People & Culture Committee Agenda and papers- Wednesday 3rd November 2021

Wed 03 November 2021, 09:30 - 12:00

Microsoft Teams

Agenda

09:30 - 09:55
25 min

1. Preliminary Matters

1.1. Apologies for Absence

Discussion   Chair

1.2. Declarations of Interest

Discussion   Chair

1.3. Minutes of meeting held on 8th July 2021

Attachment   Chair

📄 1.3 DRAFT PCC Minutes 8.7.21(Chair & SS approved).pdf (10 pages)

1.4. Action Log

Attachment   Chair

📄 1.4 P&CC Action Log Master 2021.pdf (2 pages)

1.5. Report from the Director of Workforce and OD

Verbal   Sarah Simmonds

📄 1.5 WOD Report October 2021.pdf (8 pages)
📄 1.5a WOD Service Delivery Report October 2021.pdf (13 pages)
📄 1.5b WOD Service pressures Report October 2021.pdf (6 pages)

09:55 - 11:55
120 min

2. Agenda Items

2.1. 09:55-10:20 Workforce Planning- to include winter planning and use of digital systems to utilise workforce

Presentation   Julie Chapelle/Cathy Brooks

2.2. 10:20-10:40 Talent and Succession Planning

Attachment   Peter Brown

📄 2.2 Talent and Succession Planning.pdf (7 pages)

2.3. 10:40-11:00 Job Planning Update

Attachment   James Calvert/Kathryn Bourne

📄 2.3 Front Cover Consultant Job Planning.pdf (4 pages)
📄 2.3a Appendix 1 Job Planning paper provided to AFR Committee August 2021.pdf (5 pages)

2.4. 11:00-11:15 Workforce Dashboard

Attachment   *Debra Wood-Lawson*

2.5. 11:15-11:30 Equality Impact Assessment

Attachment   *Ceri Harris*

2.6. 11:30-11:45 Agile Working Update (standing item)

Attachment   *Julie Chappelle*

2.7. 11:45-11:55 Risk register (standing item)

Attachment   *Debra Wood-Lawson*

11:55 - 12:00
5 min

3. Final Matters

3.1. Items for Board Consideration

Discussion   *Chair*

3.2. Date of the next People & Culture Committee meeting is Thursday 14th April 2021 at 09:30am via Microsoft Teams

Discussion   *Chair*

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

**Minutes of the People and Culture Committee
held on Thursday 8th July 2021 at 09:30am
via Microsoft Teams**

Present:

Pippa Britton	-	Chair
Louise Wright	-	Independent Member
Helen Sweetland	-	Independent Member

In Attendance:

Geraint Evans	-	Director of Workforce and OD
Emrys Elias	-	Independent Member
Katija Dew	-	Independent Member
Shelley Bosson	-	Independent Member
Bryony Codd	-	Head of Corporate Governance
Sarah Simmonds	-	Interim Deputy Director of Workforce & OD
Sue Ball	-	Assistant Director of Workforce & OD
Cathy Brooks	-	Head of Workforce Planning
Julie Chappelle	-	Assistant Workforce Director

Apologies:

Richard Howells	-	Board Secretary

PCC 0807/01	**Welcome and Introductions** The Chair welcomed members and guests to the meeting.
PCC 0807/02	**Apologies for Absence** Apologies for absence were noted.
PCC 0807/03	**Declarations of Interest** There were no Declarations of Interest in relation to items on the Agenda.
PCC 0807/04	**Minutes of previous meeting held on 15th April 2021**

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PCC1404/11 point of accuracy was noted, *58 frameworks* should read as *58 service plans.* More amendments to be shared outside of the meeting. Any changes were to be tracked and shared with committee members for approval. **Action: Secretariat**

PCC 0807/05   **Action Log of the meeting held on 15th April 2021**

The action log was discussed and the committee were content that all actions had been completed.

PCC 0807/06   **COVID 19 Risk Assessment**

Sarah Simmonds gave a presentation to the committee regarding staff compliance, and the work undertaken by the Health Board to support staff, in completing the COVID-19 Workforce Risk Assessment tool. The tool had been developed from an early risk assessment led by ABUHB, working alongside Public Health Wales (PHW). The tool has since been added as mandatory element to the Electronic Staff Record (ESR). The committee was assured that regular discussions had taken place with Staff Side representatives as this was a critical tool for the health and safety of the workforce, supporting staff to work in a COVID-19 safe working environment. Compliance was currently at 63.94%. It was noted that guidance had recently changed from the requirement to complete every 6 months to being updated by staff when circumstances change. It is anticipated that this will increase compliance.

In relation to low areas of compliance from certain staff groups, particularly Medical and Dental, the committee queried if there was any specific reason for this. It was noted that no formal surveying had taken place, however, feedback from informal conversations indicated the following concerns:
- Staff anxiety around disclosing underlying health conditions.
- Questions around the validity of the tool.
- Accessibility to ESR and time to complete the tool.

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The committee were advised of the next steps that would be taken to address this. Further communication was to undertaken, highlighting that non-compliance may be a health and safety issue for both staff and patients.

Members queried if low compliance with the risk assessment tool correlated with general low compliance with ESR in particular staff groups. It was noted that utilisation of ESR was low, particularly in Medical and Dental staff. The members highlighted their concerns over the inequality of message this may send out to staff, when compliance with ESR is mandatory in many areas. Further work was to be done to integrate the workforce practices into the electronic systems. It was noted that non-compliance was an organisational risk and that each individual had ownership and responsibility to look after their own safety. The committee noted that managers and staff had responsibility for their compliance, and this was further highlighted through annual Personal Appraisal Development Reviews (PADR). The next steps to address the compliance levels were noted as:

- Continued communication and reporting
- Video messaging from professional leads
- Targeted roll out of paper forms (bilingual)- where IG compliant and supported by an employee/manager conversation
- Promotional campaign/road shows, dispelling the myths.

Further discussions around acceleration of compliance and the use of digital systems to utilise the workforce to come back to the committee at the next meeting. The Chair and Sarah Simmonds to discuss further outside of the meeting **Action: Sarah Simmonds/Chair**

PCC 0807/07   **Race Equality Group & Action Plan**

Sue Ball provided an update on the Race Equality Group and the Health Board's action plan. As a result of staff feedback following the Black Lives Matter Campaign, the Health Board has established a Race Equality Group, Chaired by Dr Vivek Goel. The intention of the group was to strengthen equality, diversity and inclusion, with an aim of moving the organisation from non-racist to anti-racist. As a result

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of staff discussions, three key areas were noted as a focus:

- To open up the conversation, being a listening organisation in which staff feel safe to have open discussions.
- Improving baseline data around equality and protected characteristics. Advising staff on how the data would be used by the organisation.
- Build on existing Health Board staff support mechanisms.

In relation to the Equality, Diversity and Impact assessment, the committee queried why the paper stated 'no impact', and that there was not a reference to financial assessments. It was noted that there were no financial implications to the Health Board around what was being proposed in this paper, however, there may be going forward. The Quality Impact Assessment to be shared with the committee members. **Action: Sue Ball**

The committee queried how the Health Board measured it was taking the right steps to address racism. The committee were assured that the Health Board was taking several measures, including;

- Open discussions with employees.
- Reviewing data, comparing evidence to best practice. Including looking at work undertaken by the Kings Fund.
- The Health Boards plans were aligned to the goals set out in WG draft Race Equality Plan.
- Intersectionality, ensuring that whole agendas are tied together.
- ABUHB uses the Chartered Institute Personal Development (CIPD) in other areas of personnel guidance; it was discussed that the CIPD could possibly be called upon for guidance for the Race Equality Group action plan going forward.
- Improving data gathered through ESR, educating staff on why the data was gathered and what it would be used for.

The committee were made aware that an Equality, Diversity and Inclusion specialist had been recruited in July 2021, start date to be confirmed. The committee discussed that the outcome of the actions should create a safe and positive place to work for staff.

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Appropriate language used to discuss issues around equality and diversity was examined. The committee noted that the Health Board would be following WG guidance and no longer using the BAME acronym; this would be replaced by either writing *Black and Minority Ethnic* or *Minority Ethnic.*

It was discussed that improving staff support and education was imperative to the Health Board going forward. The committee were assured that the Health Board was moving in the right direction to tackle racism. A launch for the Race Equality Group Action Plan was to take place on the 21st July 2021, led by the CEO, with guest speaker Jason Mohammed from BBC television. .

The Chair noted the progress and thanked Sue Ball and the team.

PCC 0807/08	**Overview and Update on Workforce & OD May-Sept 2021**

Sarah Simmonds provided an update on how the Health Board was addressing key workforce priorities going forward. The paper outlined the achievements aligned with the previous People Plan and it was discussed that a refresh of the strategic People Plan had taken place and wouldbe shared with the Health Board over the coming month. **Action: Workforce & OD**

The committee discussed the assurance requested by the Finance, Audit and Risk committee around workforce and operational development plans and how they address current system pressures. It was noted that this would require a deep dive discussion. It was agreed that the Workforce Planning Agenda would be the focus of the next committee meeting, giving assurance that the Health Board has the relevant plans in place. **Action: Sarah Simmonds** Once discussed, a note of assurance to be passed to the Finance, Audit and Risk committee. **Action: Chair/Secretariat**

Sarah Simmonds discussed how the Workforce and OD teams have aligned resources to the Primary Care Transformation Agenda and that new job adverts were going out to support the delivery of the actions noted. The committee requested site of the Primary Care

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Evaluation report which would be undertaken following completion of the programme of work in March 2022. This would be shared with the committee. **Action: Sarah Simmonds**

Performance and delivery of the action plan was discussed. It was noted that the 'green status' highlighted that actions were on track. The committee suggested that other colours be used to indicate actions 'on track' and actions 'completed'. The Chair also suggested that the 'who' column should list all parties working on the particular action. Further discussions to be undertaken within the Workforce and OD team. **Action: Sarah Simmonds**

The committee supported the priorities and were assured that the Health Board was on track with planned actions. The action plans were reviewed on a weekly basis by Workforce & OD, to manage any associated risks.

PCC0807/09	**Workforce Dashboard Progress Update, including Staff Well-being**

Sue Ball provided an update on the latest COVID-19 Workforce Dashboard and monthly Wellbeing dashboard data. The COVID-19 Workforce Dashboard was produced weekly and provided data on workforce supply, absence, GUH and mass vaccination recruitment and COVID-19 Workforce Risk Assessment compliance. A recent addition to the dashboard was the correlation between staff isolation and local COVID-19 outbreaks. The committee asked if the Health Board recorded long-term absence and had there been a significant change due to COVID-19. The Health Board had not seen the overall proportion of long term absence change as a result of COVID-19; however, there had been an increase in stress and depression as reasons for long term absence with an overall increase from 30% to 40%.

The Wellbeing Dashboard was produced monthly and provided an update on the activity of the Employee Psychological Therapy Service (EPTS) and Organisational Health Service (OHS) which are both part of the Employee Wellbeing Service. The committee noted that the data was used to inform the Health Board's immediate and long-term plans. It was

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noted that there was a significant rise in staff referrals into the well-being service following the first wave. The Health Board's response was noted as follows:

- Providing additional service in the Hub & Spoke model.
- Fixed term Well-being staff have been made permanent to support services.
- Implementation of the Well-being centre of excellence. The Health Board currently had a bid for additional funding with WG.
- A new website set up for interventions had been successful. This was accessible to staff on any device.
- The Health Boards Wellbeing Survey would be run quarterly, with adapted questions to enable comparative data. Data then allows the Health Board to distribute relevant resourcing to areas of need.
- Providing a listening service for staff through a confidential contact service for staff.

The committee received the update and thanked the team for all the hard work. The June Well-being service data to be shared with committee members and added to admin control. **Action: Secretariat**

Agile Working Update

PCC0807/10

Julie Chappelle gave the committee an update on the Agile Working policy progress. The Health Board's Agile Programme Delivery Board has representatives from Trade Unions, alongside Estates, Information Technology and Workforce ABUHB. Two surveys had been undertaken and digital Agile Framework Toolkits had been developed as interactive guides for staff.

The committee was advised of the following updates;

- A risk assessment had been undertaken, alongside Health & Safety, reviewing current buildings, leases, technologies and staffing numbers, to take into account social distancing guidance.
- After discussions with the Executive Teams, a deep dive was undertaken and Divisional assessments completed. 53 areas had returned the assessments, covering approximately 2300 staff. Of this data, 79% of

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staff are stating that the current office situation is needed.

- Contributions towards the Health Boards Carbon Neutral Agenda had improved, with savings of over £1 million on travel in the last 12 months. 2 million less miles had been claimed in 2021, compared to the previous year.

WG guidelines stated that they would like to see a third of the workforce working remotely. It was noted that staff workshops were to take place to further facilitate agile working for ABUHB staff.

The committee noted that some available data from the second survey sent out in June 2021. 90% of surveyed staff stated that their work could be done in an agile way. One of the main barriers identified in this survey was IT, the Health Board were looking into options. The survey showed that staff would like the ability to work from home and come into the workplace and interact with colleagues.

Next steps for agile working were discussed. The Workforce and OD teams would be reviewing Health Board policies and processes to ensure they align with agile working. Engagement had taken place with CIPD to get professional support to support the alignment of Health Board policies. The committee suggested that a management training model be considered to support managers managing staff remotely. The committee was assured that the Health Board have reviewed their Management and Leadership core offer to reflect managing people remotely.

Geraint Evans stated that the Health Board had agreed an Estates strategy target of three moves by October 2021. The Estates Group would be meeting with divisions and planning departments to look at options. This would facilitate further work around the agile working plans.

The committee thanked the team for the progress made. The need for this to be monitored accordingly taking into consideration the needs of individuals and avoid creating a two tiered workforce. Further

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updates to come back to future committee meetings.
Action: Julie Chappelle

PCC0807/11	**Risk Register**

Sarah Simmonds gave an update on the draft Risk Register, outlining the proposed reporting arrangements. It was noted that the Health Board had previously recorded risks through the Corporate Risk Register and COVID-19 Risk Register. The committee was asked to provide a view on the draft document. One point of note was, since production of the draft document, a further Workforce & OD risk had been added; this aligned with staff ability to do their jobs post-pandemic.

The committee discussed the risk of insufficient staff to provide the highest quality of patient care. This was noted as being recorded on the Corporate Risk Register. The committee highlighted the need for a Risk Management plan to mitigate risks. It was requested that a short narrative be produced, outlining the risks clearly for committee members, facilitating clear discussions around key issues. **Action:** Sarah Simmonds

A final draft would be presented to the committee at the next meeting. **Action:** Sarah Simmonds

PCC1504/17	**Final Matters & Any Other Business**

The Chair discussed a recent attendance at an AAC panel. The committee suggested that a formal process be put in place, feeding back the panels opinion and supporting the development needs of Health Board staff. It was noted that this would feed into the work being done by Workforce & OD around talent management and succession and the current review of the Health Boards Advanced Leadership Programme. This feedback was to be passed on to the teams currently undertaking these reviews. **Action:** Sue Ball

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The Chair thanked the Workforce and OD teams for their hard work. No final matters were noted by the committee.

PCC1504/18   **Date of Next Meeting**

Thursday 28th October 2021 at 9:30am via Microsoft Teams.

People and Culture Committee
Action Log - 2021

Master Copy - Agreed Actions 2021

Action Reference	Action Description	Lead	Progress
PCC 1504/04	**ToR** Duplication within the Terms of reference to be amended.	**Geraint Evans & Richard Howells**	Complete
PCC 1504/14	**COVID19 Dashboard** To be uploaded to Admin Control. Committee members to highlight to the Chair/secretariat any areas for discussion at future meetings.	**Chair/ Secretariat**	Complete
PCC 1504/15	**Annual Plan & Future Work Plan** Reviewed for progress at the next meeting.	**Geraint Evans**	Added to agenda for July 2021 meeting.
PCC 1504/16	**Standing agenda Items** Oversite of key risks and implications of modernising the Health Boards services to be monitored and discussed accordingly at all meetings.	**Chair/ Secretariat**	Added to rolling agenda.
PCC 0807/06	**Workforce- COVID compliance and use of digital systems to Utilise the workforce-** discussions to take place outside of meeting between Chair and Sarah Simmons. To be added to the next committee agenda.	**Sarah Simmonds/ Chair**	Added to agenda for presentation at the November 2021 meeting
PCC 0807/07	**Race Equality Group Action Plan-** Quality Impact Assessment to be shared with committee members.	**Debra Wood-Lawson**	Paper to be presented at the November 2021 meeting
PCC 0807/08	Refresh of the 'Strategic People Plan' to be shared with the Health Board over the coming month.	**Workforce & OD**	People Plan will be updated in line with the timescales of IMTP submission to Welsh Government
	The Workforce Planning Agenda would be the focus of the next committee meeting, giving assurance the HB has	**Sarah Simmonds Chair Secretariat**	Added to FWP

Action Reference	Action Description	Lead	Progress
	relevant plans in place. Once discussed, a note of assurance to be passed to FA&R committee.		
	The committee requested site of the Primary Care Evaluation Report. To be shared with the committee.	**Sarah Simmonds**	Evaluation report will be submitted at the end of the Primary Care and Transformation programme on 31 March 2022.
	Amendments to be made to the Workforce Action plan (see minutes)	**Sarah Simmonds**	Action plan status updated to reflect actions delivered, on target and delayed.
PCC 0807/09	June Well-being service data to be shared with committee members and added to admin control.	**Secretariat**	Complete
PCC 0807/10	**Agile Working Update** Further updates to come back to the committee	**Julie Chappelle**	Update paper to be presented at the November 2021 meeting
PCC 0807/11	**Risk Register** It was requested that a short narrative be provided to committee members outlining risks clearly. Final draft to be shared at the next committee meeting	**Sarah Simmonds**	Risk Register which encapsulates both Corporate workforce risks as well as local risks to be presented at the November 2021 meeting with covering paper

Aneurin Bevan University Health Board

Director of Workforce & OD Report

Executive Summary

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

This report covers the period since the last Committee meeting on 8th July 2021.

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

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Workforce & OD Senior Team

Report Received consideration and supported by :

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

Date of the Report: 25th October 2021

Supplementary Papers Attached:

031121_1.5 Appendix 031121_1.5 Appendix
1 Workforce OD Deli 2 - Service Pressures

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.

Please note that *Appendix* **1** also provides an update on the priorities previously reported to the Committee.

Highlights

Winter Planning and Service Pressures

Winter 2021/22 has been highlighted as presenting unprecedented challenges from a workforce perspective across Wales and the UK. The Workforce & OD team have reorganised priorities and internal resources to ensure the immediate pressures are addressed and set up an operational Workforce & OD Winter Hub to facilitate priority work streams.

A presentation was made to the Executive Team on 16th September 2021 forecasting workforce planning for the challenging winter months ahead. The workforce plans take into account the current anticipated additional capacity, recovery plans and service pressures, such as COVID (including mass vaccination) and RSV demand, the current workforce planning assumptions indicate that we could utilise the predicted maximum level of bank and agency supply by November 2021. Subsequently an action plan was developed and approved at Executive Team on 27th September 2021 **Appendix 2**. The plan includes responses that have been implemented and have evaluated well in previous winters as well as new opportunities.

The action plan will be refined and further developed with services, professional leads and where possible our local authority and social care partners to seek out further opportunities to work differently this winter. Progress will be reported to Executive Team via the Workforce & OD weekly dashboard. The Executive Team supported the following actions contained with the plan which were identified for immediate implementation:

- Agreement to secure additional agency registered nurses

- Agreement to over recruit substantive HCSW by 70wte (turnover gap)

- Agreement to re-apply COVID recruitment and on-boarding principles.

- Agreement to remove band 7 and above scrutiny process for non-clinical posts. No policy change was required.

