

People & Culture Committee

Thu 19 October 2023, 09:30 - 12:30

Microsoft Team



Agenda

1. Preliminary Matters

 Agenda P&CC 19th October 2023 Final.pdf (3 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the Last Meeting held on 13th June 2023

Attached *Chair*

 1.4 Draft PCC Minutes 13th June 2023.pdf (9 pages)

1.5. Committee Action Log

Attached *Chair*

 1.5 PCC Action Log October 2023.pdf (6 pages)

2. Items for Approval/Ratification/Decision

No items in this section

3. Items for Discussion

3.1. Review of Committee Programme of Business

Attached *Director of Corporate Governance*

 3.1 DRAFT PCC_Committee Work Programme 2023-24.pdf (8 pages)

3.2. Committee Risk Report

Attached *Director of Corporate Governance*

 3.2 People and Culture Committee Risk Report Final.pdf (5 pages)

 3.2a Appendix 1 People and Culture Committee Strategic Risk Register.pdf (1 pages)

 3.2b Appendix 1a SRR 001 A-D People and Culture Committee Strategic Risk Assessments.pdf (6 pages)

 3.2c Appendix 2_CRR 004 Compliance Safety Welsh Language Standards Risk to a Page 270923.pdf (1 pages)

3.3. People Plan 2022/25, Quarterly Review

Attached *Director of Workforce & OD*

- Update on Talent Management & Succession Planning

 3.3 People Plan Quarterly Update.pdf (14 pages)

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

Attached *Director of Workforce & OD/ Director of Nursing*

- An update on the progress of the All-Wales NHS Staff Survey (PCC/1306/2.2.1)

 3.4 - Report from the Director of WOD October 23 V2.pdf (11 pages)

3.5. Retention Update

Attached *Director of Workforce & OD*

 3.5 Retaining our Workforce.pdf (8 pages)

 3.5a Appendix 1-Retention Dashboard - July 2023.pdf (2 pages)

 3.5b Appendix 2- Retention Action Plan.pdf (2 pages)

3.6. Staff Wellbeing Survey - Results and Action Plan

Verbal *Director of Workforce & OD*

3.7. Committee Self Assessment

Attached *Director of Corporate Governance*

 3.7 PCC_Self Assessment of Committee Effectiveness Cover Report.pdf (3 pages)

 3.7a Appendix One PCC Self Assessment Template.pdf (11 pages)

3.8. Reverse Mentorship

Attached *Director of Workforce & OD*

 3.8 Reverse Mentorship PCC Paper October 2023 - Final..pdf (10 pages)

3.9. Staff Diversity Networks

Attached *Director of Workforce & OD*

 3.9 Staff Networks - PCC Paper - FINAL.pdf (13 pages)

3.10. Workforce Medical E-Systems/Work Plan

Attached *Director of Workforce & OD*

 3.10 Workforce Medical E-Systems Work Plan - PCC Committee.pdf (9 pages)

4. Items for Information

4.1. Assurance on Delivery of Welsh Government's "More Than Just Words" Framework

Attached *Director of Workforce & OD*

 4.1 More Than Just Words - WL Paper - PCC.pdf (6 pages)

 4.1a Appendix 1 - More Than Just Words Monitoring Report.pdf (9 pages)

4.2. Workforce Performance Dashboard incorporating Key Performance Indicators

Attached *Director of Workforce & OD*

 4.2 Workforce Performance Dashboard October 2023.pdf (4 pages)

 4.2a Monthly Dashboard - September 2023.pdf (4 pages)

4.3. Framework for Speaking Up Safely

Attached *Director of Workforce & OD*

 4.3 Quality and Safer Systems - Framework for Speaking up Safely NHS Wales.pdf (5 pages)

 4.3a Appendix 1 48156 speaking up safely E Document.pdf (30 pages)

 4.3b Appendix 2 2023-08-25 JP to CEs Quality and Safety Systems.pdf (3 pages)

4.4. NHS Workforce Data- Audit Wales

Attached *Director of Workforce & OD*

 4.4 NHS_Workforce_data_briefing_English_Webvrs.pdf (42 pages)

4.5. Welsh Language Commissioner's 2022-23 Annual Report

Attached *Director of Workforce & OD*

 4.5 Welsh Language Commissioner annual-report-2022-23.pdf (78 pages)

5. Other Matters

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

Oral *Chair*

5.2. Any other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting

Oral *Chair*

Thursday 22nd February 2024 at 9:30-12:30

AGENDA

| | |
|----------------------|---|
| Date and Time | Thursday 19th October 2023 at 09:30-12:30 |
| Venue | Microsoft Teams |

| Item | Title | Format | Presenter |
|-------------|--|---------------|--|
| 1 | PRELIMINARY MATTERS | | |
| 1.1 | Welcome and Introductions | Oral | Chair |
| 1.2 | Apologies for Absence | Oral | Chair |
| 1.3 | Declarations of Interest | Oral | Chair |
| 1.4 | Draft Minutes of the last Meeting held on 13 th June 2023 | Attached | Chair |
| 1.5 | Committee Action Log | Attached | Chair |
| 2 | ITEMS FOR APPROVAL/RATIFICATION/DECISION | | |
| | 'No items in this section' | | |
| 3 | ITEMS FOR DISCUSSION | | |
| 3.1 | Review of Committee Programme of Business | Attached | Director of Corporate Governance |
| 3.2 | Committee Risk Report | Attached | Director of Workforce & OD |
| 3.3 | People Plan 2022/25, Quarterly Review <ul style="list-style-type: none"> Update on Talent Management & Succession Planning | Attached | Director of Workforce & OD |
| 3.4 | Report from The Director of Workforce & OD, including Employee Relations & Suspensions over 4 months <ul style="list-style-type: none"> An update on the progress of the All-Wales NHS Staff Survey | Attached | Director of Workforce & OD/Director of Nursing |
| 3.5 | Retention Update | Attached | Director of Workforce and OD |
| 3.6 | Staff Wellbeing Survey – Results and Action Plan | Verbal | Director of Workforce & OD/Adrian Neal |
| 3.7 | Committee Self-Assessment | Attached | Director of Corporate Governance |



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| 3.8 | Reverse Mentorship | Attached | Director of Workforce & OD |
| 3.9 | Staff Diversity Networks | Attached | Director of Workforce & OD |
| 3.10 | Workforce Medical E-Systems/Work Plan | Attached | Director of Workforce & OD /Julie Chappell |
| 4 | ITEMS FOR INFORMATION | | |
| 4.1 | Assurance on Delivery of Welsh Government's "More Than Just Words" Framework | Attached | Director of Workforce & OD |
| 4.2 | Workforce Performance Dashboard incorporating Key Performance Indicators | Attached | Director of WOD |
| 4.3 | Framework for Speaking Up Safely | Attached | Director of Workforce & OD |
| 4.4 | NHS Workforce Data- Audit Wales | Attached | Director of Corporate Governance |
| 4.5 | Welsh Language Commissioner's 2022-23 Annual Report | Attached | Director of Corporate Governance |
| 5 | OTHER MATTERS | | |
| 5.1 | Items to be Brought to the Attention of the Board and Other Committees | Oral | Chair |
| 5.2 | Any Other Urgent Business | Oral | Chair |
| 5.3 | Date of the Next Meeting: <ul style="list-style-type: none"> Thursday 22nd February 2024 at 9:30-12:30 | | |

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| KEY: | |
| Priority 1 | • Every Child has the Best Start in Life |
| Priority 2 | • Getting it Right for Children and Young Adults |
| Priority 3 | • Adults in Gwent Live Healthily and Age Well |
| Priority 4 | • Older Adults are Supported to Live Well and Independently |
| Priority 5 | • Dying Well as part of Life |
| Enablers | <ul style="list-style-type: none"> • Experience, Quality & Safety • Partnership First • Research, Innovation, Improvement, Value • Workforce & Organisational Development • Finance • Digital, Data, Intelligence • Estate • Regional Solutions • Governance |



Motion to Exclude Members of the Public and the Press

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

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

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



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|------------------------|------------------------------------|
| DATE OF MEETING | Tuesday 13 th June 2023 |
| VENUE | Microsoft Teams |

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| PRESENT | Louise Wright- Independent Member, Committee Chair Paul Deneen- Independent Member Dafydd Vaughan- Independent Member Helen Sweetland- Independent Member |
| IN ATTENDANCE | Sarah Simmonds- Director of Workforce & Organisational Development (OD) Rani Dash- Director of Corporate Governance Geraint Scott- Head of the Welsh language Unit Kathryn Bourne- Strategic Lead Medical & Dental Workforce & Job Evaluation Peter Brown- Assistant Director of Workforce and OD Non Ellis- Equality Diversity and Inclusion Specialist Cathy Brooks- Head of Workforce Planning Shelley Williams- Assistant Director of Workforce Julie Chapelle- Assistant Workforce Director |
| APOLOGIES | Stephen Edwards- Deputy Medical Director |

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| PCC 1306/1 | Preliminary Matters |
| PCC 1306/1.1 | Welcome and Introductions The Chair welcomed everyone to the meeting. |
| PCC 1306/1.2 | Apologies for Absence Apologies for absence were noted. |
| PCC 1306/1.3 | Declarations of Interest There were no declarations of interest raised to record. |
| PCC 1306/1.4 | Minutes of the previous meeting The minutes of the meeting held on the 12 th of January 2023 were agreed as a true and accurate record. |



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| <p>PCC 1306/1.5</p> | <p>Committee Action Log- June 2023</p> <p>The Committee received the action log. Members were content with progress made in relation to completed actions and against any outstanding actions.</p> |
| <p>PCC 1306/2</p> | <p>Items for Discussion</p> |
| <p>PCC 1306/2.1</p> | <p>Committee Risk Report, May 2023, including Plans to address gaps in Workforce Assurance</p> <p>Sarah Simmonds (SS), Director of Workforce and Organisational Development, supported by Cathy Brookes (CB), Head of Workforce Planning, provided an update on workforce risks to the Committee.</p> <p>Members were informed that, based upon feedback and learning from the recent Board Development session on corporate risk appetite, workforce teams had started to review corporate risks.</p> <p>SS discussed the risk of delays in the process of agency invoices, as discussed at the last meeting. In collaboration with finance colleagues, the risk had now been resolved and removed from the local workforce risk register, with no impact to the supply of staff.</p> <p>Lousie Wright (LW), Committee Chair, requested information on the progress of the Strategic Equality Plan and equality objectives. Non Ellis (NE), Equality Diversity and Inclusion Specialist, informed members that the current Health Board Equality Objectives were due to be reviewed in March 2024. The review of the Equality Objectives to be presented to the Board and come back for discussion. Action: Equality Diversion and Inclusion Specialist</p> <p>Members requested feedback on the new risk template format. Rani Dash (RD), Director of Corporate Governance, informed members that once the risk appetite had been finalised, the templates would be refined, noting that the risk collaboration with workforce colleagues was a positive approach that could be adopted across the Health Board. Workforce colleagues were in favour of the new risk log template.</p> <p>The Committee RECEIVED the report and were content with the new risk template format.</p> |



Director of Workforce Report; including Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework.

Sarah Simmonds (SS), Director of Workforce and Organisational Development, supported by Kathryn Bourne (KB), Strategic Lead Medical and Dental, Workforce Job Evaluation, provided an overview of the report to the Committee.

Members were informed that the Speciality Doctors and Clinical Fellows Framework was in development with workforce colleagues and the Medical Director. The finalised Speciality Doctors and Clinical Fellows Framework to be presented to the committee at a future meeting.

Action: Director of Workforce and OD

Helen Sweetland (HS), Independent Member, requested further information on the Autonomous Practice Policy (APP), as outlined in the report. KB informed members that the Health Board was the first in Wales to produce the APP governance document for specialty Doctors. The APP was specific to the Health Board and in the final development stages, in collaboration with the British Medical Association (BMA) and the Local Negotiating Committees (LNC). Members welcomed support for speciality doctors.

Paul Deneen (PD), Independent Member, requested further information on International Medical and Nursing graduates, including the Health Board's approach to targeted recruitment and support with accommodation on arrival into Wales. Members were informed that the Health Board followed the World Health Organisation (WHO) Code of Practice, and targeted recruitment did not take place in countries on the red list. In addition, international employees are provided with an initial 4-weeks accommodation, allowing workforce colleagues to assess individual requirements. HS highlighted the positive feedback she had received from International Medical Graduates around the support they had received from the Health Board.

The All-Wales NHS Staff survey in September 2023 was discussed. Members were informed that the survey data



allowed the Health Board to compare staff feedback with all Health Boards in Wales. Peter Brown (PB), Assistant Director of Workforce and OD, informed members that this was a survey produced by Health Education and Improvement Wales, and data was collected through the Electronic Staff Record (ESR) system. An update on the progress of the All-Wales NHS Staff Survey and data analysis to come back to the next meeting. **Action: Assistant Director of Workforce and OD**

SS informed members that the procurement process for Health Board E-Systems had been completed. With support from medical and procurement colleagues, workforce teams were formalising preferred suppliers. Dafydd Vaughan (DV) Independent Member, requested site of the E systems and procurement programme plan, including oversight of Health Board engagement in the potential NHS Business Services Authority (NHSBSA) procurement of a replacement for the Electronic Staff Record system (ESR). **Action: Director of Workforce and OD**

Members were informed of the progress against actions listed in the Board approved Recruitment and Retention Strategy. PB informed members that HEIW had funded several short-term posts to support retention across the Health Board, alongside a retention assessment tool, to be launched across Wales. HS requested an update on any noticeable retention themes that arise from the Retention Group to come back to the next Committee meeting. **Action: Director of Workforce and OD**

Lousie Wright (LW), Committee Chair, thanked the team for the report.

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

PCC 1306/2.3

People Plan 2022/25, Quarter 4; including an Annual Review of the People Plan and its Priorities and Assurance on the Delivery of Actions and Activity within Objective 3- Workforce Sustainability

Sarah Simmonds (SS), Director of Workforce and Organisational Development, supported by Cathy Brookes (CB), Head of Workforce Planning, provided an update to the Committee on the progress of the Health Board's People Plan as at quarter 4 2022/23.



SS reminded members that the People Plan and its delivery framework had been live for one year as of May 2023, and gave special thanks to CB for the support in delivering the framework.

Louise Wright (LW), Committee Chair, noted that the report stated that zero off-contract agency nursing staff had been used since March 2023. SS informed members that the target was to eradicate use of off-contract agency as of March 2023; however, low levels of off-contract agency staff had been used as a final resort, ensuring safe staffing levels. LW requested that the report be updated to reflect the use of off-contract agency staff since March 2023. **Action: Director of Workforce and OD**

LW requested a date of the completion of the Gwent Workforce Strategy, as outlined in the report. **Action: Director of Workforce and OD**

LW discussed the recent use of the Recruitment Bus by the Health Board and requested an update on its impact. SS informed members that the evaluation report that had been presented to the Gwent Workforce Board, alongside finalised numbers would be shared with members outside of the meeting. **Action: Director of Workforce and OD**

Helen Sweetland (HS), Independent Member, requested further information on apprentices and the targeted age range. Shelley Williams (SW), Assistant Director of Workforce, informed members that the Health Board were currently out for advert for apprentices of all ages, noting that the Board had agreed the target of 200 over the next 3 years, across a range of workforce groups.

The Committee **NOTED** progress to date and next steps, thanking the teams for the comprehensive report.

PCC 1306/2.4

Assurance on Compliance with the Welsh Language (Wales) Measure 2011

Geraint Scott (GS), Head of the Welsh Language Unit, provided an overview of the report to the Committee, providing assurance on compliance against the Welsh Language Commissioners Standards and Welsh Government targets.



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| | <p>Members were informed of the progress made and challenges, noting the good progress made with the uptake of staff completing the Welsh Language Audit on ESR rising from 30% to 75%. Next steps were to analyse data to inform workforce planning and staff training.</p> <p>The Committee RECIEVED the report for ASSURANCE.</p> |
| <p>PCC 1306/2.5</p> | <p>Delivery of Welsh Government’s Race Equality Action Plan for Wales</p> <p>Non Ellis (NE), Equality Diversity and Inclusion Specialist, provided an overview of the report to the Committee, outlining the Health Board’s response to the requirements of the Welsh Government’s Anti-Racist Wales Action Plan, including progress made.</p> <p>Response to the initial consultation of the Health Board’s Implementation Plan was low. Next steps were to launch a wider consultation exercise to ensure the Implementation Plan, alongside the Strategic Equality Plan, met the needs of both staff and patients.</p> <p>Members were informed that positions for the Executive Race Equality Champion and Executive sponsors for each of the diversity groups were yet to be appointed. Lousie Wright (LW), Committee Chair, to raise that champions have not been identified with the Chair and Board Members. Action: Committee Chair Sarah Simmonds (SS), Director of Workforce and OD, assured members that a report was in development to be presented to the Executive Committee, outlining formalised reporting mechanisms, governance arrangements and proposed champions for all protected characteristic groups.</p> <p>Members discussed the duty of care to all staff and patients and welcomed regular feedback on progress to come back to the Committee.</p> <p>The Committee RECEIVED the report for ASSURANCE.</p> |
| <p>PCC 1306/2.6</p> | <p>Assurance on Workforce Planning and Education Commissioning Numbers</p> <p>Cathy Brooks (CB), Head of Workforce Planning, provided an overview of the report, outlining the numbers required</p> |



to commence training in 2024 who will complete their training predominantly in 2027.

Members were informed that education commissioning numbers were submitted, as part of the Health Board's Integrated Medium-Term Plan (IMTP), directly to Health Education and Improvement Wales each year. HEIW would undertake an assessment prior to making recommendations for funding and placement numbers later in 2023.

Health Board graduates and placements were discussed. Sarah Simmonds (SS), Director of Workforce and OD, informed members that the Health Board planned to meet with HEIW to discuss the planning of future placements to inform future education commissioning. Feedback on the outcome of discussions with HEIW on future education commissioning to come back to the Committee. **Action: Director of Workforce and OD**

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

PCC 1306/2.7

An update on the Review of Mandatory and Statutory Training

Sarah Simmonds (SS), Director of Workforce and Organisational Development, supported by Matthew Bidgood (MB), Senior OD Practitioner, provided an overview of the report.

Members were informed of progress made and next steps. An initial step had commenced, with collaborative work between MB and the Safeguarding teams, assessing the mandatory Safeguarding training and staff uptake.

A Core Learning Committee (CLC) would be established by the workforce teams, with a robust Terms of Reference. The development of the CLC had been endorsed by the Executive Committee. This would further support the governance of mandatory and statutory learning in the Health Board.

Helen Sweetland (HS), Independent Member, queried if staff training was transferrable across Health Boards in Wales, avoiding repetition. MB informed members that training was transferred through the payroll process *inter authority transfer*.



Non Ellis (NE), Equality, Diversity and Inclusion Specialist, informed members of feedback from staff with sensory impairments, stating that current E-learning modules were not fit for purpose. More work was required for improvement on current eLearning systems.

The Committee **RECEIVED** the report for **INFORMATION**.

PCC 1306/2.8

Health Education and Improvement Wales (HEIW) Bi-Annual Report

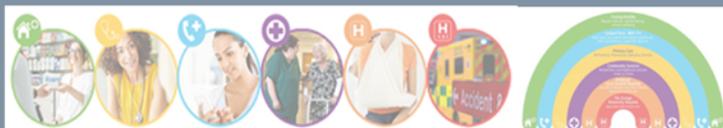
James Calvert (JC), Medical Director, provided an overview of the HEIW Bi-Annual report to the Committee, including an overview of recommendations from the recent HEIW visit in February 2023 and next steps.

Feedback from the Medicine Division during the HEIW visit was positive, noting responses from trainees stating that they would be happy to come back and work in the Health Board and recommend the Health Board as a great place to work for family and friends.

Members were pleased with the improved support given to medical students. Paul Deneen (PD), Independent Member, queried how the Health Board planned on maintaining this support. JC informed members that the Health Board was taking several steps to maintain support and training levels, including;

- Robust educational supervision, overseeing rotas and allowing for early feedback from Educational Supervisors to address any issues arising for medical students.
- Plans to improve staffing levels through advertising of hybrid medical posts, with educational and leadership experience.
- The Health Board aims to improve the reliability of processes already in place; noting the improved step-up and step-down process.

Helen Sweetland (HS), Independent Member, requested assurance that the lessons learnt from the review in the medicines division were being shared with other divisions. JC assured members that improvements and action plans were in place for all Education Supervisors across all divisions. Members were informed of the work alongside



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| | <p>the Mental Health and Learning Disabilities Division to improve recruitment and retention.</p> <p>Paul Deneen (PD), Independent Member, requested feedback on current support for Junior Doctors. JC informed members that the Health Board had purchased new 'Padlet' software to help support Junior Doctors to communicate in a modern and more favourable way, helping develop an inclusive and supportive team ethos.</p> <p>JC gave special thanks to the workforce team for their support.</p> <p>Members thanked JC and the team for the improvement work.</p> <p>The Committee RECEIVED the report for ASSURANCE.</p> |
| PCC 1306/3 | Items for Information |
| PCC 1306/3.1 | <p>Committee Annual Report 2022/23</p> <p>The Committee Annual Report was RECEIVED for INFORMATION.</p> |
| PCC 1306/4 | Other Matters |
| PCC 1306/4.1 | <p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</p> <p>Anti-Racist Plan; Lousie Wright (LW), Committee Chair, to raise with the Board that Executive Race Equality champions and Executive sponsors for each of the diversity groups were yet to be identified/appointed (<i>as above action</i>).</p> |
| PCC 1306/4.2 | Date of the next meeting is Thursday 19th October 2023 |





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| Outstanding | In Progress | Not Due | Completed | Transferred to another Committee |
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| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | |
|-------------------|---------------------|--|--|-------------------|---|
| June 2023 | PCC/1306/2.1 | Committee Risk Report, May 2023, including Plans to address gaps in Workforce Assurance The review of the Health Board Equality Objectives to be presented to the Board and come back for discussion. | Equality Diversion and Inclusion Specialist | March 2024 | Strategic Equality Plan 2024-2028 to be reported to Board November 2023 |
| June 2023 | PCC/1306/2.2 | Director of Workforce Report; including Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework. The finalised Speciality Doctors and Clinical Fellows Framework to be presented to the committee at a future meeting. | Director of Workforce and OD | TBC | Added to Forward Work Programme- Complete |



| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | |
|-------------------|-----------------------|--|---|----------------------|--|
| June 2023 | PCC/1306/2.2.1 | Director of Workforce Report; including Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework. An update on the progress of the All-Wales NHS Staff Survey and data analysis to come back to the next meeting. | Assistant Director of Workforce and OD | October 2023 | Included on the agenda. Item 3.6. Complete |
| June 2023 | PCC/1306/2.2.3 | Director of Workforce Report; including Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework. E systems and procurement programme plan, including oversight of Health Board engagement in the potential NHS Business Services Authority (NHSBSA) procurement of a replacement for the Electronic Staff Record | Director of Workforce and OD | February 2024 | National work is currently underway, and a procurement package is being collated. Update to be provided to the Committee in February 2024. |



| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | |
|-------------------|-----------------------|---|-------------------------------------|---------------------|---|
| | | system (ESR), to be shared with members. | | | |
| June 2023 | PCC/1306/2.2.4 | Director of Workforce Report; including Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework. An update on any noticeable retention themes that arise from the Retention Group to come back to the next Committee meeting. | Director of Workforce and OD | October 2023 | Recruitment and Retention Update included on the agenda; item 3.5. Complete |
| June 2023 | PCC 1306/2.3 | People Plan 2022/25, Quarter 4; including an Annual Review of the People Plan and its Priorities and Assurance on the Delivery of Actions and Activity within Objective 3-Workforce Sustainability | Director of Workforce and OD | October 2023 | Included in report at Agenda item 3.3. Complete |



| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | |
|-------------------|-----------------------|---|-------------------------------------|--------------------|---|
| | | Report be updated to reflect the use of off-contract agency staff since March 2023. | | | |
| June 2023 | PCC 1306/2.3.1 | People Plan 2022/25, Quarter 4; including an Annual Review of the People Plan and its Priorities and Assurance on the Delivery of Actions and Activity within Objective 3-Workforce Sustainability Committee Chair requested a date of the completion of the Gwent Workforce Strategy, as outlined in the report. | Director of Workforce and OD | tbc | Update included within People Plan update on agenda- work in progress, timelines to be confirmed. |
| June 2023 | PCC 1306/2.3.2 | People Plan 2022/25, Quarter 4; including an Annual Review of the People Plan and its Priorities and Assurance on the Delivery of Actions and | Director of Workforce and OD | August 2023 | First quarter evaluation shared with members in August 2023. Complete |



| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | |
|-------------------|--------------------|---|------------------------|---------------------|---|
| | | <p>Activity within Objective 3- Workforce Sustainability</p> <p>The Recruitment Bus evaluation report that had been presented to the Gwent Workforce Board, alongside finalised numbers, would be shared with members outside of the meeting.</p> | | | |
| June 2023 | PCC1306/2.5 | <p>Delivery of Welsh Government's Race Equality Action Plan for Wales</p> <p>Louise Wright (LW), Committee Chair, to raise with the Board that Executive Race Equality champions and Executive sponsors for each of the diversity groups were yet to be identified/appointed (<i>as above action</i>).</p> | Committee Chair | October 2023 | Included on the agenda; item 3.9 Complete. |



| Committee Meeting | Minute Reference | Agreed Action | Lead | Target Date | |
|-------------------|---------------------|---|-------------------------------------|---------------------|--|
| June 2023 | PCC 1306/2.6 | Assurance on Workforce Planning and Commissioning Numbers Feedback on the outcome of discussions with HEIW on future education commissioning to come back to the Committee. | Director of Workforce and OD | October 2023 | Included in report from the Director of Workforce and OD (agenda Item 3.4). Complete |

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

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





PEOPLE AND CULTURE COMMITTEE PROGRAMME OF BUSINESS 2023/24

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

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

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

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

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | |
|--|--------------------|------------------------|-----------------------------------|-------------------------------|--------------------------------|-----------|
| | | | 13 th June 2023 | 19 th October 2023 | 14 th February 2024 | June 2024 |
| Preliminary Matters | | | | | | |
| Attendance and Apologies | Standing Item | Chair | X | X | X | X |
| Declarations of Interest | | All Members | X | X | X | X |
| Minutes of the Previous Meeting | | Chair | X | X | X | X |
| Action Log and Matters Arising | | Chair | X | X | X | X |
| Committee Requirements as set out in Standing Orders | | | | | | |
| Development of Committee Annual Programme of Business 2022/23 | Annually | Chair & Director of CG | X | | | |
| Review of Committee Programme of Business | Standing Item | Chair | | | X | |
| Annual Review of Committee Terms of Reference 2022/23 | Annually | Chair & Director of CG | | | X | |
| Annual Review of Committee Effectiveness 2022/23 | Annually | Chair & Director of CG | | | X | |
| Committee Annual Report 2022/23 | Annually | Chair & Director of CG | | | | |
| Corporate Governance, Risk & Assurance | | | | | | |
| Committee Risk Report, (incorporating revised reporting arrangements) | Standing Item | Director of CG | X | X | X | X |
| People Plan 2022-25 | | | | | | |
| Annual Review and Refresh of the People Plan and its Priorities | Annually | Director of WOD | | | | |
| Assurance on Delivery of Actions and Activity within Objective 1 – Staff Health and Wellbeing (see Appendix 1) | Deep-Dive Annually | Director of WOD | | | | |

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | |
|---|---------------------|------------------|-----------------------------------|-------------------------------|--------------------------------|-----------|
| | | | 13 th June 2023 | 19 th October 2023 | 14 th February 2024 | June 2024 |
| Assurance on Delivery of Actions and Activity within Objective 2 – Employer of Choice (see Appendix 1) | Deep-Dive Annually | Director of WOD | | | | |
| Assurance on Delivery of Actions and Activity within Objective 3 – Workforce Sustainability and Transformation (see Appendix 1) | Deep-Dive Annually | Director of WOD | x | | | |
| Welsh Language | | | | | | |
| Assurance on Compliance with the Welsh Language (Wales) Measure 2011 | Bi-annually | Director of WOD | x | | | X |
| Assurance on Delivery of Welsh Government’s “More Than Just Words” Framework | Annually | Director of WOD | | X | | |
| Equality, Diversity & Inclusion | | | | | | |
| Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment | Annually | Director of WOD | | | X | |
| Delivery of Welsh Government’s Race Equality Action Plan for Wales | Annually | Director of WOD | x | | | X |
| Culture, Values & Behaviours | | | | | | |
| Review and Refresh of ABUHB Values & Behaviours Framework | Annually | Director of WOD | | | x | |
| NHS Wales Staff Survey – Results and Action Plan | Every 3-years (TBC) | Director of WOD | | | | |
| Staff Wellbeing Survey – Results and Action Plan | Annually | Director of WOD | | X | | |
| Assurance on the Development and Delivery of an Agile Working Framework | Twice-yearly | Director of WOD | | | X | |
| Workforce Planning & Development | | | | | | |
| Assurance on Workforce Planning and Education Commissioning Numbers | Annually | Director of WOD | x | | | |
| Annual Assurance Report of Medical Revalidation | Annually | Medical Director | | | X | |
| Annual Assurance Report of Job Planning | Annually | Medical Director | | | X | |

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | |
|--|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------------|---------------------------------|-----------|
| | | | 13 th June 2023 | 19 th October 2023 | 14 th February 2024 | June 2024 |
| | | | | | Being presented at Jan 24 Board | |
| Workforce Performance Reporting | | | | | | |
| Workforce Performance Dashboard incorporating Key Performance Indicators | Standing Item | Director of WOD | X | X | X | x |
| People Plan 2022/25, Quarterly Review | Standing Item | Director of WOD | x | x | x | |
| Report from The Director of Workforce & OD, including Employee Relations & Suspensions over 4 months | Standing Item | Director of WOD and DON | X | X | X | X |
| Internal Audit Plan 2022/23 – NWSSP Audit & Assurance Services | | | | | | |
| To receive relevant audit reviews for assurance and oversight of improvements required: <ul style="list-style-type: none"> • Long Term Sickness Absence Management • Flexible Working • Allegation against Staff Policy | TBC upon completion of audit reports | Director of WOD | | | | |
| External Audit – Audit Wales/HEIW/HIW/CHC | | | | | | |
| Receive the External Audit Annual Audit Reports pertinent to the Committee as and when they arise | TBC | Audit Wales | | | | |
| To receive the External Inspection reports and recommendations related to Workforce as they arise | As requested | Director of WOD/TBC | | | | |
| Items requested by Committee members/internal stakeholders | | | | | | |
| Workforce Medical E-Systems (requested by Board via the Medical Director/Julie Chapelle) | October 2023 | Medical Director | | x | | |
| Update in Implementation of the Nursing Recruitment Strategy” | TBC | Director of WOD/Director of Nursing | | | | |
| PQSOC/2504/3.3.1 | TBC | Director of Workforce & OD | | | | |

| Matter to be Considered by Committee | Frequency | Responsible Lead | Scheduled Committee Dates 2023/24 | | | |
|---|--|------------------------------|-----------------------------------|-------------------------------|--------------------------------|-----------|
| | | | 13 th June 2023 | 19 th October 2023 | 14 th February 2024 | June 2024 |
| Blood Management: Training requirements for use of the electronic reporting system, particularly for Bank and Agency Staff, and associated action plan to be monitored by People and Culture Committee | | | | | | |
| Finalised Speciality Doctors and Clinical Fellows Framework (Action June 2023) | TBC | Director of Workforce and OD | | | | |
| KEY | | | | | | |
| D of CG | Director of Corporate Governance | | | | | |
| D of WOD | Director of Workforce and Organisational Development | | | | | |
| DON | Director of Nursing | | | | | |

APPENDIX 1

Objective 1: Staff Health & Wellbeing

Staff Health and Wellbeing

- Establish a Wellbeing Centre of Excellence, which is underpinned by research and evidence.
- New integrated psychological wellbeing roles and permanent peer support networks will be implemented.
- Tangible wellbeing options will be intensified and available.
- Improve staff engagement because of the Cynnal Cynefin / People First – Reconnecting the Workforce programme.
- Introduce the 'Healthy Working Day' maximising the health and wellbeing of all.
- Prioritising the roll-out of compassionate leadership competency frameworks, approaches embedding in our policies and people practices.
- Benchmark occupational health provision.
- Enabling best in class people practices: reducing staff absence PADR, staff satisfaction and core skill competencies.
- Building on our financial wellbeing offer.

Objective 2: Employer of Choice

Employer of Choice

- Recruitment and Retention Strategies implemented that is adaptable to multi-generational and diverse staff.
- Strengthened focus on retention- growing our talent, succession planning in a systematic way, proactive retirement planning.
- Enhancing current and creating new inclusive entry routes and career pathways. Enhancing entry level offers and development pathways (working closely with education, third sector and social care).
- Build on our connections with schools, education, and training providers to promote the range of careers that the NHS can offer.
- Pilot and evaluate innovative selection methods for appropriate roles supporting accessibility to employment.
- Additional and broadened apprenticeship schemes are implemented.
- Create career pathways that support a life course approach to employment i.e., from training to retirement and beyond.
- Develop and deliver new middle management development offers- equipping middle managers with the skills to manage, develop and support a multi-generational, agile, and flexible workforce.
- Delivering refreshed leadership development schemes and increase those who have completed core skills competencies
- Work plans embed intersectionality which elevates and embeds Equality, Diversity and Inclusion.
- Delivery of a new Equality Impact Assessment (EQIA) process. · Implement a Welsh Language Strategy and scale up our Active Offer.
- Prospectus for Training and Development opportunities to support talent, succession, and career.
- Defined inclusive and diverse volunteering opportunities.

Objective 3: Workforce Sustainability

Workforce Sustainability

- Develop strategic workforce planning across our systems
- Develop a Health Care Support Worker Strategy
- Work collaboratively with partners to deliver the workforce plans to support new models of care and the outcome framework for the Regional Integration Fund.
- Work with NCNs to accelerate care closer to home opportunities
- Integrated workforce planning in line with the IMTP and the population needs analysis.
- Work with the GPSB/RPB partners to build sustainable models for the health and social care system.
- Step change in workforce analytics to inform planning, decision making and redesign.
- Implement a suite of electronic systems for medical staff improving efficiency and intelligence for workforce planning.
- Evolve and embed an Agile/Hybrid working culture.
- Develop a digitally ready workforce using the best technological solutions for patients and staff



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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Committee Strategic Risk Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Director of Workforce & Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Cathy Brooks, Head of Workforce Planning |

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

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

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

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

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

Cefndir / Background

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

- Recognise, plan, and respond to risks to mitigate any potential harm to our staff, patients, and population.
- Protect the well-being and safety of our workforce, patients, and service users.
- Maximise opportunities for development and improvement by understanding the risks, environment and adapting and remaining resilient to changing circumstances or events.
- Understand the risks in relation to our obligations in respect of the Well-being of Future Generations Act, professional standards and Equality, Diversity, and Inclusion and compliance with Welsh Language Act.
- Provide assurance that risks identified are being managed appropriately and that the Division is on track to achieve its stated objectives.
- Assessing and identifying risks current and on the horizon and escalating risks to the appropriate levels within the organisation to ensure that effective responses can be made.
- The setting of Committee and Board agendas to ensure a focus on the strategic objective areas.

Asesiad / Assessment

Strategic Workforce and OD risks

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

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

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

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

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

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

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

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

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

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

Corporate Workforce and OD risks

Following a review of the corporate risk register in June 2023, some risks were deescalated from Board to Executive level oversight. As a result, the Board would oversee the management of all risks held on the Strategic Risk Register, while the Executive Team would oversee the management of all risks held on the Corporate Risk Register.

Compliance with the Welsh Language Standards has been deescalated to the Corporate Risk Register with appropriate reporting to the People and Culture Committee.

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

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

The Workforce and OD Division reviews potential risks and issues at its monthly divisional day and is currently reviewing its local risk register to ensure it captures the key operational risks, and that, the controls and action plans in place are appropriate for the management of the potential risks. The full Workforce and OD Divisional Risk Register will be reported at the next P&C Committee meeting.

