director of Workforce & OD; Kate Davies, Workforce Performance Manager

Date of the Report: 30 December 2022

Supplementary Papers:

Appendix 1 **-** Workforce Performance Dashboard

Purpose of the Report

To provide the November 2022 Workforce Performance Dashboard for information and assurance.

Background and Context

The Workforce Performance Dashboard is produced monthly and provides the latest data on workforce sustainability, workforce supply, staff health and wellbeing.

Assessment and Conclusion

The 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 longer-term workforce plans.

Recommendation

The People & Culture Committee is asked to note the content of the dashboard and provide any additional comments.

| Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	All Workforce and OD risk are updated through the Health Board's risk register.
Financial Assessment, including Value for Money	n/a
Quality, Safety and Patient Experience Assessment	The report is focussed on improving quality and safety and therefore the overall staff and patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessment screening indicates no negative impact.
Health and Care Standards	This report contributes to the good governance elements of the Standards with particular reference to the workforce standard.
Link to Integrated Medium-Term Plan/Corporate Objectives	Providing an appropriate governance to support a workforce to deliver safe, quality care.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Supports effective policy development and arrangements for governance contributes to a positive impact on staff well-being, patient care and the wider population.
	Integration – Opportunities to work with local and national partners.
	Involvement – To work with Trade Unions to take account of the diversity of the membership, staff and population served to ensure policy and service change is equitable.
	Collaboration – Collaboration with external partners continues to support consistency of approach across NHS Wales organisations
	Prevention – Supports positive wellbeing and the prevention of absence and ill health.
Glossary of New Terms	n/a
Public Interest	Report has been written for the public domain.

Staff Health & Wellbeing

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

Sickness absence Trends over 4 years
Legend: 2022/23, 2019/20, 2020/21, 2021/22

Sickness absence Trends over 4 years
Legend: 4 Years, Trendline
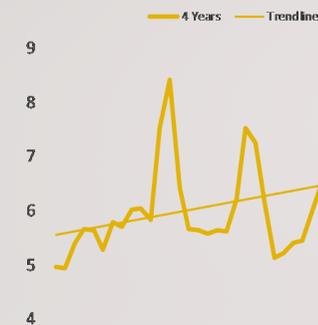
Top 3 Highest Sickness by staff group Trendline
Legend: Additional Clinical Services, Estates and Ancillary, Nursing and Midwifery Registered
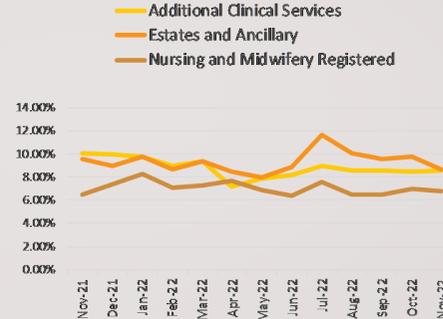
Sickness Absence Number of Staff Lost per month

818 WTE

Previous Year - 735 WTE

Percentage of staff without sickness absence - Nov 2022
29% Staff with Sickness
71% Staff without Sickness
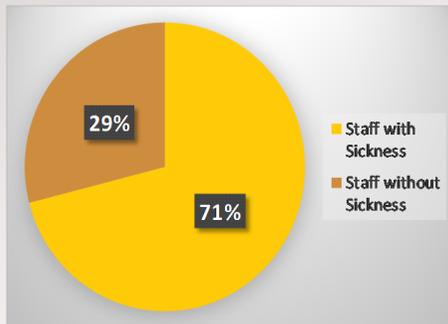
Top 3 Sickness absence Reasons % i.e 21.4% of sick is due to Covid
- ANXIETY/STRESS/DEPRESSION/OTHER PSYCHIATRIC ILLNESSES: 26.3 / 33.9
- INFECTIOUS DISEASES (COVID): 21.4 / 5.4
- OTHER MUSCULOSKELETAL PROBLEMS: 7.2 / 9.2
Legend: Nov-22, Nov-21
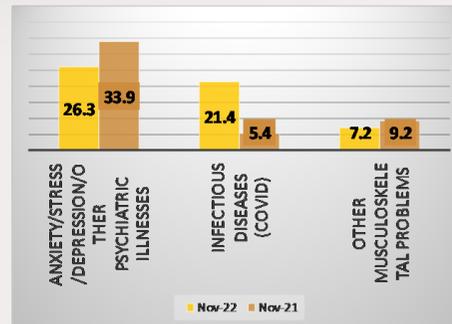
Sickness Absence Trends - Anxiety/Stress/Depression/other
Legend: Long Term, Short Term

Sickness Absence Trends - Covid
Legend: Long Term, Short Term
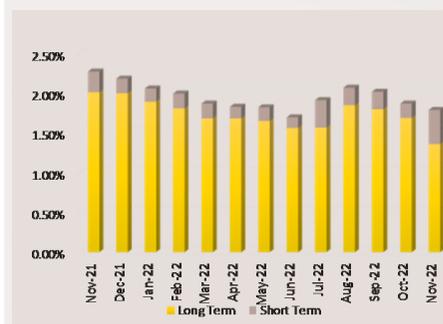
Occupational Health Referrals
Values: 136, 163, 128, 104, 168, 181, 129, 118, 116, 178, 107, 168, 149, 149, 131, 169
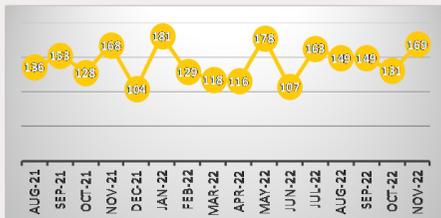
Top 3 Reasons	Total (Clients)
Psychological	28
Stress and Anxiety	15
MSK- Lower Limb	12

Occupational Health - Key Activities
345 Pre-placement Health Questionnaires received

459 Pre-placement cleared

169 Staff referrals into the service

509 Appointments attended

628 Immunisations given (excluding Covid)

806 Phone calls received

Employee Psychological Therapy Service (EPTS) Referrals
Values: 51, 46, 46, 43, 33, 50, 40, 53, 60, 94, 53, 55, 71, 57, 63, 71
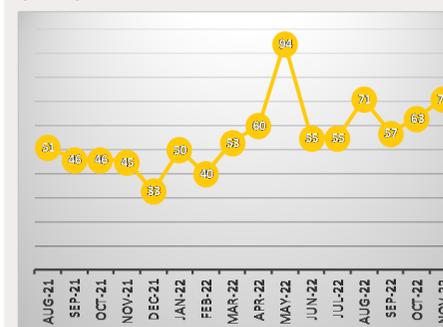
Employee Psychological Therapy Service (EPTS)
5 Direct referrals to the Head of Well being

3 New team referrals

1 Psychological debrief sessions

6 Webinars/Lectures/Workshops

3 Schwartz Round and/or prep sessions

8 Team Lead Consultants

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

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

Employer of Choice

Staff in post Trends over 2 years
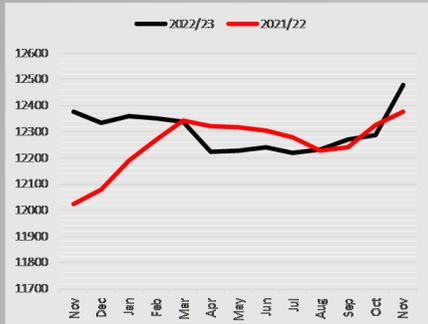
Staff in Post - Top 3 staff groups increases 12 months