- Agree to support the internal deployment campaign to attract skills for core priority programmes. This process will be designed to ensure that resources are not unnecessarily moved from critical services but to maximise internal talent and act as a potential development and retention pilot.

- Agreement to support additional resource for Occupational Health (OH)

- Agreement to recruit additional recruitment and training posts to focus on a quality on-boarding and induction experience and support staff retention.

In addition, to support the workforce supply Resource Bank Pay Incentives were approved by the Executive Team along with an all Wales Advisory Notice to provide enhanced rates of overtime pay for Medical and Dental and Agenda for Change Staff. Full details of these arrangements will be formally reported to the Remuneration and Terms of Service Committee.

Bank pay incentives and extending enhanced overtime to other areas is being considered on at a national level. This will support consistent application across NHS Wales organisations.

Recruitment

In support of the winter plan and addressing current staffing gaps a number of recruitment campaigns are being progressed. These include:

- Additional 19.77wte Register Nurses to increase the establishment of the Emergency Department at the Grange University Hospital.
- Bespoke District Nursing Recruitment campaign to fill existing vacancies.
- Additional 51.64wte facilities staff to support enhanced cleaning standards.
- Additional 21wte medical and dental staff for Medicine specialities to support additional demand.
- Additional HCSW recruitment in line with winter plans noted above.
- Writing to all retired staff to invite them to engage with the Resource Bank to provide support over the winter period.
- Engagement of Volunteers
- Additional 50wte Reablement assistants to support community services.
- Recruitment and Engagement Roadshows to commence end of October 2026 across our communities.

Apprenticeships and Kick Start Scheme Update

At the end of August 2021, the Health Board launched a recruitment campaign to recruit new Aneurin Bevan Apprentices and to the Department of Work and Pensions (DWP) Kickstart Scheme.

The Health Board had originally agreed to support 10 apprenticeship places, focusing on HCSW and Administrative apprenticeship routes in the first instance. Following an overwhelming response to the apprenticeship recruitment campaign, the Executive Team has agreed to increase places and 40 apprenticeship placements have been appointed. 60 Kickstart placements were approved and 91 applications received. Interviews have commenced however the dropout rate has been significant with only 23 interviews confirmed. The recruitment team are working with DWP Job Coaches to support candidates to increase interview take up.

Inductions commence on 8th November 2021. We look forward to welcoming our first cohorts of apprentices and Kickstart employees in supporting the Welsh Government objective of developing and providing work for young people and the Foundational Economy.

Wellbeing

The capital funding for the Wellbeing Centre of Excellence has been approved. We continue to be in contact with Welsh Government to secure the revenue funding to support the psychology staffing required on a recurrent basis. If this second part of the bid is not successful we will need to review our options, develop an alternative bid and seek funding from within ABUHB. This is an area of concern given the current demands on the service which is expected increase over the winter.

The Psychological Trauma Pathway was developed in October 2020 has now been evaluated. Outcomes are very positive and the pathway remains the only dedicated NHS staff psychological trauma service in Wales.

Health for Health Professionals provides mental health support for all NHS staff and students. The Wellbeing team remain actively involved the development of this service which has just put in a bid to expand its offer of support Social Care Staff.

Equality, Diversity and Inclusion
Since 1st September a new Equality Diversity and Inclusion Specialist has been in post and has begun to make contact with departments to establish areas of support.

Over the past 6 weeks a dedicated section in the fortnightly staff newsletter and on the intranet carousel has focused on equality good news and awareness. On the 22nd September 2021 the Health Board ran a session around Understanding Autism, with over 40 NHS staff in attendance. Since then there have been several sessions arranged to mark Black History Month in October and Sensory Loss Awareness Month in November 2021, as well as planned activities for the reminder of the year focusing on intersectional equality areas, such as Race and Menopause, LGBTQ+ and Deaf Culture and a virtual Interfaith tour.

One of the key priorities is to develop staff networks across the protected areas, and create safe spaces for staff as well as opportunities for staff to get involved in awareness raising, training and policy development, where their lived experiences can help shape services and support. The staff networks can feed into the current advisory groups and support the commitment to engage and change the culture throughout the Health Board.

Following on from the Welsh Government consultation on its Anti-Racist Policy earlier this year, the closing date for the LGBTQ+ consultation was 22nd October 2021. The Health Board invited staff to feed into the response via the existing LGBTQ+ advisory group and in two organised staff engagement sessions. Staff views and comment were then included in the Health Boards response.

Further work looking at the current Equality Impact Assessment process and looking at introducing an integrated system that will also include the Socio-economic Duty is being progressed. Building a more robust process in place that will better meet the needs of the Health Board and be more inclusive.

Cymraeg: New ways of working
As part of Health Board's new Welsh Language awareness campaign, we have been working to develop digital animation to communicate key messages regarding the Welsh Language Standards and the More than Just Words "Active Offer" principle. The campaign features real Health Board staff members as animated characters - sharing staff voices and experiences and introduces our patient 'Mrs Bevan' to feature real patient experiences.

Developing our digital offer aligns with the Welsh Government's vision to see 1 million Welsh speakers by 2050. In this ambitious strategy, the Welsh Government emphasises the need to improve digital provision in Welsh.

Primary Care Transformation
So far in 2021, the Programme has supported GP OOH, GMS Contracting Team, Pharmacy and Rapid Nursing & Medical teams based in Newport Community Resource Team, with each intervention providing a blend of personal and team wellbeing, team development, counselling support, resilience training and tools, such as, Myers-Briggs. In addition, four cohorts of the managing transformation modules have concluded with five more

cohorts scheduled for the rest of the calendar year. This is all being supported by a 'VP GO' wellbeing app being piloted for staff to feel connected and obtain access to an array of tools to help physical and mental health and covers subjects such as social, financial, diversity, community, safety, nutrition, sleep and many more.

The W&OD Transformation Programme is supported by resources which includes an OD Culture practitioner, Management & Leadership OD practitioner, Workforce Planners, Senior Business Intelligence Analyst and a part-time Assistant Psychologist.

Key Performance Indicators

Overall Staff Absence
Overall staff absence is currently at 7.57%. Of this, 4.50% of our staff are on long-term sickness absence (those absent for 28 days or more), and 3.07% having episodes of short-term absence.

We know that the main reasons for absences are Stress/Anxiety/Depression (S/A/D) (31%), Infectious Diseases-Covid (10.3%), and Musculo-skeletal (7.9%). The past 18 months have been very difficult for our staff, who have not only worked relentlessly throughout the pandemic, but have also either experienced COVID themselves; supported family through the infection or sadly lost loved ones. This means that a higher number of staff than normal are absent with S/A/D as the main reason.

To manage staff absence, we have been reviewing our monthly data and supporting staff at the earliest opportunity with advice and/or signposting. To aid this, we have updated our staff well-being leaflet to include services offered internally to staff, along with some new external initiatives such as Melo, Silvercloud and support via Health for Health Professionals. This is shared with staff early on in their absence. We seek to work with the individual and their manager, to ensure that there is targeted support which includes a flexible approach to work such as reduced hours, different shift patterns, alternative duties or deployment on a temporary basis to a different role. All of which will be bespoke to the individual to aid their return. This approach is also offered to our staff diagnosed with Long Covid, where it is recognised that the road to recovery may take longer to achieve.

More recently our Occupational Health Department has had additional funding to support an Occupational Therapist to work along-side staff with long-COVID and their managers, to ensure that they are able to return to work either in their current role or an alternative role in the future.

Supporting the well-being of our staff remains a priority, as well as helping those that are absent to return to work.

PADR Compliance
The current PADR compliance figures for the Health Board is 57.60%. It is recognised that the pandemic has had an impact on PADR performance with the impact of redeployment, system pressures and multi-faceted pressures on our workforce. However, the importance of PADR as a meaningful discussion with staff is remains a critical mechanism to support wellbeing and retention. Therefore, the OD team are leading a number of initiatives to increased PADR compliance and quality conversations as follows:

- PADR Strategic meetings recommenced April 2021 and are now scheduled quarterly. All operational divisions now have representation and the attendance is high. Within the meetings the PADR Leads present action plans for their area which includes a trajectory for the next 3 months. The meeting also includes a forum to share good practice, identify any hot spots/trends and problem solve any concerns/issues. A PADR document audit also takes place within the meeting to monitor the quality, at the September meeting band 2 roles were audited Band 3 and 4 documentation review planned for the December meeting. The themes are fed back through divisional leads to ensure any required improvements are implemented locally and good practice is shared.

- Our PADR Resource page has recently been reviewed and updated to provide a wide variety of resources for Reviewers and Reviewees. This includes guides how to record on ESR, how to find the eLearning module on ESR, a workbook to support undertaking a meaningful PADR and also a sample PADR document of a 'good' PADR for reference.

The OD team continues to support operational and corporate PADR Leads, Business Partners and any Managers, to offer tailored guidance and support when required.

New Speciality Doctor Contract
The new contract came into effect for all new employees as of 01 April 2021 with a transition period for existing eligible Speciality Doctors and Associate Specialists who wish to transfer to the new contracts. The Workforce and OD function has developed an implementation plan and is working with key stakeholders and relevant parties to deliver this. Progress has been delayed due to late issue of the new Terms and & Conditions of service and associated documents and on-going discussion across the three nations regarding pay. The Health Board has however undertaken work where this has been possible.

Progress to date
Transition - expressions of interest to date are highlighted below. The choice window ends on 30th November.

As of 22 Sept 2021	Total in Health Board	Number of responses	Number YES Expressions of interest	Number No	Number of Job plans returned
Speciality Doctor	120	74	70	4	22
Associate Specialist	25	2	2	0	0

- Appointments - 11 new Specialty Doctors have started employment with the Health Board since 01/04/21 and have been issued with the new Terms and Conditions of Service. A further 6 Doctors are currently in offer will be starting soon.

- Advocate Role – the Health Board post is currently being advertised internally. Speciality Doctors view this as a very positive and supportive role.

- Specialist Role – the generic job description is being finalised. Divisions are assessing where this role may add value and identifying budgets to support appointment. The New Specialist Grade will form part of IMTP workforce plans moving forward. This new grade is viewed as a career develop and opportunity and could aid recruitment and retention.

- Communication and engagement - In addition, an engagement and FAQ session with Specialty Doctors across the Health Board has been held with very positive feedback.

Risks/issues - Until all expressions of interest have been received and job plans reviewed to align to the new T&Cs it is difficult to predict the impact of changes on service. However, some modelling work has been undertaken within Health Boards and Trusts with electronic job planning systems and this suggests that sessional changes are minimal.

Revalidation of our Corporate Health Standard Platinum Award
We are delighted that our Corporate Health Standard Platinum Award has been revalidated following assessment. The Assessor commented that they were delighted and honoured to read the quality and breadth of our submission. Their report highlighted that: "the issue of sustainability is very clearly one that is comprehensively considered by Aneurin Bevan University Health Board, evidenced at an organisation-wide level by the existence of multiple strategies such as the Health Boards Estates Energy Strategy and Energy Policy, the alignment to the Wellbeing of Future Generations Act, and the NHS Wales Decarbonisation Strategic Delivery Plan."

Our commitment to sustainability has led to a number of noteworthy initiatives and programmes, despite the acute pressure that the organisation has been under since the outbreak of the pandemic. The report recognises and applauds the socio-economic role that the Health Board plays in creating and sustaining quality jobs for the communities which it serves, something that will be of even more significance in the post-pandemic generation.

Hydration Bottles
The success of the Health Board's initiative to provide staff with hydration bottles is highlighted with further requirements for additional bottles for staff groups who didn't receive a bottle in the first tranche. These include colleagues in integrated teams who although not Health Board employees work alongside our staff, some of our bank staff and mass vaccination staff and those who joined us after the initial closure date. As a reminder the 'hydration bottles' depict the image of 'Living our ABUHB Values through Covid-19 and they were funded by Charitable Funds. We believe that this gesture recognises the continuing excellent contribution made by everyone.

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 others ways.

Supporting Assessment and Additional Information	
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 in to 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.

Workforce & OD Delivery Action Plan
April 2021 to March 2022

The actions outlined in this plan will focus on making significant progress on the following key priorities:	Status key:	
- Refresh People Plan - Well-being - Agile Working - Recovery (Workforce plans and variable pay) - Equality, Diversity, Inclusion and widening access - Primary Care Transformation Programme - OD interventions and succession planning		Delayed
		On Target
		Delivered

1. People Plan

Priority	Who	When	Action/Status	October 2021 Update	Status
a) Refresh People Plan	Debra Wood-Lawson/ Peter Brown/ Julie Chappelle	Mid-February 2022	- Refresh plan in line with IMTP and Clinical Futures priorities. - Consult with Divisional/Professional/Staff Side colleagues. - Engage range of stakeholders. - Communicate and launch. - Reporting to People and Culture Committee.	Plan will be updated in line with the timescales of IMTP submission to Welsh Government.	

1. People Plan

Priority	Who	When	Action/Status	October 2021 Update	Status
			• Undertake EQIA and Socio-economic assessment.		
b) Realign WOD resources to support People Plan and system/winter pressure priorities	Debra Wood-Lawson/ Peter Brown/ Julie Chappelle	Ongoing	• Realign resources to support priority areas.	• Work in progress to support system/winter pressures.	
c) Advertise priority roles: Assistant Director of OD EDI Specialist Role Agile Working Support	Debra Wood-Lawson / Julie Chappelle	End June 2021	• Confirm JDs and advertise. • Plan recruitment and selection approach.	• Assistant Director of OD and EDI Specialist role appointed and in post. • Revised Agile Delivery Group structure and terms of reference to support agile working deliverables.	

2. Well-being

Priority	Who	When	Action/Status	October 2021 Update	Status
a) Enhance support on the ground as per medium term action plan: Mixed model site and divisional based psychology support and psychology embedded in ED	Adrian Neal	End May 2021	• Paper approved by Executive Team. • Job Descriptions, adverts and recruitment marketing strategy agreed. • Current staffing stabilised by substantive appointments.	• Unable to achieve this priority as funding for this model is linked to WG bid which has not yet been signed off. • May need to develop a 'Plan B' this will however involve developing a proposal requiring Executive Team support and funding.	
b) Conclude discussions with WG for WBCoE proposal	Adrian Neal	Mid-July 2021	• Meeting with WG planned for 3rd June 2021 was delayed by them and will be rescheduled for mid-July.	• Discussion continue at a senior level with WG. No time line is available.	

2. Well-being

Priority	Who	When	Action/Status	October 2021 Update	Status
c) Confirm accommodation and services in Grange House for WBCoE and Occupational Health	Adrian Neal	Jan 2022	• Preliminary discussions and space allocation based on need undertaken. • Space allocation plans completed and agreed. • Awaiting confirmation of time frame for additional space and works required from planning colleagues.	• Capital funds to support the WBCoE refurbishment agreed by WG in September. Plans agreed, with an estimated 3 month build time beginning early January 2022. • While welcome, this refurbishment will put the service under significant strain given it is currently operative at 60% face to face with limited suitable alternative venues available.	
d) Develop action plan to deliver the WBCoE including actions to develop work in all four quadrants: Research & Learning, Innovation & Systems Development, Clinical, Consultancy ABUHB Wellbeing Centre of Exce…	Adrian Neal	December 2021	• Plans agreed to continue to progress within current resources. • Plans developed for expansion following decision from Welsh Government on funding. This will include recruitment process for new roles. • Continue to implement the psychological trauma pathway adopting a stepped & matched care approach as cases increase in complexity. • Promote the quarterly Well-being Survey to ensure resources are aligned to need based on staff engagement and feedback. • Continue to support the National Academy for Educational Leadership Wales – Developing a Leadership Development Course (modelled on ABUHBs Leading	• No update on the Welsh Govt bid so no progress made on the WBCoE model including the integrated psychology wellbeing roles. • The service is currently operative beyond capacity supporting 15 teams / wards / departments with on average 1-2 additional request coming in per week. • Waiting list for psychological support now on average 10 weeks, and 2 weeks to assessment following self-referral. Demand averaging 15-18 per week over the last 2 weeks. • Psychological trauma pathway now well established, evaluated, showing very positive outcomes. It is however now	

2. Well-being					
Priority	**Who**	**When**	**Action/Status**	**October 2021 Update**	**Status**
			People course) for Head and Senior Teachers in Wales. • Working with Health for Health Professionals– contributing to their current and future models of service delivery.	also subject to waiting times. The pathway is to be show cased at the upcoming Welsh Allied Health Professional conference. • Next Health Board Well-being survey planned for late November. • Work with National Academy for Educational Leadership Wales nears successful completion. • Work with additional external partners (as per the WBCoE model) continues these include: Welsh NHS Finance Academy, Cardiff University, Cardiff Metropolitan University, and HHP.	
d) Promote the development and progress of the Well-being Plan and WBCoE	Adrian Neal	Monthly	• To be communicated and promoted monthly with WOD dashboard. • Work with communications team to support social media. updates/recruitment webpages. • Working with external company on branding for WBCoE.	• Monthly promotion continues. • Need to follow up branding project.	
e) Expand our work with external partners to work with to develop, implement and grow the WBCoE	Adrian Neal	Sept 2022	• Working with University partners on participation and development of local and national research projects aligned to WBCoE. • Continue to provide placement and supervision for Masters and PhD students.	• This work continues with x2 PhDs, and an MPhil. • 1st year Trainee Clinical Psychologist and Trainee Counsellor placements to commence in April 2022 once	

2.	Well-being					
Priority		**Who**	**When**	**Action/Status**	**October 2021 Update**	**Status**
				• 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.	we have the physical space to support. • 3rd year Trainee clinical Psychologist placement to commence in Sept 2022. • Virtual resources (podcasts and webinars) being developed by the newly appointed clinical psychologist and assistant psychologist.	

3.	Agile Working					
Priority		**Who**	**When**	**Action/Status**	**October 2021 Update**	**Status**
a)	Systematic review of workforce & OD policies and frameworks through the lens of agile working.	Julie Chappelle	End December 2021	• Engage external professional support (CIPD). • Develop an evidence based systematic approach to undertake the review to include wider considerations, e.g. EDI agenda, policies and EQIA.	• Report from CIPD on recommended project structure. • Work has commenced with the revision of the Agile Framework to be signed off at the next Agile Delivery Group. • High level overview to determine which policies require updating.	
b)	Detailed proposals to be submitted to the Executive Team on short and medium term Estates priorities aligned to the overall Estates Strategy.	Julie Chappelle	End December 2021	• Detailed proposals to Executive. Team at end of June and end of August.	• Note change of terms of reference and membership. • Estates Efficiency Framework developed. • Works & Estates to look at admin blocks in the Royal Gwent Hospital to convert to agile working spaces.	

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3. Agile Working

Priority	Who	When	Action/Status	October 2021 Update	Status
c) Undertake third agile working survey to test the views of staff following the second surge.	Julie Chappelle	End July 2021	• Develop and implement survey. • Survey currently live. • Ensure accessible to all staff, not solely reliant on digital input.	• Complete. • Information is being used to determine minimum design standards for agile working areas, to update the revised Framework and engagement with staff and managers.	