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

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

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

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

| | |
|--|---|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | Reporting arrangements will ensure linkages with the Corporate Risk Register. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Not Applicable Choose an item. Choose an item. Choose an item. |

Gwybodaeth Ychwanegol: Further Information:

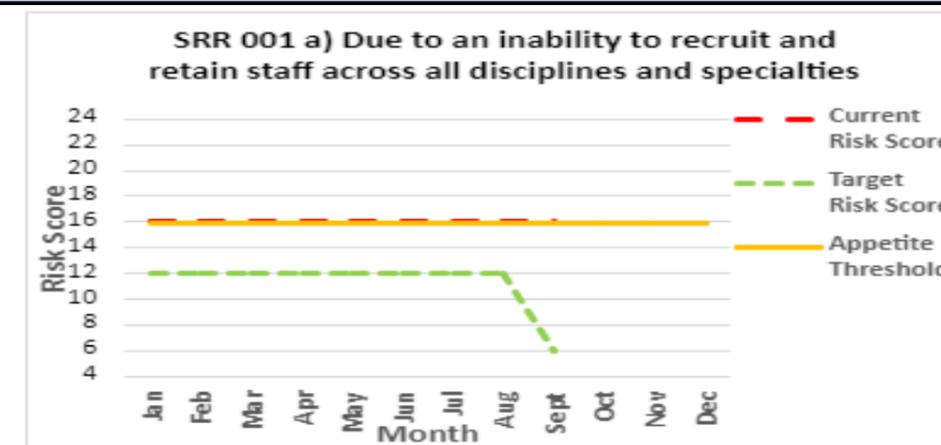
| | |
|--|--------------------------------------|
| Ar sail tystiolaeth: Evidence Base: | N/A |
| Rhestr Termau: Glossary of Terms: | N/A. Explained throughout the report |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | N/A |

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

Appendix 1 People & Culture Committee Strategic Risk Register

| Risk ID | Monitoring Committee | Risk Theme | Risk Owner | Risk Description | Reason For The Risk | Impact | Current Risk Score | | | | Risk Appetite | | Target Risk Score | | | | Actions to manage risk down to target level | Assurance that the risk is being managed effectively |
|---------|----------------------------|------------|--|---|---|---|----------------------------------|--------------------------|--------------------|------------|----------------------------------|--|----------------------------------|--------------------------|-------------------|------------|--|--|
| | | | | | | | Likelihood Of The Risk Occurring | Impact Of Risk Occurring | Current Risk Score | Risk Level | Current Status Against Appetite | Risk Appetite and Threshold Explained | Likelihood Of The Risk Occurring | Impact Of Risk Occurring | Target Risk Score | Risk Level | | |
| SRR 001 | People & Culture Committee | People | Director of Workforce and Organisational Development | There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population | a) Due to an inability to recruit and retain staff across all disciplines and specialities. | <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards Breliance on agency and bank staff litigation & Financial Penalties | 4 | 4 | 16 | High | At the top end of appetite level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | 3 | 2 | 6 | Low | <ul style="list-style-type: none"> Continuing support for staff who are absent in line with policy, including those on long term absence with a view to signposting to self-help support and adapting roles to enable a safe return to work. Hot Spot areas identified and plans in place to support. Engagement with national recruitment campaigns such as BAPIQ, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor. Annual programme of Apprentice recruitment Overseas Nursing (All Wales) Nursing Workforce Strategy Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22) Partnerships with employability schemes such as Kickstart and Restart. Actively working with Local Authorities to promote joint recruitment activities. Registration – Temporary register extended for 2 years to enable staff to return to practice. Development of career pathways (e.g., non-clinical to clinical). Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR. Internal Exit Interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts. Changes in pension regulation and flexible retirement options from October 23 and reduced break in service required following retire and return. Plan in place to monitor and review all agency, bank pay incentives supply and demand. Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff. Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies. HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced level) programs fully booked. Core Leadership prog currently delivering to 200 staff. reporting period March 23 there were circa 728 WTE vacancies. Quarterly reporting of vacancy numbers for each staff to the WG. Last Development of ESR establishments commenced on a national basis w/c 03/09/23. | Medium |
| | | | | | | | 3 | 4 | 12 | Moderate | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | 3 | 3 | 9 | Moderate | <ul style="list-style-type: none"> Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). Increase wellbeing initiatives: Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites. Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders) Train Mediators so there is team and organisational resilience and network. Regular Schwartz rounds arranged across the Health Board Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision. Chaplaincy service for staff Re-launching Chill out in the Chapel Recruitment of staff counsellors Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Scope, design and deliver a programme of research 'Healthy Working Day'. Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. Drafting of a 10-year plan focusing on optimising the employee experience of work The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations. Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes. Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. | Medium |
| | | | | | | | 3 | 4 | 12 | Moderate | Below Appetite Level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | 3 | 2 | 6 | Low | <ul style="list-style-type: none"> lead appointed in July 2023 on a 6-month secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding. 2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September. Designing learning journeys and access to Gwella Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23- open for current and aspiring CDx 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda. | Medium |
| | | | | | | | 4 | 4 | 16 | High | At the top end of appetite level | Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure. | 2 | 4 | 8 | Moderate | <ul style="list-style-type: none"> Services Business continuity plans in place. All Wales training sessions provide by legal and risk to support industrial action. Ensure early identification of mandated Statutory, and core critical clinical services. Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employees. Such information will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces. Reducing impact on patients - Support for early supported discharge prior to industrial action. Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action). Establish WOD hub with emergency planning to stand up as required Ensure early identification of mandated Statutory, and core critical clinical services. Review of business continuity plans Map services and staff provision and impacts of industrial action. Assess variable pay usage in case of work to rule applies. Assess current vacancies. Working with partners in Gwent on a system wide basis. Implementation of business continuity plans. Communication plans. Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer). | Medium |

| RISK THEME | | PEOPLE | | |
|----------------------------|--|---------------|-----------------|--|
| Strategic Risk (SRR 001A) | The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | | |
| Strategic Threat | a) Due to an inability to recruit and retain staff across all disciplines and specialties. | | | Risk Appetite Level - OPEN Risk Appetite Threshold - Score 16 and below |
| Impact | <ul style="list-style-type: none"> ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Non-compliance with safe staffing principles and standards ➤ Reliance on agency and bank staff ➤ Litigation & Financial Penalties | | | SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold. |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level |
| Monitoring Committee | People & Culture Committee | Likelihood | 4 (Likely) x | 3 (Possible) x |
| Initial Date of Assessment | 01/06/2023 | Impact | 4 (Major) | 2 (Minor) |
| Last Reviewed | 24/09/2023 | Risk rating | = 16 (High) | = 6 (Low) |



| Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i> | Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i> | Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Assurance Rating <i>(Overall Assessment)</i> |
|--|---|--|---|---|
| <ul style="list-style-type: none"> Monitoring Framework to support roll-out of the People Plan. Workforce Dashboard to track activity – recruitment, turnover, sickness absence. Supply and demand tracker (Nursing). People Plan tracker to support delivery of actions within the People Plan 2022-25. Health Care Support Worker tracker. Agency Reduction Plan approved June 2022 and supported by the Programme Board. Management of attendance through All Wales Management Attendance at Work Policy. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Nurse Staffing Levels (Wales) Act 201625b/25c. Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. Development of new roles to support vacancies. Recruitment KPI's. IMTP Educational Commissioning. Workforce Establishment controls national working group has been instigated. | <p>Staff attendance</p> <ul style="list-style-type: none"> Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. “Hot spot” areas identified and plans in place to support. <p>Recruitment</p> <ul style="list-style-type: none"> Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for Registered Nurses, Physician’s Associates, Midwives, and therapy staff and with HEIW for Junior Doctor. Annual programme of Apprentice recruitment Overseas Nursing (All Wales) Nursing Workforce Strategy Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22) Partnerships with employability schemes such as Kickstart and Restart. Actively working with Local Authorities to promote joint recruitment activities. Registration – Temporary register extended for 2 years to enable staff to return to practice. <p>Retention:</p> <ul style="list-style-type: none"> Development of career pathways (e.g., non-clinical to clinical). Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR. | <p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> Workforce reports to the Nurse Strategic Workforce Group. Update reports on Agile working data and support to the Agile Programme Board to promote the benefits of agile working. Daily sickness monitoring reports. Filled and unfilled shift reports (RN). Occupational Health and Wellbeing dashboards report KPIs. | Gaps in Assurance | Positive Assurance |
| | | <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. Measurements of Wellbeing through the ABUHB Staff Survey. Routine Reporting against nurse staffing levels. | Action to Address Gaps in Assurance | |
| | | <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <p>Internal Audit Reviews 2023 -24</p> <ol style="list-style-type: none"> Long Term Sickness Absence Management (Q4) Flexible Working (Q4) <ul style="list-style-type: none"> External quarterly vacancy reporting to WG | To be determined | |

| | | | | |
|--|--|--|--|--|
| | <ul style="list-style-type: none"> Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts. Changes in pension regulation and flexile retirement options from October 23 and reduced break in service required following retire and return. <p>Agency reduction</p> <ul style="list-style-type: none"> Plan in place to monitor and review all agency, bank pay incentives supply and demand. <p>E- Systems</p> <ul style="list-style-type: none"> Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff. <p>Development of alternative and new roles</p> <ul style="list-style-type: none"> Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. <p>Training</p> <ul style="list-style-type: none"> The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies. HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked. Core Leadership prog currently delivering to 200 staff. <p>Vacancy Numbers and establishment control</p> <ul style="list-style-type: none"> Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period March 23 there were circa 728 WTE vacancies. Development of ESR establishments commenced on a national basis w/c 03/09/23. | <ul style="list-style-type: none"> External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges - The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative. | | |
|--|--|--|--|--|

| RISK THEME | | PEOPLE | | |
|--|--|---|--------------------|-------------------|
| Strategic risk (SRR 001B) | | The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | |
| Strategic Threat | | b) Due to a deterioration in, and a failure to improve, the well-being of staff. | | |
| Impact | | <ul style="list-style-type: none"> ➤ High absence levels, with some sustained long periods ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Non-compliance with safe staffing principles and standards ➤ Reputational damage to the health board as an employer ➤ Work-related industrial injury claims ➤ Moral injury | | |
| Lead Director | | Director of Workforce & Organisational Development | Risk Exposure | Current Level |
| Monitoring Committee | | People & Culture Committee | Likelihood | Target Level |
| Initial Date of Assessment | | 01/06/2023 | Impact | |
| Last Reviewed | | 24/09/2023 | Risk rating | |
| | | | 3 (Possible) x | 3 (Possible) x |
| | | | 4 (Major) | 3 (Moderate) |
| | | | = 12 (Moderate) | = 9 (Moderate) |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p>SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.</p> </div> <div style="width: 40%; text-align: center;"> </div> </div> | | | | |

| Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i> | Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i> | Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Assurance Rating <i>(Overall)</i> |
|--|--|---|--|--------------------------------------|
| <ul style="list-style-type: none"> • Monitoring Framework to support roll out of the People Plan. • Monitoring delivery of the #peoplefirst project through Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery framework. Engagement ongoing with divisional management teams. • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. • Strategic Equality plan • Rest and Facilities charter – monitoring and compliance • Staff related policies. | <ul style="list-style-type: none"> • Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). • Increase wellbeing initiatives: • Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites. • Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders) • Train Mediators so there is team and organisational resilience and network. • Regular Schwartz rounds arranged across the Health Board • Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. • Close links with the Arts in Health programme • Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision. • Chaplaincy service for staff • Re-launching Chill out in the Chapel • Recruitment of staff counsellors • Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being • Scope, design and deliver a programme of research 'Healthy Working Day'. • Enhanced our financial well-being offer. • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • Drafting of a 10-year plan focusing on optimising the employee experience of work | <p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Monitoring Framework to support roll out of the People Plan 22-25 • Monitoring of demand on wellbeing services • Staff diversity networks • Race/LGBT groups | Gaps in Assurance | Positive Assurance |
| | | <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • People and Culture Committee reports (People Plan 22-25) • Local surveys • LNC – reporting of compliance of BMA Rest and Facilities | To be determined | |
| | | <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers | Action to Address Gaps in Assurance | |
| | | | <ul style="list-style-type: none"> • Meetings with Divisions ongoing. | |

| | | | | |
|--|--|--|--|--|
| | <ul style="list-style-type: none"> • The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations. <p>Occupational Health</p> <ul style="list-style-type: none"> • Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes. • Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. • Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. <p>Support equality and diversity of workforce</p> <ul style="list-style-type: none"> • Review of staff diversity networks • Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. • Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. • Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing. <p>Other</p> <ul style="list-style-type: none"> • Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC. • Reducing fatigue poster developed | | | |
|--|--|--|--|--|

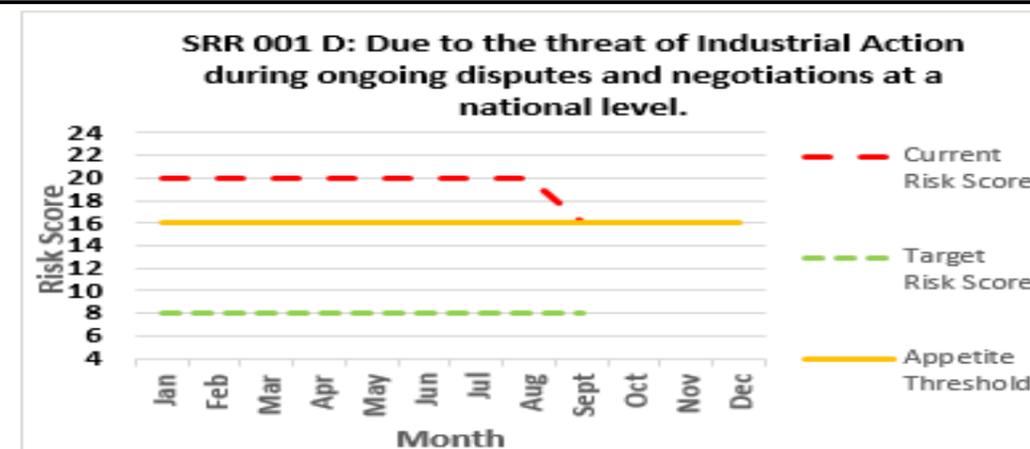
| RISK THEME | PEOPLE | | | |
|----------------------------|---|---------------|--------------------|--|
| Strategic risk (SRR 001C) | The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | | |
| Strategic Threat | c) Due to insufficient and ineffective leadership levels throughout the organisation | | | Risk Appetite Level - Open |
| | | | | Risk Appetite Threshold - Score 16 and below |
| Impact | <ul style="list-style-type: none"> ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Failure to deliver health board priorities, required improvements and achieve sustainability ➤ Poor levels of accountability and delivery ➤ Reputational damage to the health board as an employer ➤ Adverse impacts on staff recruitment and retention | | | SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold. |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level |
| Monitoring Committee | People & Culture Committee | Likelihood | 3 (Possible) x | 3 (Possible) x |
| Initial Date of Assessment | 01/06/2023 | Impact | 4 (Major) | 2 (Minor) |
| Last Reviewed | 24/09/2023 | Risk rating | = 12 (Moderate) | = 6 (Low) |

SRR 001 C: Due to insufficient and ineffective leadership levels throughout the organisation.

| Month | Current Risk Score | Target Risk Score | Appetite Threshold |
|-------|--------------------|-------------------|--------------------|
| Jan | 20 | 16 | 16 |
| Feb | 20 | 16 | 16 |
| Mar | 20 | 16 | 16 |
| Apr | 20 | 16 | 16 |
| May | 20 | 16 | 16 |
| Jun | 20 | 16 | 16 |
| Jul | 20 | 16 | 16 |
| Aug | 18 | 14 | 16 |
| Sept | 12 | 6 | 16 |
| Oct | | | 16 |
| Nov | | | 16 |
| Dec | | | 16 |

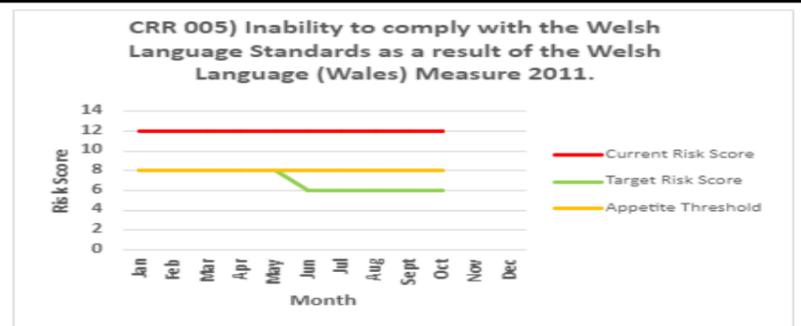
| Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i> | Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i> | Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Assurance Rating <i>(Overall Assessment)</i> |
|---|---|--|--|---|
| <ul style="list-style-type: none"> Monitoring Framework to support roll out of the People Plan- focus on Talent and Succession Planning Monitoring frameworks with HEIW | <p>Talent and Succession Planning</p> <ul style="list-style-type: none"> lead appointed in July 2023 on a 6-month secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding. 2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September. <p>Development leadership capabilities</p> <ul style="list-style-type: none"> Designing learning journeys and access to Gwella Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23- open for current and aspiring CDs 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda. | <p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> WOD Divisional reporting Evaluation of internal leadership programmes <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> Reporting to People and Culture Committee - progress against People Plan 22-25 <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> Internal Audit Review Talent and Succession Board | <p>Gaps in Assurance</p> <p>To be determined</p> <p>Action to Address Gaps in Assurance</p> | Positive Assurance |

| RISK THEME | PEOPLE | | | |
|----------------------------|--|---------------|-----------------|---|
| Strategic Risk (SRR 001D) | The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. | | | |
| Strategic Threat | d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level | | | Risk Appetite Level - OPEN |
| | | | | Risk Appetite Threshold - Score 16 and below |
| Impact | <ul style="list-style-type: none"> ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Non-compliance with safe staffing principles and standards ➤ Litigation & Financial Penalties ➤ Reputational damage to the health board and loss of public confidence | | | SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold. |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level |
| Monitoring Committee | People & Culture Committee | Likelihood | 4 (Likely) x | 2 (Unlikely) x |
| Initial Date of Assessment | 01/06/2023 | Impact | 4 (Major) | 4 (Major) |
| Last Reviewed | 24/09/2023 | Risk rating | = 16 (High) | = 8 (Moderate) |



| Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i> | Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i> | Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Assurance Rating <i>(Overall Assessment)</i> |
|--|---|--|--|---|
| <ul style="list-style-type: none"> Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and CODE OF PRACTICE Industrial Action Ballots and Notice to Employers Under sections 231 and 231A of the 1992 Act a union must, as soon as reasonably practicable after holding an industrial action ballot, take steps to inform all those entitled to vote¹⁸, and their employer(s), of the number of individuals entitled to vote in the ballot; the number of votes cast in the ballot. Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture Operational planning, led by the Chief Operating Officer, to respond to implications of strikes action in other NHS organisations. | <ul style="list-style-type: none"> Services Business continuity plans in place. All Wales training sessions provide by legal and risk to support industrial action. Ensure early identification of mandated Statutory, and core critical clinical services. Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employees. Such information will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces. Reducing impact on patients - Support for early supported discharge prior to industrial action. Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action). Establish WOD hub with emergency planning to stand up as required Ensure early identification of mandated Statutory, and core critical clinical services. Review of business continuity plans Map services and staff provision and impacts of industrial action. Assess variable pay usage in case of work to rule applies. Assess current vacancies. Working with partners in Gwent on a system wide basis. Implementation of business continuity plans. Communication plans. Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer). | Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Local Staff re-deployments assessment Trade Union Partnership meetings Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Reporting to Executive team Business Continuity groups Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i> <ul style="list-style-type: none"> All Wales IA group | Gaps in Assurance <ul style="list-style-type: none"> Unknown outcome of current BMA ballot and outcomes if members vote for industrial action the level of action imposed or if all medical staff will be involved, mitigating actions would not support whole scale medical workforce. Action to Address Gaps in Assurance | Reasonable Assurance |

| RISK THEME | | COMPLIANCE AND SAFETY | | | | | | |
|----------------------------|---|--|--------------------|---|---------------------|---|-------------------------|-------------|
| Corporate Risk (CRR 004) | Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice. | | | | | | | |
| Threat | That the Welsh Language is not considered and offered in all aspects of the business of the organisation. | | | <table border="1"> <tr> <td>Risk Appetite Level</td> <td>Minimal</td> </tr> <tr> <td>Risk Appetite Threshold</td> <td>8 and below</td> </tr> </table> | Risk Appetite Level | Minimal | Risk Appetite Threshold | 8 and below |
| Risk Appetite Level | Minimal | | | | | | | |
| Risk Appetite Threshold | 8 and below | | | | | | | |
| Impact | <ul style="list-style-type: none"> ➤ Failure to comply with Legislation (<i>Welsh Language Act 2011</i>) ➤ Reputational Damage ➤ Public Confidence ➤ Financial Implications | <table border="1"> <tr> <td>Summary</td> <td colspan="3">The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.</td> </tr> </table> | | | Summary | The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold. | | |
| Summary | The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold. | | | | | | | |
| Lead Director | Director of Workforce & Organisational Development | Risk Exposure | Current Level | Target Level | | | | |
| Monitoring Committee | People & Culture Committee | Likelihood | 4 (Likely) x | 2 (Unlikely) x | | | | |
| Initial Date of Assessment | 30/06/2023 | Impact | 3 (Moderate) | 3 (Moderate) | | | | |
| Last Reviewed | 24/09/ 2023 | Risk rating | = 12 (Moderate) | = 6 (Low) | | | | |



| Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i> | Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i> | Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i> | Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Assurance Rating <i>(Overall Assessment)</i> |
|---|--|---|--|---|
| <ul style="list-style-type: none"> • Performance Framework to track compliance targets. • People plan multi point action plan in place and monitoring service delivery in relation to Welsh Language • Workforce Monitoring Framework to support People Plan • Reporting structure embedded to ensure action plans are implemented. • SLA in place to support translation of documentation/internal translation. • Reporting framework in place for Welsh Language Commissioner • WG monitoring framework – More than just words. • Mandatory requirement to report Welsh Language skills on ESR. | | Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> • Regular local audits undertaken on documentation and calls to ensure compliance. • Performance against SLA, targets, and compliance against standards and complaints reported monthly to WOD divisional meeting. • Review and monitor translation capacity and activity. • Spot check audits on areas of compliance e.g., patient letters, site visits to identify visual markers, telephony mystery shopping. | Gaps in Assurance | Reasonable Assurance |
| | | Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> • Report to the People and Culture Committee on compliance with the Act • Welsh Language Strategic Group (Community of Practice) established across Wales to share good practice. • Monitor compliance with self-identification skills levels at Divisional level and supportive corrective measure • Items reserved on agendas in readiness for exception reporting. • | Action to Address Gaps in Assurance | |
| | | Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i> <ul style="list-style-type: none"> • Health Board Representation secured at meetings. • Internal Audits to assess compliance with Welsh Language • Progress and Compliance Reports to the Welsh Language Commissioner (published publicly) • Welsh language leads groups which share best practice and monitors issues across organisations • Welsh Government chaired group to monitor adherence to More than Just Words • Gwent organisational wide level group More than Just words which escalates to Gwent Workforce Board | | |



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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | People Plan 2022/25 – Quarterly update |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds – Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Workforce and OD Senior Team |

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

The People Plan has three core objectives:

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

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

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

Cefndir / Background

The People Plan 2022-25 is a fundamental component of the organisations Integrated Medium Term Plan (IMTP), setting out the key actions to support the organisation to meet its challenges and delivery of the Health Board priorities.

The People Plan aims to ensure sustainability of the workforce for the future. It is based on the building blocks within 'Healthier Wales: Our plan for health and social care' (2020) and most recently the National Workforce Implementation Plan 2023 which outlines a series of practical actions that will act as enablers to accelerate the ten-year vision, fully recognising the organisational response as part of the work of the Workforce Strategy.

Asesiad / Assessment

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

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

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

Objective 1 – Staff Health and Wellbeing Quarterly update (July-September 23)

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

Our actions aim to support a reduction in sickness, turnover and improve our Occupational and Employee Wellbeing waiting times. Through improving the wellbeing of staff, we will achieve and improve employee experience and in line with research, improved patient outcomes and experiences.

There are nine overarching actions which are summarized below:

| Objective | Key Achievements |
|---|---|
| Action 1: Establish the Wellbeing Centre of Excellence | <ul style="list-style-type: none">• The newly refurbished Centre has opened and is providing a welcoming environment for our staff and increased clinical space capacity to assess and treat our staff. This action is now completed. |

| | |
|--|--|
| <p>Action 2: Implement Integrated Psychological Wellbeing Practitioners</p> | <ul style="list-style-type: none"> The bid to Welsh Government to financially support this innovation as a two-year pilot was unsuccessful due to funding constraints which has meant that we have not been able to implement the integrated roles. However, we have now redesigned our strategy which will be in part funded through income generation. We also intend to directly support (non-financially) the creation of divisional based integrated wellbeing practitioner roles as and when they develop. |
| <p>Action 3: Enhance Wellbeing of Staff</p> | <ul style="list-style-type: none"> There are a host of evidence-based initiatives that contribute to improving and protecting staff biopsychosocial wellbeing across the Health Board. These include: Schwartz Rounds, Taking Care Giving Care Rounds, Peer Support (In Maternity), Psychological Debriefing post SUI, bespoke Team resources, Psychological First Aid (in MH and LD), Psychological Safety Training and Human Factors based training (Theatres). Creative Mindfulness classes have also started at GUH and YYF following successful Arts Council Bid. In addition, an organisational staff recognition strategy is being drafted to develop the culture of gratitude and thanks amongst employees. |
| <p>Action 4: Implement People First Staff Engagement Programme</p> | <ul style="list-style-type: none"> The People First Staff Engagement Project was due to move in to phase three this year which involved working closely with DMTs. However, given the current pressures of all services uptake and attention has been limited. Collaborative problem-solving sessions within WOD have enabled re-focusing of this project which may encompass a leaders guide to optimise their team and effective staff health and wellbeing. This will commence later this year. |
| <p>Action 5: Healthy Working Day</p> | <ul style="list-style-type: none"> The Healthy Working Day Project was designed to understand the entangled factors which contribute to the working day of clinical staff. The work is in collaboration with Cardiff University. The project was due to start in 2022 but has been delayed due to difficulties in recruiting staff to contribute due to clinical pressures and financial challenges. Renewed efforts have secured ten physiotherapists to take part and the OD team are meeting with Nursing colleagues in late October. |

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| <p>Action 6 Developing our offer for Leaders and Managers</p> | <ul style="list-style-type: none"> • Forty-five CDs completed the ten-month leadership programme called CDx in July 2023. Cohort 2 commenced in October 2023 with 16 attendees. • Nursing and Midwifery Leadership Academy and Alumni is full for the remainder of 2023 with additional expressions of interest received for 2024. The Alumni is due to commence on 9th November. • The Leading People Programme is midway through Cohort 7 with Cohort 8 starting in April 2024. • Welsh language sessions have been delivered within both Nursing and Midwifery Academy and cohorts of Leading People Programme. • The Leadership Development Program (LDP) has been developed as the Health Boards introduction to leadership. All cohorts for 2023 are full with a waiting list for 2024. • Leadership and development mapping is underway to create a seamless development journey for all. |
| <p>Action 7: Occupational Health Service</p> | <ul style="list-style-type: none"> • The top three reasons for referral to Occupational Health remain as stress and anxiety, psychological and musculoskeletal – upper limbs. • A new occupational health electronic system G2 for manager referrals went live on 20th September 2023 assisting with referral tracking and progress. • Occupational health capacity is currently challenged due to staff absences and recent turnover. Team meetings have been conducted and mitigation options are being explored and implemented. Support from other Health Boards and immediate measures have been deployed to support the safety and continuity of the service. |
| <p>Action 8: People Practices- Implement Avoidable Employee Harm</p> | <ul style="list-style-type: none"> • Avoidable employee harm training continues to be rolled out across ABUHB and also in other Welsh NHS organisations. Internally the reduction in new disciplinary investigations has been maintained and is currently 67% after twelve months. This work has now broadened to include a research partnership with Plymouth University and collaboration with HEIW. This action has been completed and is now considered and incorporated as part of business-as-usual activities. • A Sickness Absence Group has been established in partnership to consider hot spot absence areas, reasons and trends to support staff to |

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| | remain in work or return at the earliest opportunity. |
| Action 9: Improve our Financial Wellbeing offer for staff | <ul style="list-style-type: none"> The compendium of financial resources has been enhanced on the intranet which includes links to advice services and local Credit Unions. https://nhs.wales365.sharepoint.com/sites/ABB_Pulse_Employee_WBS/SitePages/Well-being-Support-and-Advice.aspx Meetings have been held with colleagues in Cardiff & Vale and Cwm Taf Morgannwg Health Boards who have achieved the Accredited Living Wage status. There is a consensus between Health Boards in Wales that this should be coordinated on an All-Wales basis but this has not materialised. We are working with procurement to progress this work and demonstrate compliance and the development of an action plan. |

Objective 2 – Employer of Choice Quarterly update (July- September 23)

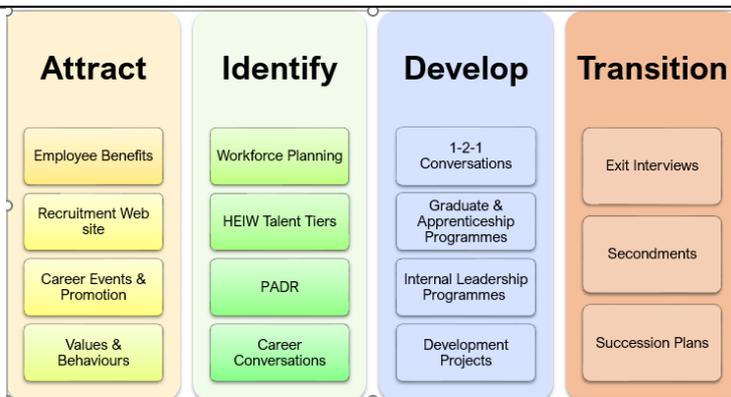
Our objective of being an ‘Employer of Choice’ aims to reduce vacancies, improving our offer to widen access to employment, recognises the public health benefits and the principles of foundational economy by promoting employment and training opportunities.

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

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

| Objective | Key Achievements |
|--|--|
| Action 10: Develop a Strong Health Board Identity | <ul style="list-style-type: none"> In addition to an internal Armed Forces Network being established we have also launched new web pages to support and promote the work of the Armed Forces on the internet and intranet. Successfully delivered an event filled week to promote Armed Forces Week. A new Armed Forces Lead chaired the Armed Forces forum on 14th September, with twelve new members recruited to the network following recent advertising. Work is ongoing to produce an action plan that will ensure we are able to re-apply for the Gold Employers Recognition Award in January 2024. The Terms of Reference (TOR) have been drafted for each Equality Network. We have established an account with lleol.com, the largest Welsh language recruitment site to |

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| | | <p>support the Bilingual Skills Strategy. This account allows us to post specific jobs, at a fee, where Welsh is highly desirable or essential. We are also in the process of creating an account with Swyddle, a Gwent based Welsh language recruitment site to publish an unlimited number of jobs to their site at no cost. This new account should be established by March.</p> <ul style="list-style-type: none"> • Staff recognition strategy has been developed for Executive Committee consideration to create and imbed an organisational culture of genuine gratitude. The aim of this work is to include an output of improved staff attraction and retention. | |
| | <p>Action 11: Talent and Succession Planning Proposals</p> | <ul style="list-style-type: none"> • Talent Management is an important long-term investment and a strategic priority for NHS Wales to maximise the talent of our potential, current and future workforce and increase our employee engagement and retention. However, as we move forward, we need to identify the different needs and expectations of a multi-generational and diverse workforce. This is likely to be one of our biggest challenges. • In July 2023 a six-month pilot on talent management and succession planning (TMSP) commenced. The pilot focuses on three main areas of work which are: 1) to publish an organisational TMSP framework, 2) develop and launch a learning programme focussed on 'Career Conversations' upskilling people managers in how to manage talent and succession plan within teams and 3) to pilot TMSP resources within two teams. • A draft of the first phase has been completed including an executive summary, talent and succession planning definitions, tiers of offering and resources. The tag-line for the framework is 'Stay, Learn, Grow'. • The framework uses four domains to explore activities to support TMSP based on the employee lifecycle and has activities from attracting the right workforce, to identifying talent and succession opportunities, to developing the workforce and finally transition either into health board roles or externally. • The value of managing talent is significant. As a Health Board, the majority of our spend is on workforce costs and retention data shows that 23% of new starters leave within the first year. | |



- The funding for this work is due to cease in April 2024 and opportunities to continue this are being explored.

Action 12: Building our Connections with Schools/ Education Providers/Communities

- Programme plan via Gwent College Consortium is focused on the bespoke offer for schools across Gwent aligning the approach between Health, Social Care and Education.
- Planned approach for school visits in conjunction with Careers Wales, focusing on high impact events to capture wide school audiences.
- Welsh language awareness sessions have been delivered or are timetabled in Welsh medium secondary schools.
- HEIW grant of £25k has been received to deliver a widening access programme at primary schools to be carried out by Welsh language unit and EDI specialist in collaboration with other partners in Health. The project will create a series of skills clubs for Year 6 pupils in primary schools to introduce them to the world of medicine and healthcare. The skills clubs will include following a patient from admission to discharge, learning about different areas of healthcare and taster days at our Health Board.

Action 13: Widening Access to employment and training

- Additional thirty-five apprentices recruited in August/September as part of the third cohort of ABUHB apprentices.
- Connections with Caerphilly Local Authority and iTec (a leading provider of skills and employment services in Wales) to promote apprenticeships and refer suitable candidates to ABUHB.
- Increased interns 2022-23.
- Recruitment bus funded by the Regional Integrated Fund (RIF) was a joint recruitment campaign with our social care colleagues and visited all five local authorities in Gwent. The purpose of this was to travel to local communities in order to attract people of our communities in to health and social care

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| | | <p>careers. A full evaluation of the campaign will be shared at the Gwent Workforce Board in November.</p> <ul style="list-style-type: none"> • Access to Medicine course launched with Coleg Gwent. • We have supported a new Hybrid recruitment initiative in conjunction with HEIW, Cardiff and Vale College and Coleg Gwent (the first in Wales). This initiative supports applicants who were unsuccessful in obtaining a nurse training placement and we offer HCSW employment to support further experience and confidence building. We anticipate that the new recruits will be successful in a future application for nurse training, which could be via the flexi-route. So far, five HCSW's have been recruited via this route. | |
| | <p>Action 14: Recruitment and Retention Strategies</p> | <ul style="list-style-type: none"> • Additional recruitment team posts approved as part of the nursing workforce strategy for recruitment team in place. • Overseas RN recruitment from May 2023 is progressing well- intake of twelve each month with ongoing rounds of interviews, final cohort arriving in November 2023. • Workshop and engagement with NHS Wales colleagues have determined a new approach to organisational induction to be launched in the new year. This was shared with colleagues at the August Retention meeting, with feedback shaping the final version. • Retention workshop was undertaken in September to review the workforce data from the past six months and design a three-year retention strategy. A follow up meeting in December is planned to monitor progress. • Retention Cafes ongoing • Funding secured from HEIW to run storytelling development workshop. • Agreement to participate in the National initiative for overseas recruitment in Kerala from April 2024 for Registered Nurses and Senior Clinical Fellow roles. | |
| | <p>Action 15 Equality Diversity and Inclusion</p> | <ul style="list-style-type: none"> • Scoping of Reverse Mentorship Programmes across NHS, and wider, to establish best practice and inform an evidence-based approach. • Pilot Reverse Mentorship supported by Executive Committee to commence autumn/winter 2023. • Staff engagement sessions on the Strategic Equality Plan were undertaken in September, with the staff engagement survey and chat cafes ongoing. | |

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| | <ul style="list-style-type: none"> • Development of IMG Buddy Scheme in collaboration with Medical Education. • Self-assessment in progress against the Speaking up Safely Framework. • Bespoke email promoted for staff to raise concerns centrally and anonymously. Scoping out an external provider for consideration. • Speaking up Safely initial engagement and awareness event held on 3rd October 2023. |
| <p>Action 16: Welsh Language Standards Implementation</p> | <ul style="list-style-type: none"> • New arrangements and an SLA in place for translation services. • All recruitment and HR policies have been reviewed to ensure compliance. Policy for use of Welsh internally is undergoing review at present. • Annual report published September 2023 to show progress across 2022/23 financial year. • Awareness month of sessions taking place through October and into November to answer staff questions and re-enforce messages both in general and around specific areas such as recruitment and training. • Audit dates set for visits to hospital sites to ensure compliance with standards. • The Welsh Language Unit have received its first investigation for non-compliance from the Welsh Language Commissioner relating to Standards 9 and 10. These relate to the Welsh language service being available when calling a Health Board number and that a caller who wishes to communicate in Welsh by selecting the appropriate option on the phone line can do so. A corrective action plan has been sent to the Commissioner's office and we are awaiting a reply. |
| <p>Action 17: Volunteering Opportunities</p> | <ul style="list-style-type: none"> • Volunteer to career pathway continues with volunteers supported in securing employment with the health board. |

Workforce Sustainability - Key Achievements for Objective 3 (July-September 23)

The Workforce Sustainability objectives enable the actions to support delivery of the right workforce models which embed innovative thinking. It also focuses on maximising information technology to support the effective workforce intelligence and deployment of staff to support service planning decisions. The Gwent Workforce Strategy between Health and Social Care will bring to fruition collaborative working across organisational boundaries and support the Foundation Economy Actions. The strategy which aims to promote an integrated health and social care approach to workforce is being refined, awaiting workforce data from the Gwent Local Authorities

and once agreed it will be ratified by the Gwent Workforce Board. The Health Board have continued to build on our success of implementing new roles and extending the fields where roles participate and work within the services.

Our measures of success of objective 3 of our People Plan will ensure workforce models are the right-size and the effective use of skills, technology and staff.

This objective focuses around six overarching actions as summarised below:

| Objective | Key Achievements |
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| <p>Action 18: Workforce Sustainability Plans</p> | <ul style="list-style-type: none"> • A workshop was held in July between the Health Board and Local Authorities to agree the actions, priorities and key deliverables in line with the HEIW and Social Care Wales workforce strategy 7 key themes. The subsequent plan was presented to the Gwent Workforce Board in September 2023, however it was agreed that members would further review the action plan to identify key priorities to be taken forward. • Centralised HCSW recruitment campaign supported across the Health Board, providing applicants with the opportunity to select a preferred site/speciality. • Re-establishment of the Clinical Futures Workforce Group to ensure there is a planned and systematic people management strategy aligned to our Health Board priority programmes. This is important because the actions within the People Plan support the mitigation of risk detailed in the Corporate and Divisional risk registers as well as support the organisation deliver on its objectives. |
| <p>Action 19: Primary Care Transformation Programme</p> | <ul style="list-style-type: none"> • Draft Paper completed outlining demographics for ABUHB workforce and the population of Gwent. To be reviewed with Director of Public Health. • Meetings held with LA partners in relation to the development of a pilot with Newport Council, which supports Children who have been looked after via paid traineeships and Apprenticeships. • The first Shared Apprenticeship Regional Group meeting took place in September with representatives from the Health Board, Local Authorities and Coleg Gwent. The next steps are to meet with Aspire, a specialist shared apprenticeship organisation in Blaenau Gwent who currently work with Blaenau Gwent Local Authority for their shared apprenticeship scheme, to discuss the model. |

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| <p>Action 20: Delivery of ACD and Care Closer to Home</p> | <ul style="list-style-type: none"> • Facilitated Sessions have taken place across some Integrated Service Partnership Boards (ISPB) and with the newly elected Professional Collaborative Leads to agree the new structure for the Neighbourhood Care Networks (NCN) so that we identify the key priorities for the ISPB to maximise services and avoid duplication of work. • Workforce planning programme/framework for NCNs has been developed and data collection is currently being undertaken with the aim that all data will be collected and analysed by September. Facilitated sessions with NCNs around workforce planning will then be carried out in order to define their service model and workforce needs/skills. • Primary care workforce data report developed to set the context and outline the strategic drivers and workforce challenges. This includes assessment of population demands on GP practices, and an analysis of current workforce challenges. The aim is to create a tool for NCNs and Primary Care contractors to support informed decision making in respect of workforce and service provision to support their communities. • Development of a Professional Collaborative Lead induction pack as part of the ACD programme. This will support those new to role who orientate themselves around an NCN. |
| <p>Action 21: Workforce Analytics</p> | <ul style="list-style-type: none"> • Safe care (Nursing staffing levels tool) implementation completed in acute ward areas. This provides managers with the opportunity to assess acuity and deploy staff accordingly. • All Wales workforce establishment controls workstream commenced to support the identification of vacancies against funded posts. This programme of work will link financial budgets with posts on the Electronic Staff Record (ESR) and will help with workforce planning and vacancy management. • Procurement of Medical E-Systems concluded. Health Board detailed Job Planning Procedure, Distance Learning Training Pack and supporting resources developed and launched in August 2023. This will support the implementation of the E-Job Planning System. |
| <p>Action 22: Agile Working</p> | <ul style="list-style-type: none"> • Workforce vision and workplan revised for presentation to Executive Committee 12th October. • Workforce Assessment undertaken on lease premises, Nevill Hall to support Estates priority plans. |

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| | | <ul style="list-style-type: none"> Agile Assessment Toolkit Developed. |
| Action 23 | Agency Reduction Sustainability | <ul style="list-style-type: none"> There has been positive progress in reduced agency usage for both RN's and HCSW's. Detailed information on the Variable Pay Reduction Programme is contained within the Workforce and OD Director Report. Following the cessation of flexible rewards, there have been a number of requests to secure substantive employment with the Health Board and a fast-track recruitment process has been implemented for this purpose. |

Next Steps - Plans to support People Plan objectives in 2023-24

The objectives within the People Plan will be reviewed to ensure it supports delivery of the organisational objectives and priorities as set out in the Integrated Medium-Term Plan (IMTP) 2024/25. Whilst we acknowledge the importance of supporting our staff both through investment and their wellbeing, priorities will be reviewed in line with the financial context.

Argymhelliad / Recommendation

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

| Amcanion: (rhaid cwblhau) | |
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| Objectives: (must be completed) | |
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Choose an item. Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff |

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| | <p>Gender pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this</p> <p>Choose an item.</p> |
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| Gwybodaeth Ychwanegol: Further Information: | |
|---|--|
| Ar sail tystiolaeth: Evidence Base: | |
| Rhestr Termau: Glossary of Terms: | <p>ACD - Accelerated Cluster Development HCSW – Healthcare Support Worker IMTP - Integrated Medium-Term Plan NCN – Neighbourhood Care Network RN – Registered Nurse WOD - Workforce & Organisational Development</p> |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | |

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

Appendix 1.



People Plan Tracker Dashboard (August 2023)

| Theme in People Plan | Action number | Action | % complete | Change in position (previous month) | Risk Score |
|--------------------------|---------------|---|------------|-------------------------------------|------------|
| Staff Health & Wellbeing | Action 1 | Wellbeing Centre | 93% | ↔ | Green |
| Staff Health & Wellbeing | Action 2 | Integrated Psychological Wellbeing | 50% | ↔ | Green |
| Staff Health & Wellbeing | Action 3 | Enhance Wellbeing of Our Staff | 20% | ↔ | Green |
| Staff Health & Wellbeing | Action 4 | People First | 53% | ↔ | Green |
| Staff Health & Wellbeing | Action 5 | Healthy Working Day | 38% | ↔ | Green |
| Staff Health & Wellbeing | Action 6 | Developing Leaders and Managers | 59% | ↔ | Green |
| Staff Health & Wellbeing | Action 7 | Occupational Health Service improvements | 50% | ↔ | Green |
| Staff Health & Wellbeing | Action 8 | People Practices/Policies | 88% | ↔ | Green |
| Staff Health & Wellbeing | Action 9 | Financial Wellbeing | 35% | ↔ | Green |
| Employer of Choice | Action 10 | Strong Health Board Identity | 43% | ↔ | Green |
| Employer of Choice | Action 11 | Talent and Succession Planning | 35% | ↔ | Green |
| Employer of Choice | Action 12 | Building our connections with schools/education providers/communities | 35% | ↔ | Green |
| Employer of Choice | Action 13 | Widening Access | 47% | ↔ | Green |
| Employer of Choice | Action 14 | Recruitment and Retention Strategies | 49% | ↑ | Green |
| Employer of Choice | Action 15 | Equality Diversity and Inclusion | 29% | ↔ | Green |
| Workforce Sustainability | Action 16 | Welsh Language | 70% | ↑ | Green |
| Workforce Sustainability | Action 17 | Volunteering Opportunities | 5% | ↔ | Green |
| Workforce Sustainability | Action 18 | Workforce Sustainability Plans | 33% | ↔ | Green |
| Workforce Sustainability | Action 19 | Primary Care Transformation | 80% | ↔ | Green |
| Workforce Sustainability | Action 20 | Accelerated Cluster Development | 25% | ↔ | Green |
| Workforce Sustainability | Action 21 | Workforce Analytics and E-Systems | 18% | ↔ | Green |
| Workforce Sustainability | Action 22 | Agile/Hybrid Working | 51% | ↑ | Yellow |
| Workforce Sustainability | Action 23 | Variable Pay Reduction Plan | 95% | ↔ | Green |



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

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Director of Workforce & OD Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Director of Workforce & Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Workforce & OD Senior Team |

**Pwrpas yr Adroddiad
Purpose of the Report**

Choose an item.
Er Gwybodaeth / For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

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

Cefndir / Background

This report covers the period since the last Committee meeting on 13 June 2023 and includes a specific update on progress on Employee Relations, Update on Educational Commissioning, NHS Wales Staff Survey, Industrial Action, Recruitment Modernisation, Avoidable Employee Harm, Agile Working, Agency Reduction and Policies.

Asesiad / Assessment

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



Employee Relations

The table below provides employee relations activity for the period January – September 2023

| Sickness Meetings | Disciplinary (exc fast track) | Fast Track | Disciplinary Appeals | Informal Resolution | Formal Resolution (Grievance) | Formal Resolution Appeals | Capability | Raising Concerns | Suspension |
|-------------------|-------------------------------|------------|----------------------|---------------------|-------------------------------|---------------------------|------------|------------------|------------|
| 919 | 29 | 8 | 1 | 5 | 31 | 1 | 5 | 6 | 10 |

- Whilst overall a significant reduction in disciplinary investigations (67%) has been maintained, the summer months have seen an increase in investigations and suspensions. Each new investigation meets the threshold of investigations being a 'last resort' and are complex cases, often involving multiagencies i.e., safeguarding, counter fraud, police.
- There are currently ten individuals suspended from duty. Five are due to patient safety concerns, one for theft, two for serious instances of alcohol/substance misuse and two that require a police investigation for serious sexual offences. One has been suspended for over four months since linked to a complex criminal investigation.
- 101 flexible working requests have been reviewed as part of our retention programme. 70% of these had been approved; 19% were pending a decision; 3% were withdrawn; 7% have nothing recorded and 1% was rejected. For those unresolved, discussions with Managers to facilitate a suitable outcome are taking place. For the small number of applications that were rejected, a theme was that managers were concerned that remaining hours will not be covered and considered that part-time roles are more difficult to recruit to than full time roles. This continues to be picked up via the retention programme and continuous HR advice on a case-by-case basis.
- Whilst there has been an increase in requests for resolution in 2023, there has been a reduction since June 2023, with only one or two new requests submitted each month, the main theme being a breakdown in relationship between the member of staff and line manager.
- Divisional teams and service reviews indicate several organisational change processes are likely to commence in the coming months and a draft proposal on managing simultaneous change management process has been shared with trade union colleagues for consideration.
- There is one confirmed TUPE Transfer process ongoing (TRAMS), two potential TUPE's (Vascular services and Tredegar Health Centre) and one individual in Research and Development will be transferring out of the Health Board in accordance with TUPE.