	Nov-22	Nov-21
ADMINISTRATIVE AND CLERICAL	2723	2556
ADDITIONAL CLINICAL SERVICES	722	697
ADD PROF SCIENTIFIC AND TECHNIC	476	453
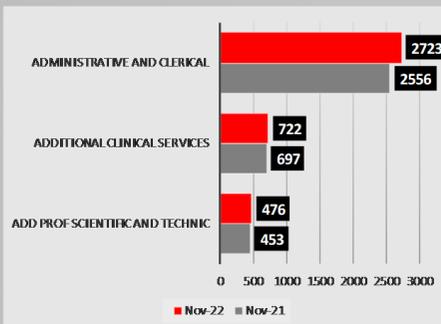
Staff in Post - Top 3 staff groups decreases 12 months

|	Nov-22	Nov-21
NURSING AND MIDWIFERY REGISTERED	3780	3825
MEDICAL AND DENTAL	799	878
ALLIED HEALTH PROFESSIONALS	814	815
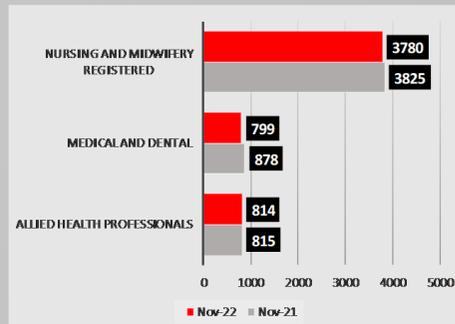
Turnover - Staff Stability Percentage of staff retained over 12 months

87.66%

Leavers V Starters by Staff Group - 12 months

| Staff Group	Leavers FTE	Starters FTE
Nursing and Midwifery Registered	323.85	266.40
Healthcare Scientists	24.85	27.96
Estates and Ancillary	96.31	94.66
Allied Health Professionals	125.79	120.39
Administrative and Clerical	329.87	434.69
Additional Clinical Services	302.69	479.38
Add Prof Scientific and Technic	55.10	49.54
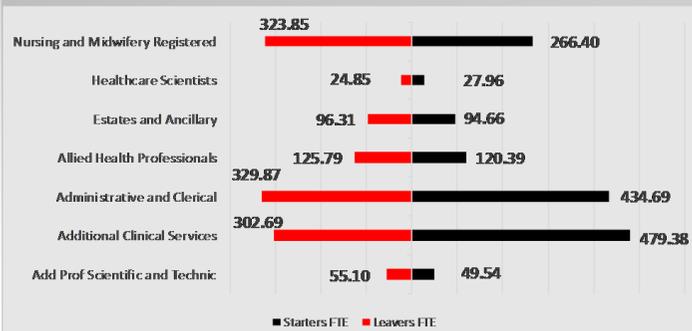
Turnover/Retention Leavers by Length of Service - 12 months

Length of Service	
<1 Year	270.18
1 to 2 Years	172.54
2 to 5 Years	246.34
5 to 10 Years	156.81
10 to 15 Years	76.08
15 to 20 Years	97.84
20 to 25 Years	88.95
25 to 30 Years	49.75
>=30 Years	100.41

Turnover/Retention Reason for Leaving - 12 Months

Reason	
Voluntary Resignation	767.52
Voluntary Early Retirement – with Actuarial Reduction	3.36
Retirement Age	193.69
Retirement – Ill Health	16.87
Redundancy – Voluntary	1.75
Mutually agreed resignation	37.13
Has Not Worked	2.97
Flexi Retirement	161.89
End of Fixed Term Contract	53.49
Employee Transfer	9.41
Dismissal	3.7
Death in Service	7.15
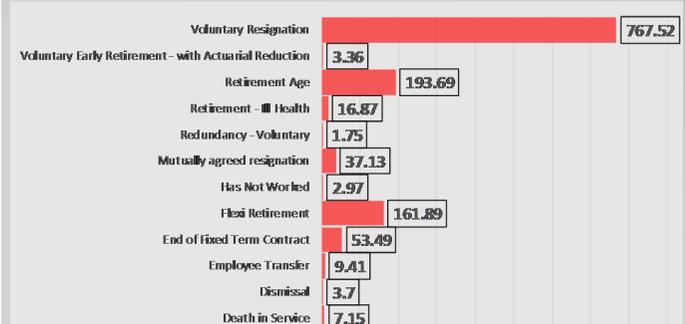
Recruitment Targets Number of Days to Vacancy Creation to Conditional Offer April to August against target

Vacancy Creation to unconditional offer — Target 71 Days

Recruitment Targets Number of Days to Conditional offer letter to completed PECS April to August against target
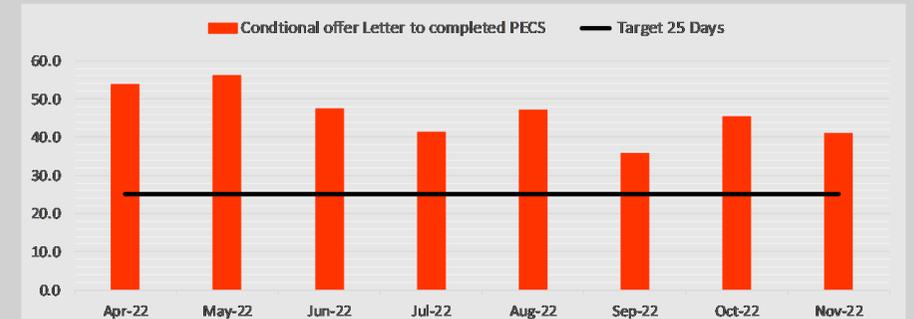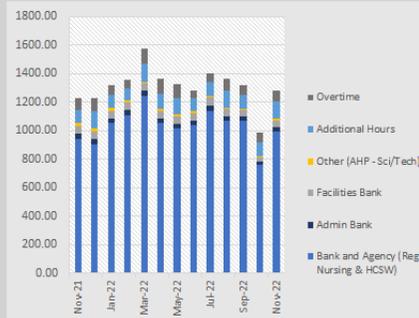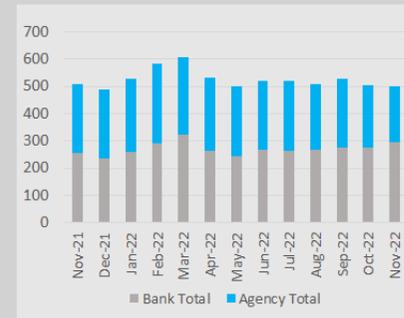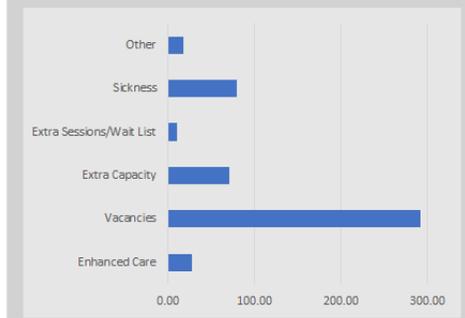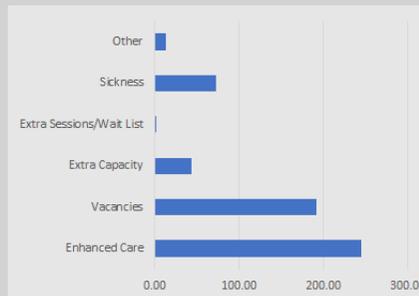
Conditional offer Letter to completed PECS — Target 25 Days

Equality Impact Assessments: more than a tick box exercise?

Report of the Auditor General for Wales

September 2022

This report has been prepared for presentation to the Senedd
under section 145A of the Government of Wales Act 1998.

The Auditor General is independent of the Senedd and government. He examines and certifies
the accounts of the Welsh Government and its sponsored and related public bodies, including
NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and
effectiveness with which those organisations have used, and may improve the use of, their
resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government
value for money studies and inspects for compliance with the requirements of the Local
Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales
Audit Office, which is a statutory board established for that purpose and to monitor and advise
the Auditor General.