4. Recovery (Workforce Plans and Variable Pay)

Priority	Who	When	Action/Status	October 2021 Update	Status
a) Work with services and divisions to develop sustainable workforce plans to support recovery of services	Julie Chappelle/ Cathy Brooks/ Workforce Business Partners	Ongoing	• Develop plans in line with activity profiles. • Build on implementation of new and enhanced roles. • Seek out best practice and innovative skill mix to enhance opportunities to implement enhanced roles taking into account training requirements.	• Ongoing, updating in line with Divisional assessments.	
b) Implement actions in line with agency reduction plan- Nursing	Sarah Simmonds/ Shelley Williams/ Linda Alexander	Ongoing	• Agreed action plan with Executive Team (17th May 2021). • Work with nursing colleagues to deliver agreed action plan. • Review Recruitment Strategies • Support engaged from finance teams.	• The position has been updated to support winter pressures.	
c) Develop a programme to implement Medical E-Systems and e-Job Planning	Julie Chappelle/ Kathryn Bourne/ Kate Davies	November 2021	• Develop a proposal. • Demonstration sessions have been undertaken. • Pilot/procurement exercise.	• Paper to Exec Team on 1st November 2021 requesting agreement for one Health Board wide solution for all Medical E-Systems and the	

4. Recovery (Workforce Plans and Variable Pay)

Priority	Who	When	Action/Status	October 2021 Update	Status
			• Revised processes. • Implement systems (Job Planning, rostering, locum and DE/agency).	associated implementation costs.	
d) Implement new SAS contract	Julie Chappelle / Kathryn Bourne	Ongoing	• Develop action plan. • Implement choice exercise. • Recruit under new contract.	• All New Speciality Doctors' appointments since 1st April 2021 have been recruited on the new contract. • Choice window extended by WG/NHS Employers to 30th November. • Advocate role currently being advertised.	

5. Equality, Diversity, Inclusion and Widening Access

Priority	Who	When	Action/Status	October 2021 Update	Status
a) Confirm, evaluate and advertise EDI Specialist Role	Sue Ball/Debra Wood-Lawson	Mid-June 2021	• Formal evaluation of roles following benchmarking across UK. • Currently out to advert.	• EDI Specialist Role appointed and in post.	
b) Launch Apprenticeship and Kick Start Schemes with a focus on targeting recruitment advertising hard to reach applicants	Helen Knight/ Ann Bentley/ Daniel Madge	December 2021	• Confirmed scheme and numbers with Staff Side and Divisions. • Agree proposal via Executive Team (5th July). • Kick start application submitted and job roles identified ready for recruitment. • Launch scheme and inclusive recruitment approach working with PSBs, schools/colleges and voluntary sector.	• Both schemes are in the process of recruitment with approx. 60 Kick start and 30 apprenticeships due to start between now and December 2021. • EDI Specialist is supporting links with the community and widening opportunities.	

5. Equality, Diversity, Inclusion and Widening Access					
Priority	**Who**	**When**	**Action/Status**	**October 2021 Update**	**Status**
			• Appoint apprenticeship co-ordinator to provide scheme and pastoral support. • EDI Specialist to support recruitment identifying and linking in with underrepresented groups.		
c) Re-establish or re-fresh internal focus groups	Ceri Harris	December 2021	• Review virtual LGBTQ+ network with group Chair. • Consider through the Race Equality Group the need for a staff focus group. • Interpretation, translation and accessible standards workshop planned with Corporate Nursing on 27th May to map roles and responsibilities for this work stream.	• Identify membership of Disability Advisory Group. • Communication in place for setting up additional staff networks in addition to the current advisory groups.	
d) Welsh Language Standards	Non Ellis	Ongoing	• Implementation of the Welsh Language Standards monitored through the Welsh Language Strategic Group. • Welsh Language 5-year plan and Bilingual Skills Strategy agreed by Strategic Group. • KPI for progress against delivery of the Standards approved by Strategic Group. • Working with colleagues on reporting KPI's through Divisional Assurance. • Recruitment to support roles and additional Welsh Language Officer complete and 3 new roles commenced in post.	• Welsh Language Standards report was published in September 2021. • Implementation of the Welsh Language Standards monitored through the Welsh Language Strategic Group. • Continued surveys and audits underway to monitor compliance with the Standards. • Implementation of the Welsh Language 5-year plan and Bilingual Skills Strategy.	

5. Equality, Diversity, Inclusion and Widening Access

Priority	Who	When	Action/Status	October 2021 Update	Status
			- Mystery Shopping & audits being undertaken by WLU. - ESR Welsh Language Competencies made mandatory. - Card game, Podcasts and Animation films under development. - Establishing Welsh Language Operational Groups to replace work stream groups. - Specific support to Mental Health & LD. - More Than Just Words Gwent Forum re-established.	- Delivery of Bilingual Skills Strategy Workshops for recruiting managers. - ESR compliance currently at 53% (an increase of 15% since mandating) - continued communications and engagement to improve compliance further. - Card game being launched with partners. - Audits of Mental Health & LD Welsh Language competencies underway. - Review and development of Welsh language training offer. - A series of bilingual Vlogs being developed to support Career Wales and HEIW's CareerVille virtual events. - Pilots being established with Primary Care contractors.	

6. Primary Care Transformation Programme

Priority	Who	When	Action/Status	October 2021 Update	
a) Appoint to key roles to implement Primary Care Transformation Programme	Debra Wood-Lawson Ruth Evans/ Cathy Brooks	December 2021	Advertise additional roles to support the ongoing rollout and evaluation of the Primary Care Transformation Programme: – Workforce Planning – HR Analytics	Since July the following posts have been filled to complement the delivery of the Transformation Programme: Workforce Planner F/T	

6. Primary Care Transformation Programme

Priority	Who	When	Action/Status	October 2021 Update	
			– OD support for change • Transformation funding available and confirmed. • Recruitment strategy to be in conjunction with social care partners in supported of integrated working.	• Workforce Planner 3 days per week starting October. • Senior Business Intelligence Analyst 30hrs. • Assistant Psychologist, 7.5hrs. • The Kick-start admin interviews were held mid October 2021.	
b) Continue to roll out management development programme with Transformation Modules	Ruth Evans/ Nigel Williams	Ongoing	• 30 places confirmed for next cohort in Primary Care. • Delivery to commence July 2021.	• The popularity of the managing transformation modules have seen 9 cohorts being fully allocated across Primary Care & Community Division as well as with our local authority partners. Four cohorts have completed with five more scheduled for completion before the end of the calendar year.	
c) Evaluate and report outcomes at end of June 2021	Ruth Evans	End October 2021	• Evaluation of progress to date in line with programme of work which has been refreshed following delays due to COVID 19.	• Quarter 1 reporting was submitted. Quarter 2 reporting is due before the end October 2021.	

7. OD interventions and Succession Planning

Priority	Who	When	Action/Status	October 2021 Update	
a) Review Enhanced Leadership programme with ABCi	Peter Brown	December 2021	• Evaluation of current provision undertaken.	• Ongoing - Programme reviewed, OD to own this moving forward.	

7.	OD interventions and Succession Planning					
Priority	**Who**	**When**	**Action/Status**	**October 2021 Update**	
			• Revised Enhanced Leadership programme under review and development by OD team. • ABCi will deliver an 'Improvement' offer as one element of the Revised Enhanced Leadership Programme. • ABCi developing a revised Improvement and Innovation programme. OD will deliver the leadership element to this programme.	• Modules and approach to be investigated asap.	
b) Secure funding, plans and proposal for internal graduate scheme	Daniel Madge	December 2021	• Confirm funding and scheme structure prior to presenting proposal to Executive Team.	• Interim Director of Operations proposed funding internally and we are awaiting the outcome.	
c) Develop talent and succession offer	Helen Knight/ Daniel Madge	December 2021	• Review the HEIW offer to ensure that our internal offer provides a pipeline into Tiers 1, 2 & 3 being coordinated by HEIW. • Review needs and wider development opportunities for those who have been identified and accepted onto the HEIW Aspiring Directors Programme. • Meet with Operations Director, Corporate Nursing, Divisions and Senior Leaders to understand need and focus for targeting both individuals and specific roles (such as General Managers, Clinical Directors and Directorate Managers). • Identify individuals who have the ability and aspiration to progress.	• Working with HEIW and using as a marker of where people need to get to. • Identified Directors (n=6), some had proceeded with development and some had deferred. • Met with senior nursing teams to incorporate nursing requirements into leadership via Leadership framework and met with Interim Director of Operations to support the fast track management programme. • Yet to understand individual need and aspiration for development. Met with	

7. OD interventions and Succession Planning					
Priority	**Who**	**When**	**Action/Status**	**October 2021 Update**	
			• Develop a tool to understand the readiness assessment, current and future role aspiration for those individuals. Pilot this approach with Senior Nurses during August 2021 using a development centre approach. • Describe the approach and opportunities across all levels within a Talent and Succession Framework document for staff and managers. • Develop a talent network for development and support opportunities for the individuals who were not successful in gaining a place on Academi Wales Summer School. This will involve: • A focussed package of recorded key note presentations from recent Winter School and Summer School events. • Hosting a peer learning event to discuss the content of the presentations and the opportunities that exist to apply the learning to current work issues.	Senior Nurses who have developed a set of competencies and are in the process of planning the development centres. • Paper presented to Executive Team in September. Talent and Succession paper presented to People and Culture Committee October. Framework development ongoing.	
d) Review Leadership and management Development Framework	Helen Knight/ Daniel Madge	December 2021	• Review content and pathway descriptions to align to revised offer for Leadership & Management development, talent and succession, apprenticeships and agile working.	• Framework has been reviewed and a proposal formed. Leadership Framework document to be agreed by December 2021. • Link in with EDI Specialist with a view to make Framework more inclusive.	

7. OD interventions and Succession Planning					
Priority	**Who**	**When**	**Action/Status**	**October 2021 Update**	
e) Support the delivery of the HEIW Graduate programme	Daniel Madge	September 2021	• Recruitment and placement of HEIW Graduates agreed. 2 individuals commence with the Health Board in September 2021. • Support being agreed individually for internal candidates who were not successful in recruitment into this programme. This will include development opportunities and consideration on the internal Graduate Scheme once approved.	• Completed.	
f) Support the delivery of the Academi Wales Graduate programme	Daniel Madge	January 2022	• Contribute to the evaluation of the first Academi Wales Graduate programme. • A joint bid for a graduate with Monmouthshire LA has been developed and submitted for consideration. • Support the recruitment process in Autumn 2021.	• Interviews were w/c 11th October. Graduates to start January 2022.	
g) Review OD interventions required to support divisions through a period of significant change	Peter Brown	December 2021	• Engage Divisions in discussions on development needs addressing culture, behaviour, team working. • Refresh values exercise to use inclusive images.	• People First project will be the driving force of this action point. Interaction with Divisions starting November 2021.	

Service Pressure/Winter 2021/22 Implementation Plan
Staff Action Plan - Version 1.0
27 September 2021

1	Recruitment		

Action	Who	When	Comments
a) Proceed with a programme of recruitment events for generic roles via general recruitment events	Dan Davies/Shelley Williams	December 2021	• Generic job descriptions identified • Project Manager in place • Programme of events and proposal for roles/wte planned to be considered at Executive Team on Monday 27 September • Confirm if NWSSP Recruitment are able to support on-boarding and potential costs • Review workforce demand/skills required and opportunities to implement new roles/skills
b) Over recruitment of HCSWs	Shelley Williams/Linda Alexander	September 2021	• Agency WTE used for September was 146 WTE • 78wte recruited to date over establishment • Open programme of recruitment recommended • 70wte recommended for additional recruitment £872k (inclusive of on-costs) assuming 6 month to end of March 2022 • Recruitment recommended on a substantive basis for 50wte which is our constant turnover gap. • This will release current HCSW agency premium costs of circa £20,500 (over the 6 months) • Increase apprenticeships to 30wte for HCSW and ward admin support (ward assistants), costing an additional £340k (for 12 months).

1 Recruitment

Action	Who	When	Comments
c) Support social care workforce recruitment	Shelley Williams/Cara Jones	October 2021	• Work with WOD Directors to confirm legal position • Develop a proposal within governance and legal arrangements to support social care staffing • Link with generic recruitment campaign when confirmed
d) Safe Staffing medical recruitment	Shelley Williams/Tamsin Gerrard	September 2021	• Recruitment of 12 junior doctors via European Gateway agreed at System Pressure Meeting 22nd September 2021 • Recruitment campaigns for all medical vacancies and safe staffing to optimise use of enhanced marketing techniques used for CF recruitment (contract with BMJ already in place)
e) Re-introduce recruitment wheel for RNs	Shelley Williams/Paige Griffiths	September 2021	• Re-launch recruitment wheel • Work with RCNi for enhanced recruitment advertising (current contract in place) • Secure support from Divisional Nurses • Monitor and evaluate progress
f) Reapply Covid Recruitment and on-boarding principles and process	Shelley Williams	October 2021	• This process risk assessed on boarding pathways for NHS returners (i.e. ex-employees or retirees), students and non-patient facing staff • As NWSSP Recruitment are currently experiencing capacity issues and are performing outside of recruitment KPI's, this will need to be supported internally for urgent start dates. • Redeploy internal WOD staff and/or additional staff required.
g) Abolish Vacancy Scrutiny for non-clinical posts band 7 and above	Shelley Williams	Immediate decision	• Established not part of formal recruitment or finance policy • Remove from Intranet and communication update of change of status.
h) Introduce open bank recruitment to secure ad hoc approaches	Shelley Williams	October 2021	• Additional resources required for interviewing and on-boarding. • Current process to be reviewed urgently within NHS Recruitment Guidelines and in the context of COVID on-boarding principles

1 Recruitment

Action	Who	When	Comments
i) Multi-professional winter planning / systems pressures team	Peter/James/Rhiannon	October 2021	• Identify professional leads to within WOD to overview recruitment, deployment and internal promotion with an umbrella view to inform recruitment plans

2 Deployment

Action	Who	When	Progress
j) Internal campaign to identify skills and expertise	Debra Wood- Lawson	October 2021	• Identify a key priority work programmes and skills required • Develop communications and process • Agree that deployment will be supported where this will not adversely impact a critical service
k) Prepare to reintroduce deployment cell and process	Debra Wood-Lawson	Mid October 2021	• Workforce planning suggests deployment required from November • Business Partners to work with divisional and professional leads to ensure deployment risk assessments completed • Workforce resource to be repurposed to support • Central deployment email and contact number to be reinstated
l) Review of all staff isolating or on non-patient facing duties	Debra Wood Lawson/Paula Michell	September 2021	• Review ESR and locally held information • Communicate with managers how to record staff who are moved to non-patient facing roles for health/covid risk assessment reasons • Identify opportunities for deployment in line with HB core priorities
m) Explore the deployment of Student Nurses as additional staff in liaison with HEIW (in extremis)	Linda Alexander	October 2021	• Identify students in training previously registered on resource bank as band 2 HCSWs • Discuss deployment opportunities and consider impact on training with Medical Director and HEIW

2   Deployment

Action	Who	When	Progress
n) Explore the deployment of Junior Doctors with HEIW (in extremis)	Stephen Edwards / Hywel Jones	October 2021	• Identify junior doctors in training previously registered on resource bank as band 2 HCSWs • Discuss deployment opportunities and consider impact on training with Director of Nursing and HEIW
o) Review RNs in TTP and MV and risk assessment of needs	Linda Jones/Workforce Business Partner	September/October 2021	• Review all staff currently deployed circa 24wte immunisers and 2.52wte clinical controllers deployed to mass vaccination (majority due to health needs) • Review opportunity to return to substantive role in line with MV and TTP fixed term recruitment and continued service plans

3   Bank & Agency

Action	Who	When	Progress
p) Increase RN Block Booking	Julie Chappelle / Jan Robinson	September 2021	• Increase current agreement of 36wte with an additional 79wte up to end of March 2022 • Explore all on contract options in first instance • Agree to book off contract agency where all other options have been explored • Cost circa £632k per month / £3,792,000 up until the end of March 2022
q) Maximise use of current Retinue and Patchwork systems and support MSCs	Julie Chappelle	September 2021	• Divisions offered surge potential • Retinue surge during last winter secured 7 doctors. • Demonstration of Retinue FMS undertaken • Paper to Exec Team on Medical Systems Strategy October 21
r) Review of Bank winter pay incentives including Bank Incentives	Julie Chappelle / Shelley Williams / Linda Alexander	September / October 21	• Reviewing across Wales with WOD Directors • Review of bank specialist rate for areas such as ITU, Theatres, Neo-nates etc. • Consider pension implications of enhanced payments
s) Review of Primary Care temporary workforce	Cara Bradley	September / October 21	• Block booking of agency admin staff to support Managed Practices. • Ongoing recruitment initiatives for Managed Practices

3 Bank & Agency

Action	Who	When	Progress
			• Block book 8 District Nurses to support care homes (included in 79wte block booking request). • Recruit 25 WTE Reablement Practitioners to support discharge to assess. • Liaising with procurement to secure locum GP's • Development of workforce plans for additional capacity wards (e.g. Ruperra). • Implement Clinical Frailty Units (direct CFU admissions, hot clinics and ambulatory care) across Gwent via additional medical and nursing capacity, including GPwSI in Monmouthshire and Torfaen.

4 Wellbeing

Action	Who	When	Progress
t) Proceed with People First-Reconnecting the Workforce proposal	Adrian Neal/Peter Brown	September 2021	• Proposal agreed at Executive Team 17th September • Develop action plan and review with Executive Team as and when any resourcing or governance decisions are required • Confirm Executive Team availability
u) Continue to support wellbeing offer	Adrian Neal	September 2021	• Ongoing wellbeing support • Team initiatives and support programmes
v) Retention	Peter Brown/Daniel Madge	September 2021	• Promote and re-launch a programme of retention events • Team specific programmes including leadership and resilience
w) Absence	Debra Wood Lawson/Paula Michell	October 2021	• Focus on supporting staff with stress/anxiety/depression through the use of a talking toolkit, informed by the Health and Safety Executive • Adhere to ABUHB staff isolation risk assessment to minimise the risk of spread of infection whilst optimising staffing levels.

4	Wellbeing		
Action	**Who**	**When**	**Progress**

x) Occupational Health	Helen Knight	November 2021	• Additional winter funding (as in previous years) to cover sickness/absence reviews (increases during winter), manage complex cases and support vaccination programmes (e.g. flu)
			  ○ OH Physician – 4 days a month - £26,000
			  ○ OH Nurse – 4 days per week - £38,400
			  ○ Admin Support (1 WTE) - £5,234 (12 weeks only)
			    = £69,634

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

Aneurin Bevan University Health Board

Talent and Succession Planning Update

Executive Summary
The purpose of this report is to provide a briefing for the People and Culture Committee on talent and succession planning activity across Aneurin Bevan University Health Board. This report should be viewed within the context of an incredibly challenging 18 month period, with many staff being redeployed to help the pandemic response. This redeployment also included a large number of the Workforce and Organisation Development team who lead on Talent and Succession strategies.

The Health Board recognises that a distributed leadership system capable of responding to complex environments is required as we build leadership capacity across the workforce. Talent and succession planning plays an important role in identifying and then supporting leaders to develop their capability to lead effectively in their roles and across the organisation.

Our current and future talent and succession activity is designed to support our workforce from new entrants to executive leaders. This paper outlines the current offer for entry level individuals, the step-up pathways for aspiring, first-time, middle and senior leaders as well as supporting a pipeline for those aspiring for senior leadership positions.

It is fully acknowledged that there is more to be done to sharpen our approach for talent spotting and ensuring our management and leadership tools and frameworks align to the needs of the Health Board, the broader all Wales perspective and the complex challenges ahead of us all.

The People & Culture Committee are asked to note the content of the paper and provide views. |

The Board 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: Dr Peter Brown, Assistant Director of Workforce & OD; Helen Knight, Senior Organisational Development Practitioner; Daniel Madge, Senior Education and Development Manager	
Report Received consideration and supported by :	

Executive Team	Committee of the Board [Committee Name]	
Date of the Report: 22 October 2021		
Supplementary Papers Attached: Hyperlinks to key documents/information are contained within the paper for information		

Purpose of the Report

The purpose of this report is to provide a briefing on talent and succession planning activity across the Health Board and how we work across the broader public sector and with partners such as Health Education and Improvement Wales (HEIW).