NHS Staff Survey

The 2023 NHS Wales Staff Survey is being coordinated nationally by HEIW. Local coordination is being led by the Organisational Development (OD) Team with



support from the Communications and Engagement Team and a network of Divisional Leads. The survey was originally due to be launched on the 25th September 2023. However, this has recently been revised to the 16th October 2023. The survey will run for a period of four weeks. The success of the survey is dependent upon the local action we take to convey the value and importance of the Staff Survey to all colleagues across the Health Board.

A communications plan has been developed to ensure that these messages are communicated effectively and that all colleagues recognise the value of and feel supported to complete the survey.

The survey has been designed to run on a digital platform in both English and Welsh. Staff will be able to access the survey via direct links sent to them by email or posted on the intranet or via a QR code on posters and publicity materials. This iteration is not linked to ESR and therefore is completely anonymous. The survey will run on any internet enabled device including personal mobile phones (i.e., you don't need to be connected to an NHS network to complete it). Recognising that not all staff feel confident with digital platforms additional support will be provided at the face-to-face sessions to support colleagues to access and complete the survey.

For staff who do not have easy access to a computer or feel reluctant to access the survey on their personal mobile phone a small number of hard copies will be available. These will be distributed via the face-to-face sessions and delivered to specific teams and can be returned in a pre-paid envelope.

In September 2020 (the last time this survey was produced) the Health Board had 3,165 responses (24% response rate). The response rates from other Health Boards ranged from 22-31%. Response rate is defined as the proportion (%) of people who respond to the survey relative to those invited to do so and is a crude indication of how representative the survey is. HEIW have identified a 30% target response rate from Health Boards for the 2023 survey.

The data from the staff survey will be available at the end of January/early February 2024 and staff from the OD team will be trained in the software being used to analyse the data. HEIW are due to share the national picture of the 2023 survey findings mid to late February 2024.

Industrial Action

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

The plan to progress the non-pay award for Agenda for Change staff is continuing to progress including the development of a draft Flexible Working Policy, a national retention plan and exploring the principles of a thirty-six-hour working week. Further information is expected to be shared with NHS Wales organisations over the coming weeks.



Vacancy Scrutiny

As a result of the significant financial deficit and enhanced monitoring facing the Health Board, a corporate vacancy scrutiny panel has been introduced to ensure all opportunities for reduced expenditure or reallocation of resources are considered through a transparent and risk-based approach. This is also consistent with controls already implemented by all other Health Boards in Wales. Divisional vacancy scrutiny processes will continue to apply to ensure local accountability in determining the priority of recruitment and which posts should proceed to advert/corporate vacancy scrutiny based on the risk and impact to patient care, experience and delivery. The following posts will be subject to the corporate vacancy scrutiny panel:

1. Corporate roles
2. Agenda for Change posts Band 8a and above
3. Agenda for Change Administrative & Clerical posts – Band 2 to Band 7
4. Newly created posts

The recommendations from the Vacancy Scrutiny Panel will be presented to the Executive Committee who will make the final decision to endorse, or otherwise, on a weekly basis.

Recruitment Modernisation

In general, the Recruitment Modernisation Programme continues to improve the time to hire, specifically in relation to completion of ID checks (now completed via a digital platform) and with the introduction of a pre-agreed start date and differentiating blocking and risk assessed pre-employment checks (PECs). However, reporting from Trac demonstrates that the Health Board have over 300 records older than 90 days in the system, which are skewing the actual performance of the improvements made. In reality, records that are 90 days or older mean either the applicant has started in post or withdrawn (and Trac hasn't been updated). Therefore, targeted communication has been sent to recruiting managers, along with general communication across the Health Board, affirming the importance of updating Trac to ensure safe and timely recruitment practices. The recruitment team will continue to monitor the backlog and identify 'hot spot' areas to consider whether there are additional training needs for recruiting managers.

Following the introduction of the vacancy scrutiny panel, time to hire (recruitment performance) will be closely monitored to prevent any significant or avoidable delays, whilst balancing the financial risk facing the Health Board.

Agency Reduction/Removal of Flexible Rewards

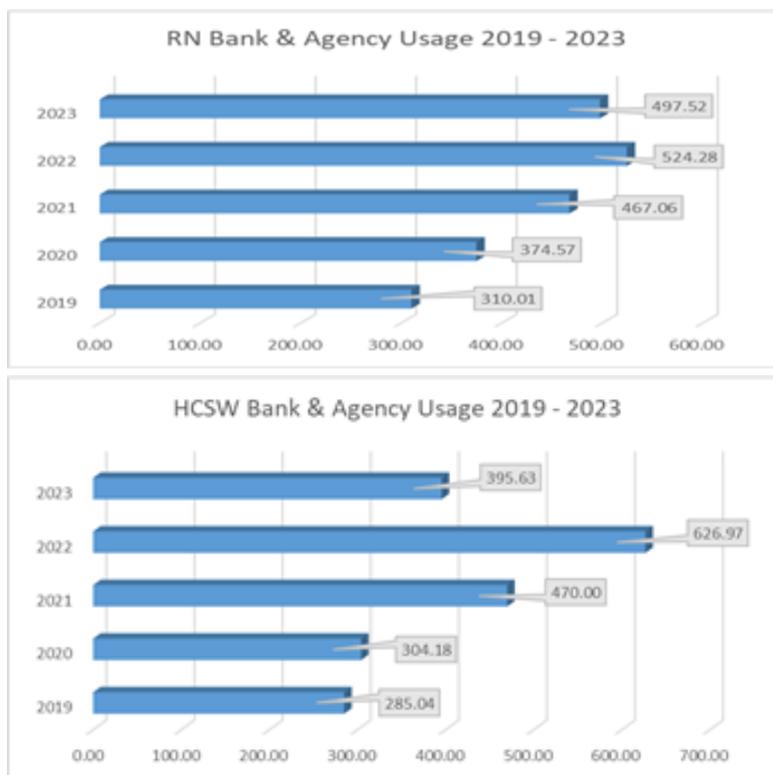
Due to several factors linked to the impact of the COVID-19 pandemic, variable pay has increased since 2019. The three staff groups which have seen the most notable increase are Registered Nursing (RN's), Healthcare Support Workers (HCSW) and Medical and Dental. there are a number of issues that have resulted in the increase in Variable Pay, these are summarised below:

- Increase in demand was not matched by an increase in substantive supply.



- The ability to recruit and retain staff has become more challenging due to
 - national and international skill shortages,
 - a competitive recruitment market
 - demographic profile of our workforce

As such variable pay usage has seen an increase in Agency usage as outlined below:



In order to enable a strong focus to reduce this usage a programme management approach was developed in 2022 in order to work with the Divisions to reduce agency usage and Flexible Rewards. Flexible Rewards are an enhanced payment offered to internal bank workers which has been in place for some years designed to increase supply.

Since the introduction of this programme of work a number of actions have taken place, these are:

- Development of Bank Rules.
- Support to improve efficiencies in rostering.
- Retention Drop-in sessions.
- Recruitment of circa 500 HCSW vacancies.
- Overseas recruitment of RNs.
- Presentation of weekly data to divisions.
- Targets to stop HCSW off contract agency in May 22.
- Target to stop off contract agency usage for RNs in March 23.
- Target to stop all agency for HCSW in June 23.
- Target to stop all Flexible Rewards from 27 August 23.
- Development of admin bank controls.

Since September 2022, we have seen a substantial reduction in agency as follows:

| Pay category | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|
| Agency | | | | | | | | | | | | |
| Admin & Clerical Agency | 118 | 85 | 124 | 152 | 79 | 10 | 147 | 72 | 64 | 77 | 49 | 41 |
| Allied Health Prof Agency | 319 | 187 | 279 | 108 | 232 | 188 | 165 | 171 | 219 | 147 | 196 | 196 |
| Estates & Ancillary Agency | 623 | 635 | 583 | 602 | 639 | 560 | 1,036 | 683 | 675 | 483 | 490 | 341 |
| Medical Agency | 1,179 | 1,503 | 1,321 | 1,261 | 1,377 | 1,336 | 1,271 | 1,162 | 2,025 | 1,474 | 1,165 | 1,399 |
| Nurse HCA/HCSW Agency | 863 | 867 | 663 | 898 | 853 | 423 | 625 | 293 | 339 | 209 | 160 | 236 |
| Other Agency | 100 | 105 | 116 | 37 | 53 | 64 | 105 | 58 | 70 | 43 | 90 | 49 |
| Registered Nurse Agency | 2,025 | 1,849 | 1,437 | 1,688 | 1,962 | 1,359 | 1,726 | 1,434 | 1,387 | 1,394 | 1,575 | 1,650 |
| Total | 5,228 | 5,232 | 4,523 | 4,745 | 5,195 | 3,941 | 5,075 | 3,873 | 4,781 | 3,827 | 3,724 | 3,913 |
| Bank | | | | | | | | | | | | |
| Admin & Clerical Bank | 136 | 104 | 108 | 80 | 109 | 88 | 123 | 94 | 86 | 108 | 114 | 92 |
| Estates & Ancillary Bank | 217 | 169 | 151 | 155 | 156 | 158 | 204 | 138 | 142 | 166 | 216 | 201 |
| Nurse HCA/HCSW Bank | 1,660 | 1,378 | 1,455 | 1,249 | 1,614 | 1,452 | 1,765 | 1,598 | 1,485 | 1,635 | 1,811 | 1,816 |
| Other Bank | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | -1 |
| Registered Nurse Bank | 2,154 | 2,031 | 2,175 | 1,918 | 2,397 | 2,268 | 3,014 | 2,295 | 2,110 | 2,332 | 2,425 | 2,352 |
| Total | 4,166 | 3,681 | 3,889 | 3,402 | 4,277 | 3,966 | 5,105 | 4,125 | 3,823 | 4,242 | 4,568 | 4,460 |
| Locum | | | | | | | | | | | | |
| Medical Locum | 271 | 262 | 298 | 200 | 245 | 241 | 385 | 233 | 234 | 286 | 311 | 285 |
| Total | 271 | 262 | 298 | 200 | 245 | 241 | 385 | 233 | 234 | 286 | 311 | 285 |
| Total | 9,666 | 9,176 | 8,710 | 8,346 | 9,717 | 8,149 | 10,564 | 8,230 | 8,838 | 8,355 | 8,603 | 8,658 |

HCSW

- A reduction in on contract agency workers for HCSW of 222 wte, equating to £627k.
- Reduced usage of off contract agency usage for HCSW.

RN

- A reduction of off contract agency RNs of 36 wte equating to £375k.
- Whilst on-contract RN Agency remained steady this has increased slightly since the cessation of Flexible Rewards from 27 August 23. Recent weeks have seen the numbers reduce considerably and we continue to monitor the situation.

Medical & Dental

There has not been any noticeable reduction in medical locum usage. . A junior doctor locum rate card was launched in November 2022 to provide pay consistency and equity across the Health Board. Medical agency costs have reduced by £22k. A forensic approach will be adopted to scrutinise the top five areas on a cascading basis to understand the drivers. The new Medical E-Systems will control usage and optimise bank and agency controls providing increased governance and better data accuracy.

Administration

There has been a reduction in administration agency of £44k since September 2022. In order to further reduce and control administration usage, a controls process has been developed to include higher levels of rules for booking and authorisation.

The Variable Pay Reduction Action Plan is under review and now reports to the Value and Sustainability Board.



Policy Update

Since January 2023, seven policies' have been reviewed and republished via the Health Board's policy group and governance processes:

- Annual Leave and Statutory Holidays for non-medical staff.
- Home Working Policy.
- Accessing NHS Pension and Re-engagement Guidelines.
- Re-evaluation of existing posts.
- Working Time Policy.
- Long Service Awards Policy.
- Fixed Term Contracts Policy and Redeployment Guidelines.

The following policies are currently under review/subject to approval:

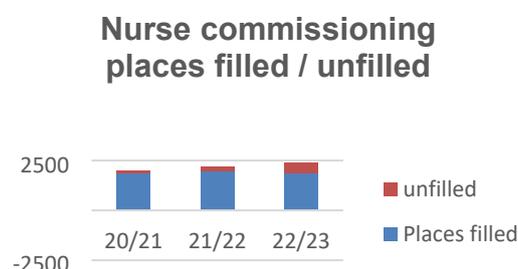
- Trade Union Recognition and Partnership Agreement Policy.
- Personal Relationships at Work Policy.
- Starting Salary and Service Continuity Policy.
- Temporary Injury Allowance Policy.
- Clinical Record Keeping Policy.
- Study Leave Policy.
- Flexible Working Policy (All-Wales).
- Smoke Free Policy.

Educational Commissioning Update

This section provides an update on the paper "Assurance on Workforce Planning and Education Commissioning Numbers" which was presented at the previous Committee.

Following notification of the clinical graduate education placements for 2024 and clarification of the numbers allocated to ABUHB, nursing, therapy and workforce representations met with HEIW on the 20th July 2023.

HEIW expressed concerns that fill rates for adult nursing programmes has decreased from 93% to 91%. In 22/23 circa 1,900 were recruited against a target of 2,396. For this reason, nursing placements were proportioned across Wales and unfortunately a greater number of placements were unfilled:



The demand for education commissioning placements has increased due to:

- Ageing Workforce.
- More flexible hours.



- Potential for Terms and Conditions to change in line with the new pay deal (i.e., 36 hours working week).
- More complex service needs
- Delivering against the National Programmes.
- Reducing agency costs.

The IMTP numbers submitted by all Health Boards for nursing were as follows:

| IMTP | | | | | | |
|---------------------------|--------------|--------------|------------|------------|--------------|---------------|
| | Adult | Child | MH | LD | Total | |
| Aneurin Bevan | 285 | 31 | 83 | 7 | 406 | 10.3% |
| BCU | 474 | 26 | 120 | 25 | 645 | 16.3% |
| Cardiff & Vale | 567 | 96 | 111 | 9 | 783 | 19.8% |
| Cwm Taf Morgannwg | 710 | 44 | 121 | 0 | 875 | 22.1% |
| Hywel Dda | 234 | 2 | 30 | 13 | 279 | 7.1% |
| Powys | 47 | 2 | 44 | 4 | 97 | 2.5% |
| Swansea Bay | 546 | 74 | 133 | 112 | 865 | 21.9% |
| Velindre | 3 | 0 | 0 | 0 | 3 | 0.1% |
| TOTAL | 2866 | 275 | 642 | 170 | 3,953 | 100.0% |

(NB: all Health boards have different acuity levels of services (e.g. tertiary centres) and different baseline number of funded nursing posts and vacancies, which would justify an amount of normal variation).

As a result of limitations on funding, uptake, and training university training capacity, HEIW are only able to support 68% of the Health Boards requests for adult nursing for 2024. A number of Health Boards requested significantly high numbers of nurses commissioning numbers and HEIW have confirmed that they are allocating placements based on a holistic overview of submitted requests, total number of nurses employed and agency usage.

As such our allocation has been confirmed as:

- Adult Nursing - 178 against a request of 285.
- Child Nursing – 26 against a request of 31.
- Mental Health Nursing – 35 against a request 79.
- Learning Disabilities Nursing – 17 against 7.

All Health Boards and Trusts in Wales have seen a reduction in their requests which offered assurances that scrutiny was being applied.

Our observation is that there are risks associated with over-commissioning the number of educational placements, such as:

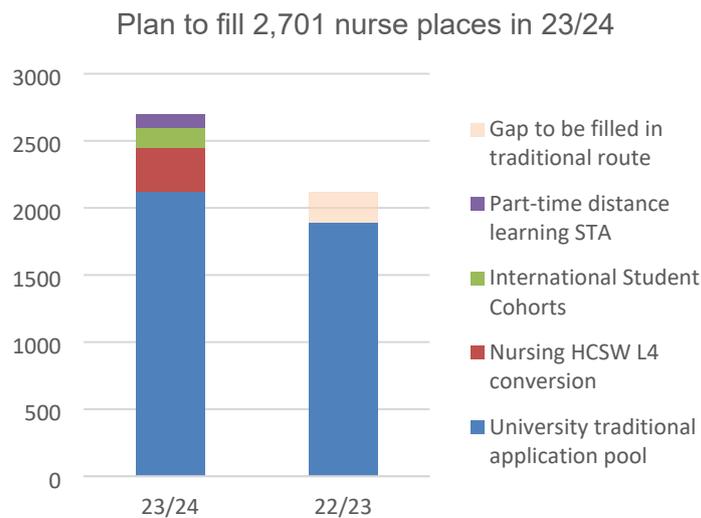
- Insufficient local training capacity generating a poor experience for student nurses and increasing the workloads on registered supervisors.
- Potential conflict of vacancies to support part time routes, overseas plans, and internal training routes. Organisations may not be able to offer first choice areas of practice and may lose them to other organisations.



- 30% of nursing vacancies are filled through internal voluntary transfers, because many are not band 5 new graduate posts and therefore Health Boards shouldn't be commissioning for all nursing turnover. This would result in exceptionally high numbers of educational commissioning requests across Wales.

HEIW recognise that the previous reliance on graduate nurses to fill vacancies should not be the longer-term recruitment strategy. Therefore, they are proposing to offer more funding to other training routes:

- Increase in overseas students- 150 places.
- Increase in part time distance learning – 100.
- HCSW training pathways to RN conversion – 500.



As part of the Nursing Strategy the plan is to take advantage of these alternative training routes, through a *grow your own* approach. There is an action plan in place to deliver this strategy.

The number of Therapy placements allocated to the Health Board were higher than the placements commissioned, which introduces risk to the organisation both in terms of capacity to train but also financial risk of the bursary conditions (i.e., Health Boards are required to recruit all qualified graduates). This was being investigated for a small number of areas for consideration by the Assistant Director of Therapies and Health Sciences on the risk and actions required.

A series of workshops are being planned in support of improving the robustness of the educational commissioning process in light of the HEIW demand and supply work but also to ensure services are considering the outputs of all training routes in their assessments. Educational commissioning figures for 2025 will be submitted to the Executive Committee in February 23 in line with IMTP timescales.

Agile Working

Our programme of work has been focussed on the development of an Agile Working Framework which includes a number of resources, tools and guidance to support the culture change and new ways of working.



A positive advisory audit, which the Committee have been made previously aware of made a number of recommendations to include an overarching agile working plan, SMART goals on what success looks like and a structured formalised approach to agile working to ensure the best efficiencies are achieved.

A previous concept of the vision, principles, and implementation options were presented to the Executive Committee in June 23 and shared with staff and trade union colleagues. Comments received have been reflected in an updated version (including staff wellbeing, estate costs, decarbonisation and maximising the use of technology), with a final version to be presented to Executive Committee on 12th October for approval.

The proposal includes the structure and responsibility of the working group underpinned by benefits and an outcome framework. An Estates Plan will also be a fundamental enabler of agile working.

Argymhelliad / Recommendation

People & Culture Committee is asked to note this report for information and discuss the update.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|--|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | n/a |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Choose an item. Choose an item. Choose an item. Improve the wellbeing and engagement of our staff |



**Gwybodaeth Ychwanegol:
Further Information:**

| | |
|--|-----|
| Ar sail tystiolaeth: Evidence Base: | n/a |
| Rhestr Termau: Glossary of Terms: | n/a |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | n/a |

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

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





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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Retaining our Workforce |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Peter Brown, Assistant Director of Workforce and Organisational Development; |

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board recognises that retaining our staff is one of the most important factors for the NHS to deliver care in the forthcoming years. Workforce and Organisational Development set up a Retention Group to look at key themes and systemic issues relating to employee retention to improve staff experience, retain our people and undertake a range of actions to help staff feel valued.

An exploration of drivers and local and national planning in relation to retention has included input from:

- Workforce and Organisational Development People Plan - Putting People First Workforce & Organisational Development.
- Welsh Government reports on national NHS retention: -
 - [National workforce implementation plan | GOV.WALES](#)
 - Corporate Nursing - Nursing Midwifery SCPHN Workforce Strategy
- Local Exit Interview data (this has been a limited number of responses) and Moving On surveys).
- Insights garnered through OD interventional work.



- HEIW plan to release retention specific resources in Q3/4 2023/24.

Whilst the pandemic and subsequent pressures have seen many colleagues stay, our workforce needs our ongoing support more than ever. It is therefore essential to support our people to not only stay but stay well.

In setting up the Retention Working Group, data and insights into the reasons why people were leaving was identified as a key theme for exploration, and as such three key pieces of work were commissioned:

- 1) To better understand reasons for leaving through Exit Interviews.
- 2) To get upstream and improve people's experience of work, signposting and troubleshooting reasons which lead to exit through hosting a series of retention cafés.
- 3) To develop and track organisational retention through an available dashboard.

Exit interview data submission has been poor organisationally, the Retention Working Group have been exploring how to increase participation and other options to better understand potential leavers.

Our latest Working Retention Dashboard July 2023 enclosed (**Appendix 1**) helps to inform and support our retention workstreams.

The Director of Workforce and Organisational Development commissioned a review of the recent retention activity in particular the retention chat cafés and intelligence gained to inform future actions. This paper will provide:

An update on the current activity aligned to three areas of employee retention as identified in the literature and key national workforce drivers:

- Entering the Organisation.
- Staff engagement through Retention Chat cafés.
- Moving on and exiting the Organisation.

Cefndir / Background

It has been important to understand the profile of our workforce to help assess the risk points and ensure that retention issues affecting groups are addressed. For example, are retention issues organisation wide or specific to certain staff groups, demographics, departments, or teams. It was recognised that individual's reasons for leaving or staying are complex and a variety of approaches would be required to reveal people's intention to leave and respond to this.

Prior to the Retention Working Group being established, there was much conjecture about individuals' reasons for exit & how to improve people's experience of work in a timely way.

Key themes were identified through our workforce data that required attention:



1: Entering the Organisation,

Our Working Retention Dashboard indicates higher turnover in people who have been with us for under a year with the latest information indicating 23% of staff leave within the first year of joining the Health Board.

To support the findings the Organisational Development Team identified the need to develop and design a new approach to organisational induction, recognising that the temporary measures introduced to support the organisation through the pandemic required review to meet the current needs of our new employees. A range of engagement has taken place over the last six months including feedback from the senior managers, key staff members on their induction experience, an evaluation of staff experience of HCSW Induction. In May, an induction workshop took place to determine what a great induction should look like and recommendations from the workshop included:

- Organisational induction is meaningful, digestible, engaging, and explorative in nature.
- A longer approach across ~90 days to enable our people to deeply understand the Health Board, how we work, what's important to us and stimulate a sense of both pride and belonging for the new employee.

ACAS recommend organisations 'avoid bombarding a new employee with too much new information, paperwork and too many new people. Instead – work out what is essential for day one and spread the rest of the information and introductions across the induction' (ACAS, 2015).

2: Staff Engagement through Retention Chat Cafés

Following a review of exit questionnaires, local divisional listening events, and staff turnover data a decision was made through the Workforce and Organisational Development Retention Group to commence monthly retention engagement chat cafés. These were commissioned to better understand reasons for potential leavers, to troubleshoot immediate issues, help employees navigate support options and signpost resources, due to scant information in formal processes.

Chat cafés commenced in November 2022 (rotating across main sites). These were designed deliberately with the aim of creating a psychologically safe, informal space for individuals to share their experiences of work.

Basing these events close to restaurants was considered important to enable easy access. In addition, careful consideration was given to the number of facilitators supporting the events to ensure engagement across the hosted site, for those staff who may not visit the restaurant area. Events were publicised and promoted to raise awareness of the events and encourage engagement.



In addition to creating a psychologically safe space, stands with a range of information were developed to support employees with information pertaining to key areas identified as areas of concern within exit questionnaires and surveys:

- Agile Working.
- Learning and Development.
- Wellbeing Activity.
- Occupational Health.
- Employee relations cases.

To date 375 of our staff across all areas of the Workforce have engaged with the Retention Roadshows, 51 issues have been raised ranging from agile working, career development, flexible Working, physical working environment, shift patterns, staff turnover and health issues.

Of these 51 all were resolved 4 no action required, 6 referred to manager, 14 referred to specialist service, 27 signposted to appropriate information /service. Having specialists on site, with easy access enabled us to resolve queries at the first point of contact.

Comments from staff on what could be improved to support them to stay:

- "Better support from Senior Management".
- "Feeling more appreciated, managers sorting our issues that push people to leave and not feeling pressures to take up other roles to save job security".
- Managers listen and act on information, you can't understand unless you work alongside us and experience our issues seek to understand, then to be understood".
- "Patient safety staff acknowledgement".
- "The possibility of working from home 1-2 days".

The majority of issues raised related to existing processes and ways of working. Additional events have been scheduled throughout quarter three and ongoing information continues to be recorded. These face-to-face onsite Retention Roadshows are an effective means of taking Workforce and Organisational Development services directly to the workforce, and creating accessible spaces for problems to be voiced and support signposted.

3. Exit Questionnaire and Moving On survey

The exit questionnaire process is currently being revisited nationally and locally as part of the Workforce and Organisational Development Retention Group objectives. Locally there are plans to review the current exit interview process and triangulate across other information (including Wellbeing surveys, moving on questionnaires). It is anticipated this would result in a better experience for the end user and provide intelligence for our organisation to use.

Over the last six months several areas have been reviewed that currently capture data relating to retention these are outlined below:



ESR Exit Questionnaire.

This is nationally provided, triggered by leaver processes and earlier this year this was switched on for ABUHB. It was decided the previously agreed exit survey introduced in 2020 would remain live, to enable a number of methods to gain intelligence and inform future activity.

The following information outlines the data from ESR questionnaires between May –July 2023. Despite the process being triggered by leaver submission processes, responses have been limited. A total of 33 out of a possible 591 responses were submitted over this period. The table highlights the highest and lowest responses by question, for example the question – “I often/always look forward to going to work” there are a total of 33 responses, of which 10 ‘agree’ with the statement and 16 either ‘disagree’ or ‘neither agree or disagree’. Which tells us c.60% of respondents do not often look forward to going to work.

| Exit Questionnaire Responses May to July - 33 responses | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Not Response Received | % Agreed or Strongly agreed |
|--|-------------------|----------|---------------------------|-------|----------------|-----------------------|-----------------------------|
| There have been frequent opportunities for me to show initiative in my role | | 1 | 4 | 14 | 10 | 4 | 72.73 |
| I have been able to make suggestions to improve the work of my team / Department | | 1 | 1 | 18 | 9 | 4 | 81.82 |
| I have been able to make improvements happen in my area of work | | 1 | 9 | 10 | 9 | 4 | 57.58 |
| I often/always looked forward to going to work | 3 | 5 | 8 | 10 | 3 | 4 | 39.39 |
| I was often/always enthusiastic about my job | | 3 | 8 | 11 | 7 | 4 | 54.55 |
| Time often/always passed quickly when I was working | | 2 | 7 | 12 | 8 | 4 | 60.61 |
| Does your organisation take positive action on health and well-being? | 4 | 2 | 1 | 17 | 5 | 4 | 66.67 |
| Does your organisation act fairly with regard to career progression / promotion | 3 | 1 | 11 | 8 | 5 | 5 | 39.39 |
| Does your organisation provide opportunities for flexible working patterns? | 2 | 2 | 2 | 17 | 6 | 4 | 69.70 |
| I felt my contribution was valued by my manager/team/organisation | 1 | 3 | 3 | 14 | 8 | 4 | 66.67 |

Moving on Survey Questionnaire.

This process has been available for staff to complete since January 2020 and 279 responses have been received to date (which is a low response rate – 5.7% compared with number of leavers 4861 in period Jan 2020 to July 2023). The table below outlines the Reason for Leaving during this period:

| Reason | Response percent | Response Number |
|-------------------------------------|------------------|-----------------|
| Another position with ABUHB | 20.7% | 58 |
| Another position within the NHS | 32.5 % | 91 |
| Another position outside of the NHS | 18.2 % | 51 |
| Personal reasons | 13.9% | 39 |
| Retirement | 10.4% | 29 |
| Return to study | 1.4% | 4 |
| Capability/ Disciplinary | 0.0% | 0 |
| Other | 20.0% | 56 |
| | Answered | 280 |
| | Skipped | 4 |

Over half of respondents identified movement into roles within Health (be that within our Health Board or the wider NHS). 10% retired. As part of the questionnaire, respondents identified areas which may improve job satisfaction, these include:



- Variety of Role and role clarity.
- Good team working.
- Working in a patient centred way.
- A wide variety of learning opportunities, shadowing, being mentored, access to a coach.
- Support from Managers.
- Networking and meeting other health professional.
- Autonomy.
- The opportunity to be creative and innovative.

Themes identified as causing frustration and poor job satisfaction:

- High volume of paperwork.
- Lack of clearly defined roles and responsibilities.
- Multiple changes to service with limited communication.
- High workload and poor staffing.
- Poor or broken equipment to undertake role.
- Lack of compassion from management.
- Limited flexible working options.

It has been recognised that the number of responses for both the ESR system led process and the Moving On survey have yielded low numbers, however, it is recognised that the information offers a rich insight into the themes that require further consideration and attention.

Asesiad / Assessment

Retaining our staff is one of the most important factors for the NHS to deliver care in the forthcoming years.

The following risks have been identified:

| Risk | Mitigation |
|---|--|
| <p>Unable to meet the retention plans (outlined in national and local plans).</p> | <ul style="list-style-type: none"> • Continue to engage with staff through retention chat café and monitor themes and actions taken. • Active engagement with HEIW to design and implement retention resources aligned to the All-Wales Nurse Retention Plan. • Continue to share Working Retention Dashboard through Workforce and Organisational Development Retention Group and develop a programme of actions based on intelligence gained. |



| | |
|--|--|
| Attrition rate (within first 12 months of employment) continues in the same trajectory. | <ul style="list-style-type: none"> • Development of 90 day Organisational Induction (with integrated local induction). • Relaunch of Employee and Manager Handbooks. • Promotion of site-specific handbooks. • Promotion of new managers handbook. • Monitor attrition/retention rates. |
| Make assumptions about reasons for leaving based on small sample size of data and build interventional work around this. | <ul style="list-style-type: none"> • Validate dataset by multiple methods including speaking to employees directly at Chat cafés, supplementing Exit Interview questionnaire with Wellbeing survey targeted questions. • Building in development for Managers and supervisors around key management processes (LDP, Leading People, CDx, and in the future Career Conversations Development). • Utilise HEIW resources (to be launched Q3/Q4) on Stay Interviews. |

To support the retention agenda the table below outlines the actions planned for the next 6 months based on the evaluations of the Chat 'Retention' cafés (**Appendix 2**).

Argymhelliad / Recommendation

The Committee is asked to:

Receive this report for information and assurance, discuss and provide feedback.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|--|--|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 1. Staying Healthy 3.2 Communicating Effectively 7.1 Workforce 6.3 Listening and Learning from Feedback |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. |



| | |
|---|--|
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item. |

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

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| | Is EIA Required and included with this paper No does not meet requirements |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/ | Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs |

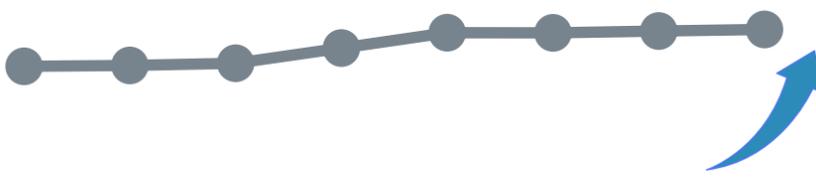


RETENTION DASHBOARD - JULY 2023

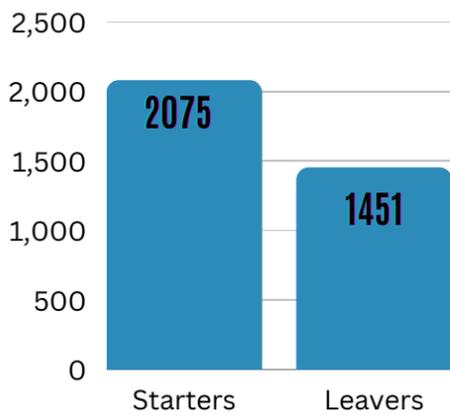


EMPLOYEES

12734.88 WTE
16200 HEADS



- Staff in post has increased by 516wte 4.22% in the last 12 months
- Highest increase is within Admin & Clerical from 2651wte to 2790 wte a 5.2% increase



TURNOVER RATE

9.95%



Turnover has decreased from 11.4%.

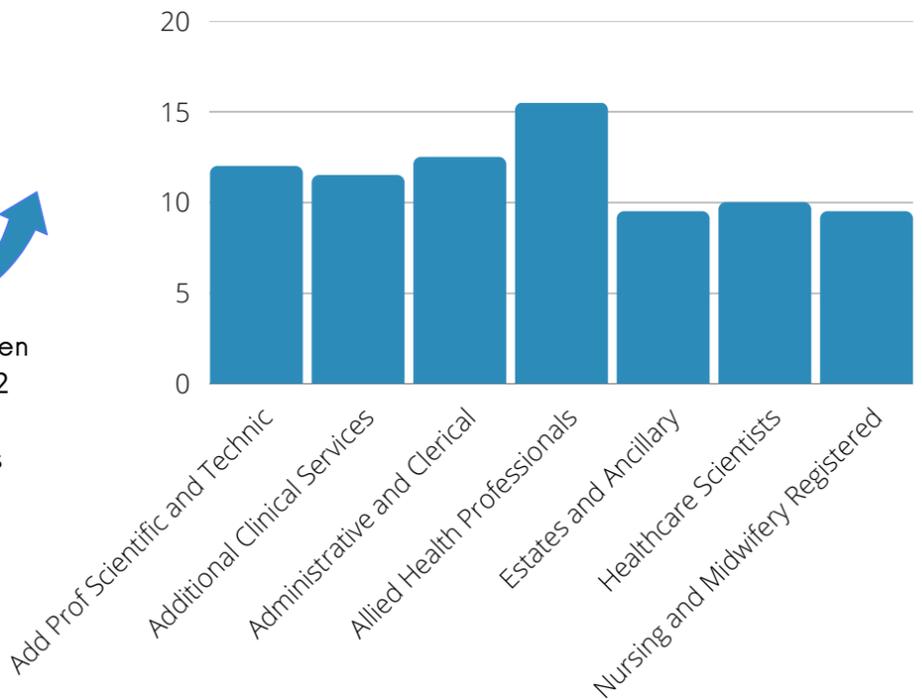
NB: Medical & Dental are not included in Turnover because of Junior Doctors data

This is the % of the staff that have been retained in the HB

STABILITY RATE

89.08%

- 12383 member of staff have been retained by the HB in the last 12 months
- Additional Clinical Services has lowest Stability Rate at 82%



The three highest turnover rate were within Allied Health Professionals at 15.5% (109 leavers), Add Professional, Scientific and Technic 12% (48 leavers) and Admin and Clerical at 12.5% (282 leavers).

Reasons for Leaving

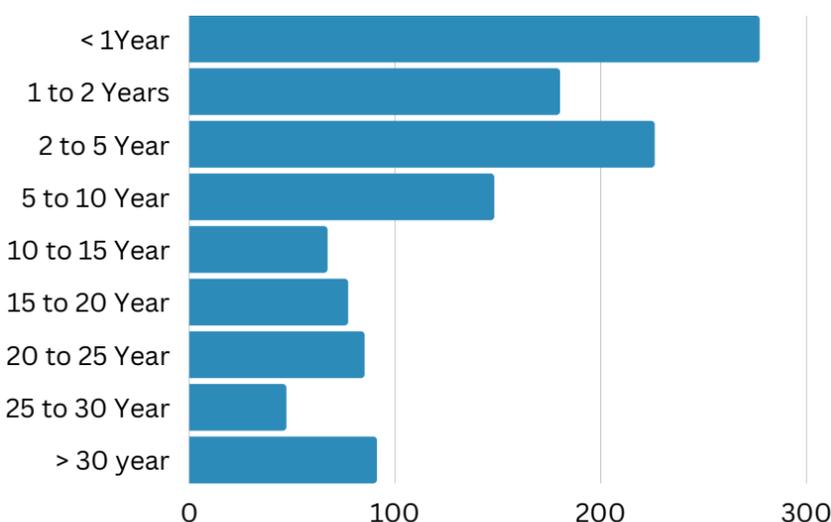
| Number of Leavers by reasons | Death in Service | Dismissal | Employee Transfer | End of Fixed Term Contract | Flexi Retirement | Has Not Worked | Mutually Agreed Resignation | Redundancy - Voluntary | Retirement | Voluntary Early Retirement | Voluntary Resignation |
|----------------------------------|------------------|-----------|-------------------|----------------------------|------------------|----------------|-----------------------------|------------------------|------------|----------------------------|-----------------------|
| Add Prof Scientific and Technic | | 0 | | 1.30 | 5.80 | 0.03 | 0.00 | | 5.00 | 0.92 | 35.53 |
| Additional Clinical Services | 3.80 | 1 | 1.91 | 19.33 | 31.83 | 3.64 | 4.36 | | 32.98 | 0.64 | 171.80 |
| Administrative and Clerical | 0.53 | 2 | 5.00 | 14.79 | 27.85 | 0.84 | 9.46 | 2.87 | 50.11 | 0.00 | 170.44 |
| Allied Health Professionals | | 1 | 1.33 | 2.00 | 5.75 | | 2.00 | | 11.79 | 0.00 | 87.11 |
| Estates and Ancillary | 4.00 | 1.63 | | 4.20 | 14.05 | | 14.14 | 1.00 | 15.82 | 0.00 | 24.02 |
| Healthcare Scientists | | 0 | | 0.00 | 0.40 | | 1.00 | 0.60 | 3.19 | 1.00 | 14.10 |
| Medical and Dental | | 0 | | 10.24 | 4.10 | 1.00 | 1.05 | | 13.25 | 0.00 | 59.41 |
| Nursing and Midwifery Registered | | 0.80 | 4.56 | 1.80 | 64.59 | 1.03 | 4.40 | | 71.76 | 1.40 | 145.31 |
| Grand Total | 8.33 | 6.43 | 12.79 | 53.65 | 154.37 | 6.53 | 36.41 | 4.47 | 203.90 | 3.96 | 707.72 |

- 47% (707wte) have left the Health Board due to Voluntary Resignation.
- The highest leavers are within Additional Clinical Services, Admin & Clerical and Nursing and Midwifery Registered.

| Number of Leavers by Voluntary Resignation | Adult Dependants | Better Reward Package | Child Dependants | Health | Incompatible Working Relationships | Lack of Opportunities | Other/Not Known | Promotion | Relocation | To undertake further education or training | Work Life Balance |
|--|------------------|-----------------------|------------------|--------|------------------------------------|-----------------------|-----------------|-----------|------------|--|-------------------|
| Add Prof Scientific and Technic | 0.69 | | | | | | 15.91 | 7.75 | 9.18 | | 2.00 |
| Additional Clinical Services | 1.33 | 0.76 | 2.00 | 12.51 | 1.00 | 3.22 | 78.71 | 19.81 | 18.44 | 20.17 | 13.84 |
| Administrative and Clerical | 1.00 | 9.00 | 0.60 | 7.77 | 2.40 | 2.00 | 93.54 | 19.72 | 22.08 | 3.75 | 8.59 |
| Allied Health Professionals | | | 0.80 | | 1.00 | 1.00 | 21.88 | 14.33 | 38.93 | 2.40 | 6.76 |
| Estates and Ancillary | | 4.04 | | 1.53 | | | 16.17 | 0.80 | 1.00 | 0.48 | |
| Healthcare Scientists | | | | | | | 3.00 | 2.00 | 8.10 | | 1.00 |
| Medical and Dental | | | | | | | 52.81 | | 4.60 | 1.00 | 1.00 |
| Nursing and Midwifery Registered | | 2.00 | 3.85 | 11.63 | 2.60 | 0.80 | 44.70 | 10.40 | 43.33 | 2.88 | 23.12 |
| Grand Total | 3.03 | 15.80 | 7.25 | 33.43 | 7.00 | 7.02 | 326.73 | 74.81 | 145.66 | 30.68 | 56.31 |

- 46% (326wte) of voluntary resignation is other/not known.
- 20% is relocation and 8% is work life balance.

Leavers by Length of Service



- 23% of staff leave within the first year of joining the Health Board
- 19% of staff have left within 2 - 5 years.



Leavers by Length of Service - Staff Group

| Number of Leavers in the last 12 months / Staff Group | <1 Year | 1 to 2 Years | 2 to 5 Years | 5 to 10 Years | 10 to 15 Years | 15 to 20 Years | 20 to 25 Years | 25 to 30 Years | >=30 Years |
|---|---------------|---------------|---------------|---------------|----------------|----------------|----------------|----------------|--------------|
| Add Prof Scientific and Technic | 9.78 | 9.40 | 9.39 | 4.43 | 3.80 | 3.84 | 3.03 | 1.53 | 3.39 |
| Additional Clinical Services | 90.83 | 43.04 | 39.96 | 31.63 | 16.81 | 13.28 | 17.16 | 6.19 | 13.39 |
| Administrative and Clerical | 68.32 | 51.97 | 56.66 | 30.93 | 16.89 | 12.71 | 15.13 | 10.96 | 20.32 |
| Allied Health Professionals | 17.70 | 18.06 | 38.76 | 17.47 | 2.60 | 7.86 | 1.85 | 4.27 | 2.40 |
| Estates and Ancillary | 13.59 | 14.21 | 6.67 | 12.69 | 4.96 | 5.18 | 9.13 | 5.60 | 6.83 |
| Healthcare Scientists | 1.40 | 4.00 | 5.83 | 5.90 | | | 0.60 | | 2.56 |
| Medical and Dental | 38.10 | 16.35 | 13.71 | 5.64 | 0.50 | 3.60 | 7.15 | 3.00 | 1.00 |
| Nursing and Midwifery Register | 37.37 | 23.78 | 55.15 | 38.99 | 21.49 | 31.38 | 30.64 | 15.68 | 41.15 |
| Grand Total | 277.10 | 180.80 | 226.13 | 147.69 | 67.06 | 77.85 | 84.69 | 47.23 | 91.02 |

- 277wte left the Health Board within the first year of employment, 32% of leavers was within HCSW.