For further information, or if you require any of our publications in an alternative format and/
or language, please contact us by telephone on 029 2032 0500, or email info@audit.wales.
We welcome telephone calls in Welsh and English. You can also write to us in either Welsh or
English and we will respond in the language you have used. Corresponding in Welsh will not
lead to a delay.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Contents

◀ Auditor General's foreword

Discrimination and inequality continue to impact on the quality of life and life chances of people in Wales. My Picture of Public Services 2021 report highlighted that the COVID-19 pandemic had amplified some of the entrenched inequalities in our communities. Black Lives Matter, MeToo and other social movements have brought issues of discrimination and inequality to the forefront of public policy and debate.

Equality Impact Assessment (EIA) is an important part of the approach to tackling inequality in Wales. EIAs help public services meet their legal duties to avoid discrimination in the decisions they make and to promote equality of opportunity and cohesion.

Done well, EIAs are more than a means to show compliance. They support the growth of a mind-set and culture that put issues of equality at the heart of decision-making and policy development.

Our work shows that within individual public bodies there are good examples of aspects of the process of conducting an EIA. Through this report, I want to help all public bodies learn from those that are doing well and trying new approaches.

However, what we have seen and heard tells us that public bodies in Wales tend to use their EIAs defensively. Too often, they seem like a tick box exercise to show that the body has thought about equality issues in case of challenge. While legal challenge is of course an important risk to manage, this approach means public bodies are not using EIAs to their full potential, especially in terms of promoting equality and cohesion.

I hope this report will be of interest to anybody involved in public services and with an interest in tackling inequality and promoting equality. However, I want this work to be more than interesting. It needs to have an impact. Specifically, I expect:

- the Welsh Government to respond to the recommendations to work with partners to improve and update the overall approach to EIAs;

- all public bodies to respond to the recommendation that they review their own approaches to EIAs, including mindset and culture, drawing on the findings of this report; and

- those involved in scrutiny to use this report to challenge their organisation's overall approach to EIAs and the quality of individual EIAs used to inform their decisions.

I am pleased to say that this work has already had positive impacts. Our fieldwork questions have prompted some public bodies to check aspects of their own arrangements. And we have shared emerging findings with some public bodies that were updating their approach to EIAs. Closer to home, at Audit Wales, we are looking closely at our own processes and procedures to reflect the lessons identified in this work.

Adrian Crompton
Auditor General for Wales

◀ **Key facts**

We set out below some key facts about the population in Wales in the context of the nine protected characteristics under the Equality Act 2010.

26,754 pregnancies during 2021[8]

16.5% aged under 15[1]

3.9% people who identify as gay, lesbian, bisexual or other[6]

7.8% people from a Black, Asian or minority ethnic community[5]

50.1% people with religious belief[4]

51.1% women[1]

22.1% 16 to 64 year-olds identifying as disabled[2]

59% of transgender women and **56%** of transgender men said they avoided expressing their gender identity for fear of a negative reaction from others (UK)[7]

21.3% aged 65 and over[1]

48.1% people aged 16 and over who are married or in a civil partnership[3]

65+

3,107,500 population of Wales[1]

Sources:

1 Office of National Statistics (ONS), Population and household estimates, Census 2021, June 2022

2 StatsWales, Disability by age and sex (Equality Act definition) (2018-2020)

3 StatsWales, Marital status by age and sex (2018-2020)

4 StatsWales, Religion status by age (2018-2020)

5 ONS, Population estimates by ethnic group, England and Wales December 2021 (data for 2019)

6 StatsWales, Sexual identity by year, 2019

7 Government Equalities Office, National LGBT Survey, July 2018 (survey ran for 12 weeks from July 2017)

8 StatsWales, Initial assessment indicators for Wales, by mother's age, 2021

◄ **Key messages**

Context

1   Tackling inequality is a long-standing goal of the Welsh Government.
     It features prominently in the 2021-2026 Programme for Government
     which includes the objective to 'celebrate diversity and move to eliminate
     inequality in all of its forms'[1]. The Well-being of Future Generations
     (Wales) Act 2015 makes 'A more equal Wales' a national goal. It defines
     this as 'a society that enables people to fulfil their potential no matter
     what their background or circumstances (including their socio-economic
     background and circumstances)'.

2   Equality Impact Assessment (EIA) is an important part of the approach
     to tackling discrimination and promoting equality in Wales. The Equality
     Act 2010 introduced the Public Sector Equality Duty (PSED) across Great
     Britain (**Exhibit 1**). The Welsh Government has made its own regulations[2]
     setting out some Wales specific duties that bodies listed in the Act need
     to follow to meet the PSED. Public bodies subject to the Act must assess
     the likely impacts of proposed policies or practices or proposed changes to
     existing policies or practices on their ability to meet the PSED. In doing so,
     they must comply with specific requirements to engage with groups likely
     to be impacted and monitor actual impacts.

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1   Welsh Government, Programme for Government: update, December 2021
2   The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011

Exhibit 1: the Public Sector Equality Duty and protected characteristics

> The PSED requires public bodies, in exercising their functions, to have due regard to the need to:
>
> - eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Act;
>
> - advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
>
> - foster good relations between people who share a protected characteristic and people who do not share it.
>
> The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
>
> The Act and the Wales specific duties apply to public bodies including councils, NHS bodies, fire and rescue services, national parks, education bodies (further and higher education bodies and maintained schools), and the Welsh Government and some of its sponsored bodies.

3   An EIA can provide evidence that the body has met the PSED. There have been legal challenges to decisions based on the lack or adequacy of an EIA. Moreover, EIAs support good policy and decision-making more generally by:

- **ensuring decisions impact protected groups in a fair way** – EIAs can demonstrate what, if any, action could be taken to mitigate the impact on one or more protected groups negatively affected by a decision and to promote equality and cohesion;

- **support evidence-based policy or decision-making** – EIA is a clear and structured way to collect, assess and present relevant evidence to support decisions; and

- **making decision-making more transparent** – EIAs must be published where they show there is or is likely to be a substantial impact.

4   As well as the PSED, the Equality Act 2010 included provision for a new
        socio-economic duty for public bodies[3]. The socio-economic duty came
        into force in Wales on 31 March 2021. It requires that public bodies, 'when
        making decisions of a strategic nature about how to exercise its functions,
        have due regard to the desirability of exercising them in a way that is
        designed to reduce the inequalities of outcome which result from socio-
        economic disadvantage'. The Welsh Government advises public bodies to
        consider the socio-economic duty as part of existing processes, including
        impact assessments. We are currently reviewing local government's work
        to tackle poverty, including aspects of the socio-economic duty and the
        lived experience of people experiencing poverty.

About this report

5   We looked at the overall approach to undertaking EIAs in public bodies
        in Wales. To focus our work, we concentrated on the 44 public bodies
        originally subject to the Well-being of Future Generations (Wales) Act
        2015. The main groups covered by the PSED that we did not include
        were the education bodies – further and higher education institutions and
        maintained schools – and Corporate Joint Committees.

6   We focused primarily on understanding public bodies' approaches with a
        view to finding good or interesting practice and identifying any common
        areas for improvement. We did not evaluate individual public bodies'
        approaches in detail. **Appendix 1** has more detail on our audit approach
        and methods. Where we identify individual bodies' practices, this is not to
        say that they are necessarily alone in having good or interesting practices
        in that area.

7   Parts one to three of this report set out the findings from our consideration
        of the EIA process at the 44 public bodies. Below, we set out the main
        areas for improvement we identified. These include issues that go beyond
        how public bodies are conducting specific parts of the processes and offer
        insight about the overall approach to assessing the impacts of policies and
        practices and the underpinning mindset and culture.

8   The Welsh Government is currently reviewing the PSED Wales
        specific regulations. We have framed our key improvement areas and
        recommendations in the context of the opportunity the review offers to
        clarify aspects of the overall approach to EIAs in Wales.

---

3   The duty lay dormant on the statute book as the UK Government did not commence it. The
    Wales Act 2017 gave new powers to the Welsh Ministers and allowed them to commence the
    duty in Wales. It covers most types of public bodies subject to the PSED.