This report should be reviewed in the context of responding to the pandemic and large numbers of resources being diverted to work in other areas. There is a recognition that while our internal leadership and management offer has grown for new and aspiring managers and we have introduced new entry level opportunities, certain areas of our work have been delayed such as building pathways and success profiles across all roles. Notwithstanding this, we are also preparing a review of all talent and succession activity as well as innovating to anticipate the future demands and needs of our people.

Background and Context

Talent and succession planning is more than just planning. Together they form an organisational and Workforce & OD divisional strategic priority for ensuring the right people are in the right roles at the right time.

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 from a diverse background.
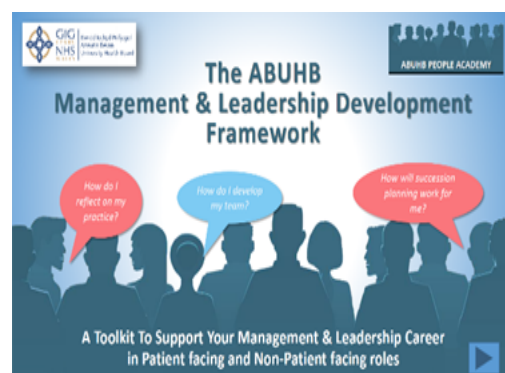
The Management and Leadership Development Framework (launched March 2020, to be reviewed Autumn 2021) is designed to maximise potential for talent and succession planning across all leadership and management roles, including clinical and medical leadership and is accessible via the Health Board intranet pages.

The Framework provides a detailed outline of the current development opportunities. Each of the initiatives described in the following section align to this Framework. It aims to support leaders and managers to easily navigate development opportunities to progress their career.

The Health Board's offer complements and supports the Health Education and Improvement Wales (HEIW) Talent Management & Succession Strategy. HEIW has a national role establishing and managing the succession planning and talent management

process for senior and executive leadership roles across NHS Wales. It has undertaken extensive research with best practice from the other UK nations to inform the NHS Wales Succession and Talent Management Strategy 2017 - 2020 ratified by NHS Wales Chief Executives in 2017.

 https://nhswalesleadershipportal.heiw.wales/talent-and-succession

HEIW support and manage Tier 1 and 2 (Directors and Assistant Directors) development programmes through the following:

- Establishing a NHS Wales Talent Board
- Establishing a Talent Summit
- Establishing Executive success profiles
- Implementing a digital management solution (Gwella)

The Health Board is represented at the NHS Wales Talent Executive Board and Talent Summit.

In addition, Academi Wales has a range of leadership and management development opportunities that they support across the public sector. Academi Wales (gov.wales).

Assessment and Conclusion

Outlined below, are the core activities to support talent and succession planning delivered through a variety of development programmes. These programmes are currently being reviewed as part the Workforce & OD priority work plan 2021/22. Whilst the offer is robust, we are currently adding to this by working with clinical directors to develop an advanced leadership offering to their key teams.

Entry Level Opportunities

Scheme	Activity/Update	Ownership
Aneurin Bevan Apprenticeship Scheme Entry level training apprenticeship	New entrants 10 placements every 6 months First cohort advertised September 2021	Health Board
Kickstart DWP Employment scheme to support 16 – 24 year olds receiving Universal Credit to gain employment experience	60 Placements agreed Recruitment to take place between September and December 2021	Health Board
NHS Graduate Management Scheme	2 graduates trainees to be hosted by the Health Board commencing September 2021	HEIW
Academi Wales Public Sector Graduate Management Scheme	1 graduate trainee to be co-hosted with Monmouthshire County Council	Academi Wales, Health Board and

	Jan 2022 to Dec 2024	Monmouthshire County Council	

Development Opportunities for Existing Employees

Scheme	Activity/Update	Ownership
Internal apprenticeship qualifications Opportunities for existing staff to enhance skills and knowledge	A range of modern apprenticeship qualifications are offered to existing staff members to support career progression Currently supporting 655 staff to undertake level 2-5 qualifications	Health Board in partnership with external accredited training providers
Learning to Lead Aspiring managers: developing knowledge and skills for first management role	10 places available each month	Health Board
Taking the Lead Existing managers: enabling leaders to understand and apply compassionate leadership	15 places available on a monthly basis	Health Board
Leading People Providing existing managers will the knowledge and skills to lead teams through a focus on wellbeing	2 cohorts annually 25 places per cohort 12 month programme	Health Board (places offered across public sector organisations)
Introduction to Coaching	25 places each month	Health Board
Accredited Mediation Supports the All Wales Respect & Resolution Policy	Places are supported dependent on demand 8 places in 2021 to date	Health Board and external provider
Clinical Futures Transformation Modules Designed to support leaders and managers meet change management and wellbeing needs of teams. Modules include: Leading Change, High Impact Communication, Trust Leadership, Wellbeing and Engagement, Undertaking a meaningful PADR	10 places per month 471 managers have completed the programme since June 2019	Health Board in partnership with Eleisha Training.
Enhanced Leadership Programme for senior managers and leaders Supports multi professional learning with a blended approach to address needs that are specific to clinical and medical leaders	Currently under review	Health Board Jointly delivered by OD and ABCi
Aspiring Executive Director Development	5 senior leaders currently undertaking the programme.	HEIW

Programme: Leading with Compassion			

In addition, Academi Wales offer a wide range of training courses and resources for leadership delivered through four schemes including Summer School, Winter School, masterclasses and workshops. The Health Board has sponsored a large number of employees to access these programmes.

Success and opportunities: Talent management

Talent management comprises the strategic and deliberate approach to attracting, identifying, developing, engaging, retaining and deploying people. The Health Board is especially competent at developing, engaging and retaining people as shown in the above matrix. However, we have an opportunity to engage with our future workforce and identify new talent beyond the existing approaches limited to Kickstart scheme and apprentice models.

Success and opportunities: Succession planning

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 from a diverse background. As mentioned above, we are very good at growing our own people, especially into leadership roles. In order to support identification of 'ready now', or 'ready soon' for all roles across our Health Board talent pipeline, the development of success profiles will play a key part. Success Profiles outline a prioritised set of leadership behavioral competencies, experiences, strengths/traits and motivations, anchored in the specific strategic context and the demands of the job or role. They have been widely used to assess candidates using a range of selection methods in other public services, as well as the private sector, and encourage maximum fit between the employee and job required, driving up performance and improving diversity and inclusivity. HEIW have led the way with this work designing a Success Profile for Senior and Executive Leaders. These have been co-created with Educational Psychologists.

However, our gap within the Health Board is to agree at an organisational level, with an evidence based approach, the identity of our most critical employees and where/how these people will emerge. Several innovative approaches are in review to address to issue.

Conclusion

The Health Board, in recognising its corporate responsibility as one of the largest employers in South Wales, seeks to offer and build opportunities that harnesses the talent within its current and future workforce.

The Workforce and Organisational Development team continue to work with Divisions and external partners to build clear talent and succession pipelines that align to, and embed, the values and behaviours of the Health Board. Our work with partners will ensure development activities are built on best practice and have a sound evidence base.

Recommendation
The People & Culture Committee is asked to note the content of the paper and provide views.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The risk of insufficiently investing in the development of new and existing staff through a talent pipeline will compromise the delivery of the University Health Boards IMTP and Clinical Future Programme.
Financial Assessment, including Value for Money	There are no financial decisions as part of this report.
Quality, Safety and Patient Experience Assessment	The report recognises the importance of supporting learning and development that will support the quality, safety and patient experience agenda.
Equality and Diversity Impact Assessment (including child impact assessment)	The Health Board continues to widen access and ensure equality, diversity and inclusion for all. Programmes are assessed via an Equality Impact Assessment.
Health and Care Standards	The ongoing development of our current and future employees supports staff to maintain and develop competencies in order to develop to their full potential. In addition they will be provided with appropriate skills to enable them to meet their responsibilities as outlined in standard 7.1
Link to Integrated Medium Term Plan/Corporate Objectives	All activities within this report will be aligned to the Integrated Medium Term Plan and the Corporate Objectives.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.
	Long Term – The development of our current and future workforce through apprenticeships, graduate schemes and leadership and management pathways is linked to priority 1: to support the positive engagement of our staff. Talent and succession planning will support the creation of a sustainable workforce through growing our talent.
	Integration – The work supports the widening access agenda and links to our corporate responsibility which meets the objective goals of both internal and external partners
	Involvement The work supports a model of succession planning that places its community and workforce at its centre.
	Collaboration –We are working with schools and colleges across the Gwent Community and other key stakeholders including HEIW, Academi Wales and Welsh Government Training providers enable the Health Board to expand the range of development opportunities for both our current and future workforce.
	Prevention – Further developing a robust Talent and Succession pipeline will improve staff experience and enable

	individuals to reach their full potential, thus enabling staff to maintain
Glossary of New Terms	Not Applicable
Public Interest	There is no reason why this document could not be disclosed

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board

CONSULTANT JOB PLANNING – AUDIT RECOMMENDATIONS UPDATE

Executive Summary

The COVID-19 Pandemic and early opening of GUH has impacted on compliance with and quality of job planning. Much of the work undertaken in response to previous audit reports and to support the opening of GUH was appropriately halted to allow the challenges set by the pandemic to be met.

The revised approach to job planning and associated plan to deliver on this were presented to Audit, Finance & Risk Committee (AFR) at its August 2021 meeting (Appendix 1).

As requested by the AFR Committee, the plan has now been mapped to the recommendations of the 2019 Job Planning Internal Audit to more clearly define the areas of work which will address the recommendations.

The following paper was considered and discussed at the AFR on 07 October 2021 and the People and Culture Committee are asked to note the content.

The Board 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: James Calvert, Medical Director

Report Author: Kathryn Bourne, Head of Specialist Medical and Dental Workforce

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

Date of the Report: 22 October 2021

Supplementary Papers Attached:
Appendix 1 – paper provided to AFR Committee August 2021
Appendix 2 – mapped recommendations to Audit report

Purpose of the Report

This report provides:

- An update on the current position in respect of Consultant Job Planning.

- Provides an update on the action plan for improvement and identifies the areas which will support the delivery of the Internal Audit recommendations.

Background and Context

ABUHB's success with job planning and benefits realisation from the Consultant Contract were the subject of an Internal Audit (follow up) undertaken in late 2019.

Job planning compliance improved following work undertaken in response to the audit report, but job planning was temporarily halted in the face of COVID-19 related operational pressures, with a consequent drop off in compliance.

Prior to the start of the COVID-19 pandemic work had been undertaken to address the recommendation of the Internal audit report and support job planning for the planned March 2021 opening of GUH.

Assessment and Conclusion

The revised approach to job planning and the associated action plan to deliver this was presented to the AFR Committee in August 2021 (Appendix 1). At the Committees request this work has now been mapped to the recommendations of the audit report to more clearly identify which recommendation each of the action described in the August report will address (Appendix 2).

All aspects of the audit requirements have been shared and discussed with the Divisional Directors and Management teams by the Medical Director and Deputy Medical Director. The development of GUH specific Job Planning Guidance and the conversion of classroom training into an E-job planning distance training package with all associated documents has permitted further reinforcement of the key messages from the audit report.

Specific actions previously undertaken in response to the audit are identified in the following tables:-

Recommendation 1	
Actions previously undertaken	
1. A review of the escalation process was undertaken	3. Continued performance reporting and inclusion in workforce dashboard
2. Removal of the 15-month Health Board compliance time frame and adherence to the annual review	4. A review of the annual cycle; consideration given to aligning to IMTP/planning cycle however this was discounted.

Recommendation 2	
Actions previously undertaken	
1. The need to retain documentation from the job plan review, particularly in relation to discussion regarding SPA activity and the requirement to submit job plans on the approved proforma was communicated to all DDs and CDs	2. The distance learning training pack includes the correct proforma as does all documentation on the medical and Dental Web page.

Recommendation 3
Actions previously undertaken
The requirement for SMART objectives for both SPA and DCC activity is included in the distance learning pack

Recommendation 4
Actions previously undertaken
The requirement for signed/agreed job plans is constantly reinforced. Job plans are not accepted for compliance recording unless there is evidence via e-mail trail that all parties are in agreement.

Recommendation 5
Actions previously undertaken
All local management teams reminded of the need to ensure that appropriate change forms are sent to Payroll for any changes in sessions or intensity supplements.

Recommendation
The People and Culture Committee is asked to note the content of this paper.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework. This paper provides the update to mitigate risk around workforce.
Financial Assessment, including Value for Money	This report has no financial consequence although the mitigation of risks or impact of realised risks may do so.
Quality, Safety and Patient Experience Assessment	This report has no QPS consequence although the mitigation of risks or impact of realised risks may do so.
Equality and Diversity Impact Assessment (including child impact assessment)	This report has no Equality and Diversity impact but the assessments will form part of the objective setting and mitigation processes.
Health and Care Standards	This report contributes to the good governance elements of the H & CS.
Link to Integrated Medium Term Plan/Corporate Objectives	The objectives will be referenced to the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to the report, however, considerations will be included in considering the objectives to which the risks are aligned.
Glossary of New Terms	Not required.
Public Interest	Report to be published.

Aneurin Bevan University Health Board

Audit, Finance & Risk Committee

Executive Summary

The Covid-19 Pandemic and early opening of GUH has impacted on compliance with and quality of job planning. Much of the work undertaken in response to previous audit reports and to support the opening of GUH was appropriately halted to allow the challenges set by the pandemic to be met. Further efforts to improve compliance with job planning are hampered by the fact that few staff are working what, it is hoped, will be their "final" way of working in our new system due to the ad-hoc arrangements that have been required to meet Covid-19 pressures.

However, work around job planning has been re-energised. A revised approach, taking into account lessons learned and good practice both internally and externally to the Health Board has been developed. An action plan is provided in Appendix 1.

A detailed procedure for job planning is part of the strategy for addressing previous issues. The principles of job planning in the future will include:

- a focus on patient need
- divisional and departmental requirements
- individual well-being
- transparency of job plans within clinical groups.

Once the approach has been agreed, training will be offered to divisions in application of the new procedures.

Performance monitoring and action to address barriers to job planning will be a crucial part of delivering the revised approach.

The Audit Committee is asked to note the approach being taken to improve job planning compliance and quality

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: James Calvert -Medical Director

Report Author: Kathryn Bourne-Head of Specialist Medical and Dental Workforce

Report Received consideration and supported by :

Executive Team		Committee of the Board [Committee Name]	

Date of the Report: 21st July 2021

Supplementary Papers Attached:

Purpose of the Report

This report provides
- An update on the current position in respect of Consultant Job Planning
- Identifies the strategy for improvement
- Provides an action plan for improvement

Background and Context

ABUHB's success with job planning and benefits realisation from the Consultant Contract have been the subject of national and internal audits. The most recent of which was the follow up internal Audit undertaken in late 2019.

Job planning compliance improved following work undertaken in response to the audit report, including the instigation of a corporate escalation process, but job planning was temporarily halted in the face of Covid related operational pressures, with a consequent drop off in compliance.

Prior to the start of the Covid 19 pandemic work had been undertaken to address the recommendation of the Internal audit report and support job planning for the planned March 2021 opening of GUH.

This included :-
- Development of a job planning dashboard to support planning and monitoring of GUH ready job plans
- Conversion of classroom training into an E-job planning training package with all associated documents
- Development of GUH specific job planning guidance
- Continued publication of compliance data
- Increased support for job planning by Workforce Business Partners – offer of Job Planning Clinics and Webinars
- Communication in respect of audit requirements to all Divisional Directors and Management teams

However, the overarching need to ensure appropriate rapid amendments in deployment of Doctors to support the safe delivery of care and the surge in COVID-19 necessitated delivery of work in addition to or outside existing job plans. This coupled with lack of available capacity to job plan and undertake meaningful diary exercises (in part due to the re-allocation of SPA time to DCC or mass vaccination) has impacted on job planning activity and resulting compliance with targets.

A revised approach, taking into account lessons learned and good practice both internally and externally to the Health Board has been developed. An action plan is provided in Appendix 1.

Early work by divisions is already reflected in slowly increasing compliance with job planning, there now needs to be an emphasis on quality of job plans.

Assessment and Conclusion

A revised approach

The previous focus on job planning with corporate support provided improved compliance (74% highest record pre-pandemic). However, the need to ensure transparency and consistency across the Health Board is evident, consequently the Medical Director has identified the need for a revised approach which builds on the work already undertaken. The Executive Team has therefore supported a revised approach.

The following components of an overarching strategy have been identified and are currently in various stages of development-

- Job planning procedure (and associated policies and guidance)
- Processes and systems (to support the implementation and delivery of the new procedure)
- Reporting & Monitoring
- E-systems – which link consultant job plans with clinical activity actually delivered (e-rostering)
- Training support & resources

This work is being led by the Deputy Medical Director for Workforce and delivered within the divisions by the respective Directors of Operations and Divisional Directors.

Key to this is the development and implementation of a Health Board wide, new job planning procedure which will provide explicit detail on expectations of the organisation and ensure transparent, consistent interpretation and application of the Consultant Contract across the whole Health Board.

This new procedure will provide a structure for effective job planning and will support divisional management teams in ensuring consistency and equity of approach. It will also provide detail on how SPA time will be recognised in job plans to ensure that divisional investment in SPA time is matched by clear expectations with regard to the outputs required for that investment.

In order to achieve this there will need to be discussion and agreement on specific areas of the contract and how these will be applied in Aneurin Bevan. This work is currently underway; utilising good practice examples from a neighbouring Health Board and NHS Trust.

An overarching plan and status update is provided in Appendix 1.

Key achievements include:-

- The Executive Team received a **paper on Consultant Job Planning** on 1st June 2021.They supported the approach and work being undertaken and agreed that job planning should form part of the core Divisional Management Assurance meetings
- A first draft of the **job planning procedure** has been developed. It is acknowledged that this will need considerable discussion with Medical Leaders to ensure agreement on content and application and to identify areas where issues may arise. Engagement with the LNC will also be vital and we hope to capitalise on the good relationship with the Chair to secure agreement, acknowledging that a phased approach for some aspects will be necessary.
- Allocation of **SPA time** is a component of the new procedure. Current thinking is that the Health Board will maintain its approach in identifying 2 SPAs as core and required to undertake those activities which support revalidation. Additional SPA will be allocated for specific activities with identified outcomes and these will be subject to review at the job plan review meeting. Details of those activities which may require a third SPA are detailed in the procedure, which also includes the position for less than 10 session contracts. New posts will be advertised as either 7/3 or 8/2 where a third SPA is included at appointment this will be to undertake induction, orientation any additional activity deemed necessary on appointment. It is expected that this allocation will be reviewed in line with the procedure three months post appointment, with a view to converting the third SPA to DCC unless the there is a requirement by the Health Board, as set out in the procedure, for the third.
- The development of a fully costed Medical E-Systems Strategy (which includes **Electronic job planning**) for consideration by the Executive Team has been agreed by the Executive team. Work in respect of this is progressing. Benchmarking has been undertaken with other Heath Boards in Wales and with Bristol NHS Trust. Demonstration of some of the systems available has been provided for key stakeholders. A programme group is being established which will determine the specification for the system required. A paper will be presented to Executive Team in August identifying prospective costs and benefits.
- The Medical Director has re-enforced the need for CDs to undertake **job plan review meetings**. He has also asked that a named member of the divisional management team is given responsibility for supporting CDs in doing this and that the Deputy Medical Director is made aware of who is identified. Early work by the divisions is already reflected in slowly increasing compliance with job planning, (4% increase May – June 2021), there now needs to be an emphasis on quality of job plans.

Challenges

Delivery of the revised strategy could be challenging for a number of reasons including available resources to deliver given the current position with increasing absence following relaxation of COVID restriction and a focus on recovery plans.

In addition the following could have an impact on both the speed at which compliance improves and the discussion, agreement and implementation of the new procedure.

Speciality Doctor Contract- In order to implement the Speciality Doctor contract, job planning in line with the new T&Cs, will need to be undertaken for every Speciality Doctor who expresses an interest in transferring to the new contract. This will clearly be beneficial to the organisation and will improve compliance with SAS job plans but could impact on the time required for robust consultant job planning.