Action Plan: Retention (September 2023) this action plan outlines the Key priorities for the next 6 months.

| Key priority | Actions | Responsible Lead | Target Date | Possible Issues | Monitoring review arrangements to measure implementation of action) |
|-----------------------------------|--|---|--------------|--|---|
| Organisational Induction | Review and revise Organisational Induction to meet current workforce needs. | Organisational Development | January 2024 | Delivery contingent on recruit to band 5 vacancy | Retention Group Variable Pay Board |
| Engagement retention 'chat cafes' | Expand to community site | Organisational Development | March 2024 | | Executive Team |
| Values and Behaviours Framework | Values and behaviours revision and implementation through staff engagement | Organisational Development | March 2024 | | People and Culture committee |
| Learning and Development | Further development of L&D offer with a focus on key organisational processes and policies | Organisational Development Human Resources | March 2024 | | |

| | | | | | |
|---|---|--|---------------|---|--|
| Employee Relations Cases | Implement flexible working guidance/best practice | Human resources | January 2024 | | |
| Monitor key retention metrics to support forecasting and analysis | Develop, monitor, and target factors impacting on turnover of staff | Workforce information, Business Partners | Ongoing | | |
| Agile/Hybrid working | Embed retention in revised Agile/Hybrid working vision | Workforce planning | November 2023 | | |
| Adopt 'Stay, learn, grow' for talent management and succession planning | Pilot Talent and succession planning resources | Organisational Development | January 2024 | Fixed term contract ending February 2024. | |



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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | People and Culture Committee Self-Assessment |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Director of Corporate Governance |
| SWYDDOG ADRODD: REPORTING OFFICER: | Head of Corporate Governance |

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to inform the Committee of the annual self-assessment process and to discuss the self-assessment template, which is appended to the report as Appendix 1.

Cefndir / Background

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

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

Asesiad / Assessment

Traditionally, the self-assessment is completed at the end of every financial year to determine committee members' opinions on the effectiveness of the committee throughout the year; however, it has been agreed that the self-assessment process will be completed midway through the year, (October/November) on the basis, that this will inform the Committee Annual Report, Annual Accountability Report and Governance Statement. This will also inform the Board's overall evaluation of its effectiveness.

Following discussion, if the Committee considers the self-assessment template (appendix 1) is a useful tool, the template will be shared with members by the first week of November for a period of four weeks. Following this, the Corporate Governance Team will compile the responses into charts for the February People and Culture Committee's consideration and discussion.

Argymhelliad / Recommendation

The Committee is asked to:

- NOTE the report,
- CONSIDER the self-assessment template for completion in order to inform areas of development for the forthcoming year, and;
- AGREE to the Committee undertaking the self-assessment as per the timescales set out.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|--|---|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | The self-assessment of committee effectiveness ensures risk is appropriately monitored and managed. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Governance |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives | Not Applicable Choose an item. Choose an item. Choose an item. |

**Gwybodaeth Ychwanegol:
Further Information:**

| | |
|---|------|
| Ar sail tystiolaeth: Evidence Base: | N/A |
| Rhestr Termau: Glossary of Terms: | N/A |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | None |

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

| | |
|---|---|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Not Applicable |
| • Service Activity & Performance | Not Applicable |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/ | Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item. |

People and Culture Committee Self-Assessment Checklist

Introduction

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

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

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

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

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

1. generate an overall view of PPC effectiveness; and
2. drill down and analyse specific areas of strength or improvement on a section, sub-section, and individual question level.

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

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

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

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

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

Section 2 – Culture and Values

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

Section 3 – Organisational Development and Capacity

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

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

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

Section 4 – Performance Reporting

| | Question | Response Yes / No | Comments | Suggested Improvement Actions |
|----|---|----------------------|----------|-------------------------------|
| 35 | Is the Committee confident that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures? | | | |
| 36 | <p>Does the committee effectively scrutinise the workforce and organisational development performance issues and key performance indicators including:</p> <ul style="list-style-type: none"> • Strategic priorities relating to workforce • Organisational culture • Staff health and wellbeing • Workforce utilisation and sustainability • Recruitment, retention and absence management • Workforce planning • Succession planning and talent management • Training, development and education • Management and leadership capacity programmes | | | |

| | | | | |
|----|---|--|--|--|
| 37 | Does the Committee receive and consider workforce and development performance audit; and monitor progress against agreed actions? | | | |
|----|---|--|--|--|

Section 5 – Risk Management

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

Section 6 – Statutory and Mandatory Compliance

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

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

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

Comments:

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Proposal for Reverse Mentorship Programme |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Non Ellis, Equality, Diversity and Inclusion Specialist. |

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The NHS is the largest employer of Black, Asian and minority ethnic staff in the UK. However, in 2019, 15% of NHS England staff from these ethnic backgrounds, reported experiencing discrimination at work from a manager, team leader or other colleague in the last twelve months (Workforce Race Equality Standard Report, 2019). Furthermore, it is nationally recognised that the lack of ethnic minority staff in senior positions is a systemic issue which needs urgent attention and remedy.

In Aneurin Bevan University Health Board, ~7% of staff are from a non-White British background. Around a quarter of senior roles (Band 8a and above) are held by Black, Asian and minority ethnic colleagues. The analysis shows that the majority of the roles held by Black, Asian and Minority Ethnic colleagues are medical and dental, which are higher paid positions, however, representation at board level remains low – including executive board roles – and Black, Asian and Minority Ethnic staff still remain proportionally under-represented in very senior positions. Previous research (NHS Institute for Innovation & Improvement 2009) has highlighted concerns about the absence of Black and minority ethnic staff from senior NHS roles including Trust Boards.



Building on previous Welsh Government initiatives on race equality, the Anti-Racist Wales Action Plan (the Plan) was published in 2022 and describes Welsh Government's vision for 'a Wales that is Anti-racist by 2030'.

Supporting the retention and progression of ethnic minority colleagues are key themes of the plan. Reverse Mentoring has been successful in doing this across NHS organisations, enabling Executives and Board members to have an increased understanding of the barriers that ethnic minority groups face.

The proposal to pilot a Reverse Mentorship Programme within the Health Board has been endorsed by the Executive Committee.

Cefndir / Background

Much has already been written about the demographic changes facing society and their impact upon the workplace. How NHS organisations respond to these challenges will be crucial in ensuring they remain attractive to employees and relevant to their patients. It's also useful to look at our workforce compared to the communities we support to see how representative our workforce is of our local population. The data shows that ABUHB workforce is overrepresented by 1.5% compared to overall Greater Gwent population.

Statistics show that a diverse workforce leads to better outcomes for organisations. Embracing diversity has been shown to improve operations, organisational succession planning and employee retention (Patrick & Kumar, 2012). For example, organisations with ethnically and culturally diverse teams are more likely to outperform peers on productivity, and diverse teams are more likely to be associated with higher individual performance and innovation.

Significant work in recent years has sought to create a more diverse workforce, reflecting the communities that we serve, and the different capabilities individuals bring. However, there is still work to do in the NHS to close the gap between the opportunities and outcomes for staff from ethnic minority backgrounds and those with other protected characteristics.

A key barrier to progress is a lack of personal lived experience or detailed understanding of the needs of different individuals in our workforce, and the disproportionate impact some decisions can have, whether that's due to an individual's gender, ethnicity, sexual orientation, or mental or physical health. One way of tackling this is to use reverse mentoring to offer decision-makers a personalised opportunity to view the role, decisions, and wider organisation through a different lens; generating empathy and shared experience.

Asesiad / Assessment

Reverse mentoring is defined as when a staff member in a senior position is mentored by someone in a more junior position than themselves (Murphy 2012).

While many programmes often focus on generational issues, such as differing understanding of technology, reverse mentoring can also be used to help



organisations break through unconscious bias, reduce discrimination, and positively improve workplace diversity in terms of gender, ethnicity and age and other protected characteristics.

Emerging evidence suggests that this innovative form of mentoring can be effective in promoting:

- individual anti-discriminatory practice;
- organisational culture change in gender and race equality (Murphy 2012; Clutterbuck 2011) and;
- organisational diversity and inclusion by utilising the relevant experiences of junior staff from diverse backgrounds.

Unlike most conventional mentoring schemes there is mutual benefit to both the mentor and mentee. Whilst the mentee learns new skills and perspectives, the mentor gains valuable insights into organisational culture, strategic planning and can tap into years of industry experience. Storytelling/neuroscience literature also shows neural coupling, this is where the mentee experiences the story of others in the same way as the mentor telling the story and when decisions are made, the brain doesn't separate own experiences vs the experience heard from others - provides a great rationale why this is beneficial.

Reverse mentorship can introduce an intersectional lens to people practices, which in turn can support in reducing staff absence, staff satisfaction and retention; inform Recruitment and Retention Strategies that are adaptable to multi-generational and diverse staff; embedding intersectionality into work plans; and provide an opportunity to support talent, succession, and career.

Furthermore, reverse mentoring is also positively correlated with staff engagement. Participants in reverse mentoring programmes experienced several positive outcomes including increases in engagement and performance (Garg, et al., 2001). It is also worth noting that highly engaged employees are also usually healthier. Engagement is on a continuum where the opposite is defined as employee burnout, consequently, staff take fewer sick days and report lower stress levels. More significantly, it is well known that staff experience and patient engagement are intertwined, with a significant relationship being identified between engagement and safety culture scores, patient satisfaction, and hospital mortality rates. Moreover, those supportive teams with compassionate team leadership have lower areas of errors, stress, injuries, bullying and harassment whether from colleagues or from staff towards team members, and in turn that creates the conditions for higher levels of innovation (West, 2017). As well as meeting the recommendations of the REAP, reverse mentoring could therefore also support in meeting the Equality Objective: *Improve the wellbeing and engagement of our staff*, within our Strategic Equality Plan 2020-2024.

Following the Francis Report on the scandal of Mid Staffordshire, there is a widespread acceptance that the NHS needs a radical change of culture and leadership style creating a culture in which staff are more valued (Klein, 2019). It is timely to apply that approach to the treatment of the most marginalised sections of the NHS workforce – its staff from protected characteristic groups – not least



since the evidence is that their treatment is a good predictor of the quality of patient care.

Potential risks associated with this proposal includes the emotional burden on mentors and sustaining motivation of participants.

Reverse mentoring can place an emotionally taxing obligation on colleagues from diverse backgrounds to educate others on their experiences. Evaluation reports from previous NHS reverse mentoring programmes have recommended that programmes should consider including psychological input to support the participants on their program as an integral part of the program. Mentoring relationships need support not merely in their formation but over time. Supervision is considered sensible and valuable to protect participants.

Successful programmes have hinged on the motivation and commitment of participants. It is essential that both mentors and mentees make a commitment to the shared goal of mutual support and learning. The time and energy involved in developing and nurturing a mentoring relationship is a potential challenge for both mentors and mentees. Programmes that create opportunities for frequent interactions between mentors and mentees are more successful.

An evaluation of the programme will support any future development and application of reverse mentoring schemes within the Health Board. It is recognised that a Health Board-wide roll out of the programme will be needed to ensure that all of ABUHB may benefit from the programme and go some way towards making systemic cultural change within the organisation.

Argymhelliad / Recommendation

Following the review of current reverse mentoring programme models across the NHS and beyond, we will launch an evidence-based Reverse Mentorship Programme Pilot in October 2023, which will run for a period of six months.

The programme will be aligned with the People Plan objectives of:



Staff Health & Wellbeing

Creating an environment for staff to feel proud to work for the Health Board and are included, engaged, and have a sense of belonging.



Employer of Choice

Building on the reputation of the Health Board as a great place to train, work and grow.

The purpose of our programme will be to enable senior leaders (e.g., Board and Execs), paired with junior staff (Band 2 to Band 8a), to have insight into issues around Black, Asian, and ethnic minority populations and working for the NHS. These issues may include but will not be limited to opportunities for innovation, lived experiences of discrimination or bias, and recruitment and development opportunities for people from different ethnic groups whose skills are often underused.



Participants

Candidates should be self-motivated with managerial support for their involvement at both levels.

Mentors will be recruited via targeted communication channels (e.g., Voices Staff Network, International Nurses Café). Candidates will be reviewed by the Equality, Diversity and Inclusion and Organisational Development Teams to ensure the effective pairing of candidates for the success of the pilot. Evidence suggests that strikingly different personal characteristics should be avoided, that both participants should appreciate the benefits of engaging in the pilot and that if there is any sign that pairings were not working as intended, repairing or new candidate selections should be considered. Within the mentoring literature it is often argued that the quality of the match between mentor and mentee could affect the benefits of mentoring:

Where there is compatibility between mentor and protégé there is the potential for substantial and often rapid professional growth. Where there are disparities in personal outlook or professional principles, then the benefits may be limited. (Bush et al., 1996, p.122)

At pilot launch there will be four pairings. Between them, the mentors will represent different ethnicities and roles and offer a range of perspectives. Phase one mentors will all be members of the Voices Network, however more staff will be given the chance to take part when the scheme is rolled out more widely in 2024. A pilot program is deemed appropriate initially as a proof of concept, to provide evidence and narrative around its benefits to the individuals and the organisation and also to avoid rapid scaling which would be beyond the capacity of the organising teams. In addition, it provides a rapid learning loop for the organisation to enable scaling of this project more efficiently and effectively in 2024.

Protected Time

To help ensure the success of the pilot, it is important that participants are given time within their working hours to participate outside of normal working roles and should be considered the same as going to any other work-related meeting, subject to the exigencies of the service. This should be agreed with line managers with the support of the Committee.

A prerequisite for participants is assurance that they can give the programme 1.5 hours a month during their regular work schedules, as well as attendance of a 'kick-off' workshop and mid-point feedback session, equating to half a day (totalling approximately thirteen hours over six months period). For each monthly session, participants are expected to need up to an hour to conduct the session, in addition to half an hour to prepare for the session, for notes and other follow-up. However, it is important to note that these timeframes will vary across mentoring relationships, dependent on participant capacity and engagement with the Programme.

It is also recommended that all applications to participate in the Programme will be considered at Personal Appraisal Development Review (PADR) discussions with



approval on the basis that there is availability of resources – both workforce and financial (e.g., backfill), in line with the existing Study Leave Policy.

Structuring the pilot

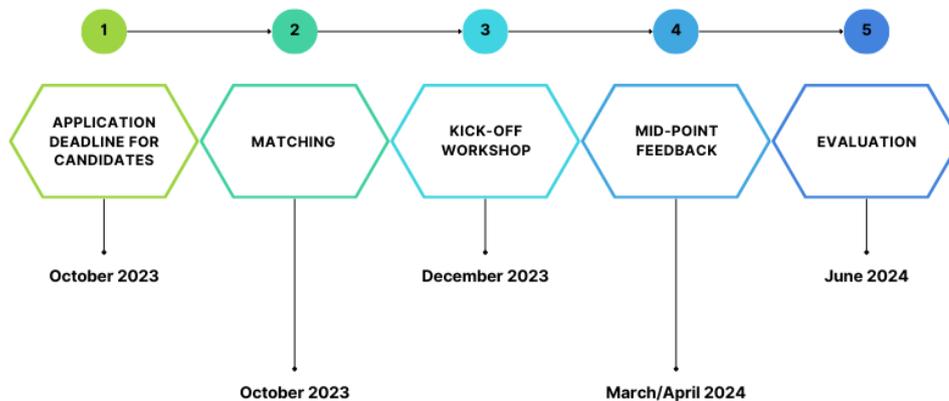
To ensure that all participants are working to similar timetables, and that experiences could be compared, the pilot’s activity should be delivered in pre-determined stages with regular feedback sessions for the participant group.

A workshop involving all eight participants will establish the ground rules for the programme, while subsequent ‘touch-point’ meetings will allow participants the opportunity to share their experiences with the participant group. In between, pairs will hold reverse mentoring sessions at their own convenience. Supportive notes and guidance will be produced to help guide discussions. Although there will be no firm rules around the number of sessions held, it is suggested that the pairings aim for one per month, with at least six sessions held during the six-month pilot period, as well as ad-hoc catchups.

In addition to the meetings, mentees are also encouraged to shadow their Mentor in their workplaces at least once during the 6-month pilot. The pilot will be delivered in five stages:

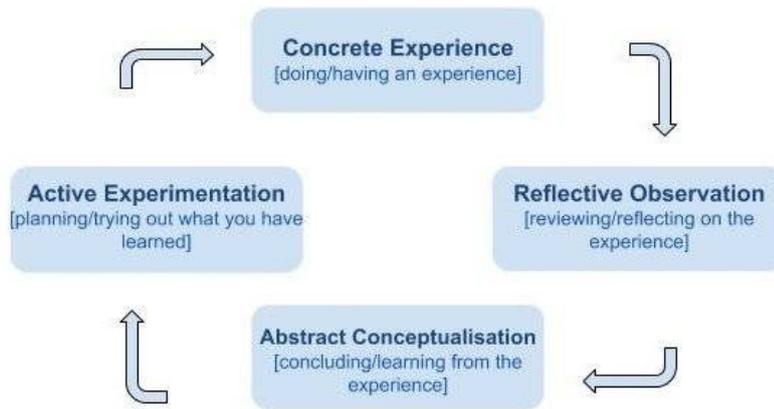


Pilot Timeline



The Five Phase Mentoring Relationship Model (MRM), developed by Mary Wheeler and Michelle Cooper, will be used as a framework for the mentorship programme and to complement the five stages of the pilot.

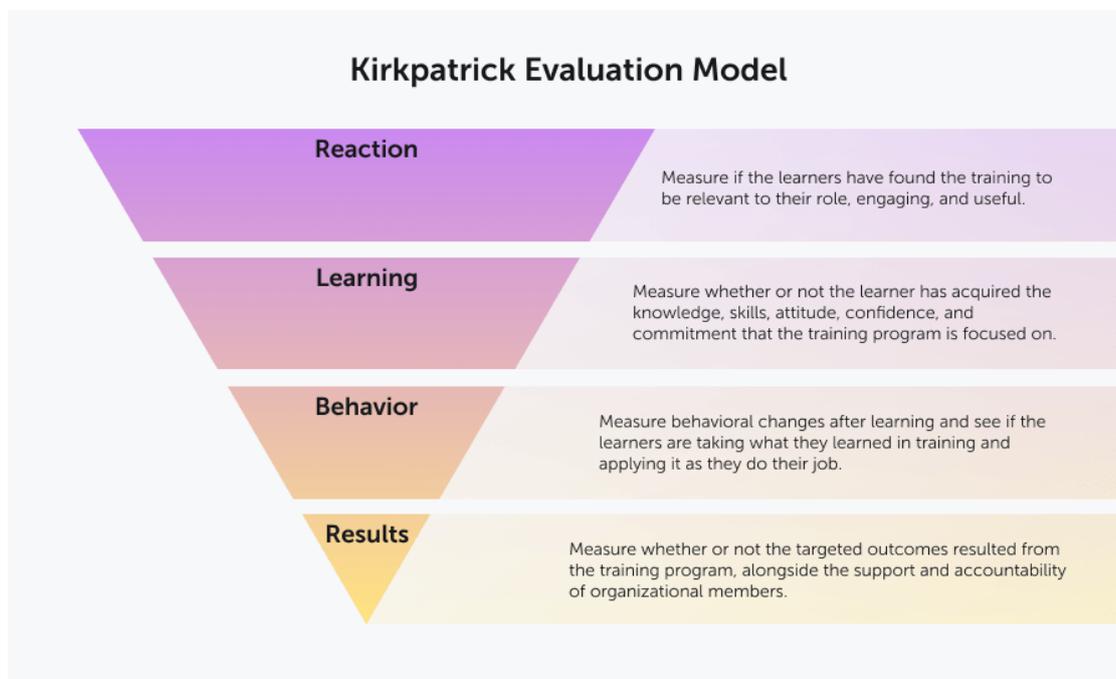




Delivering constructive outputs

Although reverse mentoring isn't about setting indicators and measuring performance, there are ways to monitor the impact. Aiming to ensure the pilot delivers tangible outputs, all participants will be expected to complete a questionnaire at the start and end of the pilot, as well as take part in mid-pilot interviews and final feedback sessions. These findings will be compared against the pilot's objectives. This will help the development of a framework for future reverse mentoring programmes which can be extended to other protected characteristics staff groups.

The evaluative process will be designed around the Kirkpatrick Evaluation Model, which allows us to define the behaviours we wish to see in the mentees longitudinally.



Cost-Benefit Analysis

Progression and development opportunities were key themes to emerge through the July 2023 Staff Wellbeing Survey, with staff citing barriers to progression and development as one of the factors influencing their intention to leave. Whilst a



Nuffield Trust Report from March 2022 lists a lack of career development (doubled in last decade) and unfair treatment (discrimination, bullying, harassment) among the main reasons given by Nurses, Midwives and Nursing Associates for leaving the NHS. Furthermore, the King's Fund (2020) reported that there is a pattern throughout the NHS of ethnic minority staff reporting barriers to development. Evidence suggests that mentoring is a great way of up-skilling employees and fostering career progression, and in line with our ongoing retention efforts, reverse mentoring may be a valuable tool for engaging and retaining diverse employees whilst maximising the expertise of senior leaders, using their professional and pastoral skills to reduce attrition amongst diverse employees, early in their careers/experiencing barriers to development.

The Committee is asked to note and discuss the plan to introduce a reverse mentoring pilot.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not applicable |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce 3.3 Quality Improvement, Research and Innovation 6.3 Listening and Learning from Feedback |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item. |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|--|
| Ar sail tystiolaeth: Evidence Base: | |
| Rhestr Termau: | |



| | |
|---|---------------------|
| Glossary of Terms: | |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Executive Committee |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| | Is EIA Required and included with this paper |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | Yes not yet available An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/ | Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives |





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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Staff Diversity Networks |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director of Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Non Ellis, Equality, Diversity and Inclusion Specialist |

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The most important resource that the NHS has is its staff. According to an annual report into race equality across the health service, the NHS workforce is more diverse than at any other point in its history. Simultaneously, research and evidence strongly suggest that staff from protected characteristic groups in the NHS are treated less favourably (experience direct discrimination), have poorer experience and progression opportunities. This in turn has significant implications for the efficient and effective running of the NHS, including adverse impacts on the quality of care received by all patients. The Francis Inquiry highlighted that when staff do not feel valued, poor care is delivered at the frontline. It is therefore largely accepted that the only way to ensure patients receive high quality care is by caring for staff at every level within an organisation.

A key barrier to progress against our Equality, Diversity and Inclusion agenda is a lack of personal lived experience or detailed understanding of the needs of different individuals in our workforce, and the disproportionate impact some decisions can have, whether that's due to an individual's gender, ethnicity, sexual orientation, or mental or physical health.

Part of our vision for tackling this is to use our staff diversity networks (referred to as networks) and reverse mentoring pilot to offer decision-makers a personalised opportunity to view the role, decisions, and wider organisation through a different lens. Networks are an important mechanism to allow colleagues to discuss their experiences, offering a safe space, and help us to shape our organisational culture to create a fairer and inclusive work environments for all (Figure 1).

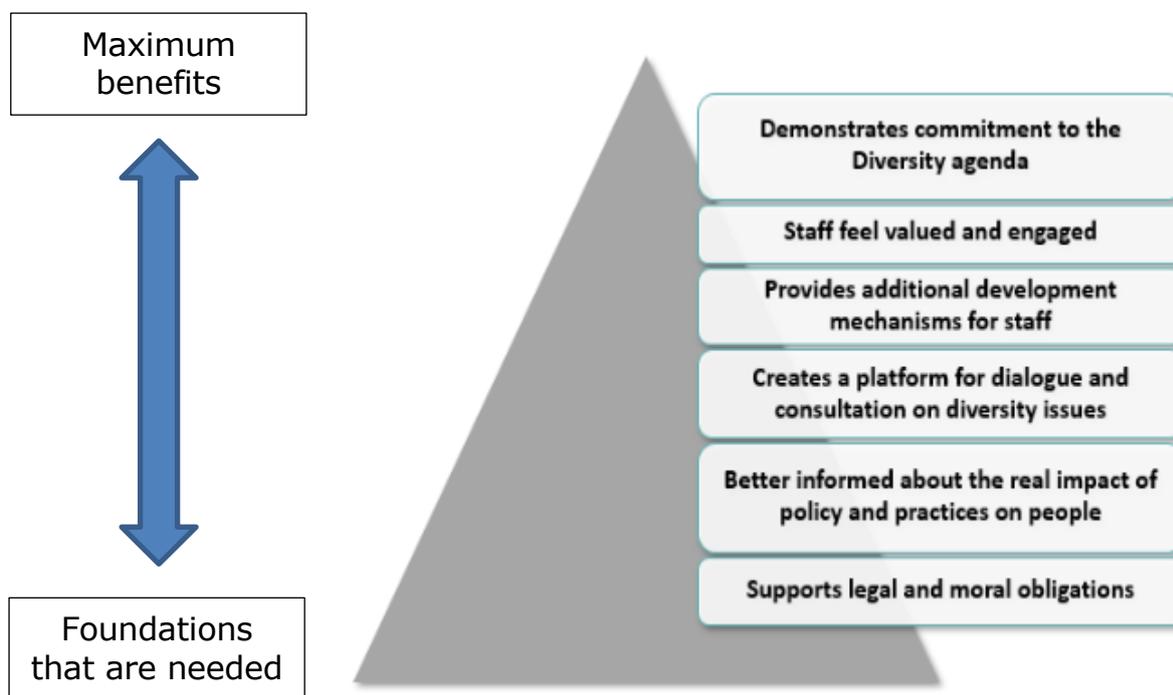


Figure 1: Benefits of networks for the organisation.

Staff engagement is essential to ensure a staff have an opportunity to contribute valuable work, have a sense of belonging, and opportunities to learn and grow (Gallup, 2023). We also know, anecdotally, that engaging with staff in a meaningful and sustained way is important in helping to make continuous improvements on the workforce equality, diversity and inclusion (EDI) agenda. Amongst other benefits, this engagement can provide the organisation with the opportunity to make sure that staff, particularly staff from protected characteristic groups, feel valued and respected for the outstanding contribution they often make.

The benefits of our networks for members, even in their infancy, has been evident from member feedback (See Figures 2 and 3).



Figure 2: Feedback from member of the Enable@ABUHB Network



Figure 3: Feedback from member of Neurodiversity@ABUHB Network

The purpose of this paper is to outline how further development of our networks, alongside the delivery of a reverse mentoring pilot programme extended to network members (outlined in the Reverse Mentorship pilot paper presented to Executive Committee in October 2023), can support the Health Board in becoming a more inclusive organisation.

The Executive Committee has supported the emerging approach to developing our networks and endorsed the recommendations within this report. The Committee is asked to note the update and provide any comments and views.

Cefndir / Background

We are committed to creating a fairer and more diverse organisation for everyone. To fully understand and be responsive to societal challenges, it's important that our organisation reflects the broad diversity of the communities they serve. One of the ways we wish to achieve our ambition is through our networks.

Networks comprise employees coming together around a shared purpose to improve staff experience within their organisation and across the NHS. They share heritage, lived experience, and characteristics which are linked to the protected characteristics of the Equality Act 2010.

Staff networks provide protected spaces where people can be open and inclusive, nurturing a culture of belonging and trust. Not only do they provide a supportive and welcoming space for NHS colleagues, but they also offer expertise on matters related to equality, diversity, and inclusion, ensuring this expertise informs senior-level decision-making for workforce development, improving employee experience and retention, and to influence national policy and patient care positively, by engaging the networks with co-design and co-production activities and maximising their skills and knowledge as experts by experience.

Networks can also provide opportunities for people to build confidence to speak up in forums outside of the network space, address local concerns and link people to collaborate and innovate intuitively across the NHS.

According to the CIPD's A Guide to Establishing Staff Networks (2021), there are a number of different functions networks can perform, and a good network should be able to manage all of them. The four main aims that can be achieved by an effective network are:

1. Provide a safe space for discussion of issues.
2. Help to raise awareness of issues within the wider organisation.
3. A source of support for individual staff who may be facing challenges at work.
4. Offer a collective voice for the workforce to management.

We currently have six networks:

1. Carers@ABUHB – brings together colleagues with different caring responsibilities to provide a supportive network through which to share ideas, challenges and identify solutions. To date, there are ten members.
2. Enable@ABUHB - champions people with diverse abilities and works to empower people with long-term conditions and disabilities in the workplace. To date, there are thirteen members.
3. Menopause@ABUHB –provides a safe forum where staff experiencing any stage of the menopause can seek support from peer colleagues. To date, there are one hundred and twelve members.
4. Neurodiversity@ABUHB - anyone who identifies as Neurodivergent is welcome to join the network space. The network provides support based on shared experiences and celebrates the joys and successes that neurodiversity brings to the workplace. To date, there are fourteen members.
5. Pride@ABUHB – provides a welcoming and supportive peer network of colleagues who identify within LGBTQI+ communities. The group has the

ability to steer, support, lead, champion and celebrate LGBTQI+ focused work being undertaken across the organisation. To date, there are twenty-eight members.

6. Voices@ABUHB – provides a safe and supportive peer network of colleagues who are Black, Asian, or Minority Ethnic. The group has the ability to steer, support, lead, champion and celebrate race equality focused work being undertaken across the organisation. To date, there are ten members.

Ensuring our staff are valued and supported is hugely important in our organisation. Research shows that people perform better when they are respected and able to be themselves at work. Our networks help us to drive the inclusive culture we want and support our organisational values.

Strategic Drivers

External:

Public Sector Equality Duty sets out the responsibility to pay due regard to fostering relations and decrease discrimination, something that networks directly support.

The Welsh Government Anti-Racist Wales Action Plan calls for all NHS Boards, Trusts and Special Authorities to report demonstrable progress in driving anti-racism at all levels by appointing 'Executive Equality Champions' and 'Cultural Ambassadors'; implementing a leadership and progression pipeline plan for Black, Asian and Minority Ethnic staff; providing Ethnic Minority Networks appropriate levels of resource and access to the Board. It is pertinent to note that the timeframe within the Plan to appoint 'Executive Equality Champions' is September 2023. It is pertinent to note that the Senedd's Equality and Social Justice Committee is holding an inquiry looking at the implementation and delivery of the Anti-racist Wales Action Plan in October – November 2023.

Internal:

Development of effective networks aligns to the People Plan 2022-2025, Putting People First objectives:



Staff Health & Wellbeing

Creating an environment for staff to feel proud to work for the Health Board and are included, engaged, and have a sense of belonging.



Employer of Choice

Building on the reputation of the Health Board as a great place to train, work and grow.

Networks are also a resource for suggesting good practice to the Health Board to advance our equality objectives within our Strategic Equality Plan 2020-2024.

Current Status

A four-stage maturity model has been used to gauge the level of maturity of our networks, Figure 4 below (please note, that although originally conceived to assess the maturity of Black, Asian, and Minority Ethnic networks, this model has been applied to all of our networks).

At the beginning of their journey, networks are at the basic 'Connect' level when they start to create a shared purpose and identify common interest – Stage 1. At Stage 4, the network operates in the fully realised 'Thrive' stage where it has become a powerful voice and source for positive change, enabling its members to play their full part individually and collectively in the organisation and supporting leadership and decision making across the organisation.

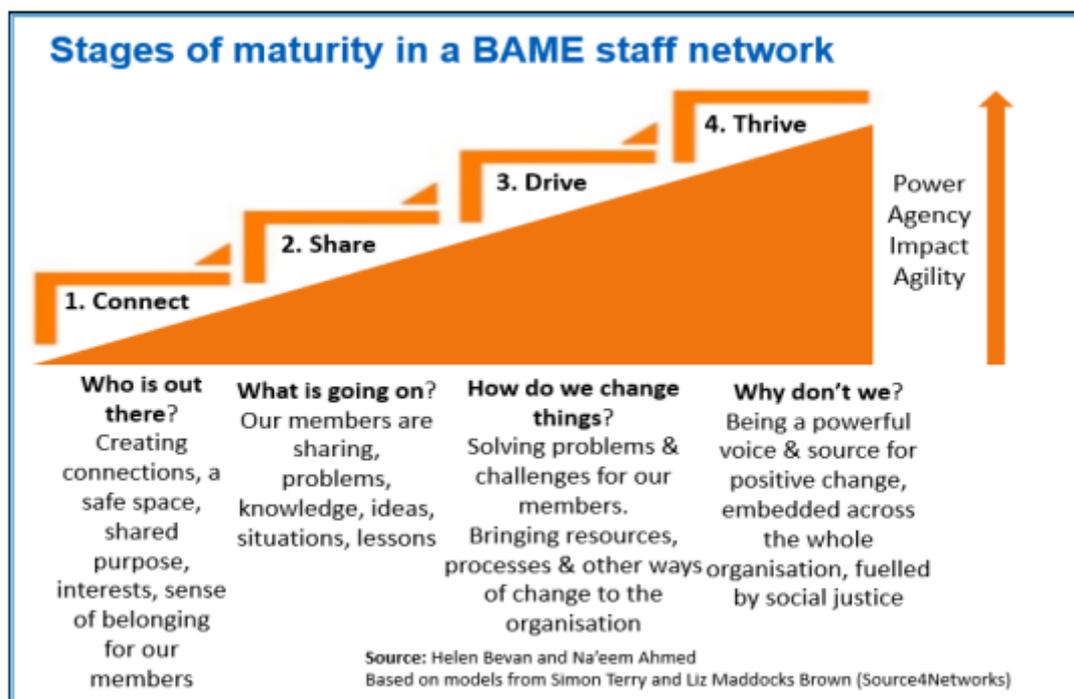


Figure 4: Maturity Matrix for staff networks

Assessment of our networks has established that they are all around stages of maturity 1 and 2. Moreover, benchmarking across NHS Wales has also highlighted marked variability in terms of network maturity, with our networks being in the early stages of development, they are notably less effective than some of the thriving mature networks established across other Health Boards in Wales.

Since their inception in 2022, all networks have seen a gradual growth in membership, as individuals look for support and want to have input into shaping the organisation and the way we work. All networks are hosted on Microsoft Teams, where members can have conversations on channels, share files and resources and host meetings online. The EDI Specialist is on hand to support, and to take forward any issues raised by the networks.

Despite increased membership, attendance at the monthly network meetings remains low and there is a reluctance to undertake key roles (e.g., Chair/Vice Chair). Protected time for members to attend meetings, in addition to a lack of support from senior managers, are frequently noted by members as barriers to participation and commitment to undertake key roles. This has resulted in the EDI Specialist facilitating the majority of meetings. Although all networks have initially been set up and are supported by the EDI Specialist, our hope is that the networks will be led by staff, for staff in the future.

Research suggests that the effectiveness of networks can be limited by governance structure, oversight, and access to resources (Inko-Tariah C, 2018). Although these challenges may be our reality for the short-term, a key element which aligns to the Welsh Government drivers and is essential for our Health Board is, staff network Executive Sponsors.

Asesiad / Assessment

Recognising the importance and potential impact of our networks, we are committed to giving the networks the energy and momentum that will accelerate development and build their maturity.

Our ambition

More activity is planned for the networks so members can play a pivotal role in implementing actions to support our strategic equality objectives.

The EDI Specialist is continuing to support the networks, helping to embed them into the organisation and ensure they work together to achieve the greatest outcome.

As part of building the bank of good practice, the EDI Specialist is working with networks to:

- Establish a transparent and equitable process for selecting key roles.
- Develop a clear work plan with measurable outcomes, Terms of Reference, evaluation plan, membership structure, succession plan and role descriptions.
- Open membership and events to all staff and allies.
- Engage with other staff networks to benchmark progress and share learning.
- Develop communications plan to raise visibility, promote work and share impact.
- Support, participate and design leadership development, training, coaching and mentoring.
- Use evidence and analysis to challenge problems.

This approach has been developed based on The Health Foundation guidance. This will ensure clear direction, credibility and increased scale and reach, while enhancing knowledge, encouraging innovation, and creating meaningful relationships.

Recommendations

1. Nomination of an Executive Sponsor

To meet our obligations under the Anti-Racist Wales Action Plan, and to secure buy-in to the work of the networks from senior leaders at the top of the organisation and ensure networks can contribute to and inform decision-making processes at the board level, it is recommended that an Executive Sponsor is nominated for each network.

This buy-in will help provide a greater sense of legitimacy in the eyes of the wider organisation, making sure line managers take it seriously and helping attract members to meetings if they think their voice will be heard by those at the top.

Executive Sponsors can play an important role in helping to drive forward and embed EDI by providing visibility and leadership across the organisation relating to the

protected characteristic they sponsor and being a role model through their lived experience or as an ally (The Kings Fund, 2020).

Executive Sponsors should be passionate about supporting their associated network; demonstrating interest, understanding and empathy towards any challenges and issues faced. They should advocate on behalf of the network for funding, help to guide strategy and direction, solve any issues, and raise the profile and influence of the network.

By using their expertise and leadership skills, Executive Sponsors can be powerful catalysts to accelerate the maturing of networks from their early stages as affinity groups to results-driven business resource groups able to consistently leverage their unique characteristics to benefit the organisation and its stakeholders.

Executive Sponsors would be required to maintain a good working relationship with Network Chairs and attend network's annual general meetings.

2. Protected time

To help ensure the success of our networks, it is important that members with key roles (e.g., Chair/Vice Chair, Secretariat, etc) are given time within their working hours to carry out their network responsibilities outside of normal working roles.

The average allocated protected time across NHS to those holding key roles, highlighted by NHS England guidance, is two days per month, in line with the average across NHS. This would be our aspiration as the networks mature and become more active in the coming years. Nevertheless, the significant and unprecedented budgetary limitations currently faced by the Health Board, in addition to service pressures, suggests that the Health Board adopt a pragmatic approach that incrementally builds to this aspiration, alongside the development of our Networks.

With this in mind, initially it has been agreed to allocate 1 hour per week for members holding key roles within their normal working hours to attend meetings and events and undertake associated activities (e.g., administration, communication and engagement, etc.), subject to service needs. With the view of reviewing this arrangement periodically.

Protected time should be agreed with line managers with the support of the Board, and agreements drawn up on protected time and backfill for network leadership positions. It is important to note that this protected time is separate and distinct from trade union (TU) facility time. However, in situations where these positions are filled by TU reps, this time will be in addition to time off for their TU role.

If endorsed by Board, a Protected time for Colleagues attending the Staff Network meetings Standard Operational Procedure will be developed. The purpose of this guidance will be to provide colleagues with appropriate protected time to ensure that they can prepare for meetings, attend meetings with the right level of contribution and where necessary collate information, formulate minutes, and organise agendas from the past meetings and plan for the future meetings, such as the organising of events.

In addition, to ensure wider participation in network meetings and ensure staff are able to access the support they need, it is recommended that one hour of protected

time per month is allocated to general members within their normal working hours and should be considered the same as going to any other work-related meeting, subject to the needs of the service. A staff member is not, and should not feel, obliged to disclose to their manager which network they wish to attend.

Where the Health Board requests a network member to undertake work on behalf of the Health Board (e.g., recruitment panels, conferences, etc.), the amount of protected time to be given for a specific project will be agreed between the EDI Specialist and the network. Protected time will need to be approved by the line manager subject to the needs of the service.

"My biggest challenge is no protected time to commit fully to this agenda. There's a lot of work to do, but Race Equality activity is time-consuming and cannot be undertaken as well as I would like to without the protected time".

Member of Voices@ABUHB Network

3. Commitment to dialogue

It is recommended that leaders be aware of and support the goals of networks and be encouraged to actively solicit and utilise their input. They should also ensure that managers at all levels fully understand the important role of networks and encourage participation. The Health Board should formally recognise that any activity connected with networks is important and provide opportunities for live dialogue with the senior leadership team. It is therefore recommended that network Chairs provide an annual summary to Board on network activities.

4. Learning and development opportunities

Managing sensitive conversations is a skill that often needs training. Since the effectiveness of a network relies on its members having the skills and confidence to raise sensitive issues and on network chairs to help properly manage them, it is recommended that further learning for those chairing networks is encouraged to develop the skills required to succeed.

Employee and patient experience

We know that when staff feel they are valued and fairly treated, they are more likely to be engaged, motivated and ultimately more productive at work. This is the fundamental benefit of inclusive workplaces.

Having a trusted source of information that is willing and able to act as a critical friend and bring solutions to the issues facing their members and the Health Board is an asset. Especially when those solutions can help advance the EDI agenda, provide access to services that are sensitive and reflect different cultural realities, recruit, and retain the best talent, and provide excellent patient care.

Financial Assessment

Until individuals have been recruited to Network key roles, it is difficult to provide the tangible costs associated with protected time.

However, recognising the significant and unprecedented budgetary constraints and service pressures currently being experienced across NHS Wales, the proposed Protected time for Colleagues attending the Staff Network meetings Standard Operational Procedure will serve to ensure that there is robust guidance for both

Network Members and Managers to outline how time can be managed to reduce potential costs and impact on service delivery.

Although it is recognised that protected time for network members may have an impact on staffing for associated services, this is offset by the potential benefits of effective networks:

- Improved recruitment: Networks can help attract diverse talent to the organisation, which can improve recruitment efforts.
- Increased retention: Networks can create a sense of belonging and community for staff, which can lead to increased engagement and retention.
- Enhanced brand reputation: An organisation that invests in EDI initiatives, including networks, can enhance its brand reputation and reassure service users who value diversity.

Staff networks can play a crucial role in meeting the ambitions set out in our People Plan and IMTP for 2022/25, serving as effective facilitators between the Health Board and our local communities. If we are to realise our mission to improve population health, and, through doing this, reduce the health inequalities experienced by our communities, the Health Board must gain a better understanding of the inequalities and differentials in experience of the communities that we serve.

The importance of networks and staff feeling supported at work cannot be overstated. The CIPD recognise Staff Networks as effective tools in improving inclusivity and tackling discrimination at work and an increase in discrimination cases is a potential indirect consequence for failing to adequately resource and support Staff Networks.

Indeed, it is estimated that discrimination, bullying and harassment costs the NHS over £2bn per year through employee turnover, sickness absence, presenteeism, decreased productivity, compensation, litigation and other factors (Kline & Lewis, 2018).

In the Staff Wellbeing Survey, July 2023, 19% of respondents reported experiencing or witnessing discrimination on grounds of age, ethnicity, disability, sex, race, religion, or being pregnant or on maternity leave. Whilst a Nuffield Trust report from March 2022 lists unfair treatment (discrimination, bullying, harassment) among the main reasons given by Nurses, Midwives and Nursing Associates for leaving the NHS.