Key improvement areas

9   Positively, there are examples of good practice in aspects of the EIA process across the public bodies we looked at. There is also non-statutory guidance from the Equality and Human Rights Commission (EHRC)[4] and on the Equality Impact Assessment In Wales Practice Hub (the Practice Hub) about the detailed processes for conducting an EIA. Many public bodies use this guidance to shape their approaches. However, there are areas for improvement (**Exhibit 2**).

Exhibit 2: key improvement areas for EIA

	Greater clarity over which type of policies and practices must be impact assessed
	Greater clarity about the arrangements for assessing the impact of collaborative policies and practices
	Greater clarity about expectations to consider the PSED as part of an integrated impact assessment
	Better and more timely identification of the practical impacts of decisions on people and how different protected characteristics intersect
	More engagement and involvement of people with protected characteristics
	Better monitoring of the actual impacts of policies and practices on people
	A shift in the mindsets and cultures to move EIA away from being seen as an add-on 'tick box' exercise

4   Equality and Human Rights Commission, Assessing Impact and the Equality Duty: A Guide for Listed Public Authorities in Wales, October 2014; and Equality and Human Rights Commission, Technical Guidance on the Public Sector Equality Duty: Wales, August 2014.

Greater clarity over which type of policies and practices must be impact assessed

10   There is scope for the Welsh Government, working with partners, to clarify its expectations around which type of policies and practices must be impact assessed. As drafted, the Welsh specific duties require public bodies to assess all new policies or practices, or those under review. However, the EHRC's non-statutory guidance recognises that 'policies and practices' is a broad category and says public bodies may need to prioritise. It introduces the concepts of 'proportionality' and 'relevance', which it says public bodies can apply through a process known as 'screening'.

11   We think the current position is open to interpretation in terms of whether proportionality and relevance mean public bodies should: (a) prioritise big decisions, like budget decisions or major service change; or (b) prioritise decisions that are likely to have a big impact on certain groups, for example, small scale decisions could have a large impact on one section of the population. Further, many bodies have interpreted proportionality as determining the amount of work needing to be done to assess impacts, rather than whether a policy or practice needs an EIA.

12   The EIAs or screening decisions that public bodies publish are usually those that go to their boards or cabinets. They therefore tend to be at the more strategic or impactful end of the scale. While we did not examine in detail practices at individual bodies, we think there is a risk that public bodies may be informally filtering out smaller scale policies and practices that do not require decisions from boards or cabinet, even though they may impact on people with protected characteristics.

Greater clarity about the arrangements for assessing the impact of collaborative policies and practices

13   There is scope to clarify how public bodies should do EIAs in an environment of increasing collaboration. The law places duties on individual public bodies. Since the legislation came into force, public bodies are increasingly developing plans and delivering services through collaborative arrangements. The Welsh Government updated the legislation to extend the PSED and Wales specific duties to Corporate Joint Committees in local government, but there are other collaborative arrangements not covered. These include Public Services Boards and Regional Partnership Boards as well as multiple service specific collaborations.

14   The Welsh Government has not produced stand-alone guidance on the use of EIAs by collaborative arrangements, although guidance for Public Services Boards highlights EIA requirements for individual public bodies[5]. The EHRC's 2014 guidance predates the creation of many of these arrangements and offers high level advice that there should be a shared approach but does not say how this should work in practice.

Greater clarity about expectations to consider the PSED as part of an integrated impact assessment

15   Increasingly, public bodies are integrating their EIAs with other impact assessments. While there is no legal requirement to integrate assessments, the Welsh Government's guidance on the Well-being of Future Generations (Wales) Act[6] emphasises the opportunities for bodies to integrate their approach to different duties, including those under the Equality Act 2010. Many of the equality officers[7] we spoke to said that integrating impact assessments led to a streamlined process and a more rounded approach to thinking about impacts. The key downside can be that the assessment is longer and can appear daunting. Our review of EIAs also identified a risk that integrated impact assessments dilute the focus on the impacts of policies and practices on people with protected characteristics.

16   Public bodies are inconsistent in what they include in an integrated impact assessment. Mostly, they collate separate assessments in one document, rather than produce a truly integrated analysis of impacts. There is no specific guidance to support public bodies in conducting integrated impact assessments. Many equality officers would welcome clearer guidance from the Welsh Government about its expectations.

Better and more timely identification of the practical impacts of decisions on people and how different protected characteristics intersect

17   There are examples of EIAs that clearly identify likely impacts on groups of people. However, many EIAs we reviewed were descriptive. They identified that a policy or practice might impact on a group of people. But they did not show how it would impact people's lives in practice. This makes it more difficult for decision-makers to assess how important the likely impacts are and if any mitigating measures proposed would be sufficient.

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5   Welsh Government, Shared Purpose: Shared Future Statutory Guidance on the Well-being of Future Generations (Wales) Act 2015 (SFSP 3: Collective Role (public service boards)), February 2016.

6   Welsh Government, Shared Purpose: Shared Future Statutory Guidance on the Well-being of Future Generations (Wales) Act 2015 (SFSP 2: Individual Role (public bodies)), February 2016.

7   We have used the term 'equality officer' throughout this report to refer to staff in public bodies with specific lead specialist roles for equality, whether that be their full-time job or part of their role. The way these roles are structured, and their seniority, varies.

18   In general, public bodies tend to identify negative impacts that they need
      to mitigate where possible. They are less likely to identify potential ways
      that the policy or practice could positively promote equality of opportunity
      and cohesion, even though this is a requirement of the PSED.Few public
      bodies have fully grasped the complexity of identifying likely impacts of
      policies and practices. None of the EIAs we looked at considered what is
      known as 'intersectionality'; the way that different protected characteristics
      combine. For example, while an EIA may identify impacts for Muslim
      people, it may not recognise that impacts could be very different for a
      Muslim woman compared to a Muslim man.

19   Many public bodies are thinking about how to identify the cumulative
      impacts of multiple decisions but few are doing so. Most do not have
      supporting systems that would enable those conducting EIAs to access
      the information needed about other decisions.

20   Most public bodies' formal processes and guidance say they will start
      thinking about impacts very early in the policy development process.
      However, many of the equality officers recognised that in practice EIAs
      often start late in the process, sometimes very shortly before a decision
      is due to be taken. This reduces the scope to shape the policy or practice
      and to mitigate impacts.

More engagement and involvement of people with protected characteristics

21   There are examples of public bodies seeking views from people with
      protected characteristics and drawing on their lived experience as part of
      the EIA. However, some third sector bodies are concerned that this does
      not happen nearly enough. We found that where public bodies seek views
      these often form part of a broader open consultation rather than focussing
      on specific groups with protected characteristics.

22   Some third sector organisations said that listening to people with protected
      characteristics was the action that would most improve EIAs. National
      representative public bodies could not always respond to the number
      of requests to take part in EIAs they receive and did not always have
      knowledge or information to respond to local issues.

Better monitoring of the actual impacts of policies and practices on people

23   Public bodies need to do more to monitor the impact of policies or
      decisions on protected groups. Equality officers at individual public bodies
      identified very few examples of public bodies monitoring the actual impacts
      of a policy or decision once implemented. Those examples put forward
      generally reflected broader monitoring of a policy's objectives rather than
      whether the impacts identified in the EIA materialised or whether there
      were other unanticipated impacts.

A shift in the mindsets and cultures that moves EIA away from being seen as an add-on 'tick box' exercise

24   From what we have seen there has not been a sufficient change in the
      mindset and culture in public services to put issues of equality at the heart
      of policy making. The mindset revealed by the EIA is often defensive:
      using EIAs to prove the body has paid due regard to equality in case of
      political or legal challenge. Often, the EIA seems like an additional 'tick
      box' exercise to be complied with rather than a tool to promote equality.