Consistency – achieving consistency across the organisation will require discussion at directorate and divisional level.

Negotiation with BMA –Based on experiences external, to the Health Board, reaching total agreement on all aspects of the new procedure may be difficult. We may therefore need to adopt an incremental approach to change, with a continued focus on implementing all elements of nationally agreed arrangements – even where these have not been implemented previously.

Recommendation	
Audit Committee is asked to note the content of the paper and actions being taken.	
Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework. This paper provides the update to mitigate risk around workforce.
Financial Assessment, including Value for Money	This report has no financial consequence although the mitigation of risks or impact of realised risks may do so.
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Health and Care Standards	This report contributes to the good governance elements of the H & CS.
Link to Integrated Medium Term Plan/Corporate Objectives	The objectives will be referenced to the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to the report, however, considerations will be included in considering the objectives to which the risks are aligned.
Glossary of New Terms	Not required.
Public Interest	Report to be published.

	Aneurin Bevan University Health Board People & Culture Committee Agenda item 2.3 Appendix 2

Audit, Finance and Risk committee
Agenda Item 3.1 Appendix 2 – mapped recommendations to Audit report

The 2021-2022 plan for job planning aims to :-
- Support the effective delivery of annual job planning
- Improve compliance
- Ensure job planning is aligned to service delivery and outcomes
- Ensure consistency of application of T&Cs
- Meet Internal audit requirements

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
REF IA/19	**1. JOB PLANNING PROCEDURES & POLICIES**					
R1 R2 R3	1.1	Development of a detailed Health Board Procedure for job planning which will provide consistent interpretation of the T&Cs and align with the all Wales guide "*Effective job planning for Medical and Dental Staff*"	Draft June 2021 Review end of October 2021	Medical Director	Stephen Edwards/Kathryn Bourne	**SEPTEMBER 2021** An initial draft of the procedure has been developed. It is acknowledged that this will need considerable discussion with Medical Leaders to ensure agreement on content and application and to identify areas where issues may arise. Engagement with the LNC will also be vital. There are a number of areas where the Health Board will need to agree the approach it wishes to take and agree the timeline for achieving this. Detailed discussion will assist in embedding

1

ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION PLAN FOR JOB PLANNING 2021-2022

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
R4						the principles of job planning e.g. that job plans are measurable and quantifiable and additional (SPA) activities meet the needs of patients and the organization and are auditable to ensure value for money. The procedure needs to be supported by additional guidance documents, policies and standard operating procedures. The procedure is In discussion. Review Position October 2021.
R1	1.2	Consultation and agreement of Health Board procedure prior to implementation	Review October 2021	Medical Director	Stephen Edwards	**SEPTEMBER 2021** Review and update action and achievement date end of October 2021 as dependent on 1.1
R1 R2 R3	1.3	Review all existing local guidance documents, policies and procedures in light of the new Health Board procedure	Review - November 2021	Medical Director	Stephen Edwards/Kathryn Bourne	**SEPTEMBER 2021** Review and update action and achievement date end of November 2021 as dependent on 1.1
		OBJECTIVES	**ACTION REQUIRED BY**	**RESPONSIBLE DIRECTOR**	**LOCAL LEAD**	**STATUS AND MILESTONES**
		2. SUPPORTING PROCESSES & SYSTEMS				
R1	2.1	Review existing processes and systems to align with the new Health Board procedure eg escalation process, payment of commitment awards	Review – November 2021	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	**SEPTEMBER 2021** The escalation and commitment award processes are being reviewed and draft documents have been developed, these are awaiting review within the team. The need to review other systems and processes will be clear as the discussion and agreement of the procedure progresses. Review and update action and achievement date end of November 2021 as dependent on 1.1

R1					
	2.2	Develop processes and systems to support implementation of the new Procedure	Review – November 2021	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	**SEPTEMBER 2021** The need to develop new systems and processes will be clear as the discussion and agreement of the procedure progresses. Review and update action and achievement date end of November 2021 as dependent on 1.1
		OBJECTIVES	**ACTION REQUIRED BY**	**RESPONSIBLE DIRECTOR**	**LOCAL LEAD**	**STATUS AND MILESTONES**
		3. REPORTING & MONITORING OF THE JOB PLANNING PROCESS				
R1	3.1	Agree with Divisional and Clinical Directors the job planning cycle within each Directorate/Division	June 2021	Director(s) of Operations/Deputy Medical Director	Divisional management teams	**SEPTEMBER 2021** Discussions are in progress. The Medical Director has written to Divisional Directors emphasising the need for their CDs to undertake job plan review meetings. He has also asked that a named member of the divisional management team is given responsibility for supporting CDs in doing this and that the Deputy Medical Director is made aware of who is identified

3

R1	3.2	Monitoring of the plan and job planning compliance via the Divisional management teams assurance meetings	Monthly and on going	Director(s) of Operations	Divisional management teams	**SEPTEMBER 2021** Agreed by Executive team on 1st June 2021 that monitoring of the plan and job planning compliance would be undertaken by the Divisional management teams and assurance meetings In **MH&LD/Community** the Divisional Management Team discusses compliance at the individual Directorate assurance meetings with each Directorate. Overall Divisional compliance is also discussed in Divisional assurance meeting he chairs on a monthly basis. **Scheduled Care** have made additional resource available (Senior consultant job planning lead). Directorate oversight of job plans is being instigated.
R1	3.3	Exception reporting to the Executive team on delivery of the plan and compliance	As required	Director(s) of Operations	Divisional management teams	**JULY 2021** Agreed by Executive team on 1st June 2021 that they would receive exception reports on delivery of job planning and compliance as necessary from the Directors of Operation
R1	3.4	Maintenance of the ABUHB's job planning compliance database and issuing of monthly compliance reports to management teams, WFBPs, DOO, MD & WOD, .	Monthly	Director of Workforce	Karen Kryjom/Kathryn Bourne	**SEPTEMBER 2021** The compliance database continues to be maintained. Compliance reports are produced monthly.

4

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
REF IA/19	**4.E-SYSTEMS**					
R2 R4 R5	4.1	Identify system requirement to • improve link between job planning and the rota, • improve compliance and transparency • support delivery of contracted sessions across the year • maximise reporting and performance	Review October 2021	Medical Director/Director of Workforce & OD/ Director(s) of Operations	Julie Chappelle/Stephen Edwards	**MAY 2021** The development of a fully costed Medical E-Systems Strategy (which includes Electronic job planning) for consideration by the Executive Team has been agreed by the Executive team. Work in respect of this is progressing. Benchmarking has been undertaken with other Heath Boards in Wales and with Bristol NHS Trust. The Preliminary discussions with one company has taken place **JULY 2021** Demonstrations have been conducted. A programme group is being set up which will determine the specification for the system required. **SEPTEMBER 2021** A demonstration with user groups and Divisional Directors has taken place and others are planned. This will allow development of a detailed tendering specification. Further paper to the Executive team end of October 2021.
R2 R4 R5	4.2	Procurement and implementation of appropriate system	Review October 2021	Director of Workforce/ Director(s) of Operations	To be agreed	**JULY 2021** Discussion with NWSSP has taken place to establish the all Wales position regarding procurement. The Health Board has the option of being part of an all Wales process for contract award late 2021 however, this may restrict options of supplier and increase costs. A paper will be presented to Executive Team in August identifying detailing costs and benefits. **SEPTEMBER 2021** Paper delayed to permit further demonstration of systems to wider medical workforce and management teams

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
		5. TRAINING/ SUPPORT & RESOURCES				
R3 R4	5.1	Review the E-training package to align with new Health Board procedure	Review – November 2021	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	**SEPTEMBER 2021** Review and update action and achievement date at the end of September as dependent on 1.1 and 1.2
R3 R4	5.2	Review training requirements and means of upskilling staff to undertake job planning	November 2021	Medical Director/Director of Workforce & OD	Workforce Business Partners and DDs	**SEPTEMBER 2021** Training on job planning has been conducted over the years with medical managers and consultants. The classroom approach was amended to an e-learning package and made available via the divisional management teams. The package will require review and revision on the basis of the new Procedure. The e-learning package remains available. Support and advice is available as required. Job planning now also forms part of the Senior Clinician CPD programme. Review at the end of November as dependent on 1.1 and 1.2

R4	5.3	Work with divisional teams to identify support required to enable Medical managers to fulfil their job roles in respect of delivery of annual job planning aligned to service requirements	June 2021	Medical Director/Director of Workforce & OD	Workforce Business Partners and DDs	**SEPTEMBER 2021** The following support is already available and being built on:- • E-job planning training package with request to send queries and questions for formulation of FAQs • Ad hoc advice and help with problem solving as required from DMD, Professional lead M&D WF and WFBPs, • Job planning clinics and webinars The Medical Director has written to Divisional Directors emphasising the need for their CDs to undertake job plan review meetings. He has also asked that a named member of the divisional management team is given responsibility for supporting CDs in doing this and that the Deputy Medical Director is made aware of who is identified
R1	5.4	Review time required to undertake effective job planning annually and ensure this is provided for within Clinical Director and Directorate Managers job roles/plans and objectives.	July 2021	Director(s) of Operations/Medical Director	Divisional Directors /General Managers	

People & Culture Committee

Workforce Dashboard Progress Update

Executive Summary

The People and Culture Committee will receive the latest Covid Workforce Dashboard and the latest monthly Wellbeing and Occupational Health Dashboards.

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: Debra Wood-Lawson, Deputy Director of Workforce & OD; Julie Chappelle, Assistant Director of Workforce & OD; Peter Brown, Assistant Director of Workforce & OD

Date of the Report: 25 October 2021

Supplementary Papers: Covid Workforce Dashboard; Monthly Wellbeing and Occupational Health Dashboards.

031121_COVID Workforce Performan

031121_Employee Wellbeing Dashboard

031121_ABUHB Occupational Health D

Purpose of the Report

To provide the latest Covid Workforce Dashboard and monthly Wellbeing and Occupational Health Dashboards to note and provide assurance.

Background and Context

The Covid Workforce Dashboard is produced weekly and provides data on the latest data on workforce supply, absence, GUH and mass vaccination recruitment and Covid-19 Workforce Risk Assessment compliance.

The Wellbeing and Occupational Health Dashboards are produced monthly and provide an update on the activity.

Assessment and Conclusion

The Dashboards are 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 plans.

Recommendation
The People & Culture Committee is asked to note the content of the dashboards and provided assurance.

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.

Workforce Supply - RN

RN Supply has increased over the last week by 4.35 wte to 496.52 wte. Off contract agency has decreased this week by 1.44 wte to 31.25 wte. In the last week Bank usage has increased by 1.45 wte.
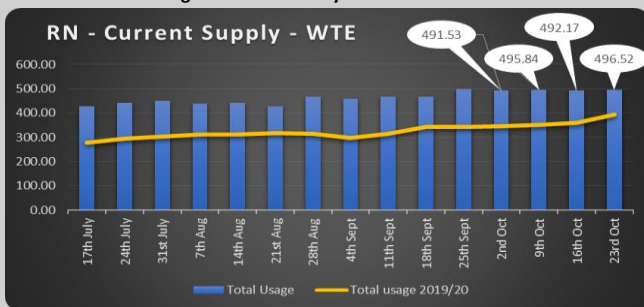
Workforce Supply - HCSW

HCSW Supply has increased over the last week by 21.72 wte to 541.38 wte. Agency usage has increased this week by 18.26 wte to 171.11 wte. In the last week, Bank usage has increased by 3.46 wte.
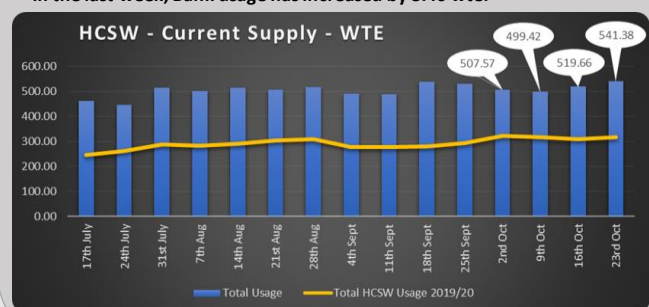
Absence

Absence has decreased from 7.66% to 7.57%
Medical Exclusion 0.79% (114 people)
Sickness (Non Covid) 5.94% (899 people)
Sickness (Covid) 0.84% (127 people)
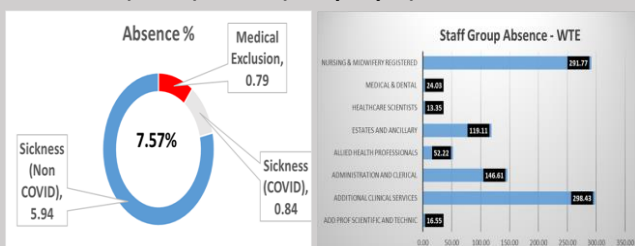
Mass Vaccination

There is on going recruitment into the mass vaccination to support the ongoing programme.

The following workforce are currently going through Pre-employment checks to enable them to start:

25 head = Band 3 Admin
26 heads = Band 3 Immunisers
26 heads = Band 5 Immunisers

14 news immunisers were trained week commencing 18th October

10.09 wte deployed as immunisers into the Mass Vaccination Programme:

Mass exercise of DBS is underway and are being worked through in priority order.

Covid Risk Assessment

Covid Risk Assessment has increased by 0.4% this week to 73.47% (10704 people).
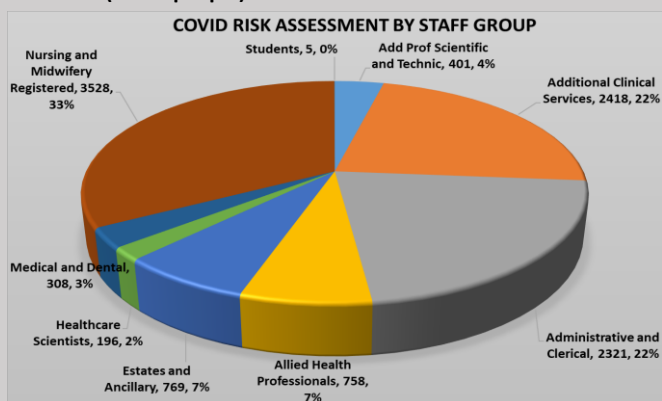
Recruitment

40 apprenticeships appointed (including 24 clinical HCSW) and currently being matched to placements/divisions. Start dates planned for November.

HCSW advert to be published 27/10/21 to recruit additional 70 WTE (including 50 WTE substantive) as outlined in the Winter plan.

5 foundation level doctors appointed via European Gateway with further interviews planned for WC 25/10/21.

Winter engagement and recruitment schedule commences on 26/10/21.

Initial discussions commenced with HEIW and NWSSP in respect of AHP Student Streamlining for 2022.

Recruitment open evening to promote ED Registered Nursing vacancies to take place at GUH on 01/11/21.

Employee Relations and Sickness Meetings

Sickness Meetings	Disciplinary (excluding Fast Tracks)	Fast Tracks	Disciplinary Appeals	Informal Resolution	Formal Request for Resolution (Formal Grievance)	Formal Resolution Appeals	Stage 3 Grievance Appeals	Capability	Raising Concerns
182	19	6	4	4	3	0	3	1	1

Divisional and Corporate information is not shown as information could be identifiable.

Registered Nurses - Workforce Supply

Current Supply - wte
In the last 4 weeks additional staffing (bank, agency & overtime) has increased from 491.53wte to 496.52 wte, an increase of 4.99 wte (1%). In the last week supply has increased by 4.35 wte.

RN - Current Supply - WTE
(491.53, 495.84, 492.17, 496.52)

ABUHB - Bank, Agency & OT

RN Filled and Unfilled Shifts - WTE

	17th July	24th July	31st July	7th Aug	14th Aug	21st Aug	28th Aug	4th Sept	11th Sept	18th Sept	25th Sept	2nd Oct	9th Oct	16th Oct	23rd Oct	30th Oct
Unfilled Shifts	54.90	55.22	66.47	66.79	72.92	80.47	12.56	59.71	59.92	55.91	71.11	73.26	70.46	74.42	63.00	63.75
Filled Shifts	1052.5	1033.9	1045.1	1034.4	1020.0	1003.5	1030.4	1067.4	1039.6	1059.8	1057.7	1045.5	1055.3	1055.9	1101.2	1069.7

Bank Usage

	17th July	24th July	31st July	7th Aug	14th Aug	21st Aug	28th Aug	4th Sept	11th Sept	18th Sept	25th Sept	2nd Oct	9th Oct	16th Oct	23rd Oct
Bank	191.68	187.79	195.66	199.03	193.35	175.97	200.78	189.92	191.32	187.08	215.66	214.83	212.61	218.48	219.93
RN Bank 19/20	144.85	147.58	165.69	162.44	157.75	160.98	156.16	140.43	151.52	163.65	163.35	179.23	169.86	174.87	193.51

ABUHB - FLEXIBLE REWARDS -RN
(29, 34, 29, 24, 38, 35, 34, 35, 28, 32, 36, 28, 33, 25, 33)

Bank usage has increased over the last 4 weeks from 214.83 wte to 219.93 wte, a increase of 5.10 wte. In the last week bank usage has increased by 1.45wte. 33 flexible rewards and 54 exceptional rewards have been used in the last week through the escalation process to fill late notice gaps. Bank pay rewards are by escalation and exception only. Compared to the same week last year there are 26.42 wte more bank nurses working.

Agency Usage

	17th July	24th July	31st July	7th Aug	14th Aug	21st Aug	28th Aug	4th Sept	11th Sept	18th Sept	25th Sept	2nd Oct	9th Oct	16th Oct	23rd Oct
Agency	200.15	219.78	220.73	205.70	214.35	217.00	230.86	233.35	240.51	244.09	248.11	241.59	248.30	238.58	241.48
RN Agency 19/20	95.72	111.25	100.21	111.97	116.54	119.25	122.76	121.74	126.46	144.50	142.27	129.55	144.99	150.00	164.88
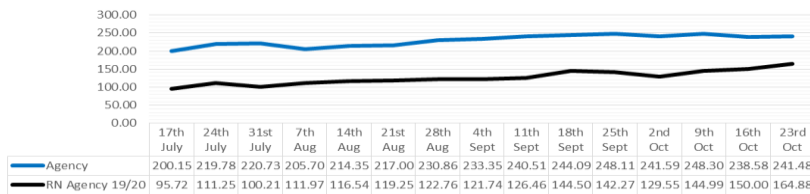
Agency usage has decreased over the last 4 weeks from 248.59 wte to 241.48 wte, an decrease of 0.11 wte. In the last week agency has increased by 2.90 wte.

In the last week, 31.25 wte off contract agency was used, a combination of block booking and ad hoc shifts. A decrease of 1.44 wte from the week before. This is in line with agreed plans to support current system pressures.

HCSW - Workforce Supply

Current Supply - wte
In the last 4 weeks, additional staffing (bank, agency & overtime) has increased from 507.57 wte to 541.38 wte, a increase of 33.81 wte (7%). In the last week supply has increased by 21.72 wte.