Our Human Resources Team have recorded eleven cases related to discrimination during 2022/23 (see the table in Figure 5 below).

| Protected Characteristic | Number of cases 2022/23 |
|--------------------------|-------------------------|
| Disability | 4 |
| Sexual Orientation | 4 |
| Race | 3 |

Figure 5: Number of cases related to discrimination 2022/23

It is important to recognise that any discrimination claim could potentially lead to an Employment Tribunal (ET). If a discrimination claim succeeds, an ET can instruct the respondent to award compensation, often referred to as injury to feelings. The

value of compensation is assessed in 'Vento bands' (lower, middle, upper). Compensation for discrimination claims currently range between £9,900.00 to £29,600.00, in addition to damages and interest.

In addition, claimants may seek personal injury costs, for example when dealing with disability claims there may be a claim for an exacerbation of an existing conditions linked to stress. These costs could vary from £7,5000 to £19,070.

The cost of a barrister to represent the Health Board at ET is over £1,000 per day plus additional preparation costs and other associated legal fees. As a result of the costs associated with defending a claim a commercial settlement may be viable.

We currently have three open ET Claims, each of these has a discrimination element to the claim. We have successfully defended one claim and settled one commercially for £15,000. A further potential claim was settled before reaching the ET stage in the range of £30 - £40k.

Networks can provide a safe space where staff feel encouraged and supported to raise issues, including potentially sensitive or challenging topics such as discrimination within the organisation.

As the Health Board embeds the Speaking up Safely Framework, the networks have the potential to reach out to the workforce and facilitate engagement with Speaking up Guardians.

Argymhelliad / Recommendation

Effective networks build resilient and compassionate cultures of safety and belonging and support the high-quality, considered decision-making needed to create a service fit for the future.

Networks are an effective way to help organisations become more inclusive and to help our colleagues feel safe, feel valued and add value. Networks are huge assets to any organisation. However, if networks are not properly resourced, fully supported by management or well-integrated within the organisation, their ability to help achieve this outcome is limited.

The Executive Committee has endorsed the emerging approach to developing our networks and supports the following recommendations:

1. Nominate an Executive Sponsor for each network.
2. Approve the proposal for protected time for executive members and general members.
3. Formally recognise that any activity connected with staff networks is important.
4. Support Executive Members in accessing appropriate learning and development opportunities to ensure networks are led effectively and we contribute to the personal professional development of members.

These recommendations are currently being developed for implementation.

The Committee is asked to note the update and provide any comments and views.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|--|---|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff Work in partnership to reduce all hate crime |

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

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

| | |
|---|---|
| | development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Yes, outlined within the paper |
| • Service Activity & Performance | Yes, outlined within the paper |
| • Financial | Yes, outlined within the paper |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/ | Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives |



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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Medical Workforce E-Systems |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds Executive Director Workforce & OD |
| SWYDDOG ADRODD: REPORTING OFFICER: | Julie Chappelle – Assistant Workforce Director Kathryn Bourne – Strategic Lead for Medical & Dental Workforce & Ann Bentley – Head of Strategic Resourcing |

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

Er Gwybodaeth/For Information

Medical E-Systems

The Health Board approved a procurement exercise to appoint suppliers to provide E-Systems for Medical Job Planning, E-Rostering and Locum Bank. The Health Board went to open market tendering exercise in line with procurement guidance and suppliers were formally invited to express their interest to bid for the Health Boards Medical E-System tender. The tender was split into three separate lots, as outlined below:

- Lot 1 - Job Planning
 - The creation and on-going management of Job Plans for all Medical staff that are contractually obliged to have an annual job plan.
- Lot 2 – E-Rostering
 - The creation of electronic rosters that identify the required resourcing capacity to fill predicted demand, at any site and within any department across the Health Board.
 - The mapping of the above Job Plans against the roster schedules to plan and utilise the available resources against the sessions that need to be filled.
 - To identify gaps in rosters that cannot be filled from job planning or where there is planned/unplanned absence and to publish such sessions to the Locum/Bank management solution.
- Lot 3 - Locum/Bank
 - To enable a bank of available Locum clinicians to be collated and maintained and to ensure that such clinicians are appropriately qualified and vetted.

- To enable approved locum clinicians to see available shifts, pulled through from gaps in rostering and allow a clinician to take up a shift.
- To push that shift back into E-Rostering as filled.

The three E-Systems being purchased cover the functions of Job Planning, Rostering and Locum Bank across Medical and Dental staffing group with the Health Board and include the interoperability necessary between these systems.

Job Planning

The Covid-19 pandemic and early opening of the Grange University Hospital (GUH) had a direct impact on reducing our compliance with job planning. Health Board compliance for review of consultant job plans within twelve months was 27% as of 31st October 2022. The highest record pre-pandemic was 74% compliant (12 months). August 2023 compliance for Consultant job planning was 29%.

To address the poor compliance and improve the quality of job plans a revised approach to job planning is being implemented. This includes the implementation of the recently developed detailed Health Board Job Planning Procedure, review of current practice both internally and externally to the Health Board, and the implementation of the newly procured electronic job planning system.

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Procurement of Medical E-Systems

The original procurement process was anticipated to conclude by 12th May 2023. However, we have experienced delays in the procurement process due to the reasons outlined below:

- Significant site pressures and availability of Clinicians to complete the evaluation element of the process.
- Procurement delays due to staffing deficits.
- Supplier challenge and the requirement for additional legal advice.

The evaluation panel consisted of colleagues from Informatics and Workforce, as well as Clinical representation for functional elements.

Because of the unplanned/unforeseen delays the contract was awarded on 4 September 2023.

We are currently engaging with the successful suppliers to agree the implementation timescales for each Lot. The implementation plans will be agreed formally by the Medical E-Systems programme board.

Cefndir / Background

Medical Workforce E-Systems

In procuring these systems the Health Board looked for solutions that would work together in a seamless and integrated manner to enable the delivery of an end-to-end process, from job planning to rostering and onwards into locum bank agencies for the fulfilment of roster gaps. These solutions also provide suitable

interoperability with other third-party solutions such as ESR, Oracle financials and payroll for the purposes of automated data exchange and streamlined business process.

The **Job Planning** solution procured will provide the tools necessary for the development and on-going management of the job plan both on a team and individual level. The ease of job planning and transparency offered within the system will support improved contractual compliance.

The **E-Rostering** systems will provide the ability to identify and set out the rostering demand required to meet service delivery need, as well as matching in and managing the capacity of staff resources that work for the Health Board.

Such solutions should also allow for the management of both planned and unplanned staff absence. The effective scheduling of available resources will identify gaps in rosters that cannot be met from existing capacity. This will then allow for a more seamless approach to the creation and management of the need to fulfil shifts through locum or agency staffing.

In turn, this facilitates more robust procedures for the Health Board in managing how such resource is acquired. Through effective data capture and management, solutions will drive intelligence led thinking and decision making across Medical and Dental, in its approach to managing demand and capacity planning.

OUTCOME

Based on a thorough procurement and evaluation process the following companies were awarded the contracts:

Lot 1 – Job Planning – Boxxe Ltd (L2P)

Lot 2 – e-Rostering - Locumtap (Patchwork Health)

Lot 3 – Locum/Bank - Locumtap (Patchwork Health)

National Objectives

The Health Board has briefed NWSSP colleagues on the contract award and confirmation of the successful suppliers.

Job Planning Update

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

Prior to the start of the Covid 19 pandemic, work had been undertaken to address the recommendations of the Internal audit report and support job planning for the planned March 2021 opening of the Grange University Hospital.

Job planning compliance improved following work undertaken in response to the audit report, but job planning was appropriately temporarily halted to allow the challenges presented by the pandemic to be met. This resulted in a subsequent reduction in compliance and quality of job plans. However, this was re-energised following the second wave of the pandemic only to halt again as the Health Board responded to the impact of the Omicron variant at the end of 2021 and early part of 2022.

The coming together of clinical teams as part of the Health Board's new model of delivery of care has highlighted inconsistency in application of the Amendment to the Consultant Contract – Wales (2003) (Consultant Contract) through job planning, even within specialities.

A revised approach to job planning is being implemented. This includes the implementation of the recently developed detailed Health Board Job Planning Procedure, review of current practice both internally and externally to the Health Board, and the implementation of the newly procured electronic job planning system. Progress has previously been reported to the Executive Committee and the People and Culture Committee. The Job Planning procedure is designed to ensure consistency in job planning across the whole organisation in line with the Consultant Contract and is also delivered in a way that ensures an engaged and valued workforce.

Asesiad / Assessment

The Medical Workforce E-Systems team are currently working with the two successful suppliers to develop and configure the systems for the Health Board. The foundations will be set during this work and include:

- Creation of the cloud environment
 - Live.
 - Test/Train
- Installation of appropriate software.
- Welsh Contracts and Welsh Health Board terminology.
- Health Board Job Planning Procedure.
- User Connectivity testing.
- Discovery – Data Migration.
- Discovery – Reporting and Data Services.
- Systems Administration training.
- System builds and configuration.
- Super user training.
- Train the Trainer.
- Developing Training programmes (in house).

Once the start-up phase is complete key systems support services and the implementation team will have received suitable training that enables the continued roll out to end users across the Medical Divisions.

Rollout will be delivered in a staggered approach with overlaps allowing for specialties to be implemented. Detailed plans are currently in development; however, the emerging draft plan is as follows:

Configuration

- The project team are currently working with the suppliers to develop the detailed project plans and configure the system.
- The team are engaging with key stakeholders in internally and NWSSP colleagues.

Job Planning

- Data information to be gathered on organisational hierarchies to the supplier by 27 November 23.
- User acceptance Stage - Pilot in Family & Therapies Divisions on 12 December 2023, with training commencing 20 November 2023.
- Divisional Training on the system from 11 December 2023.
- Go Live across the organisation on 10 January 2024.

E-Rostering

- Data information to be gathered on organisational hierarchies to supplier by 27 November 23 (as above).
- User acceptance Stage – Pilot in Family Therapies Division on 2 January 2024, with training commencing on 11 December 2023.
- Roll out to other Divisions - early plan indicates that Mental Health and LD and Primary Care & Community will be rolled out next together in March 2024, then Medicine in May 2024.

Locum Bank

- Data information to be gathered on organisational hierarchies to supplier by 27 November 23 (as above).
- Divisional Training on the system from 27 October 2023.
- All areas to go live on 1 December 2023.

Quality, Safety and Patient Experience Assessment

The introduction of the new Medical Workforce E-Systems intends to enable the Health Board to maximise the output of our workforce safely and improve efficiency and seamless connection with Bank and Agency. The systems will provide real time reporting of available resources to maintain safe staffing levels, continuity of care from our own staff which should provide a better experience for our patients.

Financial Assessment

System costs for revenue across the seven-year contract are structured as found in the summary table below. The one off or upfront costs are paid as revenue and spread over the initial four years of the contract where the contract is to be structured as a minimum four-year initial term with option to extend for a further three years. **Subject to negotiations with the suppliers.*

The revenue costs cover elements such as annual licensing, support, maintenance and relationship management.

Revenue Model

| Lot | Y1 (Revenue) | Y2 (Revenue) | Y3 (Revenue) | Y4 (Revenue) | Y5 (Revenue) | Y6 (Revenue) | Y7 (Revenue) |
|----------------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Lot 1 - Job Planning | £32,021 | £32,023 | £32,023 | £32,023 | £29,260 | £29,260 | £29,260 |
| Lot 2 - E-Rostering | £10,000 | £75,000 | £75,000 | £75,000 | £65,000 | £65,000 | £65,000 |
| Lot 3 - Locum Bank | £46,000 | £46,000 | £46,000 | £46,000 | £38,000 | £38,000 | £38,000 |
| TOTALS | £88,021 | £153,023 | £153,023 | £153,023 | £132,260 | £132,260 | £132,260 |

Risks / Issues

The programme team are working with the supplier and clinical colleagues to assess the risks/issues and opportunities, along with benefits realisation and decision logs. Below is a high-level risk log:

| Category | Issue Name | Mitigation | Status | Actions Required |
|----------|---|--|-------------|--|
| Risk | Existing Systems Cultural Resistance | Areas where existing contracts in place are timetabled for roll out towards the end of implementation plan | In progress | Support required from Senior management when required |
| Risk | Collation of Divisional/Directorate Information | Pre-Part population templates circulated to divisional management for completion | In Progress | Low response, incomplete data received to date. Senior level support required to progress. |
| Issue | Existing System Contracts | Implementation plan will be in line with current contract expirations | In Progress | Divisional management should not extend contracts beyond existing contract dates |
| Issue | Integration with ESR – Payroll | Lack of interoperability with existing ESR solution leave no drop down to payroll with automatic pay feed. | Pending | Pay file functionality developed by Patchwork for weekly payroll requirements, if weekly payroll is required |

Job Planning

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

Appendices include, for example, guidance and information on:

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

In order to develop the procedure, we have undertaken considerable engagement and worked closely with the LNC and Medical Leaders. We have amended wording and content to accommodate the BMA views where possible. Engagement with BMA/LNC has been very positive and helpful and the end document is improved as a result. However, there are still some aspects which the BMA are less satisfied with however the Health Board does not believe these are significant enough to delay implementation and further engagement is ongoing.

We will work through any issues as they arise with the LNC but have committed to formally review the procedure in twelve months.

The new job planning procedure was launched by the Medical Director on 18th August 2023. The Job Planning Distance Learning Pack link was circulated, and all consultants were asked by the Medical Director to utilise one of their SPA sessions to review the pack prior to 15th September 2023.

A job planning procedure page is live on the intranet with useful resources available on-line, these have been positively received. In addition to the training pack and on-line documents, Deputy Medical Director and Strategic Lead for Medical Workforce conducted Question and Answer sessions on the procedure via MS Team.

- The sessions took place on 22, 29th & 30th August, with low attendance.
- Additional sessions are planned for October.
- 40 doctors have completed training forms for the Distance Learning Pack. The training is being entered onto ESR for reporting purposes. A reminder to undertake this training has been sent by the Deputy Medical Director.
- Workforce Business Partners will encourage attendance at the Q&A session and highlight the Distance Learning Pack via divisional meetings.

An Intensity Banding questionnaire and associated guidance has been added to the supporting documents on the intranet following suggestion by consultants.

The first job planning consistency group meetings is planned for early November.

The communication team have placed messages on the Carousel and will continue to do so over the next few weeks. All FAQs are being captured and shared on the job planning intranet page.

The implementation of the new job planning E-System to record all job plans will be supported by a dedicated medical E-System Implementation Team and the supplier system support team.

Argymhelliad / Recommendation

The information contained within this paper is to provide the committee with an update.

| Amcanion: (rhaid cwblhau) | |
|--|---|
| Objectives: (must be completed) | |
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | Not Applicable |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce 3.1 Safe and Clinically Effective Care 5. Timely Care |

| | |
|---|---|
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Choose an item. Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Not Applicable Choose an item. Choose an item. Choose an item. |

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

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|--|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Yes, outlined within the paper |
| • Service Activity & Performance | Yes, outlined within the paper |
| • Financial | Yes, outlined within the paper |
| Asesiad Cydraddoldeb Equality Impact Assessment (EIA) completed | Yes not yet available This EIA is currently in draft and due to be finalised following discussion with one of the suppliers. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. |

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



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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | More Than Just Words Update |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director Workforce and Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Dr Peter Brown, Assistant Director WOD Huw Williams, Welsh Language Officer |

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

Er Sicrwydd/For Assurance

This report provides an update to the Health Board’s ongoing response to the More Than Just Words Strategy, the strategic framework for promoting Welsh language and culture in Health, Social Services and Social Care in Wales, as introduced by the Welsh Government.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The More Than Just Words monitoring report (appendix 1) addresses Aneurin Bevan University Health Board’s obligation to report to Welsh Government on our progress in relation to the current More Than Just Words strategic plan. The reporting template was generated by Welsh Government.

The People and Culture Committee is asked to note the Aneurin Bevan University Health Board’s progress in this, the first reporting period of the new More Than Just Words strategic plan (2022-27).

Cefndir / Background

The aim of More Than Just Words is to provide a greater level of recognition among service providers that the use of Welsh language is not just a matter of choice but also a matter of need for many people. Service providers therefore have a responsibility to meet these needs.

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

The Welsh Government commissioned an independent evaluation of the More Than Just Words framework in 2019. The final report, published in August 2021, suggests that the strategic aims of More Than Just Words appear to have gained more traction within social care than in health. It concludes that whilst some progress has been achieved in relation to each of the seven objectives, not one of them could be considered to have been fully delivered. It highlighted that More Than Just Words had set a clear strategic direction and raised awareness of the need for continued increase in the provision of Welsh language services in many areas. The *Active Offer* principle means that staff should provide services in Welsh without someone having to ask for it. By placing this principle of the *Active Offer* at the heart of its strategic aims More Than Just Words had conveyed the importance of Welsh language service provision not only as a right or a choice, but as an essential need for many Welsh speakers. Key areas of success include increased use of visual markers identifying Welsh speaking staff; investment in Welsh language health and social care higher education courses; and renewed focus on the importance of Welsh language provision and the *Active Offer* in both higher education and induction programmes for employees.

Asesiad / Assessment

The report produced (appendix 1) for Welsh Government further outlines our adherence to targets set out in the More Than Just Words strategic framework in more detail. The Welsh Language Unit would like the Committee to be aware that this work has only been possible due to the continued support of all Aneurin Bevan University Health Board staff. Within the report (appendix 1) the text in black reflects work undertaken up to April 2023 and has been reported to Welsh Government. We have added additional text in blue to reflect work and updates since April which will be reported to Welsh Government in the 2023-2024 report.

Some of the key work undertaken includes:

- In order to increase our capacity to deliver the *Active Offer*, the recruitment of staff with Welsh speaking abilities is a key priority within the current More Than Just Words plan. Our Bilingual Skills Strategy has meant more scrutiny

when advertising jobs. The strategy asks recruitment managers to consider capacity of current workforce to deliver the *Active Offer* and thus base the required Welsh language skills dependent on current capability. The Welsh Language Unit have held recruitment workshops surrounding the strategy to give further details and answer any questions, with more to come.

- The Welsh Language Unit have made efforts to future-proof our capability to follow the More Than Just Words guidelines by undertaking community engagement events, namely giving talks to Health and Social Care students at all major campuses of Coleg Gwent and Coleg y Cymoedd. The talks focused on the effect of Welsh on patient experience and the students using what they know in Welsh when interacting with patients.
- Recently released 'Welsh Language Awareness – More Than Just Words' module on ESR, developed at Welsh Government level. Feedback has been positive so far. At the time of writing, 65% of Health Board staff have completed the module.
- Welsh language training has been streamlined and can better cater to all our staff. Additionally, the Welsh Language Unit have created a Microsoft Form for staff to complete to find the right course for them.
- We continue to embed Welsh language into more general training, for example, Inclusive Leadership in Nursing Practice.
- The Welsh Language Unit have provided visual markers for main receptions at all sites (limited in scope due to Covid-19). The visual markers include posters, lanyards and badges (badges and lanyards for confident Welsh-speakers or those learning the language; all with the orange 'Cymraeg' speech-bubble). More resources are planned and have been provided by fellow Welsh Language Units in other Health Boards, as well as more 'walkarounds' to provide further resources.
- Magnets have been procured to be placed on patient information boards (shaped like the orange 'Cymraeg' speech-bubble).

Upcoming

- We will be taking part in the Dysgu Cymraeg project focussed solely on the Health Sector. The aim of the project, over a three-year period, will be to raise the confidence of some of our current staff when speaking Welsh. Dysgu Cymraeg will provide a tutor who, in turn, will design bespoke learning packages for Aneurin Bevan University Health Board staff to maximise their skills.
- More Than Just Words is to be relaunched in a collaborative manner with our partners in social care across the 5 counties on Welsh Language Rights day (Diwrnod Hawliau Cymraeg; beginning of December).

The More Than Just Words Advisory Board has been established by Welsh Government. As the Welsh Language Unit is already working with one of the Board members, Dr Alwena Morgan, on another project, we have proactively contacted her around her new role and hope that this will ensure we are actively informed of any developments that could impact our work in this area.

We regularly engage with Welsh Government and will continue to do so; however, we are unable to fully report on some aspects of our adherence to the targets presented in the More Than Just Words strategic framework as we await further guidance from them. This includes guidance that is to be cascaded on Welsh language recruitment practices. We have actively enquired Welsh Government and await their response.

We will continue to work collaboratively with our colleagues, our partners throughout NHS Wales and local stakeholders in all aspects of the More Than Just Words delivery.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the variety of ways in which the Aneurin Bevan University Health Board has undertaken work to reach the targets set out in the More Than Just Words strategic framework, as well as the progress made by our staff to ensure best practice. The actions show our work to meet the targets in both a strategic Health Board wide manner as is shown in the new mandatory training as well as undertaking smaller actions directed to targeted groups such as inductions and tailored to different groups.

| Amcanion: (rhaid cwblhau) | |
|--|---|
| Objectives: (must be completed) | |
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | CRR0021 Current Score: 12 |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | Governance, Leadership and Accountability 4. Dignified Care 6. Individual care Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Every Child has the best start in life Adults in Gwent live well healthily and age well |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Choose an item. Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Improve patient experience by ensuring services are sensitive to the needs of all and prioritise |

| | |
|--|---|
| | <p>areas where evidence shows take up of services is lower or outcomes are worse.</p> <p>Choose an item.</p> <p>Choose an item.</p> |
|--|---|

| Gwybodaeth Ychwanegol: Further Information: | |
|---|--|
| Ar sail tystiolaeth: Evidence Base: | |
| Rhestr Termau: Glossary of Terms: | |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | <ul style="list-style-type: none"> • Welsh language strategic group • More Than Just Words Forum • Local Stakeholders in the Welsh language community |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|--|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Not Applicable |
| • Service Activity & Performance | Choose an item. |
| • Financial | Not Applicable |
| Asesiad Cydraddoldeb Equality Impact Assessment (EIA) completed | <p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p> |
| Deddf Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well. Being of Future Generations Act – 5 ways of working | <p>Choose an item.</p> <p>Choose an item.</p> <p>The Welsh language is a cross-cutting issue and is relevant to all objectives of the Well-being of Future Generations Act. Theme 7: A Wales of vibrant culture and thriving Welsh language is particularly relevant.</p> |

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

Delivering the Welsh language actions as defined in the More Than Just Words Action Plan 2022-27: For the period August 2022- April 2023 – Progress and further notes since report submission shown in blue for People and Culture Committee.

Year: 2022-23

NHS Organisation ABUHB

Completed by: Geraint Scott and Huw Williams Date: June 2023

| Ref | Action description | Issues to consider when providing the update | Update | Challenges / barriers to action and any other comments |
|-----|---|--|---|--|
| 1. | We'll set personal performance objectives to ensure the delivery of <i>More than just words</i> so that the Active Offer is embedded in annual objectives of sector leaders, cascaded | These are the personal performance objectives set: <ul style="list-style-type: none"> ➤ Demonstrate how they have provided Board leadership to develop and cascade an organisational culture of belonging that supports | Mechanisms in place to ensure that the reporting on Welsh Language is a responsibility for all within the Health Board. Executive lead for Welsh language chairs Welsh language strategic group and | <p>If there are any barriers to implementing the action, please note them here and outline how you will address them.</p> <p>Some issues with the new training module which led to a delay in rolling it out. These issues have now been rectified. The course is mandatory for all staff in ESR and we have</p> |

| | | | | |
|--|--|---|--|-------------------------------|
| | <p>throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS Boards and the Directors of Social Services report (Annual Council Reporting Framework).</p> | <p>bilingualism and mainstreaming of Welsh language in plans and delivery of services. The Board has assured itself on progress on the short-term actions set out in the More Than Just Words framework for health bodies. This to include:</p> <ul style="list-style-type: none"> - Improved data on workforce language skills (over 90% of staff recorded skills) to support planning of services to enable the active offer. - Over 90% of staff completing Welsh language awareness training - Board champions appointed and best practice evidenced and delivering system improvements. | <p>meets regularly with Welsh language unit staff. Workforce reporting on language skills has reached 74%- an increase of 10%.</p> <p>Strategic group meets quarterly to discuss work and set priorities.</p> <p>Welsh language work and progress is also reported to People and Culture Committee as well as to the Board</p> <p>After initial issues new mandatory training module around Welsh awareness launched. Responses have been positive to date (65%)</p> <p>Active roadshows and communications in place to encourage and promote increase in skills and training.</p> | <p>reached 65% compliance</p> |
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| | | | | |
| 16. | Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities | This is something that will benefit from guidance to be developed at a national level. In the meantime please provide examples of best practice regarding this action point in your organisation. | <p>Bilingual skills strategy has been developed for recruitment to the Health Board.</p> <p>Workshops carried out with recruitment managers to embed this strategy throughout the Health Board</p> <p>Ongoing dip sampling to monitor compliance.</p> | <p>Awaiting further guidance from both Welsh Government and Welsh language commissioner on this.</p> <p>The Welsh language commissioner has now published their report into recruitment practices. The Welsh Language Unit is working its way through this guidance and will ensure any corrective measures are actioned. We still await formal guidance from Welsh Government and this has been raised with their representative in the Welsh Language Officers network. Our response mirrors that of other Health Boards in relation to this.</p> |

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| 17. | Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh | This is something that will need guidance developed at a national level. In the meantime please provide information about any developments in your organisation including examples of best practice. | <p>All staff are provided with various opportunities to improve their Welsh language skills as well as raise confidence in the skills they already hold.</p> <p>Learning opportunities have been developed internally as well as utilising external providers delivering learning where appropriate.</p> <p>Within our Welsh Language Awareness Month we have specific engagement sessions that are focussed on learning opportunities. We have also added information of Welsh learning to the induction sessions we undertake with new starters.</p> <p>We use National Welsh Language days such as Diwrnod Hawliau Cymraeg – Welsh Language Rights Day, to further promote the opportunities available.</p> | <p>Without a clear definition of ‘courtesy level’ it is hard to ensure this target is covered fully.</p> <p>With staffing pressure there is also a challenge in ensuring all those who wish to learn are able to have enough protected time to do so.</p> |
| 29. | We'll collate and share examples of innovative good practice which is accessible across the | Please provide examples of good practice shared in your organisation and with other organisations. | A Hub has been created which is accessible to key members across Health and Social Care | |

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| | sector utilising existing portals and hubs including the Research and Innovation Hubs. | To what extent have you engaged with the Research and Innovation hubs to improve Welsh language services? | <p>sharing resources, knowledge and best practice.</p> <p>A national group of strategic leads for Welsh language has been created to ensure national problems can be addressed collectively.</p> | |
| 30. | We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. | <p>Please provide examples of using the Bilingual Technology Toolkit when procuring / developing new digital services. To what extent were digital services produced bilingually Are there records of the uptake of Welsh language digital services?</p> <p>Provide examples of co-drafting for information and advice websites. If this did not happen please state why.</p> | <p>We operate a number of digital bilingual resources. These include our websites as well as social media content.</p> <p>The Health Board employs a Welsh language communications officer within our communications team. The Welsh language unit monitors our technology output in order to strengthen our governance in this area.</p> <p>We actively engage with DHCW and our internal digital team on new technologies and systems ensuring Welsh language is embedded in all.</p> <p>We monitor the advances in AI translation and Welsh language capabilities with the hope that they will be able to provide</p> | |

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| | | | <p>additional support. Although no machine translation is currently providing fully accurate translations its accuracy level is improving. A member of the Welsh Language Unit attended a virtual conference conducted by Government and is monitoring these developments.</p> <p>In the Welsh Language Commissioners annual report there is a reference to a free Microsoft software tool that allows organisations to use Welsh language addresses at no additional cost. We have asked for further information on this and will pass on to the relevant teams once received.</p> | |
| 32. | We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and developing initiatives to celebrate success including promoting <i>More than just words</i> within existing | <p>The Welsh Government will arrange a national meeting for relevant stakeholders. In the meantime please outline any other meetings / groups held to share best practice and ensure a consistent approach.</p> <p>Also indicate whether <i>More than just words</i> is promoted</p> | <p>Meetings take place regularly between Welsh language unit staff and senior staff across the Health Board. The Welsh language is also prominent in the Gwent Workforce Board for Health and Social Care.</p> <p>As a Health Board and in part due to the new More Than Just Words framework the Health Board have introduced a Welsh</p> | We await details of the meeting between Executive Leads and Welsh Language Officers across Health and social care from Welsh Government. |

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| | awards and accolade schemes | within existing awards / accolades. | Language Award to their Staff Recognition Awards. | |
| 35. | <p>Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding/resources to</p> | <p>Visual markers are widely used to denote Welsh speaking staff, but there are still some areas where the markers are not used and some staff are reluctant to wear the Working Welsh badge.</p> <p>Can you be confident that the vast majority of workers in your organisations who can offer services in Welsh are identifying that by wearing the laith Gwaith badge?</p> <p>Do receptions/waiting areas have clear branding to show that Welsh language services are offered? To what extent are ICT systems used to capture and share information about language choice and how is this information then used?</p> | <p>The Health Board has created bespoke lanyards for our Welsh Speakers and Learners and these are distributed to those who need them. There are also visible markers within scrubs where lanyards and badges are not suitable.</p> <p>Active offer posters are distributed to be displayed across our sites and audits are carried out to ensure this is undertaken.</p> <p>Magnets to be used on patient display boards to identify Welsh speakers have been procured and will be rolled out once arrived.</p> <p>Language choice forms part of the admittance process of patients.</p> <p>We will look to work with our Digital team to track advances and to ensure the Welsh language is utilised efficiently</p> | <p>Further work needs to be undertaken to ensure where language of choice is noted that this is passed across departments.</p> |

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| | enable this to be delivered.) | | and effectively throughout our work. Further information relating to work on this target is noted in our response to the subsequent target. | |
| 37. | We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example <i>Gair i Glaf</i> . This to include in the short term Welsh language officers and translators working together on collation of terms and translation capacity and capability. | Please provide details about any initiatives in your organisation regarding terminology / translation. | Internal translator appointed to the organisation for the first time. Technologies such as Blue Prism to be utilised to increase capacity. Translation software such as Phrase has been procured to aid with speedy translation Project in collaboration with DHCW to standardise terminology. | |
| SECTION 4 – Monitoring Progress | All health and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan | Please indicate whether this has been achieved and the name of the relevant person. | Individual identified and Welsh Government informed. Those individuals are Geraint Scott, Head of the Welsh Language Unit, and Sarah Simmonds, Executive Director of Workforce and Organisational Development. | |

Guidance to RAG rating

| | |
|--------------|---|
| Red | Majority are not on track and improvement needs to be made. |
| Amber | Majority are on track, but there is scope for improvement. |
| Green | On track. |

Please provide an overall RAG rating

Amber



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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People & Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | September 2023 - Workforce Performance Dashboard |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Director of Workforce & OD |
| SWYDDOG ADRODD: REPORTING OFFICER: | Julie Chappelle, Assistant Director of Workforce & OD; Shelley Williams, Assistant Director of Workforce & OD; Kate Davies, Workforce Performance Manager |

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

To provide the September 2023 Workforce Performance Dashboard incorporating key performance indicators for information and assurance.

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

Cefndir / Background

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

Asesiad / Assessment

The Dashboard is shared widely across the Health Board and the information is updated to be responsive to the workforce priorities. The data is used to inform the workforce and organisational development support we provide and inform immediate and longer-term workforce plans.



The key highlights from the September 2023 Workforce Performance Dashboard, **Appendix 1**, include:

- An increase in sickness absence, from 6.20% in August 2023 to 6.29% in September 2023, still remaining above the Welsh Government target of 5%. Musculoskeletal illness is the main reason for increase.
- The 12-month accumulative sickness absence % was lower than last year at 6.38% in September 2023 and 6.41% in August 2023.
- The number of staff lost per month through sickness absence was 809wte compared to 806wte the same time last year.
- The 12-month total % for turnover was 9.58% compared to 11.47% last year.
- PADR remained below the target of 85% with the compliance for September 2023 at 67.87%, an improvement from 65.65% last year but lower than September 2023 of 68.64%.
- Statutory and mandatory training has increased from 79.36% in August to 79.54% in September 2023.
- Staff in post 12859wte (16341 Heads) in September 2023 increased compared to August 2023 12762wte (16243 Heads). Influenced by increases in Nursing & Midwifery 65.59wte and Allied health Professionals 30.38wte.
- The top three reasons for referral to Occupational Health remain as stress and anxiety, psychological and musculoskeletal – upper limbs.
- Referrals to the Employee Psychological Therapy Service increased in August 2023 to 59 from 45 referrals in August 2023.
- Variable pay usage was 1236wte for September 2023 compared to 1421wte last year.
- Work to reduce bank and agency usage continues with the main reasons for Registered Nurse and Healthcare Support work usage being to cover vacancies and increased demand for extra capacity and enhanced care.

Argymhelliad / Recommendation

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

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

| | |
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| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | All Workforce and OD risks are updated through the Health Board’s risk register. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce Choose an item. Choose an item. |



| | |
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| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. Providing an appropriate governance to support a workforce to deliver safe, quality care. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Choose an item. Improve the wellbeing and engagement of our staff Choose an item. Choose an item. |

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

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|---|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Not Applicable |
| • Service Activity & Performance | Not Applicable |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |



**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways of
working**

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

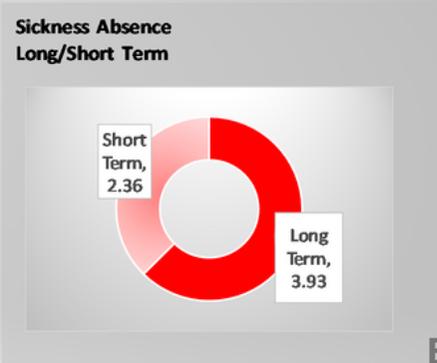
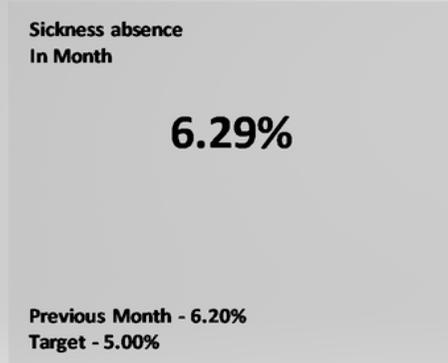
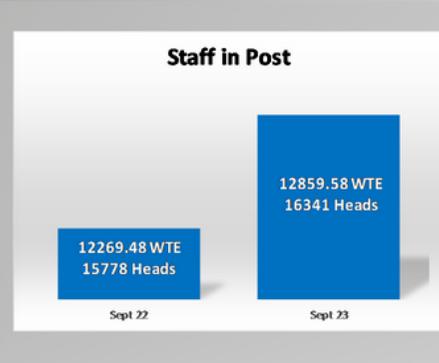
Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs
Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies



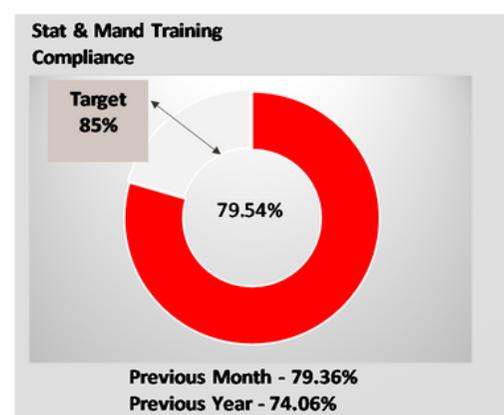
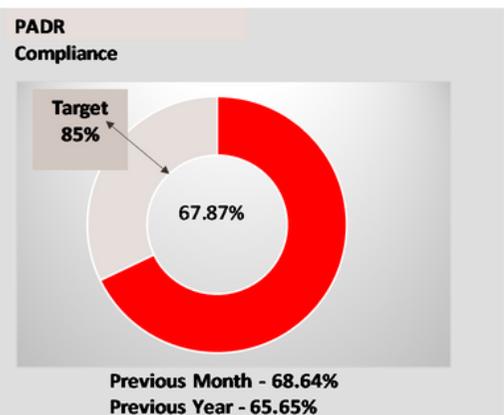
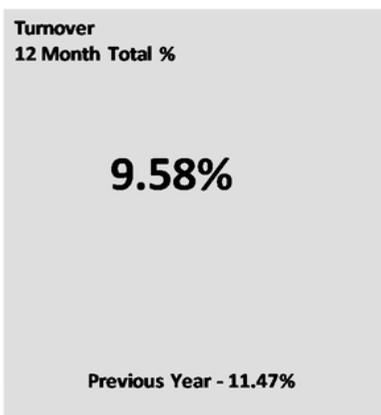
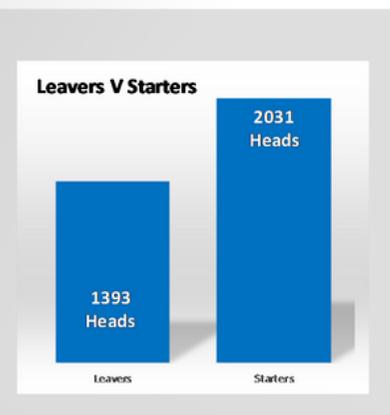
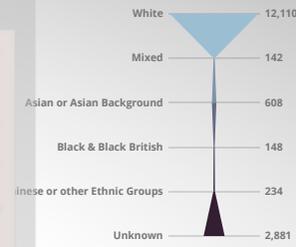
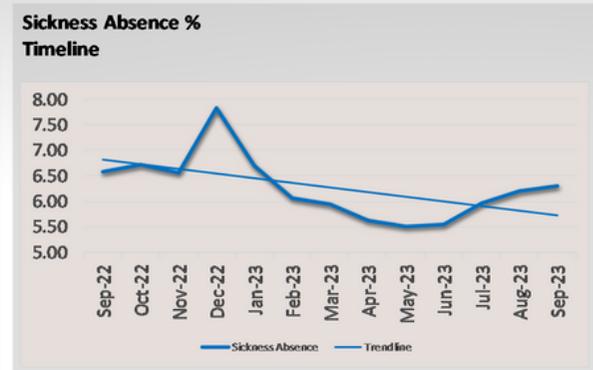
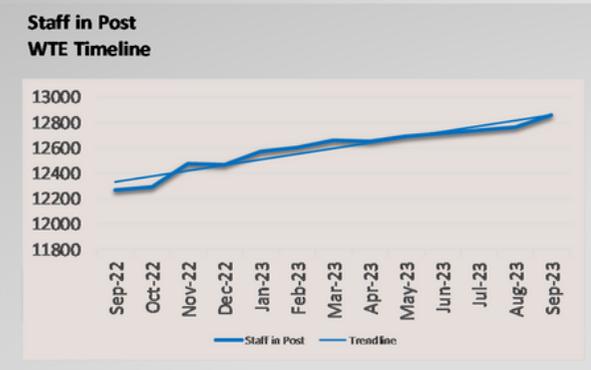


Workforce Performance Dashboard

September 2023



Ethnicity

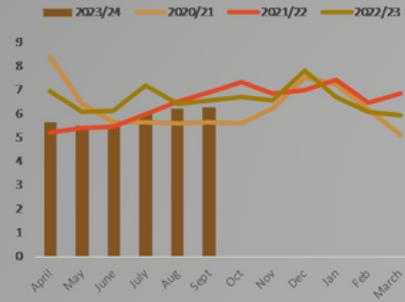




Staff Health & Wellbeing

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

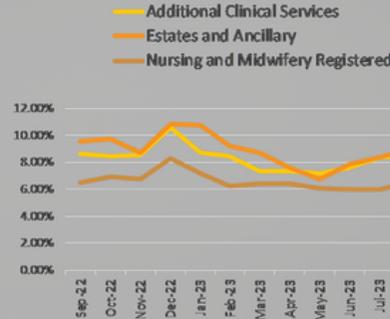
Sickness absence Trends over 4 years



Sickness absence Trends over 4 years



Top 3 Highest Sickness by staff group Trendline



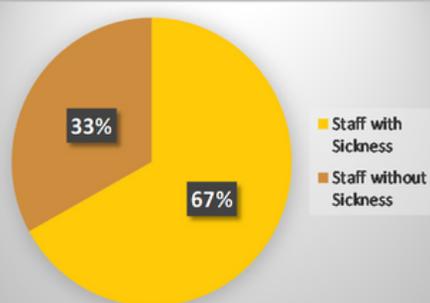
Sickness Absence Number of Staff Lost per month

809 WTE

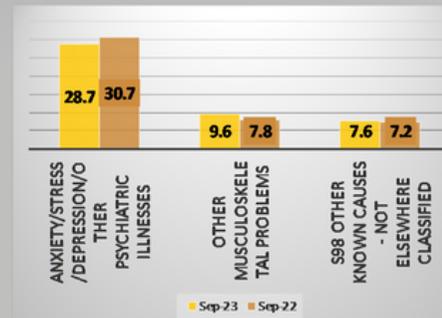


Previous Year - 806 WTE

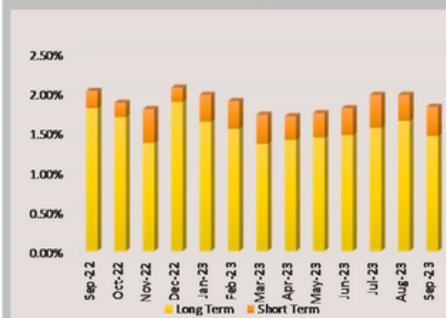
Percentage of staff without sickness absence



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



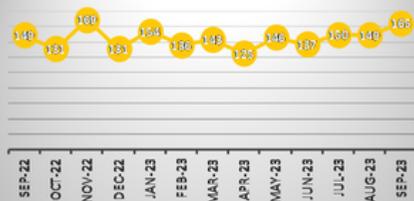
Sickness Absence Trends - Anxiety/Stress/Depression/other



Sickness Absence Trends - Covid



Occupational Health Referrals



| Top 3 Reasons | Total (Clients) |
|--------------------|-----------------|
| Stress and Anxiety | 19 |
| Psychological | 16 |
| MSK - Lower Limb | 15 |