◀ **Recommendations**

Recommendations

Clarifying the scope of the duty to impact assess policies and practices

R1 There is scope for confusion about which type of policies and practices must be subject to an assessment for their impact on the public sector equality duty. **The Welsh Government should clarify its interpretation of the duty, including whether and how it expects public bodies to apply any test of proportionality and relevance.**

Building a picture of what good integrated impact assessment looks like

R2 Many public bodies carry out integrated impact assessments that include consideration of the PSED alongside other duties. But practice is inconsistent and often involved collating multiple assessments in one place, rather than being truly integrated, **to help maximise the intended benefits of integrated impact assessments, the Welsh Government should work with key stakeholders with an interest in the areas commonly covered by integrated impact assessments and those with lived experiences, to share learning and work towards a shared understanding of what good looks like for an integrated impact assessment.**

Recommendations

Applying the equality duties to collaborative public bodies and partnerships

R3   The public sector landscape has changed since the introduction of the PSED and the Welsh specific duties, with an increasing focus on collaborative planning and delivery. **The Welsh Government should review whether it needs to update the Wales specific regulations to cover a wider range of collaborative and partnership arrangements. These include public services boards, regional partnership boards and other service specific partnerships.**

Reviewing public bodies' current approach for conducting EIAs

R4   While there are examples of good practice related to distinct stages of the EIA process, all public bodies have lessons to learn about their overall approach. **Public bodies should review their overall approach to EIAs considering the findings of this report and the detailed guidance available from the EHRC and the Practice Hub. We recognise that developments in response to our other recommendations and the Welsh Government's review of the PSED Wales specific regulations may have implications for current guidance in due course.**

16/44

131/159
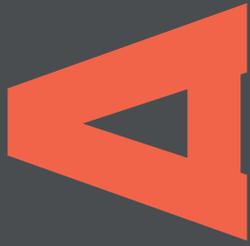
Supporting arrangements for conducting EIAs

01

1.1   Conducting an EIA can be complicated. Good support can help make the process of conducting EIAs easier and more effective by having a clearly spelled-out approach and process, underpinned by clear guidance and training. And public bodies can have expert advice to hand to support those involved in assessing the impacts of decisions.

Setting out the organisation's approach to EIA

What we looked for

A clearly spelled-out approach to EIA for the organisation, including whether the EIA should form part of a wider integrated impact assessment.

What we found

Almost all public bodies had a set process for conducting an EIA, although these vary from a stand-alone EIA to producing integrated impact assessments covering a wide and varying range of other legal duties and policy priorities.

Strategic equality plans

1.2   All 44 public bodies met the requirement to produce a Strategic Equality Plan (SEP). The SEP must include an organisation's equality objectives, how they will measure progress on meeting objectives, and how they will promote knowledge and understanding of the general and specific duty. The SEP must also set out the public bodies' arrangements for assessing the likely impact of policies and practices on their ability to meet the PSED. However, in our review of SEPs we found that only 17 of the 44 bodies did so and to varying degrees of detail.

1.3   A few public bodies have gone further than simply describing arrangements. For example, Conwy County Borough Council's SEP describes in detail its process for EIA, how its Cabinet uses EIAs to support decision-making, and scrutiny committees' role in ensuring the quality of EIAs. The Council's SEP also explains how it has used EIAs to inform its equality objectives.

Organisational approach – integrated and stand-alone assessments

1.4   Nearly all public bodies (42 of 44) have a set process for undertaking EIAs. Most said that they put information on intranet sites, alongside supporting documents, contacts and most often a Word template for completion. Our review of EIAs found no standard format across public bodies, although most closely followed the approach set out in the Practice Hub. Members of the North Wales Public Sector Equality Network[8] have worked together to develop a standard template which most members of the network have adopted at least in part.

1.5   In around two-thirds (30 of 44) of public bodies we spoke to, the EIA forms part of a wider integrated impact assessment. There is no common approach to integrated impact assessments and no national guidance on what should be covered. There are some assessments that public bodies commonly include alongside the PSED (**Exhibit 3**). Some include other legal duties as well as policy priorities and practical considerations, such as finance. For example, the Welsh Government's integrated impact assessments sometimes cover climate change impacts, health impacts and economic impacts as well as a wide range of other legal duties, depending on the nature of the policy or practice.

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8   The North Wales Public Sector Equality Network is an informal network of public bodies working together to advance equality. Representation includes North Wales local authorities, Betsi Cadwaladr University Health Board, North Wales Police and Police Authority, North Wales Fire and Rescue Service, Welsh Ambulance Services NHS Trust, and Snowdonia National Park Authority.

Exhibit 3: assessments commonly included in an integrated impact assessment alongside the EIA

Well-being of Future Generations	The Well-being of Future Generations (Wales) Act 2015 introduced seven well-being goals for Wales. It also established the sustainable development principle and five ways of working – long-term, integration, involvement, collaboration, and prevention – to demonstrate application of the principle. An integrated impact assessment may also include an assessment of the policy or practice against the seven goals, public bodies' individual well-being objectives and/or the five ways of working specified in the Act.
Welsh Language	The Welsh Language (Wales) Measure 2011 declares that the Welsh language has official status in Wales. It makes provision to promote and facilitate the use of the Welsh language and to treat Welsh no less favourably than English through the Welsh language standards. Part of applying the standards means that public bodies must consider the effects their policy decisions on the Welsh language.
Environmental impacts	There are various duties to carry out environmental impact assessments depending on the nature of the proposed policy or practice. These range from strategic assessments of plans and programmes to assessments of projects that potentially impact on habitats and biodiversity.
UN Convention on the Rights of the Child	The Rights of Children and Young Persons (Wales) Measure 2011 embeds consideration of the United Nations Convention on the Rights of the Child and the optional protocols into Welsh law. The UN Convention consists of 41 articles, which set out a wide range of types of rights including rights to life and basic survival needs, rights to development including education and play, rights to protection, including safeguarding from abuse and exploitation, and rights to participation and express opinions.

Socio-economic	The Socio-economic duty came into force on 31 March 2021. When making strategic decisions, such as deciding priorities and setting objectives, public bodies must consider how they can reduce inequalities associated with socio-economic disadvantage.

1.6 Most integrated impact assessments involve collating separate impact assessments into a document template. Few seem to be a truly integrated impact assessment. Some public bodies are trying to make the connections between assessments and reduce duplication. For example, Carmarthenshire County Council, Powys County Council, Gwynedd Council, Denbighshire County Council and Wrexham County Borough Council have each developed, or are developing, an IT solution to bring together the relevant information needed to inform an integrated impact assessment.

1.7 Very few public bodies solely assess the impact on the PSED even when they do not consider their assessments to be integrated. In those public bodies that report having a standalone EIA process, the EIA often also includes Welsh-language and socio-economic impacts.

1.8 Previous research has found length is a barrier to the use of impact assessments in decision-making[9]. It was hard for us to judge any EIA or integrated impact assessment as too long as many factors affect the length including the nature of the policy or decision and the number of assessments undertaken. We reviewed some documents that were very long; for example, the integrated impact assessment of the Welsh Government's remote working policy was 45,000 words (average reading time 2.5 hours). The majority for which a word count was easily identifiable ranged between 2,500 and 7,500 words (average reading time 8 to 25 minutes).

1.9 Most public bodies that have chosen not to integrate their assessments had considered the option. Reasons for not integrating assessments included a concern that there would be insufficient regard to the PSED. This may be a valid concern. Our review suggests that, in some cases, the PSED is covered in limited detail and appeared secondary to other considerations even though all the public bodies we spoke to who conduct integrated impact assessments felt they sufficiently covered the equality element.

9 Grace, C., Reducing Complexity and Adding Value: A Strategic Approach to Impact Assessment in the Welsh Government, Public Policy Institute for Wales, February 2016.

Specialist support and expertise

What we looked for

That there is specialist support and expertise available in the organisation to those conducting EIAs.

What we found

In most cases, policy leads are responsible for conducting EIAs and can access support from colleagues with knowledge in equality related issues and an in-depth understanding of the organisation's process for conducting an EIA.