HCSW - Current Supply - WTE
(507.57, 499.42, 519.66, 541.38)

HCSW Filled and Unfilled Shifts - WTE

	17th July	24th July	31st July	7th Aug	14th Aug	21st Aug	28th Aug	4th Sept	11th Sept	18th Sept	25th Sept	2nd Oct	9th Oct	16th Oct	23rd Oct	30th Oct
Unfilled Shifts	141.98	157.08	137.53	132.59	137.47	130.96	186.69	139.28	156.11	160.39	170.48	128.18	130.37	133.01	153.88	147.31
Filled Shifts	1033.4	1021.0	1059.7	1052.7	1067.3	1036.8	1008.2	1017.2	1031.6	1081.7	1069.1	1054.6	1089.3	1104.7	1084.0	1017.5

HCSW Bank Usage

	17th July	24th July	31st July	7th Aug	14th Aug	21st Aug	28th Aug	4th Sept	11th Sept	18th Sept	25th Sept	2nd Oct	9th Oct	16th Oct	23rd Oct
HCSW Bank	308.55	285.69	340.79	339.15	352.76	350.12	352.17	323.94	314.38	333.75	328.35	321.53	316.46	327.73	331.19
HCSW Bank 19/20	245.55	260.92	287.94	282.13	290.17	302.90	309.99	277.74	277.74	278.07	291.47	320.38	318.10	307.85	316.50

Bank usage has increased over the last 4 weeks from 321.53 wte to 331.19 wte, a increase of 9.66 wte. In the last week, bank usage has increased by 3.46 wte. Since September 2020, 3946 HCSW flexible rewards have been used. 64 have been used in the last week. 95 exceptional rewards were used over last week. Bank pay rewards are no longer available on rosters and are only used to fill gaps at late notice via escalation process. Agency usage has increased in the last 4 weeks from 146.96 wte to 171.11 wte. There has been an increase in agency of 18.26 wte over the last week from 152.85 wte to 171.11 wte.

HCSW Agency Usage

	17th July	24th July	31st July	7th Aug	14th Aug	21st Aug	28th Aug	4th Sept	11th Sept	18th Sept	25th Sept	2nd Oct	9th Oct	16th Oct	23rd Oct
Agency	114.06	121.55	134.31	122.00	123.61	118.67	125.17	128.09	134.29	165.07	162.84	146.96	143.88	152.85	171.11
HCSW Agency 19/20	0	0	0	0	0	0	0	0	0	1.6	2.37	1.28	0	1.28	1.61

ABUHB - FLEXIBLE REWARDS -HCSW
(72, 61, 76, 89, 96, 74, 81, 40, 85, 85, 86, 90, 75, 71, 64)
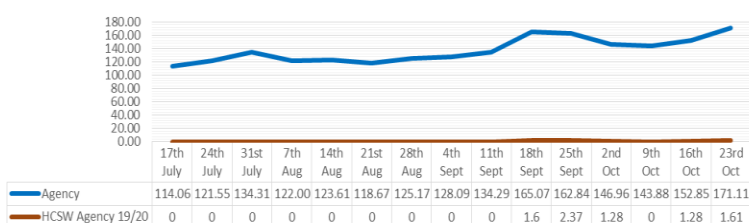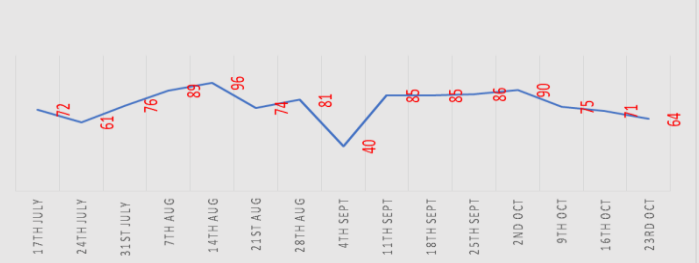
Staff Absence COVID Performance Dashboard - 27th October 2021

Absence % — 7.57%
- Medical Exclusion, 0.79
- Sickness (Non COVID), 5.94
- Sickness (COVID), 0.84
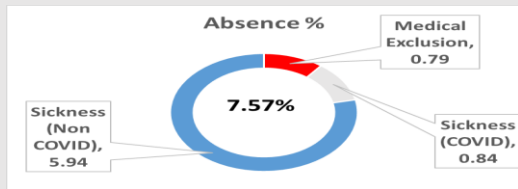
	Number of Staff Absence - Medical Exclusion	Number of Staff Absence - Sickness COVID Related	Number of Staff Absence - Sickness Non COVID Related	Total Staff Absence - COVID Related	Total Staff Absence - Daily	Total Staff Absence - Previous Week (17th October 21)
WTE	100	108	754	208	962	965
HEADS	114	127	899	241	1140	1151
%	0.79	0.84	5.94	1.63	7.57	7.61

Sickness / Medical Exclusion

Community Infection Rates against Staff Absence
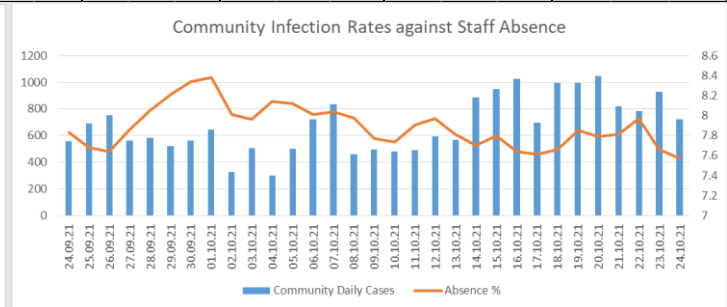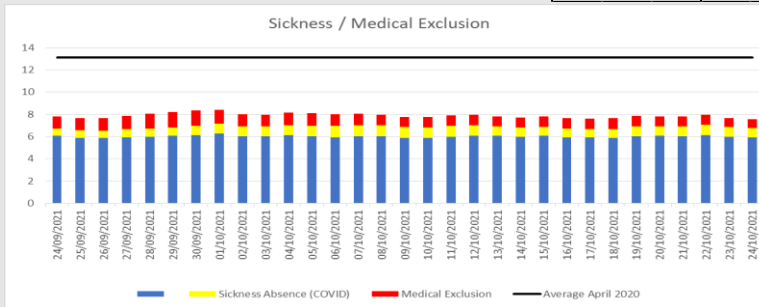
Absence has decreased to 7.57% (7.66% last week). The decrease has been influenced by an decrease in staff requiring to isolate in line with COVID 19 regulation 0.79% (100 wte) last week. 20% of COVID related absence is long term (over 28 days). Sickness absence due to stress, anxiety and depression 1.74% (210 wte) an increase of 32 wte over the last month.

Medical Exclusion VS Community Cases
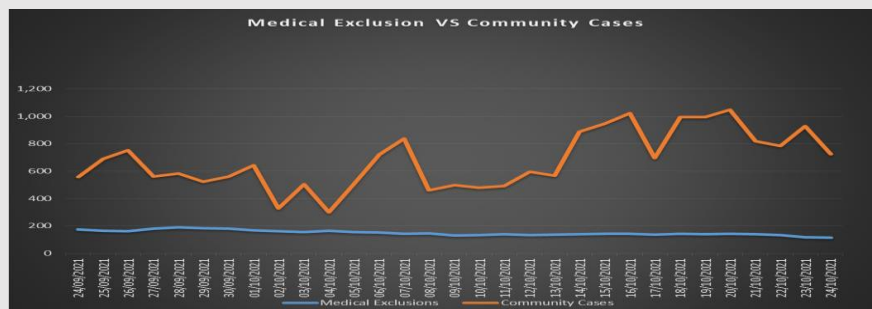
Please note Medical Exclusion denotes staff isolating.

Medical Exclusions by Site

Site	Staff
GUH	32
RGH	8
NHH	13
YYF	9
YAB	3
Other areas	52
Total	117

Most staff groups absence are under 10%. The highest absence is within Estates and Ancillary 11.88%.

Staff Group	WTE	Heads	%
Add Prof Scientific and Technic	16.55	18	3.65
Additional Clinical Services	298.43	351	10.63
Administration and Clerical	146.61	175	5.74
Allied Health Professionals	52.22	61	6.52
Estates and Ancillary	119.11	159	11.88
Healthcare Scientists	13.35	16	5.95
Medical & Dental	24.03	28	2.62
Nursing & Midwifery Registered	291.77	332	7.40
Total	962.07	1140	7.57

Staff Group Absence - WTE
- NURSING & MIDWIFERY REGISTERED 291.77
- MEDICAL & DENTAL 24.03
- HEALTHCARE SCIENTISTS 13.35
- ESTATES AND ANCILLARY 119.11
- ALLIED HEALTH PROFESSIONALS 52.22
- ADMINISTRATION AND CLERICAL 146.61
- ADDITIONAL CLINICAL SERVICES 298.43
- ADD PROF SCIENTIFIC AND TECHNIC 16.55
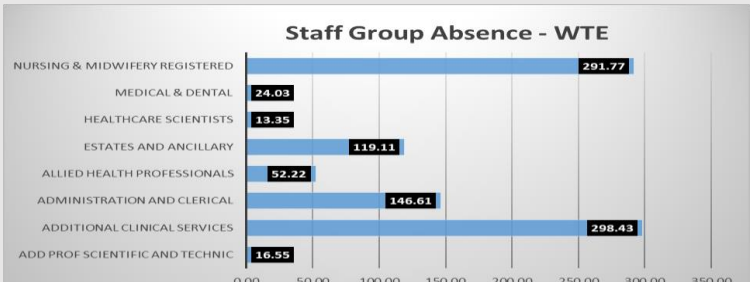
Absence Hot Spots

Division	Absence Over 20%	Absence over 20% with more than 10 staff
040 CONTINUING HEALTH & FUNDED NURSING CARE	3	2
040 FACILITIES DIVISION	12	3
040 FAMILY & THERAPIES DIVISION	14	3
040 MEDICAL DIRECTOR	4	
040 MEDICINE	4	1
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	8	6
040 NURSE DIRECTOR	1	
040 PLANNING & DIGITAL / ICT	1	
040 PRIMARY CARE & COMMUNITY SERVICES	23	7
040 SCHEDULED CARE	8	2
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	2	
Grand Total	80	24

There are 80 wards/departments across the Health Board that have over 20% absence.

Critical Care 14.32%

Emergency Care 6.54%

Risk Assessment

Staff Group	Completed	Compliance %
Add Prof Scientific and Technic	401	74.26%
Additional Clinical Services	2418	76.06%
Administrative and Clerical	2321	78.25%
Allied Health Professionals	758	81.07%
Estates and Ancillary	769	58.35%
Healthcare Scientists	196	76.86%
Medical and Dental	308	31.72%
Nursing and Midwifery Registered	3528	80.24%
Students	5	62.50%
Total	10704	73.47%

The COVID Risk Assessment Tool is now on ESR. It has been added to the Compliance Matrix for each employee to complete. In total, 73.47% (73.07% last week), 10704 employees have completed the assessment. Of the individuals who have completed the assessment 140 are high or very high risk.

Risk Assessment for staff
Communications renewed on intranet and other channels this week.

Action plan to increase awareness in place.

Presentations to TUPF and LNC to engage staff side support.

User guide circulated with easy to use step by step guide.

A trial of paper Covid Assessment has had positive impact in Facilities and Estates Division. This will be considered for other departments with careful consideration to ensuring any assessments are followed up with a managers discussion and meeting Information Governance requirements.

The requirement to renew the risk assessment every 6 months has now been replaced with the requirement to renew when personal circumstances change.

Absence Analysis - Health Board - 7.57%

Sickness Absence Comparison 19/20 - 20/21

X-axis: 24th Sept, 25th Sept, 26th Sept, 27th Sept, 28th Sept, 29th Sept, 30th Sept, 1st Oct, 2nd Oct, 3rd Oct, 4th Oct, 5th Oct, 6th Oct, 7th Oct, 8th Oct, 9th Oct, 10th Oct, 11th Oct, 12th Oct, 13th Oct, 14th Oct, 15th Oct, 16th Oct, 17th Oct, 18th Oct, 19th Oct, 20th Oct, 21st Oct, 22nd Oct, 23rd Oct, 24th Oct

Legend: 2019/20, 2020/21

TOP 10 SICKNESS ABSENCE REASONS

- S10 Anxiety/stress/depression/other psychiatric illnesses, 1.68%
- S27 Infectious diseases, 0.49%
- S98 Other known causes - not elsewhere classified, 0.47%
- S11 Back Problems, 0.39%
- S25 Gastrointestinal problems, 0.39%
- S12 Other musculoskeletal problems, 0.33%
- S13 Cold, Cough, Flu - Influenza, 0.29%
- S28 Injury, fracture, 0.27%
- S99 Unknown causes / Not specified, 0.21%
- S26 Genitourinary & gynaecological disorders, 0.19%

Absence Analysis - Critical Care 14.32 %

Critical Care - Absence

X-axis: 24/09/2021 through 24/10/2021

Legend: Medical Suspension with Pay, Sickness

SICKNESS REASONS

- S10 Anxiety/stress/depression/other psychiatric illnesses, 2.01%
- S11 Back Problems, 0.56%
- S12 Other musculoskeletal problems, 0.56%
- S13 Cold, Cough, Flu - Influenza, 0.45%
- S19 Heart, cardiac & circulatory problems, 1.11%
- S21 Ear, nose, throat (ENT), 0.91%
- S25 Gastrointestinal problems, 0.56%
- S27 Infectious diseases, 0.53%
- S28 Injury, fracture, 0.56%
- S98 Other known causes - not elsewhere classified, 1.11%

Absence Analysis - Emergency Care 6.54%

Emergency Care - Absence

X-axis: 24/09/2021 through 24/10/2021

Legend: Medical Suspension with Pay, Sickness

SICKNESS REASONS

- S10 Anxiety/stress/depression/other psychiatric illnesses, 2.60%
- S11 Back Problems, 0.78%
- S13 Cold, Cough, Flu - Influenza, 0.65%
- S14 Asthma, 0.29%
- S15 Chest & respiratory problems, 0.18%
- S16 Headache / migraine, 0.23%
- S25 Gastrointestinal problems, 0.47%
- S26 Genitourinary & gynaecological disorders, 0.28%
- S27 Infectious diseases, 1.09%
- S28 Injury, fracture, 0.46%
- S30 Pregnancy related disorders, 0.41%
- S98 Other known causes - not elsewhere classified, 0.47%

ABUHB Employee Well-being Service

Monthly Summary – September 2021

This summary includes feedback from both the Employee Psychological Therapy Service (EPTS) & Team Support Service (TSS) both part of the Employee Well-being Service.

Employee Psychological Therapy Service (data accurate as of 30/09/21)

The EPTS referral and waiting time data can be seen below.

Referrals to Employee Well-being Service

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
2019	38	36	35	34	34	0	5	39	31
2020	56	39	25	56	84	96	94	57	51
2021	27	34	45	47	50	63	49	51	46
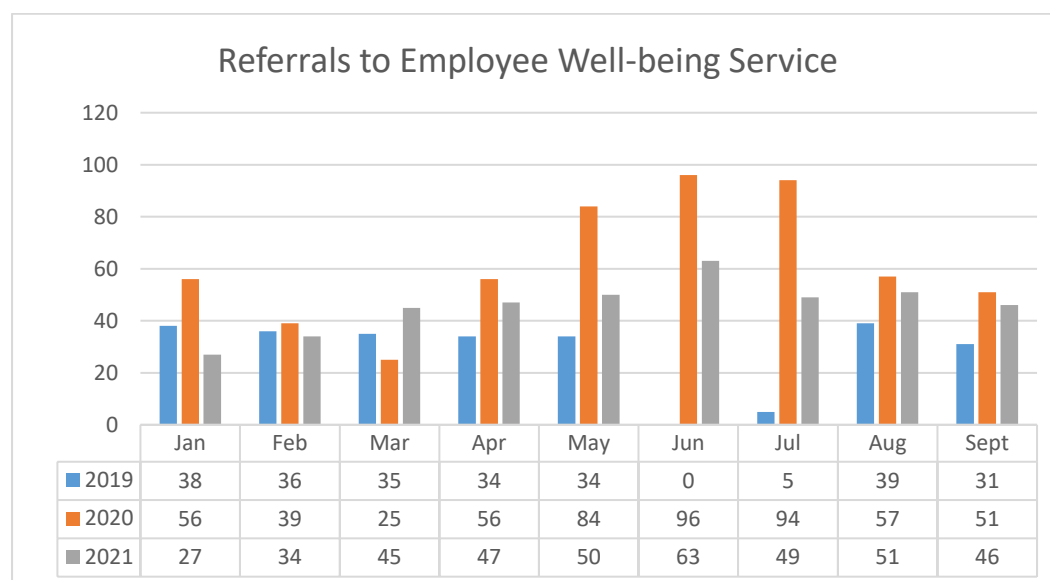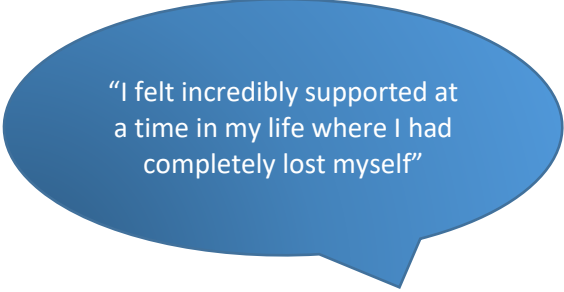
In addition to these referrals to the EPTS, there were also the following referrals and activity during September:

- 4 direct referrals to the Head of Well-Being
- 2 new team referrals
- 3 psychological debrief sessions
- 5 webinars/lectures/workshops
- Intranet site hits (N=945) and website (N=1,736)
- 17 teams / wards/departments / clinical services currently supported by EWS
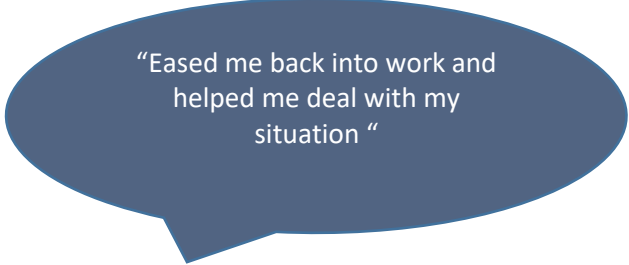
EPTS has 105 employees waiting for support, this is giving us a waiting time of approximately 16 weeks for F2F support and 5-6 weeks for telephone. The service does however offer a clinical assessment appointment within two weeks of self-

referral. Approximately 48% of those currently being supported are receiving face to face psychological therapy, the remaining via teams or phone.

Feedback

"I felt incredibly supported at a time in my life where I had completely lost myself"

"Eased me back into work and helped me deal with my situation "

September Themes

- Increase in cancellations, requests to rescheduling and one off DNA's.
- A number of clients are completing therapy early with good outcome data.
- Increase in the number of Covid related issues impacting on staff.
- We have noticed an increase in clinical risk.
- Difficulties with work/life balance whilst suffering with long Covid.
- Increase in referrals for support with non-work related issues and bereavement.
- Increase reported by clients in their fear of suicide for relatives and loved ones.
- Fatigue and low mood continues to be common.
- Observations that suggest we are seeing more complex clients with high levels of distress then previously.

The Employee Well-Being Service is here to offer support and advice to all Aneurin Bevan Health Board employees.
The link to the website is https://aneurinbevanwellbeing.co.uk/

ABUHB Occupational Health Dashboard

Monthly Summary – September 2021

Key Messages

- 497 Pre-placement health questionnaires received
- 527 Pre-placements cleared
- 153 staff referred into the service
- 439 appointments attended (phone/face to face)
- 596 immunisations given/bloods taken (excluding Covid19)
- Top 3 reasons why staff referred into the service in September 2021 were: Stress & Anxiety, MSK – Back and MSK – Lower Limb
- 38 individuals did not attend for their appointments
- 777 Phone calls received

Top 3 reasons for referrals to occupational health in September 2021	Total
Stress & Anxiety	40
MSK – Back yellow flag considered	24
MSK – Lower Limb	23

Pre-placements received at Occupational Health

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Series1	390	415	363	512	547	593	711	639	393	388	487	612	491	497

Referrals received at Occupational Health

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Series1	176	239	169	125	121	132	130	158	180	150	167	148	136	153

Immunisations given by Occupational Health

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Series1	494	780	948	977	553	448	583	709	638	355	422	469	514

The following breakdown of statistics indicates how many appointments employees failed to attend and the costings attached to the missed appointments

Assessment DNA's	Sep-21
Manager referral / review - doctor	14
Manager referral / review - nurse	14
Pre-placement	4
Immunisation	6
Totals	38

Item of service costs for Assessment DNA's	Sep-21
Manager referral / review - doctor	£4,343.02
Manager referral / review - nurse	£2,279.78
Pre-placement	£1,010.94
Immunisation	£120.96
Totals	£7,754.70

Aneurin Bevan University Health Board

REVIEW OF EQUALITY IMPACT ASSESSMENT (EQIA) PROCESS

Executive Summary

The purpose of this report is to highlight the need to review the current EQIA process and move to an integrated EQIA system. An EQIA provides evidence that the policies and decisions the Health Board makes are inclusive and meets the needs of its patients and stakeholders. There is also a legal duty for an EQIA as set out in the Equality Act 2010 and the Welsh Public Sector Equality Duties 2011.