Occupational Health - Key Activities

- 297 Pre-placement Health Questionnaires received
- 383 Pre-placement cleared
- 165 Staff referrals into the service
- 487 Appointments attended (phone/face to face)
- 385 Immunisations given/bloods taken (excluding Covid)
- 570 Phone calls received

Employee Psychological Therapy Service (EPTS) Referrals



Employee Psychological Therapy Service (EPTS)

- 5 Direct referrals to the Head of Well being
- 6 New Team Referrals
- 16 Webinars/Lectures/Workshops
- 7 Team lead consultations
- 7 Schwartz Round and/or prep sessions
- 17 Teams / Wards / Department / Clinical services currently supported by EWS



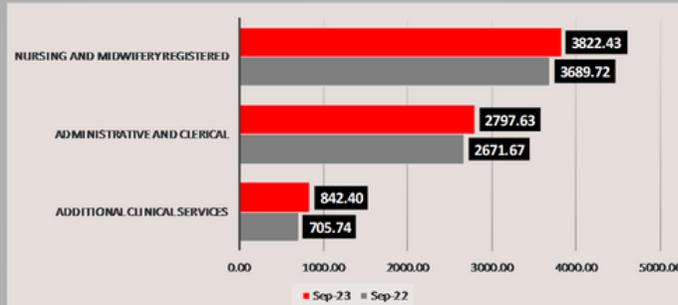
Employer of Choice

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

Staff in post Trends over 2 years



Staff in Post - Top staff groups increases 12 months

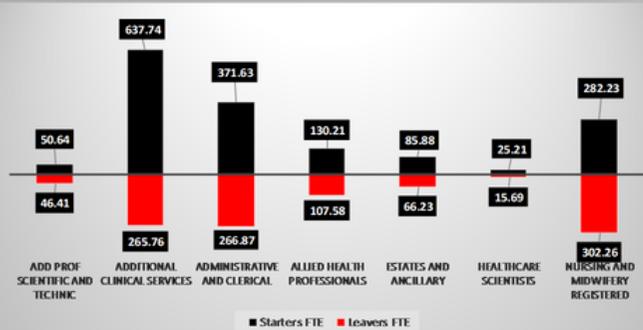


Turnover - Staff Stability Percentage of staff retained over 12 months

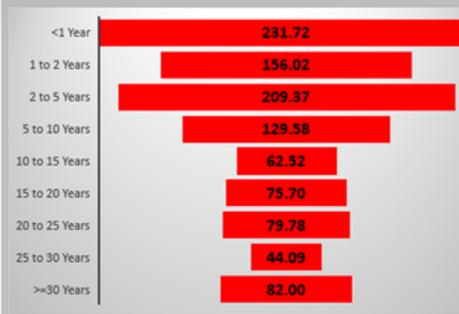
89.64%



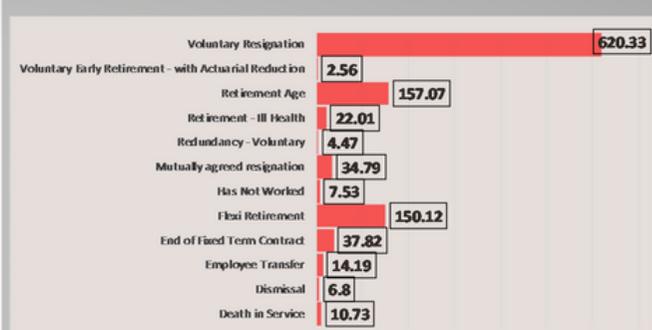
Leavers V Starters by Staff Group - 12 months



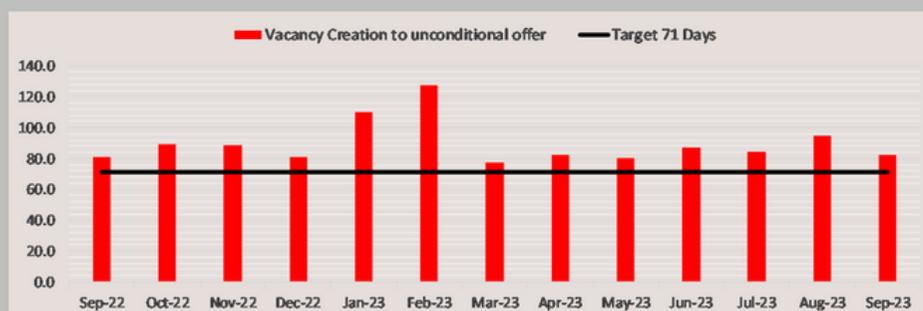
Turnover/Retention Leavers by Length of Service - 12 months



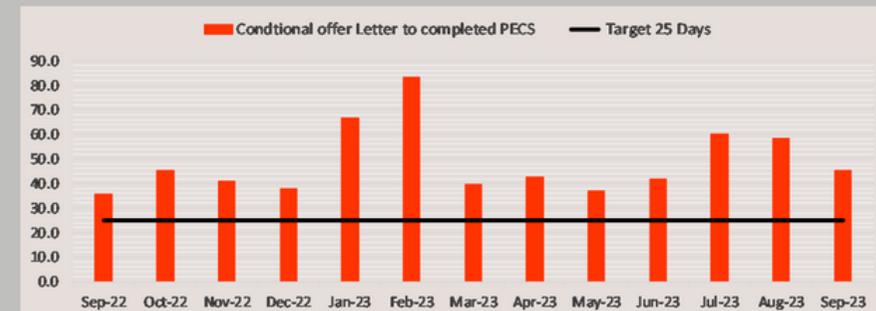
Turnover/Retention Reason for Leaving - 12 Months



Recruitment Targets Number of Days to Vacancy Creation to Conditional Offer September 22 to September 23 against target



Recruitment Targets Number of Days to Conditional offer letter to completed PECS September 22 to September 23 against target





Workforce Sustainability

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



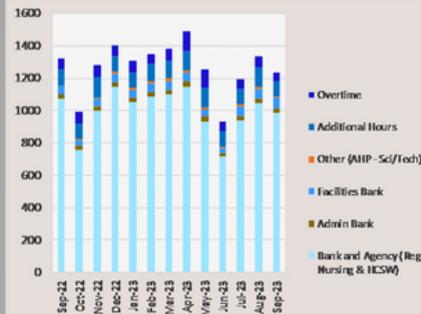
Variable Pay Usage WTE used September 23

1236 WTE

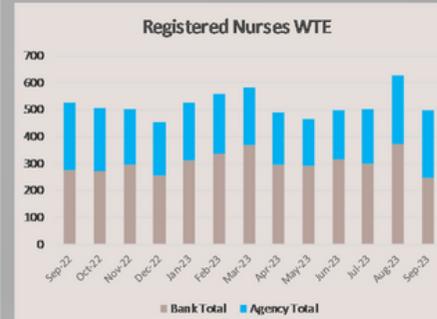


Previous Year - 1421 WTE

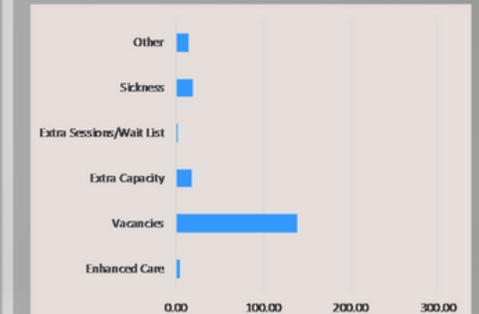
Variable Pay Usage All Staff Groups



Bank and Agency Registered Nurse Usage



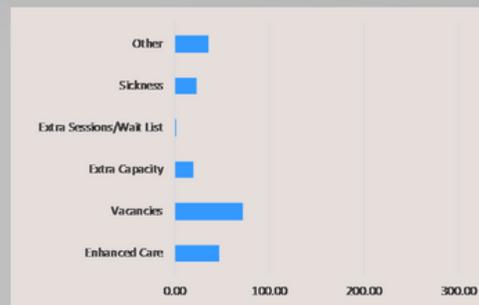
Bank and Agency Registered Nurse Usage Reasons



Bank and Agency HCSW Usage Bank and Agency



Bank and Agency HCSW Usage Reasons



MEASURES



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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 October 2023 |
| CYFARFOD O: MEETING OF: | People and Culture Committee |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Quality and Safer Systems: Framework for Speaking up Safely NHS Wales |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds Executive Director Workforce & OD Jennifer Winslade Executive Director of Nursing |
| SWYDDOG ADRODD: REPORTING OFFICER: | Sarah Simmonds Executive Director Workforce & OD |

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Further to events that occurred in the Countess of Chester Hospital connected with the recent Letby Case, the Welsh Government took the decision to release a Framework for Speaking up Safely in NHS Wales (appendix 1) on the 25th August 2023.

In support of the implementation of the framework all NHS Boards, Trusts and Special Health Authorities are to undertake a self-assessment against the organisational requirements, detailed in section 6, and to develop an action plan to address any gaps between your current practice and the expectations of the Framework. The assessment will be feedback to Welsh Government on the 30th October and reported to Board in November 2023 as outlined in the letter in appendix 2.

Cefndir / Background

The principles and practices associated with Speaking Up Safely outlined in the Framework document should be considered within the broader NHS Wales and UK policy context. Speaking Up Safely is an initiative which supports, rather than replaces, existing policy, such as:

- NHS Wales Policy: Raising Concerns (Whistleblowing) Policy.
- NHS Wales Policy: Respect & Resolution.
- Welsh Government Law: The Health & Social Care (Quality and Engagement) (Wales) Act.
- UK healthcare regulation: codes of practice e.g., NMC, HCPC and GMC.
- UK Law: Public Interest Disclosure Act 1998.

The framework has been developed and scrutinised and approved in social partnership to provide an all-Wales consistency of cultural expectation, approach and escalation process whilst also strengthening local initiatives.

Asesiad / Assessment

The required assessment is being led by members of the Workforce and Organisational Development and Quality and Patient safety (QPS) and Safeguarding leads, including support from Health and Safety and other relevant colleagues. The framework has also been publicised widely and comments invited from staff and shared with Trade Union Partnership Forum and LNC representatives for comment.

The assessment will consider the requirements as outlined in the table below.

| |
|--|
| Appoint, as mentioned earlier within this Framework) an Independent Member/Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead. |
| Ensure adequate investment that provides sufficient resource to support the continuous development of the organisational Speaking Up Safely approach and associated culture change. |
| Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion/lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 3. |
| Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise Concerns is a necessary minimum standard but is not in itself sufficient for facilitating and supporting a Speak Up Safely culture. |

| |
|---|
| Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable. |
| Ensure that the response mechanism/process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4). |
| Ensure that individuals speaking up do not suffer detriment as a result of raising concerns. |
| Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place, and provide regular reports to the appropriate committee. |
| Ensure that arrangements are in place to monitor concerns/issued raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this. |
| Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning). |
| Fully implement the All-Wales branding/messaging for Speaking Up Safely (once developed). |
| Continuously/consistently promote and raise awareness of speaking up and listening/responding as a pro-social/desirable behaviour. |
| Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements |

Outside of the requirement to undertake an assessment, the Health Board has recently undertaken a number of actions as part of existing work programmes in support of the Speaking up Safely agenda. These include:

- Ongoing work in support of Duty of Quality and Duty of Candour.
- Statements from Director of Workforce & OD and Medical Director in relation to a zero-tolerance approach to sexual harassment and unacceptable behaviours.
- Cross-organisational workshop hosted (3 October 2023) with UK expert Professor Aled Jones to discuss the Speaking up Safely approach and culture change required within the Health Board. Actions include agreeing an organisational approach, narrative and potential costs (people, resource, technology, staff engagement). Future work will include how this

work can dovetail within wider organisational culture change and organisational values and behaviours approaches.

- ABUHB have currently created an email address for staff to contact the organisation speaking up concerns. This is ABB.RaisingConcerns@wales.nhs.uk.
- Embedding of staff networks for a range of protected characteristics.
- Scoping external "Guardian Service" although costs were significant.
- Review of people's experience through HR processes via the Avoidable Employee Harm programme of work.
- Review of processes and structures of QPS Teams.
- Active by-stander training.

A full and thorough assessment against the requirements noted above along with an action plan will be reported to Executive Committee in October and Board in November. This will consider the actions already in place and in progress as noted above as well as the potential resources and costs associated with implementation of the action plan.

Argymhelliad / Recommendation

The information contained within this paper is to provide the Committee with an update prior to full assessment being considered at November Board.

| Amcanion: (rhaid cwblhau) | |
|--|---|
| Objectives: (must be completed) | |
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | Not Applicable |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7. Staff and Resources 7.1 Workforce 3.1 Safe and Clinically Effective Care 5. Timely Care |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Choose an item. Workforce and Culture |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item. |

Gwybodaeth Ychwanegol:

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

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|--|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Not Applicable |
| • Service Activity & Performance | Not Applicable |
| • Financial | Not Applicable |
| Asesiad Cydraddoldeb Equality Impact Assessment (EIA) completed | N/A at this time – all Wales document |
| Deddf Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/ | Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item. |

Speaking up **Safely**

A Framework for the NHS in Wales

Supporting people to **speak up**
safely and with confidence



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1. Background – NHS Wales and policy context

The principles and practices associated with Speaking Up Safely outlined in this Framework document should be considered within the broader NHS Wales and UK policy context. Speaking Up Safely is an initiative which supports, rather than replaces, existing policy, such as:

- **NHS Wales Policy: Raising Concerns (Whistleblowing) Policy**
- **NHS Wales Policy: Respect & Resolution**
- **Welsh Government Law: The Health & Social Care (Quality and Engagement) (Wales) Act**
- **UK healthcare regulation: codes of practice e.g., NMC, HCPC and GMC**
- **UK Law: Public Interest Disclosure Act 1998**

The Speaking Up Safely Framework has also been informed by international guidelines^{1,2} and research evidence^{3,4,5}

2. Introduction

Following the publication of '[A Healthier Wales](#)' and the subsequent '[Workforce Strategy for Health and Social Care](#)' it became clear that NHS Wales needed to develop its approach to organisational culture and behaviour. NHS Wales organisations have committed to developing healthy working relationships, an approach which aims to foster more compassionate, collective, healthier and fairer behaviours, workplaces and organisations. It is recognised that there are key all- Wales NHS opportunities to lever change including [leadership development](#), changing targets / focus (such as [colleagues' experiences of work](#)) and using [people 'policies'](#).

This Framework sets out the responsibilities of organisations, their executive teams and boards, along with those of managers and individual members of staff (and volunteers) in creating a culture in which 'Speaking Up', alongside timely and appropriate response to any concerns raised, is supported within a safe environment. This Framework will be supported in its implementation by a series of toolkits.

Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve our population's experience of healthcare. It is essential to ensure that all individuals have a voice, are listened to, and receive a timely and appropriate response.

This Framework will support organisations to create that culture; one where individuals feel safe and able to speak up about anything that gets in the way of delivering safe, high-quality care or which negatively affects their experience. This includes, but is not limited to, matters related to patient safety, safe staffing, the quality of care, bullying and harassment (and cultures which enable this), as well as financial malpractice or fraud. To support this, leaders and managers need to be willing to listen, and to be open to constructive challenge. Speaking up and bringing these issues into the open is a brave

and vulnerable thing to do, and therefore should be welcomed and seen as an opportunity to listen, learn and improve.

This is the Framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised.

Not all sections of this Framework will be relevant to everybody. However, while it is clear who the relevant sections are intended for, depending on your role within the NHS you may wish to familiarise yourself with sections which may not initially be relevant to you.

3. Principles of Speaking up Safely

- 3.1 All those engaged with the NHS have a contractual right and duty to raise genuine concerns with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest. In addition, staff have duties imposed upon them to raise such concerns by their respective professional regulatory bodies.
- 3.2 All organisations recognise the need to continuously improve to make every effort to address and correct issues threatening patient safety as quickly as possible, to work with colleagues to this end and to ensure that at all times they do all they can to act on the side of the solution. Consciously creating culture of 'Speaking Up Safely' is key to this aim.
- 3.3 All organisations, departments and teams have a duty to create a culture where individuals know how to raise a concern, are aware of the process that will follow, and where they can be confident that if they do raise a concern, they will receive support without experiencing personal or professional detriment.
- 3.4 It is not necessary for an individual to have concrete proof of an act that they wish to report - a reasonable belief is sufficient. Individuals are encouraged to raise any concern at the earliest opportunity so that there is time to assess the issues within a supportive environment.
- 3.5 Individuals who speak up do not have responsibility themselves for investigating the matter (where this is required). It is the organisation's responsibility to ensure that where appropriate, an investigation takes place.
- 3.6 Organisations also have responsibility to ensure that those responding to concerns are prepared and supported to respond promptly or are able to delegate to someone who can. Managers will have training on how to deal with concerns that have been raised.
- 3.7 Organisations should encourage individuals to raise concerns using the designated procedure in the first instance. If an individual is not sure whether or not to raise a concern, they should discuss the issue with a manager or the Workforce & OD department or for those registered with a trade / professional union, with their representative or their trade / professional union's employment advice service.
- 3.8 In line with NHS Wales policy, individuals are encouraged to raise the concerns within the organisation at the earliest possible opportunity. This Framework seeks to ensure that the

organisation has the appropriate mechanisms and culture in place through which concerns will be appropriately addressed.

- 3.9 If an individual speaks up or raises a concern in Welsh, it will not be treated any less favourably than if it had been raised in English. Individuals speaking up in Welsh can expect any subsequent written correspondence or response in Welsh. If meetings are arranged about the concern, the organisation will actively offer to conduct the meeting in Welsh.
- 3.10 Any matter raised will be reviewed thoroughly, promptly and confidentially, and the individual raising a concern will receive appropriate feedback (see Toolkits 2 & 3).
- 3.11 If an individual raises a genuine concern, they will not be at risk of losing their job or suffer any detriment. Where an individual (who has raised concerns) may nonetheless be at risk of or fear detriment or any potential harm by continuing to work in their existing role or place of work, suitable action will be taken, in agreement with the individual, which could include redeployment.
- 3.12 Victimisation or harassment of an individual for speaking up / raising concerns will be considered a serious disciplinary offence, as will any action to 'cover-up' or wilfully ignore concerns.
- 3.13 Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law. There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed. Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.
- 3.14 Where an anonymous concern is received, a designated contact will still examine the contents of the concern with relevant senior managers and investigate where necessary. However, without the investigator being able to talk to the individual(s) who has(have) raised the concern and without possibly being able to attain any additional facts as a result, it needs to be recognised that it may be difficult for a full investigation to be undertaken. In these circumstances, supporting and protecting the individual, or giving them feedback, may be very difficult. Accordingly, the individual may not be able to be provided the assurances offered above. Organisations should routinely consider, log and monitor anonymous concerns.
- 3.15 All managers will have discussions within the PADR (Performance and Development Review) process about speaking up if staff members have any concerns, as well as within their own PADR in respect of dealing with concerns when they arise.
- 3.16 Organisations should identify an Independent Member / Non-Executive Director to act as a 'Speaking Up Safely Board Champion' and an Executive Director as 'Speaking Up Safely Executive Lead', as a minimum, and may wish to appoint additional roles for speaking up. As a minimum, organisations should ensure that those with responsibility for speaking up are sufficiently independent to provide staff with confidence when speaking up.

4. Expectations

4.1 Employees

All NHS Wales employees have a role in identifying issues and speaking up. Registered staff also have a professional responsibility to identify and speak up appropriately. The following are expectations of all employees in the NHS.

1. Behave in a way that encourages individuals to speak up.
2. Where you have concerns, ensure these are raised in a timely and appropriate manner in line with local policies and procedures.
3. Encourage and be supportive of those who speak up.
4. Do not victimise, bully or discriminate.
5. Embrace speaking up as an opportunity to learn and grow as an individual and as a team, as well as for the organisation as a whole.
6. Utilise Toolkit 2 in this Framework when speaking up.

4.2 Line Managers

All managers have a responsibility for creating a 'psychologically safe' culture which enables individuals to highlight problems and make suggestions for improvement. Speaking Up Safely is a fundamental part of that. An organisational or departmental culture of bullying and harassment, or one that is not welcoming of new ideas or different perspectives, will prevent individuals from speaking up, put patients at risk, affect many aspects of the well-being and working lives of staff, and reduce the likelihood that improvements can be made. Managers, as leaders, should understand the impact their behaviour can have on an organisation's culture and therefore how important it is that they reflect on whether their behaviour may inhibit or encourage someone from speaking up (See toolkit 3).

Line Managers will: -

- Be able to articulate both the importance of workers feeling able to speak up and how they will enable this within the organisation's vision.
- Speak up, listen and act (see Toolkit 3).
- Be visible and approachable and welcome staff who wish to speak up.
- Have insight into how their power and position could silence individuals, and how their own unconscious bias and belief systems could impact on how they receive individuals who speak up.
- Thank workers who speak up.
- Demonstrate that they have heard when workers speak up by providing feedback.
- Seek feedback from peers and workers to help them reflect on how effectively they demonstrate the organisation's values and behaviours.

- Accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.

4.3 NHS Boards

NHS Organisations in Wales are expected to implement the Speaking Up Safely approach outlined in this Framework (see Toolkit 1). The Board should take into account the toolkits attached and align with the All-Wales branding that ensures individuals who move from one NHS Wales organisation to another can easily identify with the 'Speaking Up Safely' approach.

The Board should demonstrate its commitment to creating an open and honest culture where workers feel safe to speak up by:

- Having named Executive and Independent Member / Non-Executive Directors Leads responsible for speaking up.
- Acting as role models within the organisation.
- Including speaking up and other related cultural issues in board development programmes and Staff Partnership Fora.
- Having a sustained and ongoing focus on the reduction of bullying, harassment and incivility.
- Sending out clear and repeated messages that it will not tolerate the victimisation of workers who have spoken up, and taking action should this occur, with these messages echoed in relevant policies and training.
- Investing in sustained and continuous leadership development.
- Ensuring the organisation has an appropriately resourced Speaking up Safely approach and champion model.
- Supporting the creation of an effective communication and engagement strategy that encourages and enables workers to speak up, and promotes changes made as a result of speaking up.
- Inviting individuals who speak up to present their experiences in person to the board and staff partnership fora.
- Monitoring the extent to which concerns are being raised and addressed, and identifying learning and improvement needs as a result.

4.4 Independent Member/Non-executive Director 'Board Champion'

The Independent Member / Non-Executive Director Champion for Speaking Up Safely is a senior, independent lead role specific to organisations with boards.

They should:

- Hold the Board and the Executive Team to account in the delivery of a Speaking up Safely culture.
- Seek assurance that the Board responsibilities and expectations of this Framework are implemented.

- Be a 'fresh pair of eyes' to ensure that investigations are conducted with rigor and to help escalate issues, where needed.
- Have appropriate knowledge of Speaking Up Safely and be able to readily articulate:
 - why a healthy speaking-up culture is vital.
 - the indicators of a healthy speaking-up culture.
 - the indicators that there is sufficient support for speaking up and wider culture transformation.
 - the red flags that should trigger concern.
- Constructively challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.
- Be accessible to staff to provide support and guidance on how to and where to go to for advice and representation in Speaking Up Safely issues (with a clear delineation of roles). Independent members will not advocate, advise or represent employees in speaking up safely concerns.

Organisations / Hosted Organisations without Boards are likely to benefit from having an equivalent role.

4.5 Executive Leads for Speaking up Safely.

Having an Executive Lead for Speaking Up Safely helps demonstrate the organisation's commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation's speaking-up culture.

The Executive Lead should be accountable for:

- Co-designing, with the wider Executive Team, a plan for Speaking Up Safely, and implementing a Speaking Up Safely culture.
- Implementation and delivery, with the wider Executive Team, of a Speaking Up Safely Culture.
- Evaluating speaking-up arrangements and gaining assurance that the experience of workers who speak up is a positive one.
- Ensuring there is appropriate resource for Speaking Up Safely.
- How the organisation periodically reviews its speaking up safely arrangements.
- Ensuring there is a link to learning from events / incidents processes, and organisational governance arrangements.
- Liaising with the Independent Member / Non-Executive Director Champion.
- Providing the Board with assurance around all of the above.

5 Implementing and Improving a Speaking up Safely Culture

5.1 Implementation of Speaking up Safely Culture

In order to implement this Framework, it is expected that organisations have a clear vision for the speaking up culture that links the importance of encouraging individuals to speak up with patient safety, staff experience and continuous improvement. Co-designing, implementing and improving a Speaking Up Safely culture should always be undertaken in social partnership. Toolkit 1 provides further information.

Organisations will need to, in social partnership, develop a plan of how to deliver this Framework. This should be led by the Executive Lead for Speaking Up Safely. The plan should also be informed by key Speaking Up Safely stakeholders, such as Trade Unions, HR, OD and those representing minority communities. The Board should discuss and agree the plan and be provided with regular updates. The plan and ongoing review are co-produced with the organisation's staff partnership arrangements, staff networks and organisational engagement arrangements.

Among other things, the Executive Lead for Speaking Up Safely and the IM / NED Speaking Up Safely Champion will:

- Review the plan annually in social partnership, including how it fits with the overall organisational strategy, using a range of qualitative and quantitative measures.
- Assess what has been achieved and what more there is to do, using a continuous improvement approach.
- Identify the barriers to Speaking Up and how they will be overcome.
- Identify whether the right indicators are being used to measure success (see Toolkit 4).
- Help drive collaboration on an All-Wales basis to deliver, as far as possible, a consistency of approach to Speaking Up Safely across organisations, noting local and organisational context.

5.2 Be assured your Speaking Up Safely Culture is Healthy and Effective

The Board must be continuously assured that individuals will speak up about things that get in the way of providing safe and effective care and that this will improve the experience of patients and staff. Boards should not assume that the Speaking Up Safely culture is static; culture can improve, regress or stagnate for a variety of reasons, and sub-cultures will exist within organisations. Boards must monitor trends in the reasons for staff speaking up. Boards will also need further assurance when there have been significant changes, where changes are planned, or there have been negative experiences such as:

- Before a significant change (such as a merger or major service change).
- When an investigation has identified a team or department has been poorly led, or a culture of bullying has developed.

- When there has been a significant service failing.
- Following a Healthcare Inspectorate Wales inspection where concerns have been identified.
- Following a triangulation of data from a range of sources such as turnover, exit interviews, TU colleague feedback, staff surveys, grievances, work-related stress sickness, and clinical / operational indicators (See toolkit 4).

It is the Executive Lead's responsibility, supported by and in conjunction with the wider-Executive Team, to ensure that the Board receives a range of assurance and regular updates in relation to the Speaking Up Safely plan and implementation of this Framework.

The organisation's Speaking Up Safely arrangements must be based on the most recent NHS Wales policy and legal requirements (see examples on page 1 of this document). If the Board is not assured its staff feel confident and safe to speak up, it should consider requesting remedial action to address any concerns.

The Board should use a range of resources for developing and monitoring its Speaking Up Safely culture. Toolkit 4 should be considered as a basis for the information that organisations should collect to inform their understanding of the cultures within their organisation.

5.3 Be open and transparent with external stakeholders.

A healthy Speaking Up Safely culture is created by organisations and Boards that are open and transparent and see speaking up as an opportunity to learn. Executives are required to routinely discuss challenges and opportunities presented. The Board will welcome engagement with, and feedback from, these stakeholders. The Board is required to regularly discuss progress in this area (respecting the confidentiality of individuals), along with themes and issues arising from the Speaking Up Safely approach. Regular and in-depth reviews of leadership and governance arrangements in relation to Speaking Up Safely will help organisations to identify areas for further development.

6 Requirements for Organisations

Organisations will: -

- 6.1 Appoint, as mentioned earlier within this Framework) an Independent Member / Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead.
- 6.2 Ensure adequate investment that provides sufficient resource to support the continuous development of the organisational Speaking Up Safely approach and associated culture change.
- 6.3 Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion / lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 3.
- 6.4 Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise Concerns is a necessary minimum standard but is not in itself sufficient for facilitating and supporting a Speak Up Safely culture.
- 6.5 Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable.
- 6.6 Ensure that the response mechanism / process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4).
- 6.7 Ensure that individuals speaking up do not suffer detriment as a result of raising concerns.
- 6.8 Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place, and provide regular reports to the appropriate committee.
- 6.9 Ensure that arrangements are in place to monitor concerns / issues raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this.
- 6.10 Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning).
- 6.11 Fully implement the All-Wales branding / messaging for Speaking Up Safely (*once developed*).
- 6.12 Continuously / consistently promote and raise awareness of speaking up and listening / responding as a pro-social / desirable behaviour.
- 6.13 Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements.

7. Footnotes

1 ISO 37002:2021 Whistleblowing management systems — Guidelines

<https://www.iso.org/standard/65035.html>

2 UNODC (2021) Speak up for health! Guidelines to enable whistle-blower protection In the health-care sector

3 Jones A et al (2022) Evaluation of the implementation of Freedom to Speak Up Local Guardians in NHS Acute Hospital Trusts and Mental Health Trusts in England

<https://fundingawards.nihr.ac.uk/award/16/116/25>

4 Jones, A et al (2021) Interventions promoting employee “speaking-up” within healthcare workplaces: a systematic narrative review of the international literature. *Health Policy* 125(3), pp. 375-384.

5 Jones, A. and Kelly, D. M. (2014) [Whistle-blowing and workplace culture in older peoples' care: qualitative insights from the healthcare and social care workforce](#). *Sociology of Health & Illness* 36(7), pp. 986-1002.

Toolkit 1: Co-designing and Implementing a Speaking up Safely Culture

Introduction

This Framework provides an outline of the process of Speaking Up, but organisations will need to develop their Speaking Up Safely culture. There may also need to be local difference to the process of speaking up in each organisation. This toolkit provides a guide that NHS organisations must follow to co-design and implement a Speaking Up Safely culture.

1. Rationale and benefits of developing a Speaking Up Safely culture / What needs to be in place in an Organisation.

Organisations need to ensure that their values and cultures create healthy speaking up environments in the workplace that provide the space for people to be listened to and taken seriously. This is essential in a safety culture and should be part of normal business for every individual in every organisation.

For staff in the NHS to feel safe speaking up, the following elements need to be implemented:

- Staff can have open conversations with managers, and managers listen.
- There is mutual trust between the person raising the concern and the person listening.
- Leaders display and encourage the behaviours required for staff to feel listened to.
- The approach uses psychological safety principles to create the conditions for people to be able to speak up.
- Organisations will ensure individuals are not penalised for highlighting mistakes, failures or concerns. Where psychologically safety is lacking, employees are less likely to speak up and challenge inappropriate behaviours of colleagues or superiors.
- Organisations should recognise that individuals with protected characteristics are often more likely to be on the receiving end of poor practices, harassment or bullying. They are also least likely to speak up due to the fear of reprisals. This needs to be considered in the local approach and implementation.
- Feedback should be provided to individuals who raise concerns especially in relation to actions implemented.

2. What organisations should do to co-produce their Speaking Up Safely culture and local processes.

Organisations will be expected to co-produce their Speaking Up Safely culture and systems with trade / professional union partners, staff with protected characteristics, those with lived experience, and staff from ethnically and culturally diverse backgrounds. This approach is required to ensure the process is relevant and purposeful to those who may speak up.

A set of resources and guiding principles for how best to do this is provided on the Speaking Up Safely page on the NHS Employers Website here: **ONCE APPROVED, INSERT LINK**

Organisations should consider the following key principles when planning and co-designing a co-production approach (Baeck, 2013): This section will go onto a dedicated SUS webpage on the NHS Employers website. **ONCE APPROVED, INSERT LINK**

- Encourage active participation, the sharing of experience, and welcome diverse ideas and suggestions.

- Engage in genuine dialogue around diverse perspectives and be open to the idea that all parties can be mutually influenced by the experience and ideas of others. Avoid the perception that decisions have already been made by a small number of senior people.
- Consider how you can host events and conversations where differences of power, status, perceived expertise and privilege are minimised between those participating, i.e., leaders, staff, partners and stakeholders, and those with and without protected characteristics.
- Actively listen so that there is a shared experience of inquiry, reflection, dialogue and shared discovery.

Consider the following when planning your co-production approach:

People – who needs to be in the conversation with us?

Invitation – how will we invite people into the conversation with us so as they want to be involved, and are able to participate?

Power & Privilege – how will we acknowledge and work constructively with differences of power and privilege to ensure equity of contribution?

Inviting all to have their say – how do we structure this conversation so that everyone gets time and has their voice heard?

Interface – where and how will we meet (in person, online)?

Agreeing the practicalities – how often should we meet, and for what time duration?

Finding shared meaning – what are the common themes or *sense* of shared purpose that ties this all together?

Goals – what are we hoping to achieve together?

How to respond best to disagreement and conflict – how we will respond to any breakdowns in communication? What is our agreed way of doing this?

3. Guidelines for Planning Essential elements for co-producing a Speaking up Safely Culture

- Map what staff, partners and stakeholders would see as the organisational barriers and enablers to Speaking Up Safely; co-produce interventions to reduce and remove barriers, monitor the effectiveness of these interventions, and share and implement enablers of speaking up.
- Widely and consistently communicate the agreed systems, processes for and learning from Speaking Up Safely.
- Ensure procedures for receiving, reviewing and responding to speaking up concerns are timely, transparent and regularly evaluated to ensure they are fit for purpose and able to reassure staff that the process will support them when raising their concerns.
- Use the lived experience of staff and others to help recognise the ways in which power and privilege manifest in the organisation and can become barriers to staff speaking up.

- Provide bias and cultural awareness training and / or supervision for those who will hear the concerns staff members raise – to ensure the diverse needs of staff with protected characteristics can be openly received, are not potentially dismissed due to possible differences in peoples’ lived experiences, beliefs and views.
- Build anonymity into speaking up processes for those staff who fear detriment from publicly speaking out.
- Develop the skills of leaders to be able to listen to concerns openly, transparently and without prejudice and enable leaders to act on concerns raised. Leaders should demonstrate their skills in these areas in order to support a speaking up culture.
- Ensure there is timely access to staff support and wellbeing services – as speaking up can impact on the psychological health of staff.
- Review organisational data (as per Toolkit 4) with social partners through the organisation’s board-level committee structure.
- Where staff experience detriment from speaking up, actively utilise restorative justice practices to address this, as per the All-Wales Respect & Resolution policy and process.

4. The following questions should be considered when co-producing the approach.

- Who needs to be in this conversation – who has an important perspective, experience, or stake in the development of a Speaking Up culture?
- What processes can be developed for acknowledging and addressing issues when they arise? How can the organisation collaborate with staff, partners, and other stakeholders to ensure these processes are fair and supportive?
- How is learning shared across the organisation – at individual, team and service level, as well as more widely?
- How will the organisation engage with staff from diverse backgrounds, ethnicities and cultures to;
 - ensure their lived experiences improve your speaking up processes?
 - address issues related to bias, discrimination and inequity?
 - review whether organisational policies and processes might be unintentionally causing inequity and inequality?
- How can the organisation explore the ways in which hierarchy, entitlement, power and privilege might be marginalising and disadvantaging individuals / groups?
- How can the organisation encourage and support this type of reflective conversation?
- How will the organisation identify barriers to speaking up within it? What actions can be taken to address and resolve any barriers when identified?

Toolkit 2: How to Speak Up

Introduction

Our NHS Wales workforce goes above and beyond every day, and its dedicated efforts and commitment to services is inspirational. Yet there are times when things just don't go right, where there are issues or concerns, or there is a fear for patient care and colleague well-being. The need for Speaking Up Safely is a vital component for any NHS organisational culture and highlighted in reports from Francis (2015) and, more recently, Ockenden (2022).

The Francis report highlighted:

“Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.

“Raising concerns should be part of the normal routine business of any well-led NHS organisation.

“Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.

“All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling”.

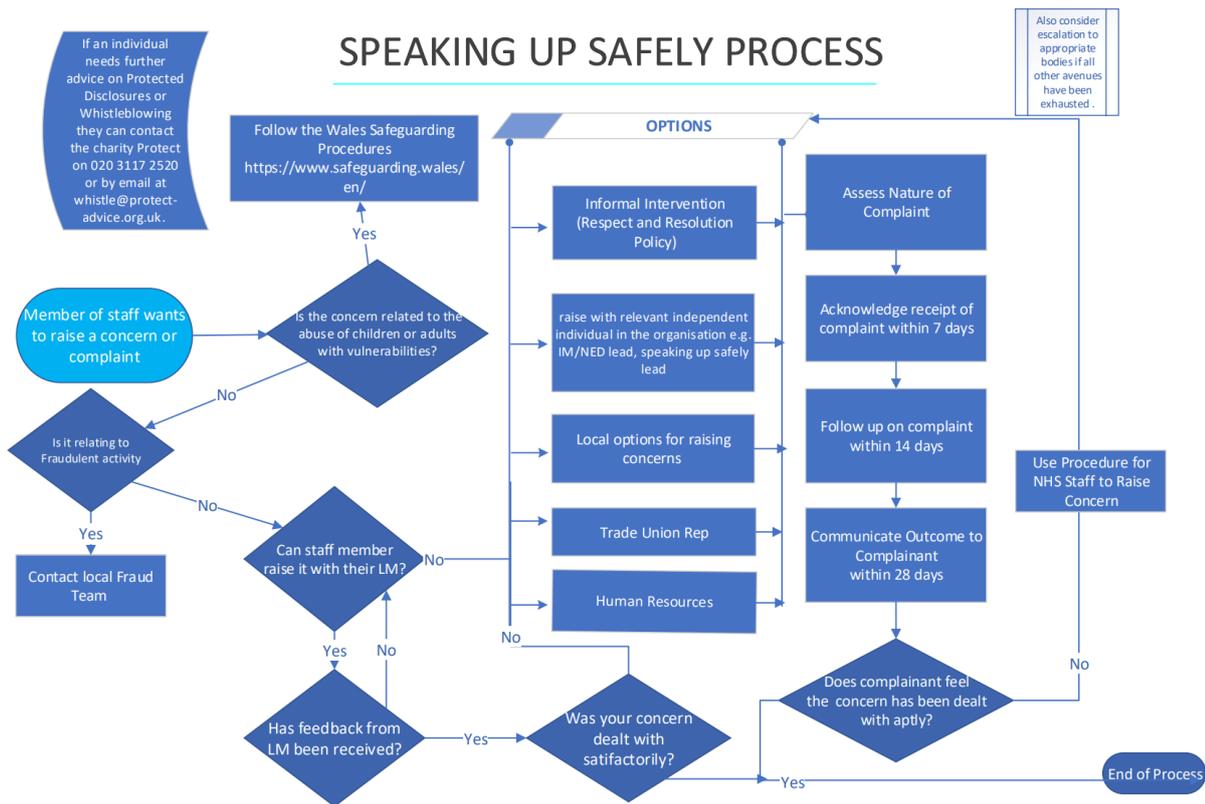
How to speak up in your organisation

Organisations across NHS Wales are committed to embedding speaking up safely as part of their cultures. It is recognised that to enable this, various methods and means will be utilised to ensure staff feel safe and comfortable in speaking up. This will vary across organisations as they implement local methods to support this agenda. There will be transparency where possible, on any actions taken because of staff speaking up to show they have been actively listened to.

The need for speaking up safely to be firmly embedded into everyday life and cultures across NHS Wales is a priority. The way and means of doing this will evolve with new initiatives added to ensure that issues can be safely explored.

“Culture change is not a one-off event but requires constant attention and development.”

- Sir Robert Francis QC, 2015



Frequently Asked Questions

1. I have a concern and I need to speak to someone, who do I tell?

Staff should be able to raise concerns with their line manager on routine discussions on service delivery and patient care, (e.g., problem-solving, service review, performance improvement, quality assessment, training, and development) as these are the most effective mechanisms for early warning of concerns, wrongdoing, malpractice or risks. Line managers are best placed to act on, deal with and resolve such concerns at an early stage.

However, in some circumstances, this may not be appropriate and there are other methods you can use to raise a concern if you cannot speak to your line manager. These methods can be found here:

ONCE APPROVED, INSERT LINK

2. What support can I access when I want to raise a concern?

Trade / professional unions (TUs) – these can provide support, advocacy and representation at all stages.

Well-being support – refer to your local well-being support services within your organisation, which can be found on local intranet, or via your line manager / TUs / HR department.

Independent Member (IM) / Non-Executive Director (NED) – IMs and NEDs provide scrutiny and seek assurance that the speaking up culture is working in an organisation. You can speak to an IM / NED about speaking up, but they won't advocate or represent you on your specific case. However, they may advise you of the best way to get support in raising your issue.

Your local organisation will have more specific advice on what support you can obtain when you want to raise a concern.

3. Do I have to have evidence of wrongdoing to raise a concern?

You do not need to have absolute proof of the activities you want to report; a reasonable belief is sufficient. We encourage all individuals to raise their concerns as early as they can. Any evidence that you do have such as letters, memos, diary entries, DATIX etc. will be useful to assist any further investigations.

4. Will I be responsible for investigating the concern?

No, your concern will be investigated by a nominated individual, if appropriate to do so.

5. How will I know if my concern has been dealt with?

Once an individual has told someone of their concern, whether verbally or in writing, the information will be assessed to see what action should be taken. This may involve an informal, review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer.

If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible considering the matters to be investigated. At their request, the individual will be written to summarising their concern and setting out how it will be handled along with a timeframe.

6. What happens if I don't agree with the outcome of my concern, or I don't feel that it was dealt with properly?

The individual raising the concern will be entitled to a verbal response, as a minimum, and where appropriate, a written response may be required (noting any request to remain anonymous).

The person responsible for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised.

If you feel that your concern has not been dealt with appropriately, please contact your local Workforce & OD team for more information on how to escalate your concern.

7. I want to raise a concern, but I want to remain anonymous because I'm worried that I'll be treated differently if I make myself known.

Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law.

There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed.

Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.

8. What happens if someone raises a concern that they know isn't true?

We acknowledge that in a very small number of cases, allegations may be made which are malicious or vexatious. Making allegations that are known to be false will be considered a serious matter. If it is concluded that an individual has deliberately made false allegations maliciously or vexatiously, or for personal gain, then the organisation may begin an investigation under the Disciplinary policy and procedure.