1.10   In almost all public bodies, responsibility to undertake an EIA lies with the lead officer developing or reviewing a policy or practice. This is partly pragmatic, due to the number of EIAs public bodies conduct. Equality officers told us this approach meant that EIAs benefitted from policy leads' expertise on the topic area. However, they identified drawbacks, including the difficulty of ensuring consistency, getting EIAs started at the right time and ensuring quality.

1.11   All public bodies have equality officers (or equivalent) with knowledge in general equality issues and a detailed understanding of the organisation's EIA process. In all public bodies, staff conducting EIAs can ask equality officers for guidance when required. EIAs are mostly conducted without the input of an equality officer. The process at Aneurin Bevan University Health Board is one exception to this, where the first step for anyone who thinks they need to undertake an EIA is to contact the Equality Diversity and Inclusion specialist to discuss the proposed policy or practice and agree what actions they need to take, with ongoing support also provided. In smaller public bodies, where an EIA is more likely to relate to staff policies and decisions, the lead for conducting the EIA is frequently an HR officer who is also the equality officer.

Guidance to support those conducting an EIA

What we looked for

That there is guidance to support those conducting an EIA, setting out what they need to do and when, in line with the duties and their organisation's chosen approach.

What we found

There is non-statutory national guidance and support available setting out some good practice in the stages of an EIA, although there are gaps, notably in terms of integrated impact assessments. Most public bodies have also produced their own guidance to support their EIA process.

External guidance

1.12 The Welsh Government has not published statutory guidance on the application of the PSED in Wales or the Welsh specific duties. The EHRC published non-statutory guidance on the Welsh specific duties in 2014. Welsh Government guidance encourages public bodies to integrate different duties. But there is no specific national guidance on how to conduct integrated impact assessments and what should be included.

1.13 The Welsh Government, Welsh Local Government Association, and NHS Centre for Equality and Human Rights jointly developed the Practice Hub in 2015-16. This online resource provides information and support to public bodies in Wales to undertake EIAs. It provides a detailed eight step guide to good practice in undertaking EIA and gives information on the Welsh specific duties.

Internal guidance

1.14 Internally, most public bodies have produced guidance to support their EIA process. The format and detail of the guidance and quality vary across public bodies. Some provide step-by-step guidance which outlines the process and steps for completing an EIA. Some embed practical information and links within templates.

1.15 A few public bodies do not provide guidance on their individual processes. Some of these provide direct one-to-one support from an equality officer (or equivalent) to the individual completing the assessment. Others signpost staff to the external guidance on the Practice Hub.

Training

What we looked for

That training on conducting an EIA is available for staff involved in developing EIAs and those that use them for decision-making.

What we found

Most public bodies offer training to those involved with EIAs through a variety of media.

1.16 Around two-thirds (31 of 44) public bodies we spoke to provide formal training to officers who are likely to complete or have an interest in EIA. This training frequently extends to elected members, board members and decision-makers.

1.17 Methods of training vary. Some offer face-to-face delivery of training, with much of this via video calls since the start of the COVID-19 pandemic. Many public bodies include online modules and e-learning tools on equality, and EIAs as part of their general staff training. Those public bodies that do not offer formal training nevertheless provide one-to-one support to individuals conducting EIAs and upskill them through the process.

Quality assurance

What we looked for

An approach to ensuring the quality of the EIA process.

What we found

Half of public bodies had an approach to quality assurance, which varied from a simple sign-off on individual EIAs to more comprehensive peer learning to support improvement of the whole EIA process.

1.18   Half (22) of the public bodies have a quality assurance process in place for their EIA. The approach varies greatly. For some, quality assurance is about the quality of individual EIAs. Some require an EIA to be signed off by a senior officer. In Cardiff and Vale University Health Board, the lead officer conducting the EIA will work with an equality officer and a representative from Public Health Wales to review and interrogate the content of the EIA during its development. Other public bodies have begun to take a 'peer review' approach to developing EIA with input from experts from across the organisation.

1.19   A small number of public bodies use quality assurance to test the quality of their overall approach. For example, the Arts Council of Wales conducts an annual sample review of EIAs and uses the findings to improve the process.
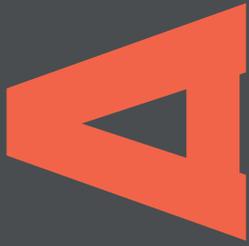
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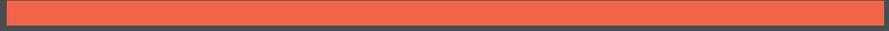
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2.1   The Wales specific duties require listed public bodies to assess the likely impact of proposed policies and practices, or those under review, on their ability to comply with the PSED. In doing so, they must have regard to certain types of information that they hold and meet specific requirements to engage with people or organisations that represent people with one or more protected characteristics. EHRC guidance and the Practice Hub set out in detail the steps public bodies can take to fulfil these requirements.

Screening

What we looked for

A clear approach to determining if an equality impact assessment is required.

What we found

Just over half of public bodies have a process for screening although many have stopped using screening, some due to risk of confusion or 'gaming' by staff.

2.2   There are no statutory exemptions setting out policies and practices that do not need to be assessed. However, the EHRC guidance and the practice hub include a 'screening' process to determine which policies or practices should have a full EIA.

2.3   Just over half (24 of 44) of public bodies we spoke to said that they have a screening process. Screening is most often a document template which an officer developing or reviewing a process or policy uses to determine whether they anticipate any impact on protected groups. The approach ranges in practice from a separate short impact assessment to a set of screening questions at the beginning of the full assessment template which determine whether to proceed with the full EIA.

2.4   Where a body decides it does not need a full EIA, they will usually retain a copy of the screening tool as evidence that it has considered the PSED. Most public bodies with a screening process will document the decision not to go ahead with a full EIA in the supporting papers that go to the cabinet or board.

2.5   Most often, the policy lead keeps the detailed record of screening.
       However, a few public bodies are trying to strengthen practice and
       ensure central records are maintained. For example, Cardiff Council has
       developed an online assessment tool to support policy leads through the
       process and encourage consideration of impact at the earliest stages of
       policy development. As well as sending advice and guidance to the officer
       completing the online assessment, the tool also sends a copy of the
       screening information to the equality officers.

2.6   The 20 public bodies who do not have a screening process had often
       consciously removed the screening step. Many said screening was an
       unnecessary step, as there are very few of their decisions that will not
       have potential to impact on the PSED. Some public bodies said that there
       was also scope for confusion, with lead officers completing a screening
       form, thinking it was an EIA. Others were concerned that some officers
       may 'game' the process: tailoring their responses to screening in a way
       designed to result in a decision that no further assessment was required.

2.7   Those public bodies that do not have a screening process usually provide
       additional guidance or a process chart, clarifying when to conduct a full
       EIA. All public bodies also offer the lead officer an opportunity to consult
       with an equality officer.

Timing

> **What we looked for**
>
> EIAs being started at an early stage to inform the development of a policy or decision.
>
> **What we found**
>
> All public bodies intend to carry out an EIA as early as possible, but many recognise this is often not the case in practice, and in some cases EIAs are very late in the policy development or decision-making process.

2.8   All 44 public bodies intend that EIAs should be started as early in the development or review of a policy as possible. But many public bodies acknowledged that this often does not happen in practice.

2.9   The timing of EIAs is affected by whether policy leads know that they are required to do an EIA and if resources – staff and time – are available at the appropriate point. Sometimes, if public bodies must make decisions very quickly, they either do not do an EIA or do them late in the decision-making process. This can be too late to consider changing a policy to lessen any possible negative impact or to build on positive impacts.

2.10 Decisions at the start of the COVID-19 pandemic were often made without an EIA. This reflected the urgency of decisions but meant that the impact on vulnerable people was not formally assessed. In August 2020, the Senedd's Equality, Local Government and Communities Committee[10] recommended that the Welsh Government should ensure that each major policy or legislative decision is accompanied by an effective equality impact assessment, and an analysis of the impact on human rights. The Welsh Government accepted the recommendation, and since August 2020 has published dozens of impact assessments related to the COVID-19 pandemic on its website.