The proposed EQIA approach will provide a robust governance structure and via a soon to be established EQIA Group, they will undertake the EQIA review of Board papers, policy documents and intranet pages to ensure that EQIA factors have been considered which will inform any decision making processes.

The People and Culture Committee are asked to review and approve the draft template and process.

The Board 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: Ceri Harris, Equality, Diversity and Inclusion Specialist		
Report Received consideration and supported by :		
Executive Team	**Committee of the Board [Committee Name]**	
Date of the Report: 25 October 2021		
Supplementary Papers Attached: Draft EQIA template, draft EQIA guidance, draft EQIA assessment process		

Purpose of the Report

This report sets out the proposed approach to refresh the process within Aneurin Bevan University Health Board regarding EQIA, which will provide a more robust governance approach and will be supported by new EQIA Guidance, template and an assessment process map.

EQIA Tempate.docx   EQIA Guidance.docx   EQIA Assessment Process.docx

Background and Context

The purpose of an EQIA is to provide evidence that polices and decisions the Health Board makes are inclusive and meets the needs of its patients and stakeholders. This is also a legal duty as set out in the Equality Act 2010 and the Welsh Public Sector Equality Duties 2011.

The general duty of the Equality Act 2010 (also known as the Public Sector Equality Duty or PSED) sets out that those subject to the duty must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

To support the general duty, the Equality Act 2010 allows for the enactment of specific duties. The specific duties are devolved powers, and this has resulted in different specific duties being set in Wales, England and Scotland.

In Wales, the Public Sector Equality Duty (PSED) goes further and contains express provisions about engagement (Regulation 5) and equality impact assessments (Regulation 8) which are not present in the English PSED.

Regulation 5 (2) of *Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011*, states that:

'Where any provision of these Regulations requires an authority to comply with the engagement provisions in carrying out any activity (see for example regulation 4(1)(a), compliance with those provisions means that in carrying out that activity the authority:

a. must involve such persons as the authority considers -
   1. represent the interests of persons who share one or more of the protected characteristics; and
   2. have an interest in the way that the authority carries out its functions;
b. may involve such other persons as the authority considers appropriate;
c. may consult such persons as the authority considers appropriate.

(3) In reaching a decision under paragraph (2)(b) or (c) the authority must have regard to the need to involve or consult (as the case may be), so far as is reasonably practicable to do so, persons who—

a. share one or more of the protected characteristics; and
b. have an interest in the way that the authority carries out its functions.

Regulation 8 (1) of Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, states that:

a) assessing the likely impact of its proposed policies and practices on its ability to comply with the general duty;

b) assessing the impact of any:

1. policy or practice that the authority has decided to review,
2. revision that the authority proposes to make to a policy or practice, on its ability to comply with that duty;

c) monitoring the impact of its policies and practices on its ability to comply with that duty; and

d) publishing reports in respect of any assessment that:

e) is referred to in sub-paragraph (a) or (b); and

f) shows that the impact or likely impact (as the case may be) on the authority's ability to comply.'

The current EQIA guidance and template available in the Health Board Intranet requires a review as it is based on the EQIA Toolkit developed from the NHS Wales Centre for Equality and Human Rights, which was disbanded in 2018.

Since then, best practice has been focused on an integrated EQIA approach, which includes consideration of: Well Being of Future Generations, Welsh Measures and Socio-economic factors to support the new duty. The documents embedded in this report e.g. EQIA Guidance, template and assessment process map will support the new approach being recommended to the Health Board.

Assessment and Conclusion

Currently, the Board papers include a section where the author is asked to complete the below, but there is no system in place to check the quality or completion of the EQIA. This represents a risk, where authors can add N/A and provide no evidence to support this statement, which could leave the Health Board open to external challenge.

Equality and Diversity Impact Assessment (including child impact assessment)	As described in template. Further information is available on the following link: http://howis.wales.nhs.uk/sitesplus/866/page/40931

It is proposed that this new approach will be piloted early in the new year with full implementation by April 2022. The review of key policies and service development/changes will be prioritised. It will also put a requirement in place that EQIAs are not undertaken retrospectively, but are factored in as part of the planning process and timescales. It is recognised that a pragmatic and measured approach is undertaken going forward. The new process will ensure that a governance trail is created to evaluate the quality and content of the EQIA's going forward. The scrutiny of the EQIAs will be supported by an EQIA Group which will be formed from representation from services across the Health Board and might include;

- Governance and Risk

- Welsh Language
- Education and Development
- Workforce and Organisation Development
- Trade Unions
- Finance
- Patient Representative/s

This Group will support the minimisation of EQIA related risks and ensure shared ownership of Equality Diversity and Inclusion throughout the Health Board.

The Group will meet monthly and policy/service leads will be asked to review their own timelines and book a slot on the monthly EQIA meeting schedule to review their EQIA, ahead of a report being considered for a decision.

All EQIA guidance will be published bilingually in line with our commitment and compliance with Welsh Language standards. Some existing policies such as the Policy for the Management of Policies will need to be updated to reflect the new EQIA process. A central database to hold each EQIA completed will be in place, which will enable easy referencing and retrieval.

Recommendation

The People and Culture Committee are asked to review and approve the draft guidance, template and process which will ensure a more robust EQIA process is used in the Health Board.

This revised EQIA approach will include several points of evaluation and will be piloted early in the new year, with full implementation planned for April 2022.

This revised approach will be supported by communication to all managers and policy developers.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The proposed changes will provide a robust EQIA process, minimising risk to the Health Board.
Financial Assessment, including Value for Money	Finance representation on the EQIA Committee will help identify and manage any risks, ensuring value for money is built into the process.
Quality, Safety and Patient Experience Assessment	The EQIA process will support identifying risks on the quality, safety and patient experience – including patient and user feedback
Equality and Diversity Impact Assessment (including child impact assessment)	The focus of this report is the need to put a more robust EQIA process in the Health Board.
Health and Care Standards	<table><tr><td>**Theme**</td><td>**Standards**</td></tr></table>

	Staying Healthy	• Health Promotion, Protection and Improvement
	Safe Care	• Managing Risk and Promoting Health and Safety • Safeguarding Children and Safeguarding Adults at Risk
	Effective Care	• Safe and Clinically Effective Care • Communicating Effectively • Quality Improvement, Research and Innovation • Information Governance and Communications Technology • Record Keeping
	Dignified Care	• Dignified Care • Patient Information
	Individual Care	• Planning Care to Promote Independence • Peoples Rights • Listening and Learning from Feedback
Link to Integrated Medium Term Plan/Corporate Objectives	Links to IMTP objectives regarding service delivery and workforce planning.	
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** The Integrated EQIA process includes the Principles and 5 ways of working, ensuring this is at the heart of decision making and policy writing from the start.	
	Integration – the EQIA process includes the need to provide evidence of engagement with both internal and external partners.	
	Involvement – One of the key elements of the EQIA process is the inclusion of evidence, data etc. to demonstrate involvement of people with an interest in the service change/development and this reflects the diversity of our population.	
	Collaboration – the EQIA process includes the need to provide evidence of engagement with both internal and external partners.	
	Prevention – the main purpose of an EQIA is to identify any negative impact to a person or group from the outset and make changes then to minimise or remove any negative impact. Where this is not possible to explain the reasoning and evidence as needed.	
Glossary of New Terms	**EDI –** Equality, Diversity and Inclusion **EQIA –** Equality Impact Assessment	
Public Interest	Public Interest	

| GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board | People and Culture Committee Wednesday 3rd November 2021 Agenda Item: 2.6 |

People & Culture Committee

Update on Agile Working

Executive Summary

This paper provides the People and Culture Committee with an update of the Agile Delivery 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, Director of Workforce and OD

Report Author: Julie Chappelle, Assistant Director of Workforce

Report Received consideration and supported by :

Date of the Report: 15 October 2021

Supplementary Papers Attached:

Purpose of the Report

This paper provides the People and Culture Committee with an update of the Agile Delivery Board.

Background and Context

The Covid-19 pandemic has driven innovation and an increase in agile working opportunities and behaviours at an unprecedented rate. These changes and innovation need to be continually reviewed to assure service safety and sustainability, as well as setting best practice standards to support our staff and patients in effective and efficient ways. Agreed through the Agile Delivery Board, agile working is described below:

The Agile Concept is:
Based on service needs, providing a variety of options for employees on where, and how they want to work. It means offering mixed-use spaces with a variety of services, workspaces, and environments. More modern agile work spaces are not just about working from home, hot desking and sharing office space, but changing the cultural mind-set and ensuring working environments support break-out spaces to encourage communication, providing areas for impromptu meetings and collaborative work.

Key Drivers for Agile Working for the Health Board:

- *Length of lease of existing premises.*

- *Utilise Health Board property in preference to lease property - better value.*

- *Utilise available capital for long term benefit instead of annual revenue spend.*

- *Vacate substandard current Health Board owned accommodation as a precursor to supporting the Estates Strategy and rationalisation of older estate where there is no future use envisaged.*

- *Opportunities to centralise staff into fewer buildings.*

- *Maximise the use of buildings that are good environments to work in that have good IT connectivity, parking and promote staff wellbeing and retention.*

- *An incremental approach to releasing estate to reduce frequent moves of staff bases.*

- *Reduced claims on travel expenses.*

- *Reduced carbon footprint/emissions on both fuel and building utilities.*

- *Improved staff well-being, morale and productivity/efficiency.*

- *Preparing for the commencement of the Socio-economic Duty 31 March 2021.*

New ways of working have been endorsed by the Welsh Government as follows:

Welsh Government Future Workforce Model

The Welsh Government has stated that they would like to see a workplace model where staff can choose to work in the office, at home or in a hub location and are exploring options for a network of remote working hubs in towns and communities which will:

- Allow people to work nearer to where they live.

- Allow individuals to work together in their local community.

- Provide a space for those who cannot or do not want to work from home.

"We have an opportunity to make Wales a country where working more flexibly is integral to how our economy functions, embedding a workplace culture that values and supports remote working. We aim to see around 30% of the workforce working remotely on a regular basis."

Assessment and Conclusion

1.   Work Delivered:

Over the period May 2020 to April 2021 the progress on agile working is outlined below:

- Agile Surveys - Two surveys have been undertaken across Corporate and all Health Board staff.

- Agile Framework – Interactive guidance for staff and managers has been developed and published on the intranet. Link to Agile Working Framework.

- WOD, IT, Estates Map - The WOD, IT and Estates work-streams have undertaken analysis based on the Estates Strategy of the current sites which provides a profile of staff, IT capabilities, size of property and status if leased or owned.

- Technology - Roll out of MS Teams, Phase 2 of Office 365 and deployment of Share Point to replace X Drive.

2. Delivering the Change – Work in Progress:

Agile Mapping - As agile working is currently becoming the new norm, office spaces are not fully occupied. Based on the high level mapping exercise undertaken in 2020 it identified that we have circa 2,000 – 2,500 staff in scope who need to be considered in a review to maximise agile working. A targeted detailed assessment has been sent out the outcomes of which are summarised below:

- 2,206 staff are occupying desks.

- 24% of the staff are currently home working (529).

- Those who are not home working are clinical staff.

- 1,081 have identified themselves as site workers.

- 223 have identified themselves as site based workers.

- 421 have identified themselves as off-site workers.

- 223 have identified themselves as home workers 80% of the time.

- 236 have identified themselves as inter-site workers.

- Of the 2,206 desks currently being used the assessment has identified that 79% (1,747) need to be retained. A reduction in desks of 459, a 21% reduction.

During the assessment services identified a number of ongoing issues regarding increasing agile working including IT equipment, phones and access to clinical applications include broad band speed when working at home or accessing WIFI at other locations.

A timetable of meetings has been planned with services in conjunction with estates and IT colleagues to validate the information. These will run through into October.

Staff Survey (3rd) - The staff survey was the 3rd survey to be conducted on agile working with the intention of assessing against previous results but also to assess the opportunities and barriers to agile working.

The survey results of the 1,427 responses demonstrated that the general perception of the positive benefits of agile working on wellbeing, recruitment remain unchanged.

- 90% of respondents stated their job could be done in an agile way.

- 71% of staff reported they had the correct IT equipment.

- 77.9% of respondents said their role allowed for agile working, although the respondents were biased towards non-clinical services.

- Of those who have said their jobs are not agile they have identified aspects of their role that could be agile (PADR, Training, SPA, Team meetings).
- Main barrier to agile working has been identified as IT to clinical systems, unsupportive managers.
- 834 respondents said that agile working helps with their wellbeing.
- Survey showed that people wanted a mix of working from home and coming into the workplace.

One of the purposes of the survey was to examine the types of spaces staff would prefer to work in. The results showed that staff still prefer their own desks and access to WIFI was important. However, access to confidential meeting areas, quiet areas as well as wellbeing facilities (indoor and outdoor) were considered to be high priority areas for respondents.

Good Practice

Some examples of agile working are outlined below:

- Increase use of Teams meetings across the organisation resulting in a reduction in travel.
- Increase in general hot desking space in YFF to support staff drop in staff and staff who may choose to work more locally to their homes, we would seek to extend this to all our main sites.
- The general policy of replacing desktops with laptops is supporting agile working in teams previously bound to working in specific locations.
- A number of workshops being instigated in Mental Health & Learning Disability and Primary Care & Community Divisions which will enable the pilot of the revised Agile Framework and break down barriers to agile working.
- Training courses continue to be reviewed which support agile working that build on the change in delivery due to Covid-19 restrictions such as use the webinars, teams etc.
- IT and informatics are trialling a room desk/booking system to support agile working in Mamhilad.
- Reduced capacity is estates usage which has enabled social distancing.

3. Delivering the Change – Next Steps

Key to maximising Agile Working to the next level will be to create more agile working spaces, change culture and practices. The following represents some work currently in progress and work identified as next steps:

- Review of all Workforce & OD Policies, this has been supported by terms of references drafted by the Chartered Institute of Personnel and Development (CIPD).

- Review and Updating the Agile Working Framework to ensure that best practice and managers and staff guidance is fit for purpose.
- Updating the Home Working Policy to reflect both definitions and health and our statutory requirements to support staff working from home.
- Review of working spaces on the Llanfrechfa Grange site to support the SDEC proposal and Centre of Excellent for Wellbeing.
- Mental Health & Learning Disability Division, supported by WOD, have planned workshops with teams to facilitate agile working.
- Agile Working spaces being developed in WOD and IT.
- Engage with Local Authority partners to explore opportunities.
- Align the Agile Working Delivery Board, reviewing the terms of reference and aligning to the LGH Estates and Capitol Group.
- Scope out unused and unoccupied space on the Royal Gwent site to create agile working spaces.

- Agree further areas that can be developed into Agile working areas and understand where lease property could be brought to an end.

4. Efficiencies

The table below outlines the travel and subsistence paid along with the mileage claimed by staff over the past 3 years, noting that April 21 to September 21 is actual with a forecast position to March 22. There is a forecasted £1.4m (53%) reduction in travel and subsistence costs from 2019/20 to 2021/22.

Dates	Travel Paid	Subsistence Paid	Actual Mileage travelled
*April 21 – August 21 (5 months)	£865,553	£48,047	1,645,996
Forecasted 12 months	*Excluding £276,955 contractual lump sum Paid as part of GUH Move £1,412,635*	£115,312	3,950,390
April 20 – March 21	£1,962,096	£237,120	5,031,571
April 19 – March 20	£2,630,515	£494,362	6,764,336

costs include excess travel due to GUH opening.

Recommendation

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

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	All Workforce and OD risk are updated through the Health Board's risk register.
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

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People & Culture Committee

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 2020/2021 have been identified and reported via the Health Board's COVID-19 Risk Register which has now, where relevant, been transferred and updated via the Health board overall Risk Profiles. However, in line with the recommendations of the Health Board's Risk Management Strategy and Implementation Arrangements Policy the Workforce & OD Division has developed a new Divisional Risk Register to 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 2021/2022 is attached and will serve as the principal document to record all Workforce & OD risks and what action is being taken to mitigate or remove the risk. The Register will be adopted as an active mechanism through which risks are monitored and responded to.

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

The Committee is asked to review and comment on the latest Workforce & OD Risk Register.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	✔
Receive the Report for Assurance/Compliance	✔
Note the Report for Information Only	
Executive Sponsor: Sarah Simmonds, Director of Workforce & OD	
Report Author: Debra Wood Lawson, Deputy Director of Workforce & OD; Cathy Brooks, Head of Workforce Planning	
Date of the Report: 15 October 2021	
Supplementary Papers Attached: Appendix 1 - Workforce & OD 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.
Background and Context
Previously, Workforce & OD Risks were contained within the Corporate Risk Register, COVID-19 Risk Register and specific projects or work programmes as appropriate. The attached Risk Register brings all the current Workforce & OD risks together into a principal document which will record and monitor all current, emerging and potential risks relevant to minimise risk and harm to patients, staff or visitors to a level as low as reasonably practicable, recognising that some risk is present in all that we do. 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 also 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, but will not be limited to: • Recruitment • Retention • Staff Well-being • Training and Education • Staff Absence • Welsh Language Standards No new risks have been identified for the Health Board's overall Risk Profiles since the last meeting of the People & Culture Committee in July 2021. 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 objectives areas.

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

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

Recommendation

The People and Culture Committee isasked to review and comment on the latest Workforce & OD Risk Register.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Reporting arrangements will ensure linkages with the Corporate Risk Register.
Financial Assessment, including Value for Money	Identifying and managing risks will support an approach of value for money and prudent principles relation to workforce & OD interventions.
Quality, Safety and Patient Experience Assessment	Effective oversight and management of risk will support safe staffing provision and have a direct impact on improving quality and safety and therefore the overall staff and patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessment screening indicates no negative impact and will enhance equality, diversity and inclusion by a transparent assessment of risks.
Health and Care Standards	This report contributes to the good governance elements of the Standards with particular reference to the workforce standard.
Link to Integrated Medium Term Plan/Corporate Objectives	Providing an appropriate governance to support a workforce to deliver safe, quality care.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Supports effective risk management feeding to policy development and arrangements for governance contributes to a positive impact on staff well-being, patient care and the wider population.
	Integration – Opportunities to work with local and national partners.

	Involvement – To work with Trade Unions to take account of the diversity of the membership, staff and population served to ensure policy and service change is equitable.
	Collaboration – Collaboration with external partners continues to support consistency of approach across NHS Wales organisations
	Prevention – Supports positive wellbeing and the prevention of absence and ill health.
Glossary of New Terms	n/a
Public Interest	Report has been written for the public domain.