9. What does the term 'Whistleblowing' mean?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually, because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff.
- Poor quality care.
- Acts of violence, discrimination or bullying towards patients or staff.
- Malpractice in the treatment of, or ill-treatment or neglect of, a patient or client.
- Disregard of agreed care plans or treatment regimens.
- Inappropriate care of, or behaviour towards, a child /vulnerable adult.
- The welfare of subjects in clinical trials.
- Staff being mistreated by patients.
- Inappropriate relationships between patients and staff.
- Illness that may affect a member of the workforce's ability to practise in a safe manner.
- Substance and alcohol misuse affecting ability to work.
- Negligence.
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case).
- Where fraud or theft is suspected.
- Disregard of legislation, particularly in relation to Health and Safety at Work.
- A breach of financial procedures.
- Undue favour over a contractual matter or to a job applicant has been shown.
- Information on any of the above has been / is being / or is likely to be concealed.

If an individual needs further advice, they can contact the charity Protect on 020 3117 2520, or by email at whistle@protect-advice.org.uk.

Protect can advise individuals how to go about raising a matter of concern in the appropriate way at <https://protect-advice.org.uk/>. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at <https://speakup.direct/>

You can find more information in the [All Wales Procedure for NHS Staff to Raise Concerns](#).

Toolkit 3: What to do if someone has 'spoken up' to you.

1. Introduction

There are three areas to consider when someone speaks up to you:

1. Recognition and validation of the courage to speak up.
2. Non-judgmentally and actively listening to the concerns.
3. What happens after speaking up to both the person with the concern and anybody implicated in that concern.

1. Recognition and validation of the courage to speak up.

- 1.1 It is a big step for individuals to come to you raising a concern. It takes both courage from the individual and demonstrates their trust in you. You should thank them for choosing to share and for trusting you with this, reassure them that you know they must have thought long and hard before coming forward and that you are here to listen and agree what happens next.
- 1.2 In most cases, individuals who raise a concern believe there are grounds for their concern. It has taken a lot of courage for them to raise the concern/s and it is important not to dismiss this, even if your view may differ.
- 1.3 Validation of someone's concerns does not mean that you necessarily agree with them; it simply means you understand the impact their view and experience has had on them.

2. Non-judgmental and active listening

- 2.1 Active listening means demonstrating you are hearing and understanding what you are being told. This can be achieved by using skills such as reflecting and summarising; and being present – a private space without interruptions and distractions would be beneficial. You can find out more about active listening here (link to be inserted here) **ONCE APPROVED, INSERT LINK**
- 2.2 Be open to the concerns. While concerns can sometimes feel personal or suggest that you are being criticised, it is often the case that it is organisational elements which need to be considered. Take time to move your attention to what the individual is saying and think about how they might be feeling; there will be time for you to think about it from your own perspective after the discussion.
- 2.3 Take it as an opportunity to learn and develop your team/service; even if it was not the service' or team's or an individual's intention to cause concern, it is important to recognise the impact on individuals.
- 2.4 Be aware that you may have a different perspective and different lived experiences from the individual raising the concern, but don't dismiss them because you don't agree with their perspective. Think about how to see it from their point of view.
- 2.5 Be aware of your own positions of power and privilege in the conversation, and how can you ensure these power and privilege dynamics are minimised to enable the person to feel comfortable speaking up to you.

3. Action as a result of them speaking up.

- 3.1 Once someone has spoken up, it is important to ensure both they and anyone impacted by the concern are aware of, and have access to, support. (Insert each organisation's support processes here.) **ONCE APPROVED, INSERT LINK**
- 3.2 The concern may be highly emotional or challenging, so it's important to recognise that we often benefit from taking a pause before acting unless there is immediate risk.
- 3.3 As a manager, you may not have all the answers. Nor do you always have the power to make the changes that the person who raises the concerns wishes to see.
- 3.4 Agree how often and by what means you will keep the person informed of the process and of the steps taken from the point of them discussing their concerns with you.
- 3.5 It is important that you implement what elements you can and, as a minimum, implement everything that you say you will do. This is vital in maintaining trust.
- 3.6 For those elements on which you cannot have an impact, it is suggested these are escalated through appropriate channels.
- 3.7 Whatever happens, it is hugely important this is fed back to the individual who has spoken up. It is important that individuals don't feel that they haven't been heard or their concerns haven't been taken seriously; this is just as vital for our services, so that others can feel confident to speak up, as it is for the individual who has done so to you.

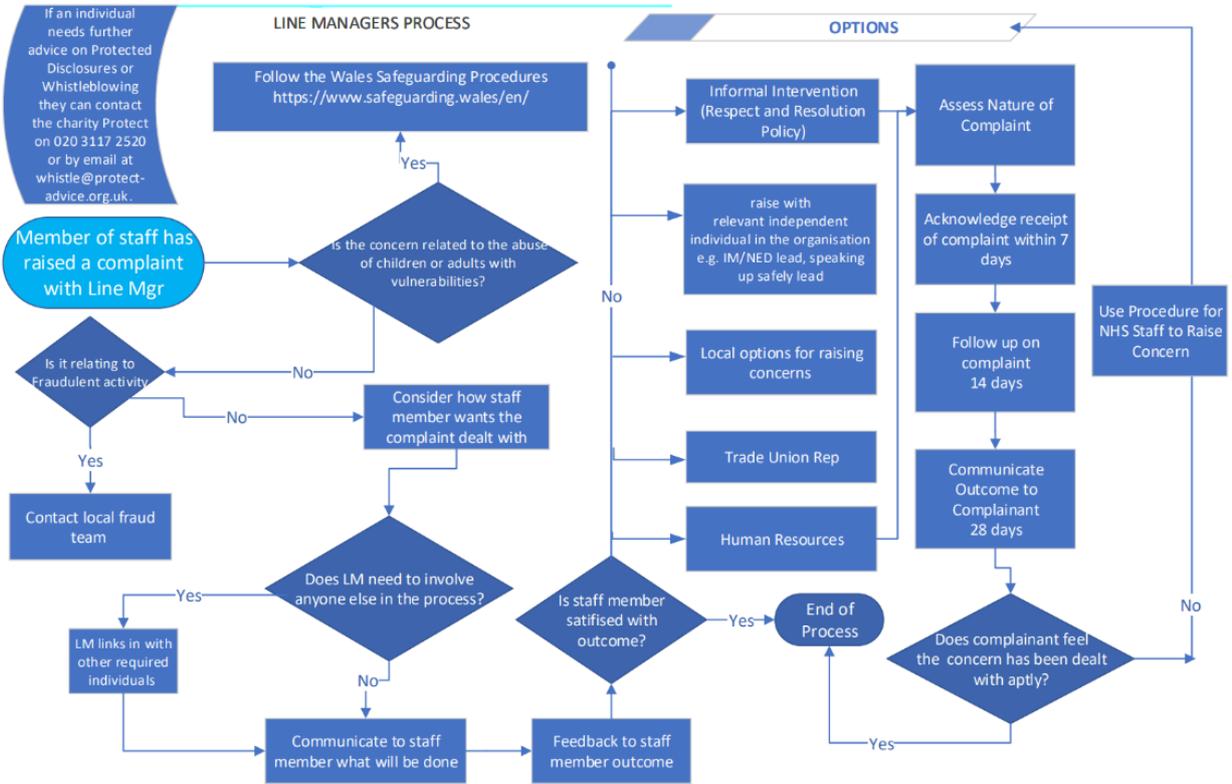
Remember most people in public service do so as they have a shared goal - to ensure the experiences of patients and staff are improved and are the best they can be. Starting conversations from this shared perspective will always be helpful.

2. The Process

The above outlines how you should approach conversation, but there are important steps you must take as a manager. These are outlined in the attached line manager process. Managers must:

- Listen to the concern that is being raised. If the concern is related to the abuse of children or adults with vulnerabilities, the Safeguarding Wales Processes should be followed.
- Once the concern has been raised, consider how the person want it dealt with. If you need to involve anybody else in the process, do so at this point. Or deal with it yourself if possible.
- Once it has been raised, it is important you communicate regularly with the individual to inform them of the outcome or action you have taken as a result of the concern being raised. You should also consider how you will share any learning about the concern more widely.
- If the issue is not within your ability to be managed, this should be clearly communicated with the individual.
- Once the outcome of the concern has been discussed with the individual, they should be informed of the other ways available to them to raise the concern if they are not satisfied with the outcome, as per the Line Managers Process.

SPEAKING UP SAFELY PROCESS



The aim is to foster a culture where concerns are openly raised, are dealt with promptly and appropriately and escalated appropriately if required. There are specific legal requirements on organisations should the concerns be considered as Whistleblowing or a Protected Disclosure. More information on whistleblowing is available in the FAQs in toolkit 2 and you can find more information in the [All Wales Procedure for NHS Staff to Raise Concerns](#).

A protected disclosure is defined in law by the Employment Rights Act (ERA) 1996. For a concern to be classed as a protected disclosure it needs to meet certain requirements under the ERA (1996) and tends to show one or more of the following:

- That a criminal offence has been committed, is being committed or is likely to be committed.
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject.
- That a miscarriage of justice has occurred, is occurring or is likely to occur.
- That the health or safety of any individual has been, is being or is likely to be endangered.
- That the environment has been, is being or is likely to be damaged, or
- That information tending to show any matter falling within any one of the above has been, is being or is likely to be deliberately concealed.
- If you suspect the concern the member has raised potentially meets these requirements, you should discuss with the local Workforce and OD department for further advice and guidance.

Toolkit 4: Recording and Monitoring of Concerns

Data Point 1: Type of Concern and Characteristics

Note this data should be aggregated and reported to the Board Committee with responsibility for Speaking Up Safely at least annually.

- ✓ Type of concern: Patient safety, Bullying/harassment, Incivility, Fraud, Management Concerns, System and Process, Discrimination/Inequality, Behaviour/Relationship, Worker Safety, Other. N.B.
- ✓ Establish whether other existing processes are more appropriate: Respect and Resolution; Fraud; Incident Reporting.
- ✓ Establish Employee characteristics: staff/temporary staff/student; staff group; department and directorate; protected characteristics; N.B. organisations have identified this as a potential point of tension with anonymity.
- ✓ Is the concern raised anonymously?
- ✓ Establish the lead/s for responding to the concern.

Data Point 2: Monitor the Response

- ✓ Monthly progress check with lead for response and the Workforce & OD Team.
- ✓ Feedback fortnightly to the person speaking up.

Data Point 3: Closing

- ✓ Triangulate with other concerns.
- ✓ Indicate case as closed.
- ✓ Identify and agree the outcome with the Workforce & OD Team.
- ✓ Identify the learning and/or improvement resulting from the concern.
- ✓ Evaluate the experience of the person speaking up and the person responding.

Further Resources

The following resources will be useful in delivery of Speaking Up Safely culture.

[Compassionate Leadership Principles](#)

[Respect & Resolution Policy and Processes](#)

[National Institute for Health Research \(NIHR\)/Cardiff University – research into the role of the Freedom to Speak Up Guardian in England](#)

National Guardians Office for England: <https://nationalguardian.org.uk/>

HIW Guidance on Speaking Up: <https://hiw.org.uk/speaking-keep-people-safe>

HEIW – Healthy Working Relationships: <https://nhs.wales/leadershipportal/hiw.wales/healthy-working-relationships>

Just and Restorative Culture: [NHS England » A just culture guide](#); [The Mersey Care Just and Learning Culture](#)

Epistemic Injustice: [Epistemic Injustice | Department of Philosophy | University of Bristol](#)

BMJ Research Article on Speaking Up and Culture within the NHS: [Interprofessional model on speaking up behaviour in healthcare professionals: a qualitative study | BMJ Leader](#)

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

To: Chief Executives NHS Wales

Our Ref: JP/SH/SB

25 August 2023

Dear Chief Executives

Quality and Safety systems

You will be aware of the tragedies that occurred in the neonatal unit of the Countess of Chester Hospital. Dreadful crimes were committed that were a betrayal of the trust put in health services. Our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked by these crimes, which are beyond belief for all those working so hard across the NHS to save lives and care for patients and their families. The Welsh Government will cooperate fully and transparently with any inquiry to help ensure we learn every possible lesson from this case.

We reflected on this case at NHS Leadership Board this week and in addition to that we agreed that, even in advance of more formal review and Inquiry, we should all take stock and assure ourselves that the mechanisms that we have in place to support quality and safety governance are robust and well implemented across our organisations.

It is important all Boards are assured that quality, safety and governance systems are functioning as intended throughout the organisation. Escalation of quality and safety concerns often results from active listening within our organisation and the wider system as concerns can and should emerge through various routes. Listening to concerns and triangulating the information available throughout organisations will ensure good governance practice. This should include clear lines of accountability and escalation from Departmental Quality and Safety meetings through to the Board and its committees. Without this assurance it is not possible for the Board to be confident they are receiving the appropriate information to inform their decision making and any actions required.

We already have a range of mechanisms in place, to enable early flagging of concerns and overall monitoring and assurance mechanisms both in relation to neonatal care but also the wider health system and commissioned services. The arrangements should be utilised to their best effect to ensure that in Wales our workforce at every level is empowered and enabled to raise concerns.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020, which came into force on 1 April 2023, introduced a Duty of Candour and a Duty of Quality. The Duty of Candour builds upon our ongoing work to embed a culture of openness and transparency across NHS Wales and strengthens the Putting Things Right processes. It places an organisational duty on all bodies to inform and support patients and their loved ones when things go wrong; ensure incidents are investigated, and share learning to help prevent recurrence. The requirement to report and publish annually on compliance with the duty will also improve openness and transparency.

The Duty of Quality applies to all NHS organisations to ensure quality-driven decisions improve the quality of health services and focus is maintained on improving outcomes for people. It includes new health and care quality standards which encourage organisations to review and strengthen their internal arrangements for reporting, learning and improvement. The Leadership Board received an encouraging update on the work that has been undertaken across NHS Wales organisations to implement robust and coherent quality management systems with attention to outcome data driving continuous learning and improvement. This work to deliver fully on the Duty must continue so that service issues are rapidly recognised and acted upon.

An additional safeguard in an open safety culture is the scrutiny of deaths provided by the Medical Examiner service in Wales, due to become statutory from April 2024. In Wales this service has the added strength that it is operated at a national level and operates independently of the organisation providing care, so can provide valuable and early feedback to organisations about any issues that may be associated with care before death. It is vital that the valuable feedback from the Medical Examiner is triangulated with the other quality indicators that must be monitored within organisations.

We must also support staff to feel confident to speak up and assured that they will not suffer any detriment as a result of voicing their concerns. As part of effective governance, all NHS Wales Boards should already receive reports regarding the use of the Procedure for NHS Staff to Raise Concerns which has been recently subject to a high-level all-Wales review and a revised version issued. In addition, a working group commissioned by Welsh Partnership Forum, has been considering additional mechanisms that might be suitable in NHS Wales to support more consistent governance arrangements and outcomes for staff in speaking up safely across NHS Wales organisations. This has included examining models currently used in across the UK. As a result, a **Framework for Speaking up Safely in NHS Wales** has been developed and scrutinised and approved in social partnership to provide an all-Wales consistency of cultural expectation, approach and escalation process whilst also strengthening local initiatives.

The Framework will be issued as a Welsh Health Circular and identifies the requirements of NHS leaders and Boards to ensure proper implementation and oversight of our speaking up policies. We have considered whether it would be prudent to delay the release to build in emerging lessons from the Letby case. However, have decided to issue the Framework now and ensure that it kept under active review during the next 12 months to ensure it remains fit for purpose in the light of lessons learned during the early implementation phase.

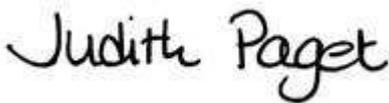
I have attached the new Framework to this letter. As part of your reflection on the operation of your current quality and safety governance arrangements, the Welsh Government expects all NHS Boards, Trusts and Special Health Authorities to undertake a self-assessment against the organisational requirements detailed in section 6 of the Framework and develop an action plan to address any gaps between your current practice and the expectations of the Framework.

We request that this response and plan to address any areas of development is sent to Helen Arthur, Director of Workforce and OD (Helen.Arthur@gov.wales) Welsh Government by October 30th.

We will look at all the plans and provide feedback and in social partnership through the Business Committee we will provide opportunities to share learning across the system and also keep the Framework under review, as organisations report their ongoing experience with its use to build a more open culture.

These appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter all work towards creating a culture of openness and learning when things go wrong. Their sustained implementation, along with our full co-operation with the inquiry to ensure every possible lesson is learned, will help us all make the NHS the safest possible.

Yours sincerely



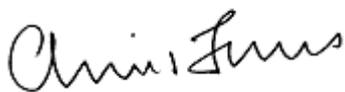
Judith Paget CBE



Helen Arthur

Sue Tranka

Sue Tranka



Professor Chris Jones

NHS Workforce data briefing

September 2023

Report of the Auditor General for Wales

This is an interactive pdf

To navigate through the document please use the buttons on the left side of the page and the links marked with underlined text



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

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg

◀ The NHS workforce is facing a number of significant challenges

Foreword

The Welsh Government's National Workforce Implementation Plan was published in February 2023 in response to the growing workforce pressures being experienced by the NHS in Wales.

The Implementation Plan, which builds on the 10-year Strategy for Health and Social Care Workforce, is an acknowledgement of the need to accelerate action to address the workforce challenges that the NHS in Wales is currently facing.

Whilst the workforce in NHS Wales has seen notable growth in recent years, long standing issues around recruitment and retention have been magnified and added to by the COVID-19 pandemic. Staff who are tired and at risk of burnout are working in a system that is seeing increased demand as services look to recover and deal with backlogs as well as heightened unscheduled care pressures.

My Taking Care of the Carers report described the positive action that was taken to support staff through the pandemic. However, despite these efforts the NHS workforce continues to be stretched with large numbers of vacancies, higher levels of sickness absence, increasing levels of staff turnover and a continued and growing reliance on temporary and agency staff to fill gaps in the workforce.

The Welsh Government's national implementation plan is timely and needs to be complemented by sound workforce planning within individual NHS bodies. Audit Wales are currently examining the approach to workforce planning in each of the 12 NHS bodies in Wales.

This data briefing is designed to help contextualise that work by bringing together a range of metrics and trends that help illustrate the challenges that need to be gripped locally and nationally. Those challenges are significant and are not unique to Wales, however, they must be tackled if the NHS is to remain fit for purpose and a rewarding place to work.



Adrian Crompton

Auditor General for Wales

Key facts

£5.64 billion - Cost of the workforce

£325 million agency spend



9,153 doctors on the GMC register originally trained in Wales of which **3,975** remain in Wales as at February 2023



27% NHS workforce growth between 2012-13 and 2022-23



1.4 million** working days lost to sickness absence in 2022



38,901 nurses educated in Wales of which around **26,500** remain in Wales (Sept 2022)**



Around **6,800** vacancies as at March 2022



91,404 full time equivalent (FTE)* staff - total NHS workforce

Data is for the period 2022-23 unless otherwise stated

*abbreviations and terminology are provided at the back of this briefing

**estimates

Key messages



NHS workforce levels have increased over time, but there is a risk that nursing numbers and the workforce on some medical specialties are not increasing with demand



Overall trends show that staff turnover is increasing



Workforce costs have grown substantially, because of increasing workforce levels and a shift to a richer staff grade mix



There is significant variation in sickness absence but in general, absence levels are high and have grown. The 6.9% sickness absence rate in 2022-23 equates to around 1.4 million working days



Wales has the joint lowest level of registered doctors relative to population in the UK



NHS Wales is becoming a more flexible and equal employer but there is still more to do



Reliance on agency staffing is increasing, it represents around 5.5% (£325 million) of the total workforce costs in NHS Wales

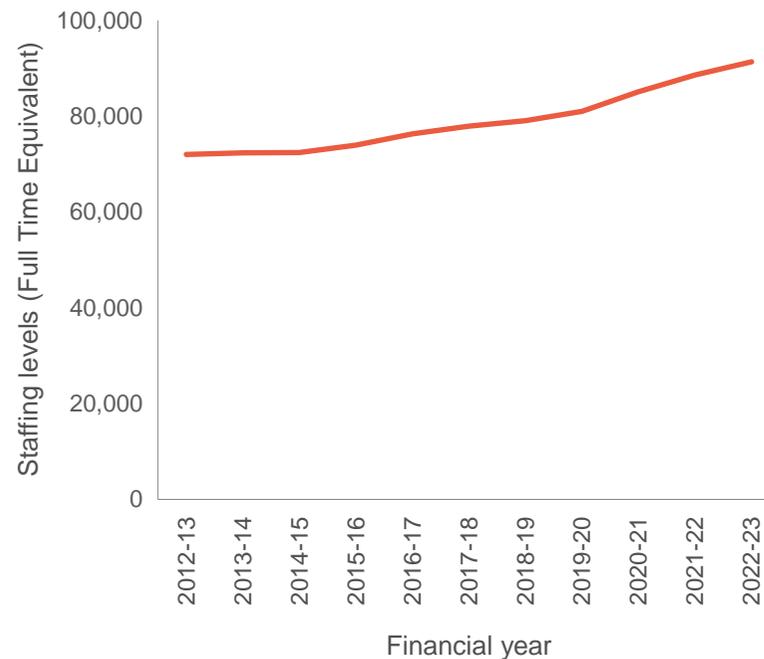


Wales is growing its own workforce, with increased nurses and doctors in training. Despite this, there is still a heavy reliance on medical staff from outside of Wales

01 How is the NHS workforce changing?

All NHS Wales staffing

Exhibit 1: NHS Wales staff levels, 2012 to 2023



Between 2012-13 and 2022-23, the overall NHS Workforce in Wales increased by around 27%.

But that growth in staffing is not uniform across all staff groups. NHS Wales has seen ambulance staffing and administration and estates staffing grow substantially.

At the same time healthcare assistants and support staffing levels have reduced and nursing has seen some, but limited growth.

Note: There have been some changes to the definitions for staff groups over this timeframe. This will apply to all 'staff group' related data analysis in this briefing.

Source: Stats Wales

Exhibit 2: NHS Wales percentage change in staff numbers from 2012-13 to 2022-23, by staff group

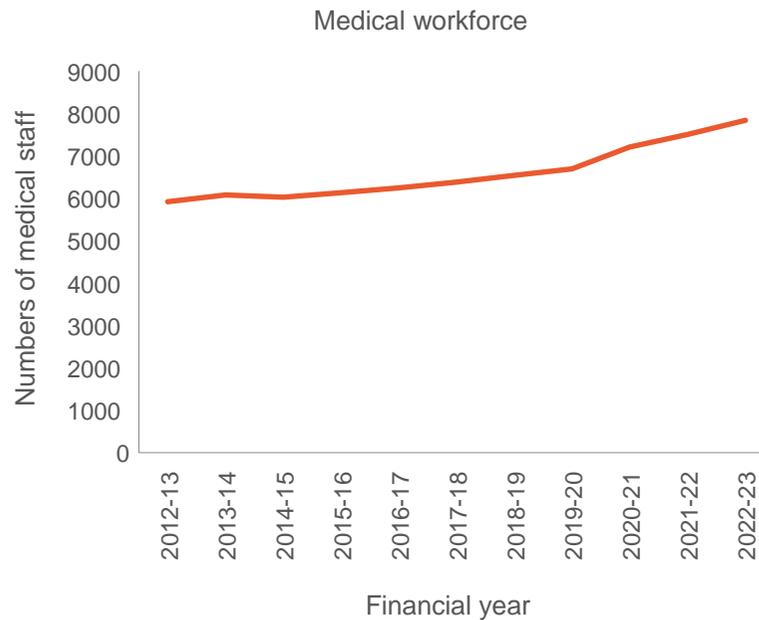
| | 2012-13 | 2022-23 | Percentage change |
|---|--------------|--------------|-------------------|
| Admin and estates | 15039 | 22731 | 51.1% |
| Ambulance staff | 1937 | 2749 | 41.9% |
| Scientific, therapeutic and technical | 11549 | 15971 | 38.3% |
| Medical and dental | 5917 | 7836 | 32.4% |
| Nursing, midwifery and health visiting | 31176 | 36113 | 15.8% |
| Other non-medical | 124 | 126 | 1.8% |
| Healthcare assistants and other support staff | 6259 | 5878 | -6.1% |
| All staff | 72002 | 91404 | 26.9% |

Source: Stats Wales

Medical workforce

Exhibit 3 shows an increase of around 32% in the medical and dental workforce over the last decade. As a basic comparison, this is broadly in line with the increase in referrals prior to the pandemic.

Exhibit 3: Change in medical and dental workforce between 2012-13 and 2022-23



Source: Stats Wales

Exhibit 4 shows changes in the numbers of referrals and the medical workforce for selected high-volume specialties. For some specialties, this raises questions around capacity and demand.

Exhibit 4: Change in referrals and staffing between 2012-13 and 2022-23

| | % change in numbers of referrals | % Change in medical workforce |
|------------------------|----------------------------------|-------------------------------|
| General surgery | +28% | +12% |
| Ophthalmology | +56% | -2% |
| Ear, Nose and Throat | -1% | +21% |
| Gynaecology | +29% | +9% |
| Trauma & orthopaedics* | -5% | +17% |

Note: *We anticipate reducing orthopaedic referrals is as a result of community-based services which are helping to manage demand in different ways.

GP workforce (General Medical Services)

The total numbers of GPs in Wales has remained constant over the last 10 years at around 2,000 (headcount). However, demands on GP services are expected to continue to increase.

This is because the proportion of the population that are elderly is forecast to grow. Linked to this will be an increasing need to manage chronic conditions in the community.

Over the last 10 years the number of the GPs per 10,000 population aged over 65 has reduced by around 14%.

Going forward, we are expecting around a 17% increase in people aged over 65 in the 10 years (Source: Stats Wales).

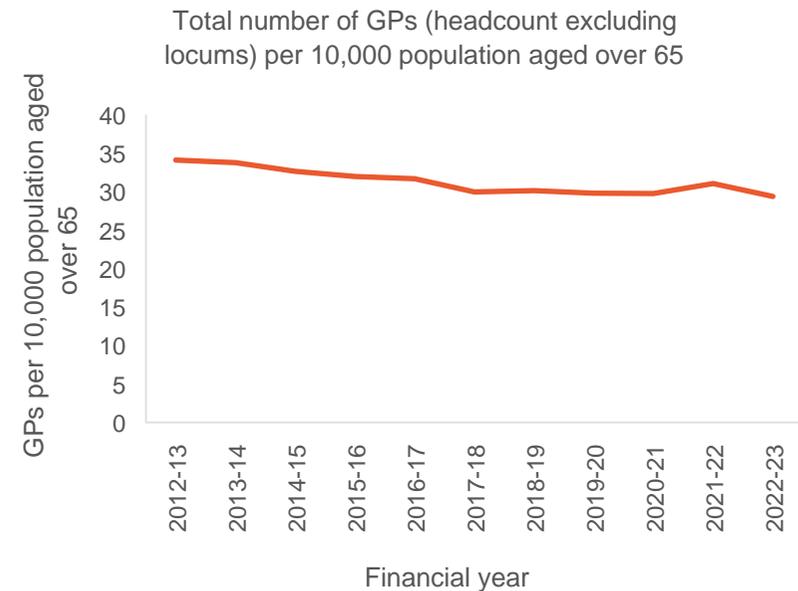
Notes:

A GP (General Practitioner) is doctor who is trained in general medicine and who works in the local community.

GPs are increasingly working part-time which may affect overall capacity in primary care if this continues. As a result, practices are starting to move to multi-disciplinary team models to help meet demand.

Changes to the collection and reporting of GP workforce data may affect comparisons over the 10-year time period.

Exhibit 5: Total number of GPs (headcount) per 10,000 population aged over 65, 2012-2023

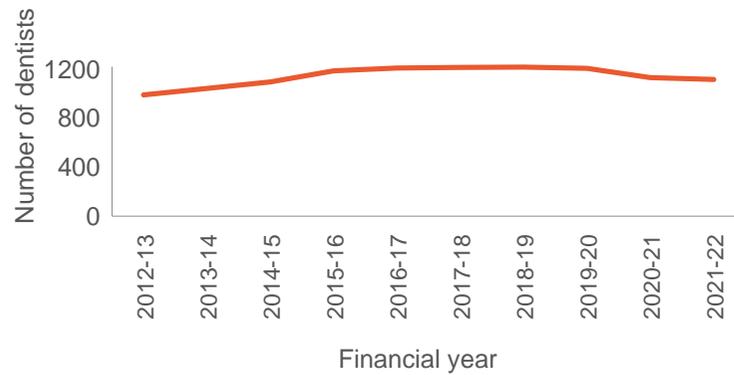


Source: Stats Wales

Dentist workforce

Exhibit 6 shows around 13% growth in the numbers of dentists between 2012-13 and 2021-22.

Exhibit 6: Dentist numbers in Wales (headcount)



Source: Stats Wales, General Dental Services

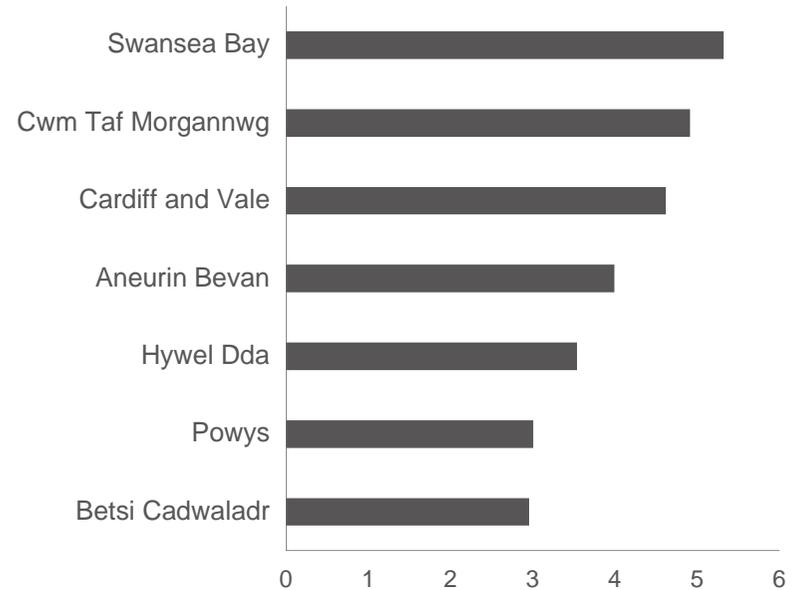
Notes:

Dentist numbers exclude hospital-based dentists. All data relates to 2021-22 with the exception of Scotland, which uses the latest available 2019 data.

The data is presented as ‘headcount’ and not ‘full-time equivalent’. Some dentists will also undertake private work, which limits their capacity for NHS-based community dentistry.

Exhibit 7 shows the variation in registered dentists relative to population in different Health Board areas.

Exhibit 7: Numbers of dentists per 10,000 population (headcount), by health board, 2021-22



Source: Stats Wales, General Dental Services

Change in grade mix

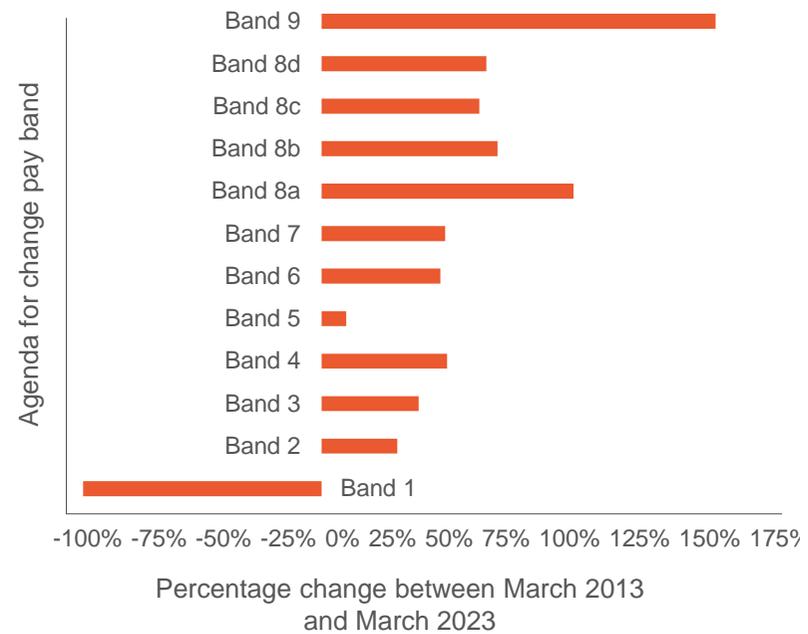
Agenda for Change is the national pay system for the majority of NHS staff.

Agenda for Change pay rates start at around £20,000 for lowest Band 1 and rise to £109,000 once at the top of band 9

Exhibit 8a shows higher pay bands are proportionately increasing at a higher rate. Band 8 and 9 roles are typically senior clinical and management positions. This growth reflects increasing use of advanced practitioners, for example advanced nurse practitioners, who undertake some of the clinical roles previously undertaken by medical staff.

In terms of actual numbers of staff, the greatest increase between 2013 and 2023 is seen at Band 7 and below.

Exhibit 8a: Change in NHS Wales staffing levels between March 2013 and 2023 by 'Agenda for Change' bands 1 to 9



Source: Health Education and Improvement Wales

Change in grade mix

Exhibit 8b: Change in NHS Wales staffing levels between March 2013 and 2023 by 'Agenda for Change' bands 1 to 9

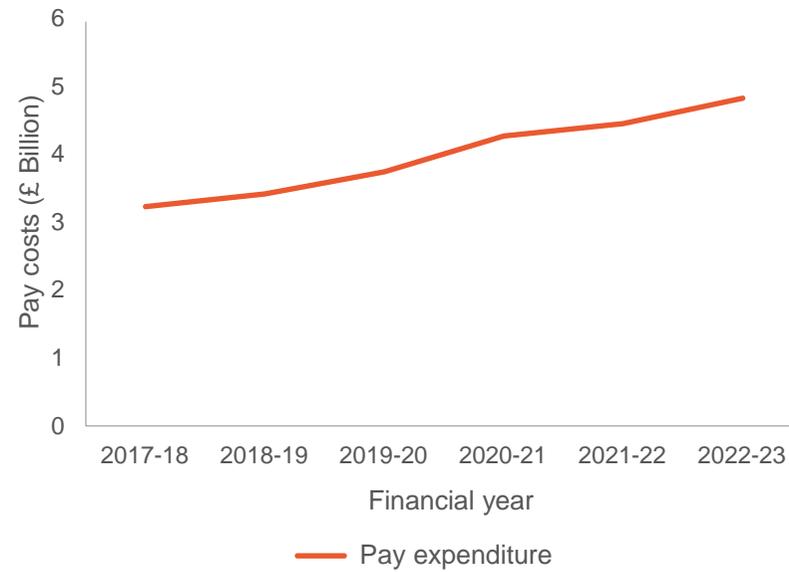
| AFC band | Staff numbers in 2023 | Change in staff numbers between 2013 and 2023 |
|----------|-----------------------|---|
| Band 9 | 219 | +132 |
| Band 8d | 407 | +159 |
| Band 8c | 879 | +334 |
| Band 8b | 1430 | +580 |
| Band 8a | 3554 | +1756 |
| Band 7 | 10260 | +3326 |
| Band 6 | 15875 | +5009 |
| Band 5 | 16886 | +1468 |
| Band 4 | 9034 | +2961 |
| Band 3 | 12247 | +3355 |
| Band 2 | 16367 | +3722 |
| Band 1* | 129 | -1579 |

*Note: The substantial decrease in Band 1 staff is a result of the scale being closed to new entry staff

02 What is the cost of the NHS workforce?

Exhibit 9 shows the trend in actual total pay costs for Health Boards, with expenditure on pay increasing by 66% between 2017-18 and 2022-23.

Exhibit 9: NHS Wales Annual Health Board total pay costs



Source: Monthly Monitoring Returns reported to Welsh Government

Average health board pay costs

Exhibit 10 shows the average Health Board pay costs across Wales. Overall, there is reasonable consistency in pay, although slightly lower pay costs in rural areas.

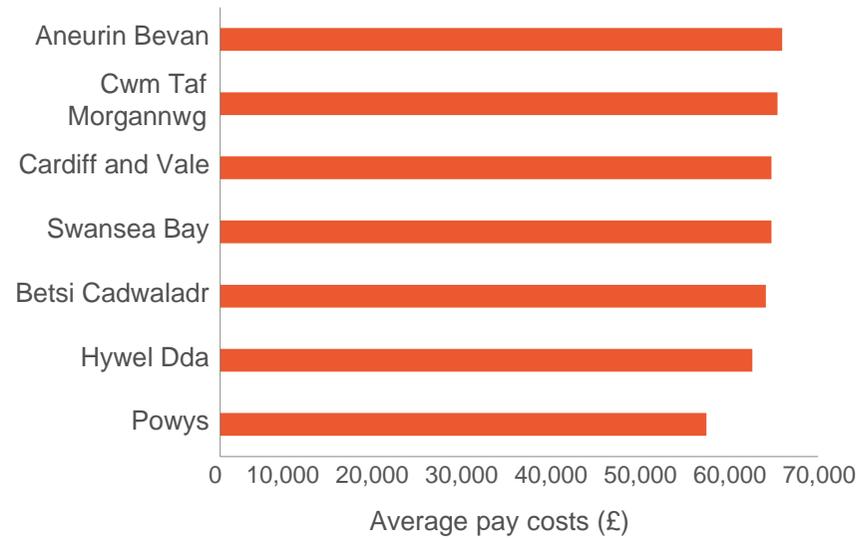
Notes:

Powys Teaching Health Board pay costs will be lower on average, because there is significantly lower medical staffing levels.

Average pay costs do not directly reflect average salary. Total pay costs are higher because they will include employers National Insurance and pension scheme contributions.

The chart shows Health Boards only. We have not analysed the other health bodies in Wales because they provide substantially different functions and would make unfair comparators.

Exhibit 10: Average staff pay, 2022-23



Source: Stats Wales workforce data and Monthly Monitoring Returns reported to Welsh Government

03 How do NHS workforce levels in Wales compare to the rest of the UK

NHS medical and primary care dental staff comparison

Exhibit 11 shows the numbers of General Medical Council registered doctors in Wales, relative to population, is less than in England and Scotland and the same as Northern Ireland.

The data is based on numbers of doctors licenced and registered to practice in each country.

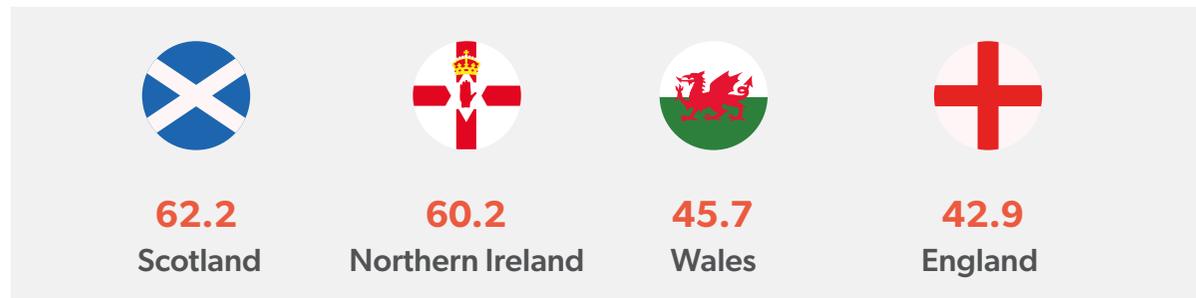
Exhibit 12 shows that comparatively, the numbers of primary care dentists are lower than Scotland and Northern Ireland but higher than England.

Exhibit 11: Number of Doctors (headcount) per 1,000 population, by country, January 2023



Source: Audit Wales analysis of [GMC data explorer](#)

Exhibit 12: Number of dentists registered to practice (per 100,000 population), by country, 2021-22



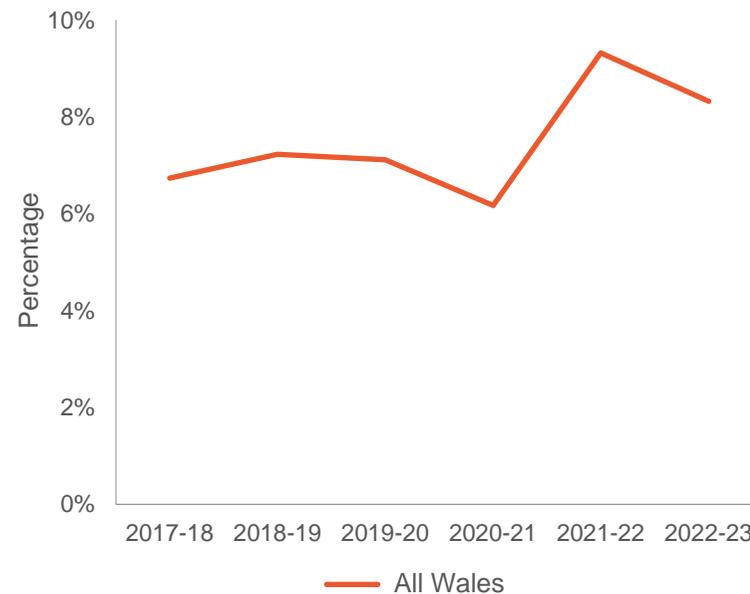
Source: [Stats Wales](#), [NHS Scotland](#), [NHS Digital England](#), [Health and Social Care Northern Ireland](#)

04 What is the recruitment challenge for NHS Wales?

Annual staff turnover

Staff turnover at an all-Wales level has increased in recent years, with a peak in 2021-22 linked in part to staff on short-term contracts employed during the pandemic. In total in 2021-22, over 10,000 FTE staff left NHS bodies in Wales with **Exhibit 14** showing the most common reasons. Highest turnover is seen for registered nursing and midwifery staff groups with over 2,500 leavers whilst **Exhibit 15** shows a variation across NHS bodies. High turnover presents a significant challenge for health bodies in terms of recruitment, induction and associated training costs and it may negatively affect service continuity.