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10 Senedd Equality, Local Government and Communities Committee, Into sharp relief: inequality and the pandemic, August 2020.

2.11 In most public bodies, papers accompanying decisions that go to cabinets or boards contain a box or section that refers to consideration of the equality duties. This serves as a backstop to prevent public bodies from making decisions without any regard to the duties, even though this generally would be very late in the process.

Use of evidence

What we looked for

Use of a range of evidence to support the assessment, including the views of those likely to be impacted and data on lived experience.

What we found

Public bodies use a mix of evidence, although there are gaps in available data on some protected characteristics and the inclusion of the views and lived experiences of people with protected characteristics is patchy.
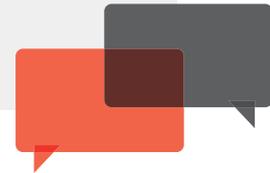
Quantitative data

2.12 EIAs need a sound evidence base to inform their conclusions. The depth and detail of the information base vary across organisations and by assessment The depth of information and analysis often depends on the scale of the decision and the availability of relevant and specific evidence.

2.13 All public bodies expect to include some quantitative data, such as demographic information or service level data. Around two-thirds (29 out of 44) of public bodies include at least some examples of internal information sources and point to publicly available data in their guidance and templates. Some go further. For example, Merthyr Tydfil County Borough Council includes in its guidance a detailed list of sources where policy leads can find relevant evidence, with embedded links to external data sources.

2.14 There are some significant data gaps in the data that is available to public bodies. Generally, there is little information available about some protected characteristics, particularly sexual orientation, gender reassignment, and pregnancy and maternity. Data that is available at a national level is sometimes not available at a health board, council, or ward level, which makes it difficult for public bodies to understand their local populations with protected characteristics.

Qualitative information

2.15   The inclusion of qualitative information based on the views and experiences of people with protected characteristics is also patchy. When introducing new policies or changing services public bodies often undertake a consultation exercise. In the examples we saw, these were often targeted to the public in general, and it was difficult to see if the public body had sought to engage specifically with people from protected groups.

2.16   Nonetheless, we did see examples of EIAs where evidence from engagement with groups was covered. For example, when Snowdonia National Park Authority undertook an EIA on its communication and engagement strategy, the assessment considered how the strategy could engage with people who speak languages other than English or Welsh. It also considered impacts on those who were digitally excluded, a group that is more likely to include older people and more women than men.

2.17   Some respondents to our general call for evidence said that drawing more on the views and experience of people with protected characteristics would improve the quality of EIAs. This includes engaging with individuals and grassroots organisations as well as national organisations representing protected groups. Some respondents said that public bodies should do more to publicise consultations by a range of means, including but not restricted to social media.

2.18   Some all-Wales third sector bodies responding to our call for evidence said that they were often asked to provide views for EIA and that some cannot respond to all the requests they receive. Sometimes they do not have information on local services and impacts.

2.19   A few public bodies are trying to draw on the lived experience of people with protected characteristics through different forms of consultation. Some use existing networks for staff with protected characteristics to understand different perspectives. Others, draw on existing relationships with third sector groups to understand the lived experience.

Identifying and mitigating likely impacts

What we looked for

Clear identification of likely impacts, including positive impacts in promoting equality, as well as negative ones.

Some consideration of cumulative impacts arising from other decisions that impact the same group or groups and how different protected characteristics combine (intersectionality).

Clear recommendations for mitigating negative impacts that have been acted on before the decision is made.

What we found

While there are examples of public bodies identifying specific impacts, often EIAs describe impacts in very broad terms. Very few identify the cumulative impacts of multiple decisions on groups or consider how different protected characteristics intersect. Very few can show how recommendations for mitigating impacts are followed through.

Specific impacts

2.20 Positively, our review of EIAs found examples of public bodies clearly identifying specific likely impact of policies or practices on protected groups. However, many EIAs included statistics to describe the population of people with protected characteristics without being clear how the policy or practice would likely impact on them. We also observed a tendency for EIAs to focus on negative impacts, thereby missing positive impacts and opportunities to improve cohesion and reduce inequalities.

2.21 We found that most EIAs reviewed provided data and information on each protected group separately. For example, the EIA on Conwy County Borough Council's Older Peoples' Domiciliary Care Finance and Commissioning Project set out the likely impact on people with each protected characteristic.

2.22 Most public bodies' approaches to EIA involve making recommendations to overcome negative impacts. Public bodies should incorporate mitigating actions into the policy development process, recognising it is not always possible to mitigate all negative impacts, such as with reductions in service. Very few public bodies have a process in place to track whether they have implemented the mitigating actions, after a decision is taken. In Hywel Dda University Health Board, the EIA has an associated action plan with a review date. In Aneurin Bevan University Health Board the Equality, Diversity, and Inclusion specialist keeps a database of actions arising from EIAs for monitoring purposes.

Intersectionality

2.23 Increasingly, it is understood that inequality is intersectional. People's characteristics interact in a complex way to give a unique experience of inequality. For example, the experience of a Muslim woman cannot separate 'female' and her experience as a Muslim. It will differ from that of a Muslim man and of a non-Muslim woman. However, we did not see examples of such nuanced understandings of inequality in the examples we reviewed.

Cumulative impacts

2.24 Public bodies in Wales make many decisions each year that, taken together, can be very detrimental to people from protected groups. For example, one respondent to our call for evidence gave the example of how individual decisions to reduce or close facilities and services such as public toilets, library services, day centres, and bus services had a cumulative impact on many older people who use the services. They said that, while each individual decision might not be significant, together they meant that some older people were becoming isolated.

2.25 The few instances we found where public bodies have begun to give thought to cumulative impacts tend to be when public bodies are making several decisions at the same time. For example, councils usually undertake a cumulative approach to assessing the impacts of their proposed budget each year. Individual service changes being proposed because of budget changes are assessed simultaneously allowing a better overview of potential impacts for the budget.

2.26 Typically, however, public bodies make decisions separately. One of the
      respondents to our call for evidence to decision-makers highlighted that it
      is difficult in principle to predict the likely impacts of multiple decisions in a
      complex landscape. Practically, the ability to take account of impacts from
      other decisions relies on the policy lead knowing about other decisions
      within an organisation and having access to the EIAs. A small number
      of public bodies are trying to address this information gap by using an IT
      solution to undertake the EIA (**paragraph 1.6**). This way, the assessment
      of impact for each policy change and decision is held centrally, making it
      easier for policy leads to bring together the information.

Decision-making

What we looked for

That the EIA and likely impacts it identifies are considered at the point of
decision-making.

What we found

Equality officers' views varied around the extent to which their
organisations prioritised the EIA in decision-making. Most respondents to
our general call for evidence said public bodies did not pay
sufficient regard to protected characteristics. The small number
ofresponses from decision-makers suggest a view that the EIA
is seen as a 'tick box exercise'.

2.27   The consideration given to EIAs in decision-making varies across public bodies in Wales. In general, equality officers felt that decision-makers take assurance in knowing that the policy lead has completed an EIA. Decision-makers will have access to a summary or the complete EIA accompanying each decision in their cabinet or board papers.

2.28   The equality officers we spoke to had mixed views over the extent to which their organisations placed sufficient weight on the EIA in decision-making. Over three-quarters of respondents to our general call for evidence who answered the question (29 of 37) disagreed that public bodies in Wales give appropriate due regard to people with protected characteristics when developing policies or making changes to services.

2.29   Generally, equality officers were not aware of instances where decision-makers challenged the content or recommendations of an EIA at the point of decision. Most felt that the accompanying EIA should have considered and shaped the policy sufficiently that there would be no need for such challenge at that late stage.