Workforce & OD Divisional Risk Register
15 October 2021

	Risk Identifier					Risk Description			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)
Yes	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Jul-21	Director of Workforce and Organisational Development	People and Culture Committee Executive Team	Insufficient workforce to manage winter and recovery requirements	As a consequence of COVID/Winter/ mass vaccination and ongoing TTP pressures significant increase in capacity requirements against a backdrop of a high vacancy factor (in some key staff groups). Increased staff sickness absence rates, as well as staff absence due to sickness or self isolation requirements, which will be informed by Welsh Government Policy. Impacts of McCloud remedy relating to pensions may impact on retirement trends and workforce planning	An inability to safely staff the service capacity required to meet patient needs.	4	5	20	• A mass recruitment effort of substantive, temporary and fixed term staff, volunteers and Students (Medical, Nursing and Therapies). • Workforce projections and scenario workforce plans take account of increased absence and workforce availability based on previous trends • Continue to align workforce modelling to bed plans • Workforce dashboard produced to track appointments against plan and retirements and turnover • Recruitment to resource bank to support winter plans is in progress • Opportunities to provide new roles to support clinical teams, e.g. volunteer activity co-ordinators, roster creators, ward assistants • Robust and supportive management of staff who are sick or self-isolating by WOD • Bank worker pay incentives and enhanced overtime rates have been agreed and to encourage additional hours from all staff groups. • Mass vaccination programme updates reporting to Mass Vaccination Board and Executive Team. • Continue review TTP and mass vaccination workforce requirements in line with demand modelling. • Extend fixed term contract extensions for TTP/mass vaccination. • Establishment of WOD hub to support staffing over winter	4	5	20	↔		• Aligning resources to bed plan and recovery plans to demonstrate staffing across sites is in progress • Review overarching deployment plan, reviewed staffing models for ward areas, increasing supply through agency block booking. • Recruitment plans underway for winter period. • Extend mass vaccination fixed term contracts to end March 2022. • Continuing support for staff who are absent and self-isolating to support well-being and a safe return to work. • Recruit additional HCSW and recruitment for apprenticeships and Kick Start programmes. • Utilise European Gateway and BAPIO for medical recruitment. • Continuing support for staff who are absent and self-isolating to support well-being and a safe return to work. • Recruit additional HCSW and recruitment for apprenticeships and Kick Start programmes. • Personal Development Planning for staff members, including opportunities post TTP • Ensure TTP Workforce modelling in line with regional modelling of COVID-19 epidemiology • Continued engagement with Welsh Government to ensure early identification of ongoing workforce requirements and potential of requirementments to extend TTP service post Match 2022 • Application of recovery rates of pay for Medical and Dental and Agenda for Change staff to support additional activity	Nov-21	3	5	15	• Significant work undertaken in relation to recruitment and retention i.e. Staff Retention Framework and robust site surge plans in place if necessary. Surge and winter workforce plans developed and being reviewed against bed plans and demand for appropriate action. •Currently recruiting to Resource bank for winter planning and mass vaccination •Expanded working agencies and block booking of agency. • There is on going recruitment into the mass vaccination programme. • Engaging European Gateway and BAPIO for medical recruitment • Interviews in progress for apprentices and kickstart placements with start dates planned for November. •78 HCSW currently progressing through PECs to support winter pressures with a further 43 WTE to be recruited. •35 WTE Block Bookings secured for Winter •234 newly qualified students are in the process of joining ABUHB. 60 have completed checks (which includes 42 nurses) and are in the process of confirming start dates. The checks for the remaining 174 are currently being expedited.	
YES – CRR021		Enabler Risk supporting the whole IMTP	Feb-20	Director of Workforce and OD	People and Culture Committee	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.	The Health Board is required to comply with a range of actions as set out in the Welsh Language Standards as imposed as a result of the Welsh Language (Wales) Measures 2011 and does not have the Welsh language capability and capacity in the organisation or the structures and processes to support Welsh Language provision.	Failure to deliver on the Standards presents 3 main effects; namely, patients will not get the Welsh medium service they need and as such their experience and outcomes may be compromised; the reputation of the Health Board will be damaged which could reduce public and staff confidence and we may receive substantial financial penalties from the Welsh Language Commissioner if a failure to deliver on a Standard is proved (up to £5,000 for each infringement).	4	4	16	• A Welsh Language Strategic Group is in place and divisional operational groups are being established to mainstream the implementation of the standards. These will replace the working groups that were looking at specific standards. • Detailed action plan for the implementation of the standards to mitigate this risk. Monitored through the Welsh Language Strategic Group. • Close liaison with the Office of the Welsh Language Commissioner and Welsh Language leads in Welsh Government. • Additional funding agreed by the Executive Team to support implementation. • Welsh Language Standards awareness activities have been held across the Health Board, these including; roadshows, training sessions, attendance at team and departmental meetings, one to ones with all Executive Directors, 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. • 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	3	4	12	↔	Risk appetite in this area is low in the interests of compliance with the Welsh Language Act.	• 3 year review of the 5 year plan for Increasing the offer of Clinical Consultations within 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.	Nov-22	2	4	8	• The Health Board is making progress in this area, but further capability and capacity is required to support roll-out.	
CRR025	• Patient Outcomes and Experience • Quality and Safety • Reputational • Public confidence • Staff Well Being	Enabler risk as it relates directly to workforce therefore this risk would impact across all Strategic Priorities in the Clinical Futures Strategy and the Health Board Annual Plan 2021/22.	Jul-21	Director of Workforce and OD	People and Culture Committee Executive Team	Insufficient workforce to manage winter, recovery and ongoing staff sustainability specifically around COVID response requirements	Due to psychological distress, stress, depression and anxiety, 'burn out' and 'normalisation of risk'	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 payouts.	4	4	16	• Monitoring of absence, reasons for absence and trends in referrals to occupational health and employee wellbeing service through Workforce and Wellbeing Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with monthly summary of Well-being and Occupational Health activity. • Staff well-being tools, well-being website and Covid-19 Well-being Plan available on the Intranet with a range of resources and clear signposting to support. • Welsh Language 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 • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid	3	4	12	↔		• Wellbeing Medium to Long Term Plan agreed, this included investment approved by the Executive Team to make fixed term psychological support staff permanent to ensure sustainability for the team. Actions include: Quarterly well-being surveys, these results enable the service to target resources to staff groups and areas /divisions where concerns are raised. Communications to encourage breaks and annual leave take up. • High visibility of psychologists and support from the chaplaincy service with bespoke interventions where required. • The development of a stepped care Trauma Pathway and Peer Support Network have been established. • Continue availability of "safe space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • Implement Well-being Centre of Excellence to support additional capacity for wellbeing support for staff • Occupational Health and the Well-being service are working with Therapies colleagues on support for staff experiencing Long Covid-19. •Further work to understand increase in non-Covid related absence, particularly stress and anxiety.	Nov-21	2	4	8	• The Executive Team have approved permanent funding for roles previously funded via Charitable Funds. • Employee Well-being Survey has been completed 4 surveys. The survey will continue quarterly to ensure support is targeted to areas of greatest need. Results have been reported to the Executive Team, TUPF and LNC. • Well-being Centre of Excellence model has been further progressed. Welsh Government have indicated funding support. The space requirements have been agreed with Planning colleagues and are currently being progressed to the implementation phase. • Occupational Health and the Well-being service are working with Therapies colleagues on support for staff experiencing Long Covid-19. • The Employee Well-being Service have reviewed their waiting list model and changed from 'time of referral' to a 'clinical need' based model following initial clinical assessment. • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid	

Workforce & OD Divisional Risk Register
15 October 2021

	Risk Identifier						Risk Description			Inherent Risk			Current Risk Level						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)
Yes	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Jul-21	Director of Workforce and Organisational Development	People and Culture Committee Executive Team	Insufficient workforce to manage winter and recovery requirements	As a consequence of COVID/Winter/ mass vaccination and ongoing TTP pressures significant increase in capacity requirements against a backdrop of a high vacancy factor (in some key staff groups and accross public and private sector). Increased staff sickness absence rates, as well as staff absence due to sickness or self isolation requirements, which will be informed by Welsh Government Policy. Impacts of McCloud remedy relating to pensions may impact on retirement trends and workforce planning	An inability to safely staff service capacity to meet patient needs.	4	5	20	• A mass recruitment effort of substantive, temporary and fixed term staff, volunteers and Students (Medical, Nursing and Therapies). • Workforce projections in winter workforce plan take account of increased absence. • Scenario workforce modelling undertaken to support maximum bed capacity • Workforce dashboard produced to track appointments against plan and retirements and turnover • Recruitment to resource bank to support winter plans is in progress • Opportunities to provide new roles to support clinical teams, e.g. volunteer activity co-ordinators, roster creators, ward assistants • Robust and supportive management of staff who are sick or self-isolating by WOD • Bank worker pay incentives and enhanced overtime rates have been agreed and to encourage additional hours from all staff groups. • Mass vaccination programme updates reporting to Mass Vaccination Board and Executive Team. • Continue review TTP and mass vaccination workforce requirements in line with demand modelling. • Extend fixed term contract extensions for TTP/mass vaccination.	3	5	15	↔		• Aligning resources to bed plan and revovery plans to demonstrate staffing across sites is in progress • Continue to review overarching deployment plan, reviewed staffing models for ward areas, increasing supply through agency block booking. • Recruitment plans underway for winter period. • Extend mass vaccination fixed term contracts to end March 2022. • Continuing support for staff who are absent and self-isolating to support well-being and a safe return to work. • Recruit additional HCSW and recruitment for apprenticeships and Kick Start programmes. • Utilise European Gateway and BAPIO for medical recruitment. Personal Development Planning for staff members, including opportunities post TTP • Ensure TTP Workforce modelling in line with regional modelling of COVID-19 epidemiology • Personal Development Planning for staff members, including opportunities post TTP • Continued engagement with Welsh Government to ensure early identification of ongoing workforce requirements and potential of requirementments to extend TTP service post Match 2022 • Application of recovery rates of pay for Medical and Dental and Agenda for Change staff to support additional activity		3	5	15	• Significant work undertaken in relation to recruitment and retention i.e. Staff Retention Framework and winter workforce plans developed and being reviewed against bed plans and demand for appropriate action. Currently recruiting to Resource bank for winter planning and mass vaccination • Expanded working agencies and block booking of agency. • There is on going recruitment into the mass vaccination programme. • Engaging European Gateway and BAPIO for medical recruitment • Interviews in progress for apprentices and kickstart placements with start dates planned for November. • 78 HCSW currently progressing through PECs to support winter pressures with a further 43 WTE to be recruited. • 35 WTE Block Bookings secured for Winter • 234 newly qualified students are in the process of joining ABUHB. 60 have completed checks (which includes 42 nurses) and are in the process of confirming start dates. The checks for the remaining 174 are currently being expedited. • Bank worker pay incentives and enhanced overtime rates have been agreed and to encourage additional hours from all staff groups.	
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Jul-21	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	• An evidence based overall absence uplift has been incorporated into the workforce plans as mitigation. • HR Business Partners are robustly applying the ABUHB sickness policy. • There is proactive management of staff who are shielding and self-isolating. • Block booking of Bank & Agency has been implemented. • Guidance has been provided for managers to support staff who were previously shielding to consider any additional support which may prevent absence, e.g. redeployment. • A Workforce Dashboard has been developed to track absenteeism and other key indicators. • Wellbeing Medium and Long Term Plan to support staff and prevent absences wherever possible.	3	4	12	⬆		• Continue daily analysis of the Workforce Absence Dashboard to assess sickness rates and the validity of the allocated uplift. Monitor "hot spot" areas and identify any patterns where wellbeing or OD support may be required to improve absence rates of teams. • Further work to understand increase in non-Covid related absence, particularly stress and anxiety. • Continue to monitor any changes to national COVID guidance and the associated impact on absence. • Detailed Covid-19 Workforce risk assessment process and guidance has been put in place for Managers and Staff. The workforce team are actively contacting staff who fall into a higher risk category who have not completed their risk assessment to support them to do so and record its completion on ESR prior to having a conversation with their manager about the implications for their working environment and any adjustments that may need to be made to keep them safe in the workplace. • Staff experience surveys being conducted with results presented to Executive Team (with clear actions for improvement identified). These are now completed quarterly. • Occupational Health have securred Occupational Therapy resources to support staff suffering with Long Covid		3	4	12	• Regular analysis of Workforce Dashboard and robust application of Sickness Absence Policy. Higher levels of absence incorporated into workforce plans for surge and winter periods to inform workforce planning, recruitment and plans to engage temporary workforce.	
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Jul-21	Director of Workforce and Organisational Development	People and Culture Committee	Our workforce, particularly those employed quickly though COVID recruitment campaigns do not have the range of skills and knowledge to effectively undertake their role.	The requirement for a large number of additional staff to cope with winter capacity. Re-deployment, new recruits and volunteers working in unfamiliar roles and environments.	The requirement for a large number of additional staff to cope with winter capacity. Re-deployment, new recruits and volunteers working in unfamiliar roles and environments.	3	4	12	• A robust Clinical Skills Training programme introduced. Robust induction programme for HCSWs provided online by ACT (training partner) followed by clinical skills training delivered. • E-Learning opportunities strengthened. • Competency assessments implemented. • Role profiles redesigned and introduced. • Online induction. • Bespoke induction and training for mass vaccination recruits has ensured correct theory, clinical skills and interpersonal qualities to be deployed at pace.	3	4	12	⬌		• Consideration of results of a Staff Survey to assess COVID experience has been undertaken. This has enabled the well-being service to target resources to both staff groups and areas where concerns are highlighted within the surveys. • Evaluate training programmes. • Triangulate workforce data with patient and staff experience. • Continue to provide relevant training and induction as required for clinical and non-clinical skills. Continue to review induction for staff groups.		2	4	8	• All workforce requirements are regularly reviewed and e-learning programmes initiated. • Access to internal training, apprenticeship qualifications. • Winter workforce plans being developed in line with service plans. • Review of junior doctor induction. • Bespoke apprentcieship induction. • Review of values and baheaviours framework to be infcorporated into induction.	
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Jul-21	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	• All Wales COVID-19 Workforce Risk Assessment is available as a mandatory requirement for all staff on ESR. • Workforce team are working closely with divisions to monitor risks assessments for staff who identify as Black Asian and Minority Ethnic Groups. • Monitoring compliance with all Wales COVID-19 Workforce Risk Assessment Tool continues and reported via Workforce Dashboard. • Communication regarding review of workforce adjustments for staff who have returned from shielding and remain high risk has been widely communicated as a result of the increase in cases in both our hospitals and communities. • WOD team to continue to actively contacting staff who have not completed the risk assessment on ESR, completing the risk assessment with the staff member and providing feedback to line manager to ensure appropriate action is undertaken where required. Staff who are identified as at higher risk can be referred to Occupational Health where a more detailed clinical assessment will be undertaken. • Paper copies of the Covid-19 workforce risk assessment for uploading to ESR have been designed to support staff with limited access to IT.	2	5	10	⬆		• Ongoing advice and regular communications provided about the importance of and requirement to complete the COVID workforce risk assessment and review adjustments as appropriate. • Continued monitoring through Workforce dashboard. • WOD team to continue to review and make contact with staff where appropriate to improve completion rate and the implementation of any required protective measures.		1	5	5	Weekly incremental increase in compliance with COVID 19 Workforce Risk Assessment Tool. Support engaged from staff side representatives on renewed communications. Paper copies to support staff with limited access is increasing rates. Action Plan in progress to increase compliance in specific staff groups.	

Risk Management Definitions:

R Risk — threat identified, incident not yet occurred
I Issue — risk realised, incident occurred, impact / consequence realised

Definitions from: **ABHB Risk Management Strategy & Processes (Revised - Nov 2016) Issued Dec 2016**

Ref: **ABHB/Corporate/027**

Severity of Impact Score		Likelihood Score (L)				
Consequence (SI or C)		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

Score:		Risk Level:	
	=	Extreme	Requires urgent action. The Health Board is made aware and it implements immediate corrective action. However, where likelihood is rare or unlikely then potential decision needed on tolerance and action timescales.
	=	High	Actions implemented as soon as possible but no later than six months
	=	Moderate	Actions implemented as soon as possible but no later than a year
	=	Low	Quick, easy measures implemented immediately and further action planned for when resources permit

Control Measures
Good risk management should also include sound control mechanisms of risk. Each risk should have identified appropriate mechanisms of control as outlined in the table

Terminate	Eliminates the risk completely
Transfer	Passes the risk to a third party, who bears or shares the impact
	Containment : Reduces the likelihood and/or the impact
Treat	
	Contingent: Establishes a contingency to be enacted should the risk happen
Tolerate	Accepts the risk, subject to monitoring

Consequence Scores (SI / C)
• Consequence score (severity levels) and examples of descriptors

Domains	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no / minimal intervention or treatment	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention	Major injury leading to long-term incapacity / disability (including amputation / fracture)	Incident leading to death / multiple fatalities
	No time off work	Requiring time off work for > 3 days	Requiring time off work for 4 - 14 days	Requiring time off work for > 14 days	Multiple permanent injuries or irreversible health effects
		Increase in length of hospital stay by 1 - 3 days	Increase in length of hospital stay by 4 - 15 days	Increase in length of hospital stay by > 15 days	
			RIDDOR/agency reportable incident	Mismanagement of patient care with long-term effects	
			An event which impacts on a small number of patients		An event which impacts on a large number of patients
Quality / Complaints / Audit	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment / service
	Informal complaint / inquiry	Formal complaint / Local resolution	Formal complaint / Local resolution (with potential for independent review)	Multiple complaints/ independent review	Inquest / ombudsman inquiry. Gross failure of patient safety if findings not acted on
		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards
		Minor implications for patient safety if unresolved	Major patient safety implications if findings are not acted on		

Likelihood score (L)
• What is the likelihood of the consequence occurring? (question: in the next year or the time period of the strategic objective?)

•The frequency based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify the frequency at which a risk is likely to occur

• The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives

Descriptor	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency: How often might it happen	This will probably never happen / recur only in very exceptional	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently, expected to occur in most circumstances
Probability: Will it happen or not?	< 0.1 %	0.1 - 1 %	1 - 10 %	10 - 50 %	> 50 %

		Reduced performance rating if unresolved			
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective / service due to lack of staff	Uncertain delivery of key objective / service due to lack of staff	**Non-delivery of key objective / service due to lack of staff**
			Unsafe staffing level or competence (> 1 day)	Unsafe staffing level or competence (> 5 days)	**Ongoing unsafe staffing levels or competence**
				Loss of key staff	**Loss of several key staff**
			Low staff morale	Very low staff morale	
			Poor staff attendance for mandatory / key professional training	Significant numbers of staff not attending mandatory / key professional training	**No staff attending mandatory training / key professional training on an ongoing basis**
Statutory duty / inspections	No or minimal impact or breech of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty	Multiple breaches in statutory duty	**Multiple breaches in statutory duty with high likelihood of enforcement action**
			Challenging external recommendations	Critical report	**Complete systems change required Severely critical report**
			Improvement notice	Prohibition notice	**Prosecution**
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence	Local media coverage: long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	**National media coverage with >3 days service well below reasonable public expectation.**
					MP / AM concerned (questions in the House / Welsh Govt)
	Elements of public expectation not being met				**Total loss of public confidence**
Business objectives / projects	Insignificant cost increase	< 5% over project budget	5 – 10% over project budget	10 – 25% over project budget	**Incident leading >25% over project budget**
	Insignificant Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage Key objectives not met	**Schedule slippage Key objectives not met**
Finance including claims	Small loss Risk of claim remote	Loss of 0.1% – 0.25% of budget	Loss of 0.25% – 0.5% per cent of budget	Uncertain delivery of key objective/Loss of 0.5% – 1.0% of budget	**Non-delivery of key objective/ Loss of >1% of budget**
		Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million	**Claim(s) in excess of £1 million**
				Purchasers failing to pay on time	**Loss of contract**
Service / business interruption	Loss / interruption of >1 hour	Loss / interruption of >8 hours	Loss / interruption of >1 day	Loss / interruption of >1 week	**Permanent loss of service or facility**
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	**Catastrophic impact on environment**