2.30   We only received ten responses to our call for evidence from decision-makers. While it is hard to draw conclusions from such a limited evidence base, it is notable that three of the ten referred to EIAs being used like a 'tick box'.
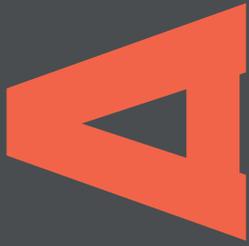
Reporting and monitoring impacts

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3.1 Public bodies must publish reports of the assessments where they show a substantial impact (or likely impact) on their ability to meet the PSED. They must also monitor the actual impact of the policies and practices subject to an equality impact assessment.

Reporting

What we looked for

Public information about decisions and a clear description of how the EIA has influenced the decision-making.

What we found

Most public bodies publish some of their EIAs as part of a wider set of papers and they are often not easy to find.

3.2 Almost all public bodies in Wales publish their EIAs, at least in part. Typically, they publish EIAs with decision-related papers, such as cabinet or board papers. There is usually a section on the body's website which holds all the papers for each meeting and is accessible to the public[11]. There are a few exceptions in some of the smaller public bodies, who do not routinely publish their EIAs.

3.3 It can often be difficult to find EIAs which relate to a specific decision on public bodies' websites. The EIAs which feature more prominently and are easier to locate often relate to strategic decisions such as budgets or key corporate strategies. Newport City Council have tried to bring EIAs into a central location on their website to make them more easily accessible, while recognising that this approach relies on the individuals completing EIAs sharing them for publication, which sometimes does not happen.

11 In some instances, bodies do not publish EIAs if they form part of a paper that is held back from publication due to its confidential or sensitive nature. However, these EIAs can sometimes be obtained via a Freedom of Information request if someone has a particular interest in seeing them.

Monitoring impacts

What we looked for

A clear approach to monitoring the impacts of the decision after it is implemented, including those identified as part of EIA as well as any unexpected impacts.

What we found

Very few public bodies monitor the impact of the decisions in the context of the PSED.

3.4   Some public bodies require those completing EIAs to identify a review date when monitoring is supposed to occur. We saw examples where EIAs set out plans for monitoring. For example, a Powys Teaching Health Board EIA included plans for monitoring service use after a change in surgery opening hours and for and independent evaluation of the service change. Also, Conwy County Borough Council's EIA for its review of domiciliary care included detailed arrangements for monitoring the impact using data and information that are routinely reported, including individual feedback from people receiving care.

3.5   However, equality officers had seen little evidence of the impact of policies and practices being monitored in light of the EIA. Those public bodies that outlined a monitoring process were often referring to the monitoring of an implementation of a policy or practice against its objectives or targets, not the impact that the decision had on people with protected characteristics.

3.6   In general, public bodies do not consider the impacts of policies and practices in terms of the PSED until there is another decision due on the same policy or practice. At that point, the body conducts a new EIA. Many of the equality officers we spoke to seemed unsure about how, in practice, they would monitor the impact of a decision on protected groups and would welcome more guidance.

Challenging EIAs

What we looked for

That the organisation identifies and applies lessons from any challenge to decisions on the basis of equality or the quality of the EIA.

What we found

Many equality officers did not think there had been any challenges to EIAs conducted by their organisation, but where there has been challenge some public bodies are using it as a learning opportunity.

3.7   Decisions made by public bodies can be challenged based on the EIA. Public bodies that do not have a clear record showing that they have considered the likely impacts of their decisions for people with protected characteristics leave themselves open to challenge. This could potentially include a judicial review. Some equality officers did not know what process someone would use to challenge an EIA. The majority said that any challenges would go through their general complaints process, with the involvement of the relevant service, equality officers and legal team.

3.8   Many equality officers thought there had not been any challenge to an EIA conducted by their organisation. Those that were aware of challenge taking place said that it was something that happens infrequently. Almost half of respondents to our general call for evidence who answered the question (17 of 35) said they had challenged some aspect of an EIA. We do not know if this was a formal or informal challenge.

3.9   Equality officers who had experienced challenge to an EIA said their organisation can resolve the issues either by making changes to a policy or practice, or by providing evidence that they had considered the impacts. Respondents to our general call for evidence gave examples of issues they raised being resolved. For example, one had objected to the EIA conducted on a new bus interchange because the council had not sought the views of people with protected characteristics on the proposals. Following their intervention, people with low vision visited the site and suggested changes to make the interchange more accessible.

3.10 While there are positive examples of public bodies responding to challenge, several respondents to our general call for evidence who had challenged aspects of an EIA reported not receiving any response to their challenge. A few equality officers told us that their organisation had learnt from the experience of having an EIA challenged. One had used examples of challenge from other public bodies to inform its EIA training as a particularly useful way of making impacts more easily understood to lead officers conducting EIAs.

Appendices

1   Audit approach and methods

1   Audit approach and methods

Audit approach

Our main aim was to provide insight about the approach to EIAs undertaken across the public sector in Wales. We wanted to highlight good practice and identify opportunities to improve. To help shape our thinking about what good practice to look for, we drew heavily on existing guidance materials, in particular that produced by the Equality and Human Rights Commission (EHRC) and the Equality Impact Assessment in Wales Practice Hub hosted by Public Health Wales NHS Trust.

We set out to explore to what extent public bodies have integrated their approach to undertaking EIAs, including the new socio-economic duty and the cumulative impact of decisions. We also explored what difficulties public bodies experience that affect the quality and timeliness of EIAs. We looked at how public bodies monitor the impact of decisions on their population. Each of the sub-sections in the main body of this report describes what we were looking for through our work.

In looking across the public bodies, we focused on the 44 public bodies originally subject to the Well-being of Future Generations (Wales) Act 2015. The Auditor General for Wales is the external auditor of each of these bodies, which include local authorities, health boards and some NHS trusts, national parks, and fire and rescue services. They also include the Welsh Government and some of its sponsored bodies. Our audit coverage did not include education bodies – further education, higher education or maintained schools – that are subject to the PSED. It also did not include the four Corporate Joint Committees (CJCs) established by the Local Government and Elections (Wales) Act 2021 and which are subject to the PSED.

Audit methods

Document review: We reviewed documents from each of the 44 public bodies, including those relating to the equality plans and details of the organisation's EIA process. We also reviewed details of their process for integrated impact assessments. We reviewed a sample of 29 EIAs provided by public bodies: 11 by local authorities, eight by health bodies, two fire and rescue, two national parks and six by the Welsh Government or its sponsored bodies.

Interviews: We interviewed the equality officers or their equivalent in each of the 44 bodies. We have used the term 'equality officer' throughout this report to refer to staff in public bodies with specific lead specialist roles for equality, whether that be their full-time job or part of their role. The way these roles are structured, and their seniority, varies.

Call for evidence: We sought wider views about people's experience of EIAs through a call for evidence between October 2021 and June 2022. We publicised this generally and in particular to third sector organisations. We received 40 responses, 23 from individuals and 15 responding on behalf of an organisation (two did not say).

We also sought the views of decision-makers through a separate call for evidence open between February and June 2022. We received ten responses (eight from individuals working in local authorities, one health and one fire and rescue).

While the responses we received to the calls for evidence are not necessarily representative of individuals, the third sector or decision-makers, they have provided useful detail which we have included through the report and which informed our overall analysis.

Stakeholder engagement: The EHRC is responsible for promoting and enforcing equality and non-discrimination laws. We met with officials in the EHRC Wales Team regularly throughout our work, discussing our scope and emerging findings. We also met with the Welsh Local Government Association's equality network and the Chair of the All-Wales NHS Equality Leadership Group. We interviewed officials from the Welsh Government with responsibility for equality policy.

Wider audit intelligence: We drew on existing intelligence from our local financial and performance audit work, where that was relevant to equality impact assessments.

Archwilio Cymru
Audit Wales

Audit Wales

24 Cathedral Road

Cardiff

CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in
Welsh and English.

E-mail: info@audit.wales

Website: www.audit.wales