Exhibit 13: All Wales staff turnover as of March of each financial year



Source: Health Education and Improvement Wales

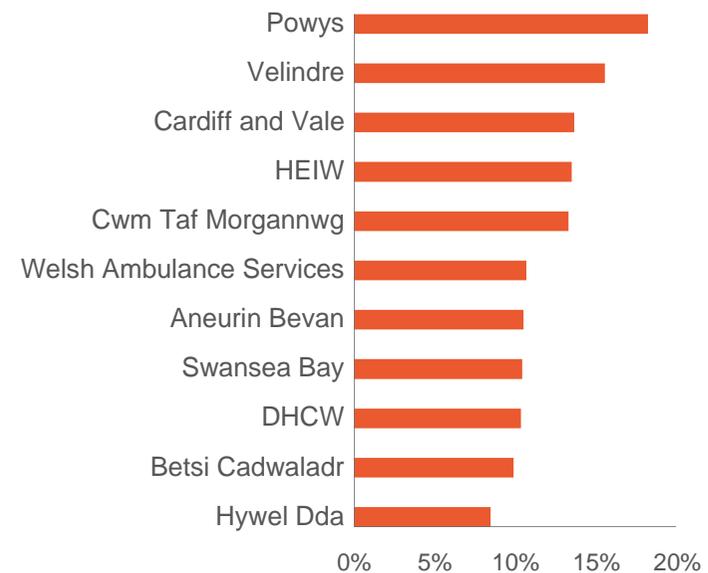
Annual staff turnover

Exhibit 14: 2021-22 staff leavers by reason

| | |
|---|-----|
| Voluntary Resignation - Other/Not Known | 30% |
| Retirement Age | 26% |
| End of Fixed Term Contract | 13% |
| Voluntary Resignation - Relocation | 12% |
| Voluntary Resignation - Work Life Balance | 8% |

Source: Returns from NHS Wales health bodies

Exhibit 15: Staff turnover by organisation, 2022-23



Source: Health Education and Improvement Wales

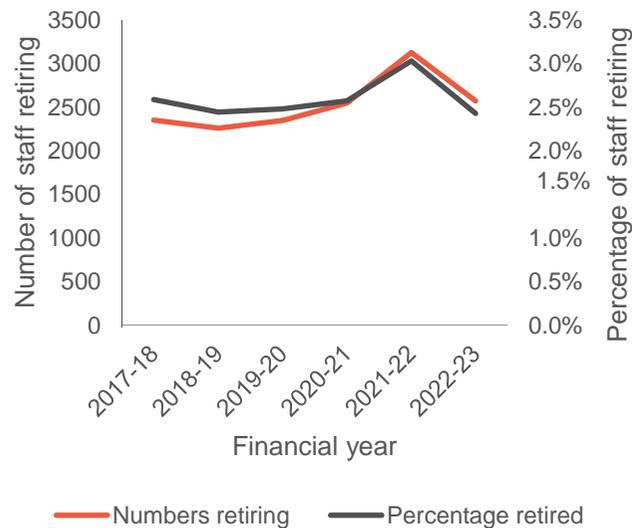
Note: individual organisation staff turnover is higher than all Wales because a staff member may move from one organisation in Wales and join another in Wales. This would count as turnover for an individual body. It would not count as turnover at an all-Wales level. All Wales turnover only includes staff leaving NHS Wales completely.

Retirement in NHS Wales

NHS Wales is seeing increasing numbers of staff retiring. While seemingly small compared to the circa 106,000 staff that were employed in 2022-23, it represents a loss of capacity, experience and knowledge.

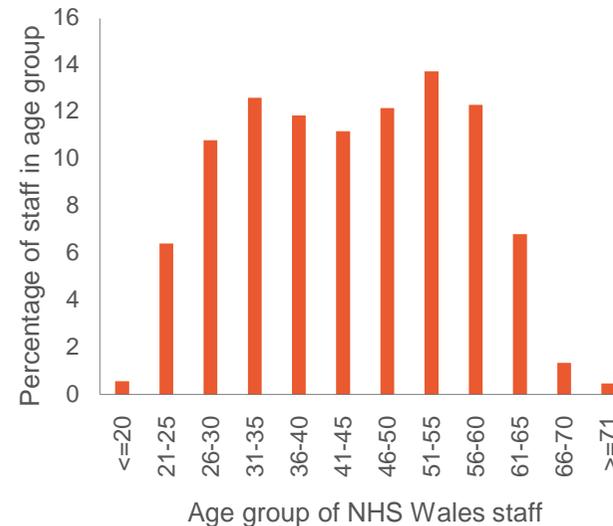
The age profile of the NHS workforce shown in **Exhibit 17** could also present a substantial challenge over the decade. Potentially around 35% of the workforce would reach or be above the current average retirement age of 61.

Exhibit 16: All Wales numbers and Percentage of NHS staff retiring annually, 2017-2023



Source: Health Education and Improvement Wales

Exhibit 17: NHS Wales workforce age profile, September 2022



Source: Stats Wales

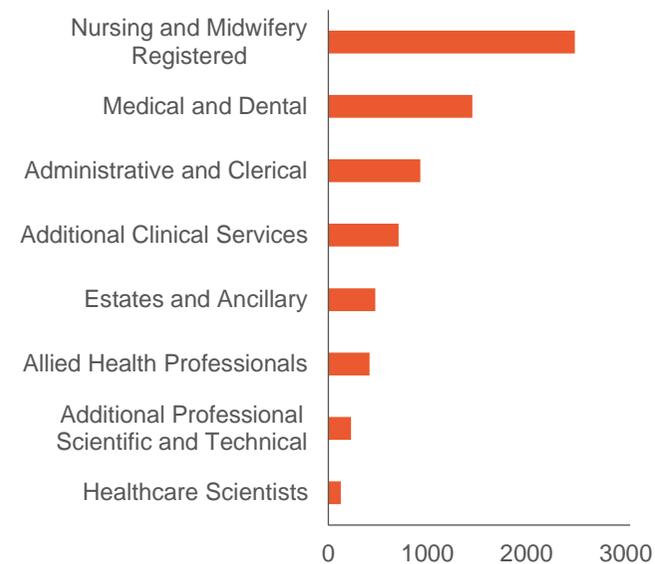
Vacancies in NHS Wales – by staff group

We asked NHS organisations to provide their agreed staffing establishment (agreed number of funded staff positions in an organisation) and the numbers of staff in post. As at March 2022, this indicated around 6,800 FTE equivalent vacancies, of which there were:

- Nearly 2,500 FTE registered nursing and midwifery vacancies
- 1,450 FTE medical and dental vacancies
- Over 900 admin and clerical vacancies.

Whilst some vacancies may only have limited impact on service delivery, the general picture of high service demand combined with high vacancy levels and reliance on temporary staffing will, in some areas, add pressures to the workforce, affect the wellbeing of staff and may compromise the quality of, or access to care.

Exhibit 18: Vacancies by staff group (FTE), March 2022, All NHS Wales (excluding primary care services)



Source: Returns from NHS Wales health bodies

Data quality notes:

- Vacancies has been counted as the gap between establishment and numbers of staff in place. Overstaffing in one staff group has not been counted against understaffing in another i.e. overstaffing by 50 admin and clerical workers does not counteract a shortfall of 50 doctors. We have therefore counted the understaffing against establishment for each staff group only and not offset this with overstaffing in another group.
- The recent Royal College of Nursing Wales 'Nursing in numbers' publication indicate nursing vacancies have increased to over 2,900 in the 2022-23 year.

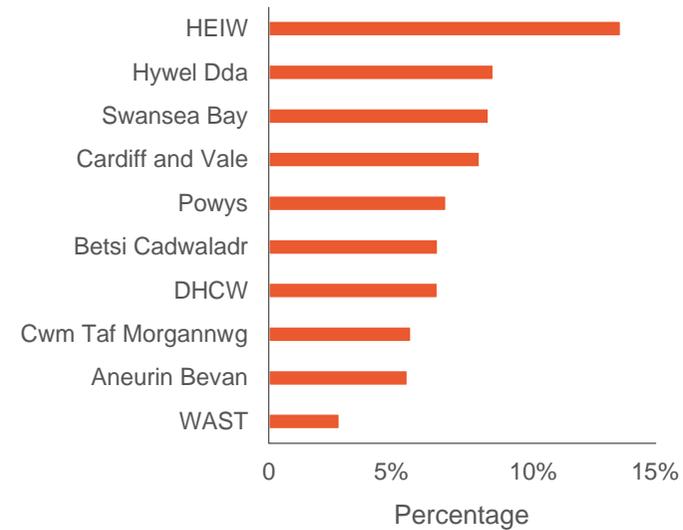
Vacancies in NHS Wales – by organisation

Exhibit 19 shows the percentage of vacancies against the total establishment. It shows that all bodies are operating in an environment where they are having to manage with fewer staff than they currently need.

Variation by health body may be a result of specific organisational challenges recruiting or retaining staff, approaches for calculating establishment, organisational size, and application of vacancy controls.

Note: Please see the previous slide regarding the calculation for vacancy levels.

Exhibit 19: Vacancies as a percentage of total establishment, March 2022



Source: : Returns from NHS Wales health bodies

05 To what extent does the NHS in Wales rely on temporary staff?

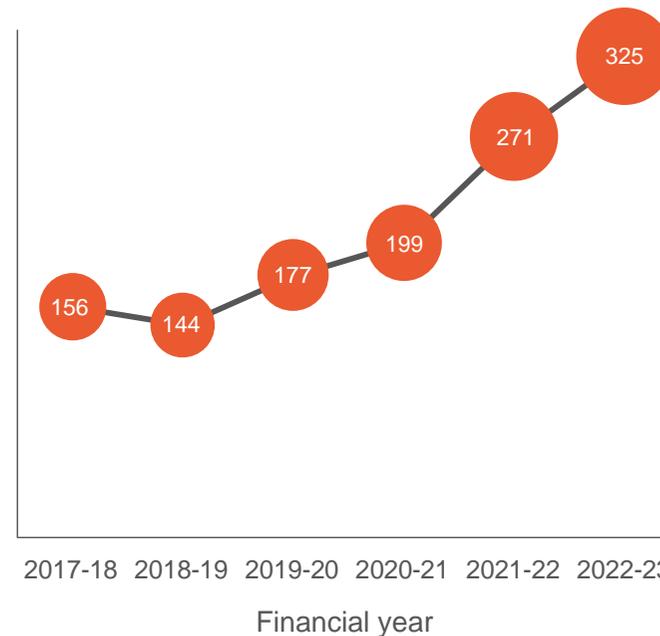
Annual trend in NHS Wales agency staffing use

There is a clear and substantial growth in the use of agency staffing by Welsh health bodies.

The consequences of the pandemic clearly has been a central factor in this increase. However, for 2022-23, agency use is continuing to rise.

Given that Covid-19 is having less of a direct impact than in previous years, it suggests the high agency use may be a feature of NHS workforce supply for some time as services are finding it difficult to recruit while service demand remains high.

Exhibit 20: All NHS Wales agency expenditure 2017-2023, £ million



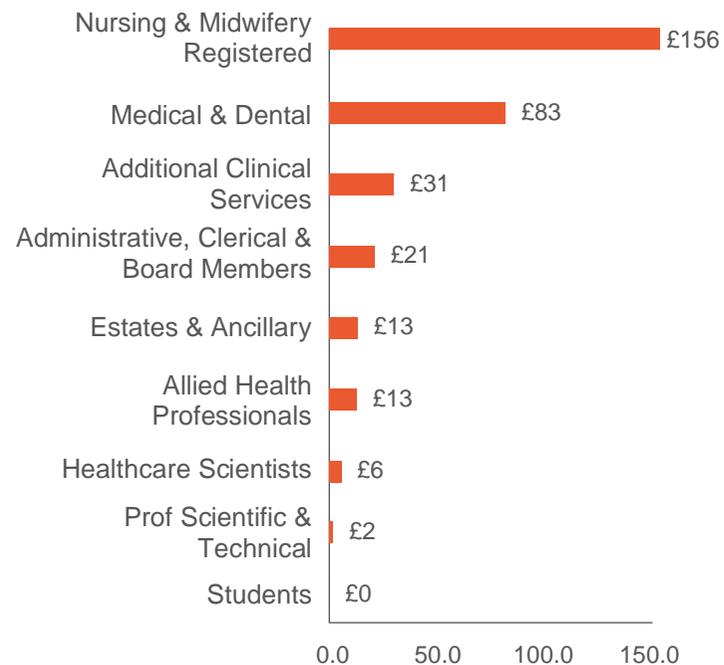
Source: Monthly Monitoring Returns reported to Welsh Government

NHS Wales agency staffing use by role and reason

Exhibit 21 shows that the greatest areas of agency spending is on Nursing and Midwifery followed by Medical and Dental staff groups.

Our additional trend analysis indicates that nursing agency spend has more than tripled over the last 6 years from £51 million in 2017-18 to £156 million in 2022-23.

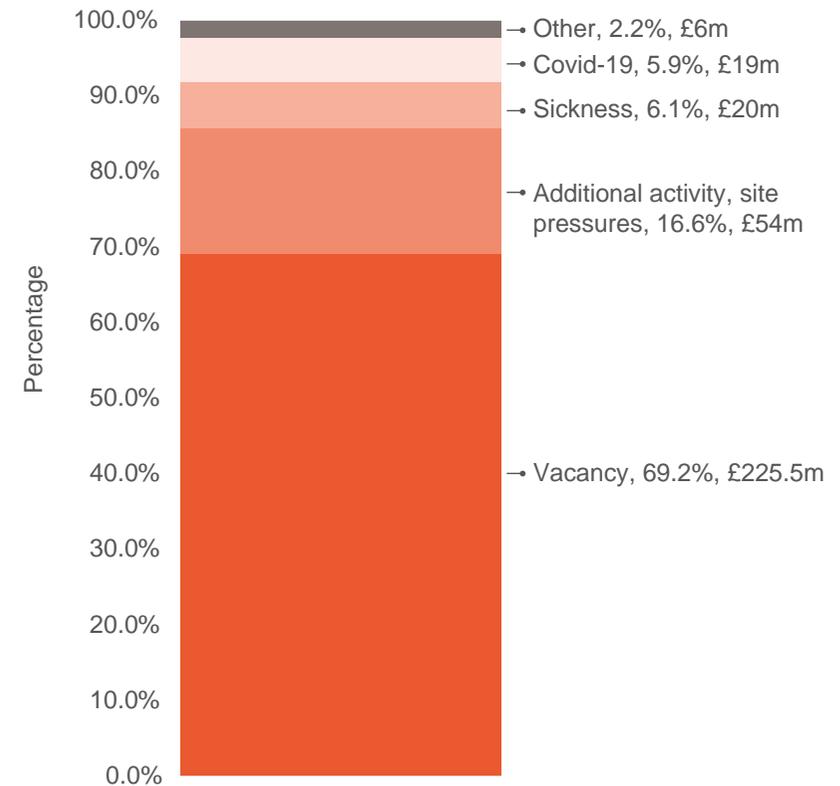
Exhibit 21: All NHS Wales agency spending, 2022-23 £ Million



Source: Monthly Monitoring Returns reported to Welsh Government

Exhibit 22 shows that vacancies are the main factor driving the use of agency staff.

Exhibit 22: NHS agency spend by reason, 2022-23



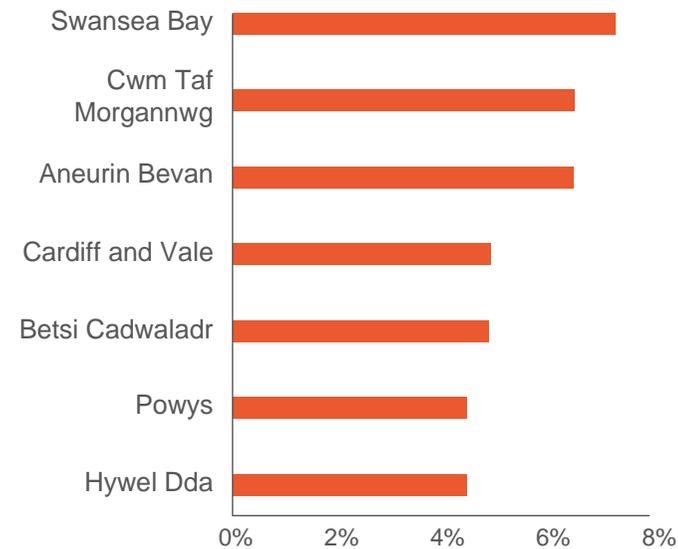
Source: Monthly Monitoring Returns reported to Welsh Government

GP locums as a percentage of fully qualified GPs

Exhibit 23 shows the proportion of GP locums in use across Wales employed under the Primary Care General Medical Services contract.

There is clear variation across Wales albeit the overall use of GP locums is proportionately low for all bodies.

Exhibit 23: GP locum use (FTE) as a percentage of all fully qualified GPs, by Health Board, September 2022



Source: Stats Wales

06 What is the position on sickness absence?

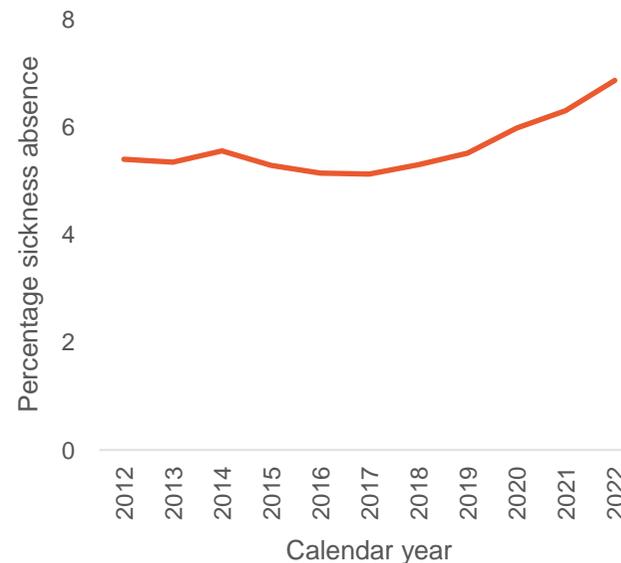
All Wales sickness absence trend

Levels of sickness absence present a substantial challenge for health bodies, particularly when service pressures are so great.

Since 2017, the level of sickness absence has increased, and understandably grew at a greater rate at the onset of the pandemic but has continued to increase since.

While a sickness absence rate of around 6.9% seems proportionately small, the impact is substantial. A loss of 6.9% staff equates to around 6,300 FTE staff lost to sickness absence in 2022-23, equivalent to around 1.4 million working days.

Exhibit 24: All NHS Wales sickness absence, 2012-2022



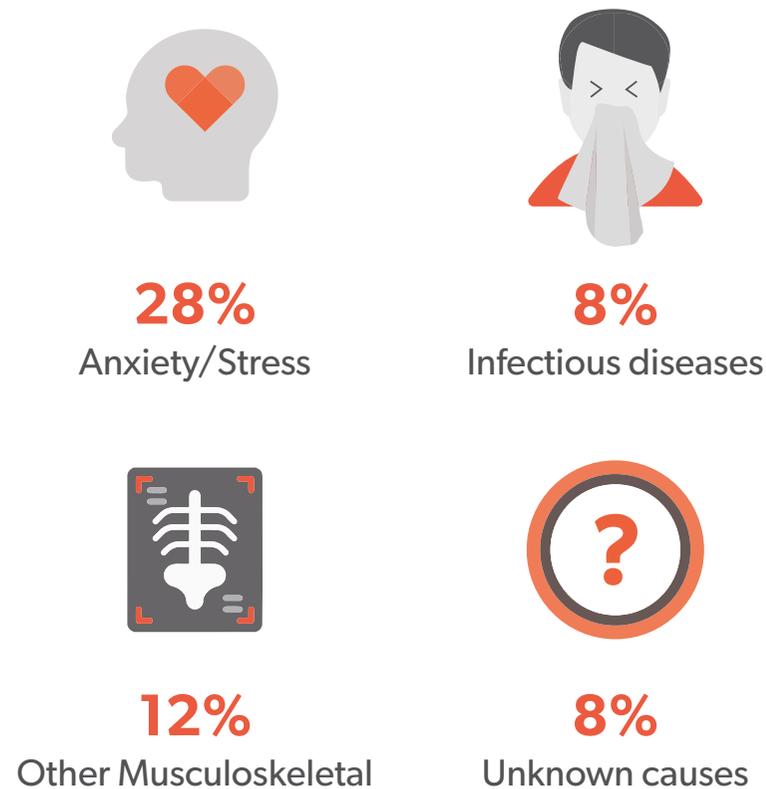
Source: Stats Wales

Reasons for sickness absence

NHS Wales records the reasons for sickness absence on a common system across Wales, the Electronic Staff Record. From 2016-17 onwards, anxiety and stress has been the top reason for staff taking sickness absence, averaging over 27% of cases over the last 7 years.

As would be expected there was a substantial rise in the numbers of staff taking sickness absence because of infectious diseases and a growth of chest and respiratory problems during the pandemic.

Exhibit 25: Sickness absence by reason, top four highest reasons in 2022-23



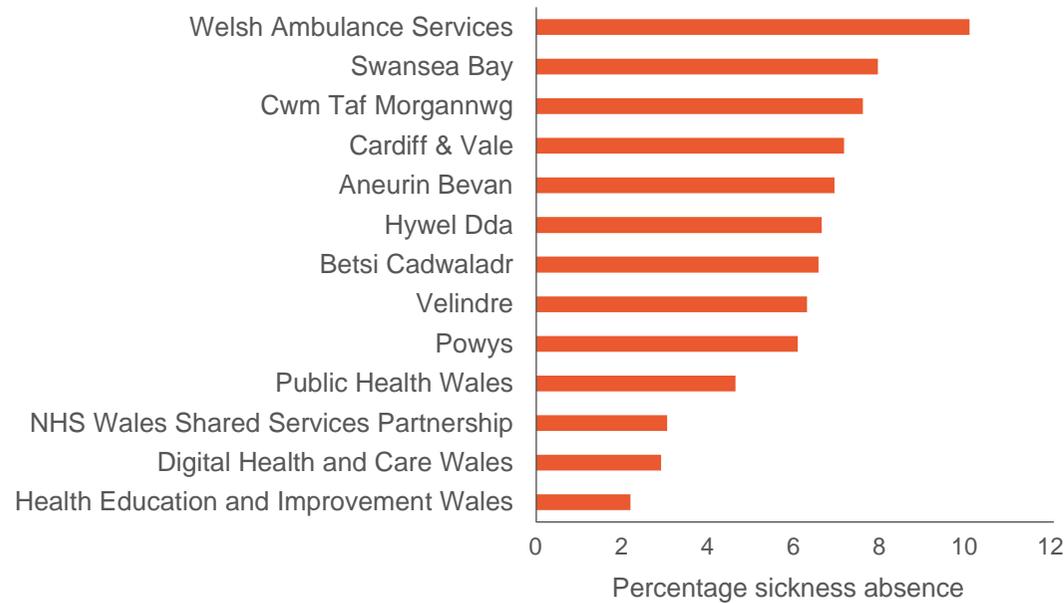
Source: Health Education and Improvement Wales

Sickness absence rates by body

Exhibit 26 shows significant sickness absence variation by health body. This may in part relate to differing working environments, service pressures, application of controls and effectiveness of preventative measures and support.

Audit Wales has previously reported on staff wellbeing support in the NHS, in our report on [Taking Care of the Carers?](#) The report focusses on wellbeing during the pandemic, but many findings are equally relevant now.

Exhibit 26: Sickness absence percentage by organisation, 2022 (calendar year)



Source: Stats Wales

07 Is the NHS a more flexible and equal employer?

Part-time working in NHS Wales – Participation rate

The ‘participation rate’ is a measure of part-time working across an organisation’s workforce. The higher the participation rate the more hours on average, an individual will work each week.

100% participation would mean that all staff are working full working weeks. An 80% participation rate for an organisation would mean that on average their workforce works 4 out of 5 days of a working week.

Exhibit 27: NHS Wales Participation Rate, by gender, March 2023



86% female

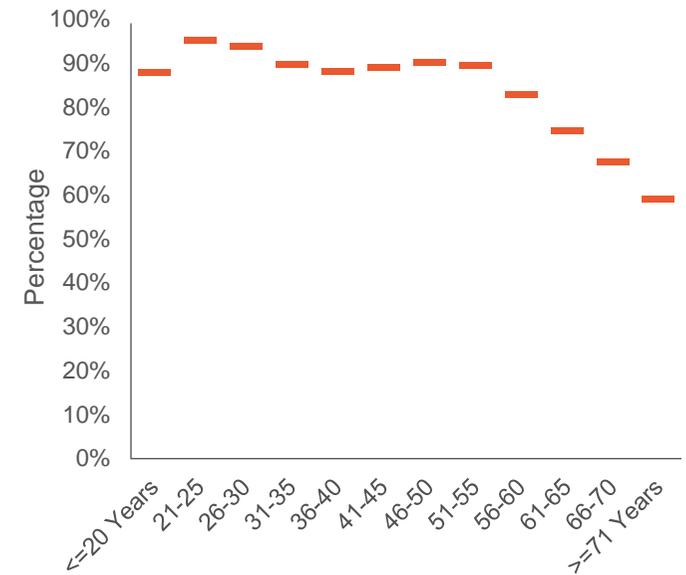


94% male

Source: Health Education and Improvement Wales

Exhibit 28: Participation rate (a measure of the extent of part time working), March 2023, by age

The chart shows generally fewer people are working part time up to the age of 30. Between the ages of 30 and 55 part time working is increasing and beyond the age of 56, there is a clear movement to more staff working part time.

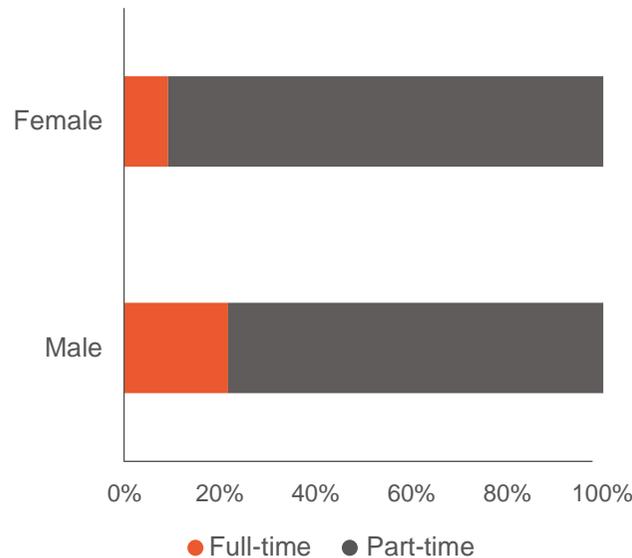


Source: Health Education and Improvement Wales

GP flexible working and GP gender

A large proportion of fully qualified GPs in primary care are working part-time. In terms of training, we estimate that for every 10 full-time GPs needed in Wales, around 15 people would need to be trained to accommodate current working styles.

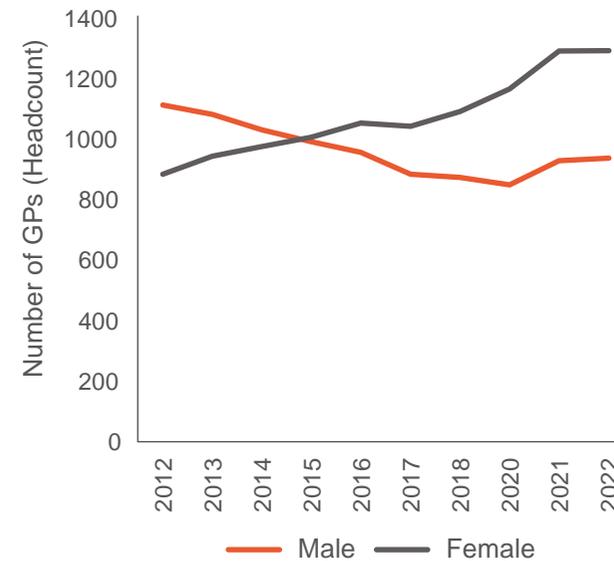
Exhibit 29: Percentage of GPs working full time versus part time by gender, September 2022



Source: Stats Wales

NHS Wales has seen a long-term shift in the gender of GPs working in primary care in Wales. It is difficult to explain the cause of these changes, but it may in part be attributed to the ability to adopt flexible working practices in primary care settings.

Exhibit 30: GPs working in primary care by gender, All Wales, 2012-2022



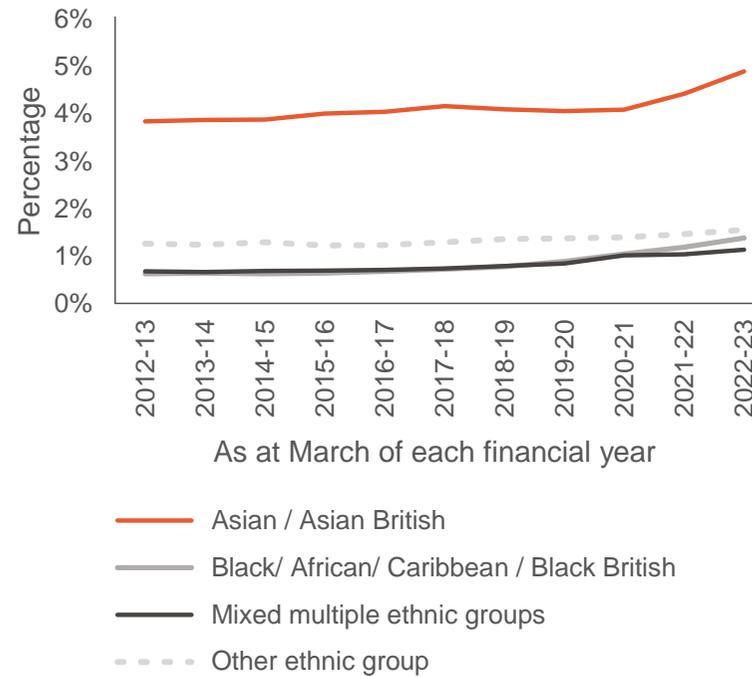
Source: Stats Wales

Ethnicity of NHS Wales workforce

NHS data on the ethnicity of the total workforce shows increasing employment of minority ethnic groups.

Note: Ethnicity data is collected by health bodies. More people are completing this data field which is improving reliability over time. In 2022-23, only 3.7% did not provide their ethnicity. Nevertheless, work undertaken by the NHS highlighted that in some cases the accuracy of the ethnicity data should be treated with caution.

Exhibit 31: Proportion of the workforce by ethnicity (excluding white ethnic group)

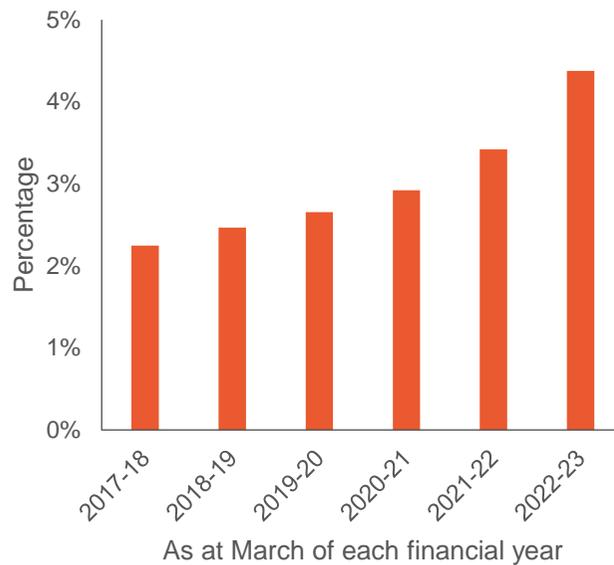


Source: Health Education and Improvement Wales

Disability in the NHS Wales workforce

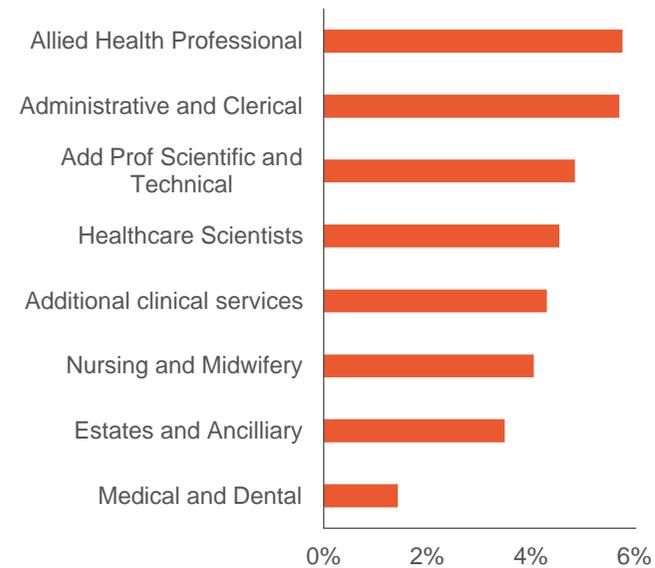
The percentage of staff identifying as disabled has increased over the last 5 years across Wales. The highest proportion of staff identifying as disabled are in Allied Health Professional (4.6%) and Admin and Clerical (4.3%) staff groups.

Exhibit 32: NHS Wales staff identifying themselves as disabled (2017-2023)



Source: Health Education and Improvement Wales

Exhibit 33: Percentage staff declaring as disabled, by staff group, 2022-23



Source: Health Education and Improvement Wales

Note: Disability data is collected by health bodies. The completion rates for this data field is increasing which is improving reliability over time. Nevertheless, the data should be treated with caution.

Welsh speaking ability

Around third (30%) of NHS Wales staff have not stated their Welsh language competency in ESR. But of those who have, 59% of staff have indicated that they have no skills and only around 13% have identified that they have higher or proficient Welsh language skills.

For patients who are first language Welsh speakers, it may affect their experience. It may affect their ability to understand their diagnosis, what it might mean for their lifestyle and the treatment options if they cannot communicate in their first language.

There may be further opportunity to encourage those individuals with Welsh language skills to train within Wales to help build a sustainable and thriving Welsh NHS workforce and enhance Welsh language skills.

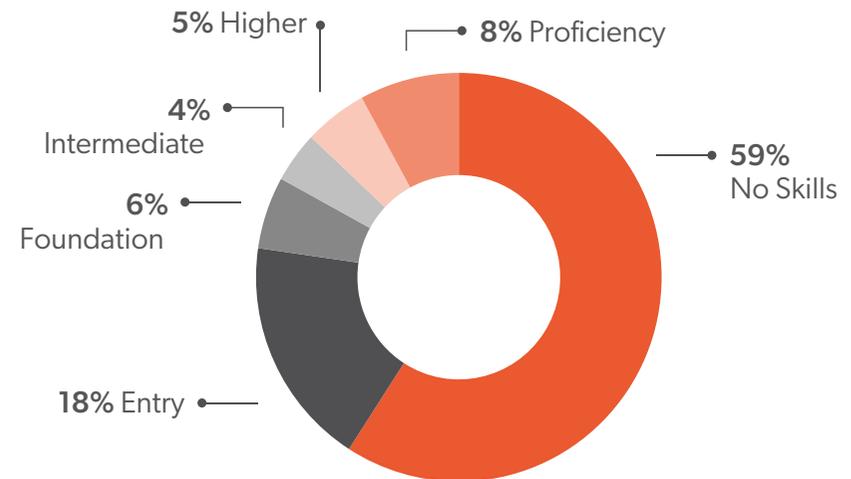
Note: NHS Wales records 6 levels of Welsh speaking ability

- No skills
- Entry
- Foundation
- Intermediate
- Higher Level
- Proficient.

See: [Learning levels](#) | [Learn Welsh](#) for more information

Note: *Analysis of those who have stated their Welsh speaking ability. As identified above 30% of staff have not stated their Welsh language competency.

Exhibit 34: Welsh Speaking Ability, 2022-23*



Source: Health Education and Improvement Wales

08 Is NHS Wales growing its own staffing?

Medical training in Wales

On average, since 2016, there has been a slight growth in the number of people completing their medical staff training in Wales each year. However, projected growth in demand for care arising from an increasingly elderly population, brings a significant risk that future supply will not meet demand.

Exhibit 35: Numbers of graduates completing their primary medical qualification 2013-2022



Source: Audit Wales analysis of [GMC data explorer](#), Accessed February 2023

Many of the doctors that undertook their primary medical qualification in Wales end up practising outside of Wales. Of the 9,153 doctors that undertook their primary medical qualification in Wales and currently registered by the General Medical Council, well over half of them are now practicing elsewhere in the UK.

Exhibit 36: Destination of registered doctors who completed their primary medical qualification in Wales, as of February 2023



Source: Audit Wales analysis of [GMC data explorer](#), Accessed February 2023

Medical training in Wales

Exhibit 37 shows the where doctors working in Wales undertook their primary medical training. As of February 2023, 29% of doctors working in Wales undertook their primary medical qualification in Wales. In England, Scotland and Northern Ireland, the corresponding figures were 55%, 63% and 63% respectively. This indicates that in Wales there is a greater reliance on medical staffing from those who originally trained outside of Wales.

Exhibit 37: Percentage of doctors registered to work in Wales by location of their primary medical qualification, as of February 2023



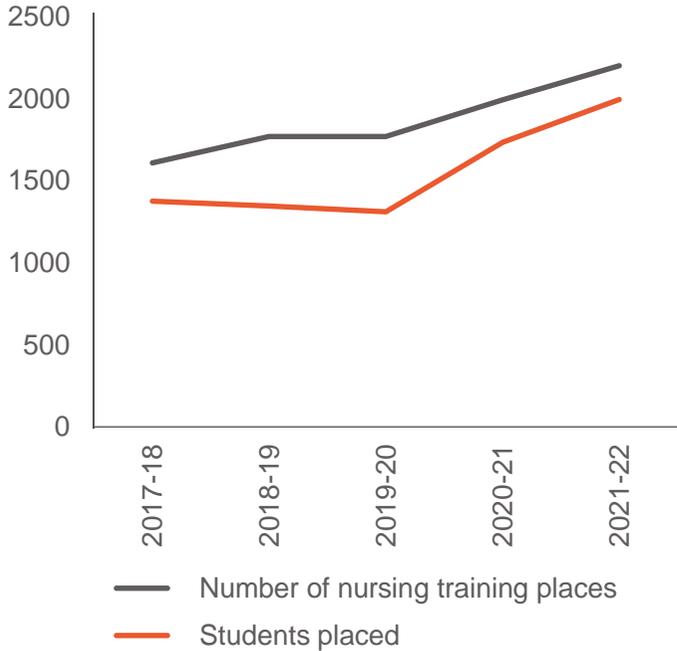
Source: Audit Wales analysis of [GMC data explorer](#), Accessed February 2023

Nursing education in Wales

Exhibit 38 shows a steady growth both in the numbers of nursing education places made available and the numbers of students placed in training. While the growth is positive, not all available places are filled, not all those of those entering training will complete it and some who do will not stay in Wales.

Exhibit 39 shows the 'fill rate'. This is the proportion of education places that are filled, which stood at 91% in 2021-22

Exhibit 38: Numbers of people entering nursing education in Wales



Source: Health Education and Improvement Wales

Exhibit 39: Nursing education fill rate 2021-22



Source: Health Education and Improvement Wales

Where do nurses go after receiving nursing education in Wales?

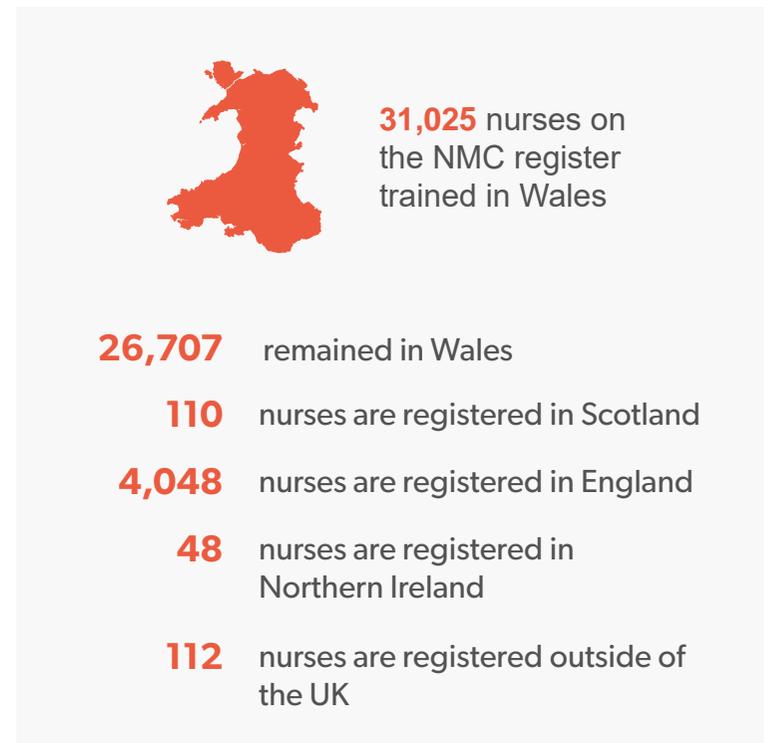
Exhibit 40 shows that most nurses receiving education in Wales, stay in Wales. But a large minority move outside of Wales after completing their education.

*Notes:

The Nursing & Midwifery Council register records location of nurse residence rather than location of employment. Not all nurses registered in Wales work in Wales. There will be some cross border commuting to work outside of the country of residence. The Nursing and Midwifery Council database does not provide cross-border working breakdown and therefore registration data used for this analysis should be considered an estimate.

Some nurses registered will not be actively working.

Exhibit 40: Destination of nurses educated in Wales, as of September 2022*



Source: Nursing and Midwifery Council register

Nursing in Wales – where do nurses come from?

As of September 2022, there were 38,901 registered nurses in Wales of which 26,707 (69%) received their nursing education in Wales. Although to a lesser extent than medical staffing, Wales is reliant on a significant number of nurses (around 30 percent) from outside of the country.

Exhibit 41: Percentage of nurses located in Wales by their country/location of nursing education, as of September 2022*



Source: Nursing and Midwifery Council register

Note: *The Nursing & Midwifery Council register records location of nurse residence rather than location of employment. Not all nurses in registered in Wales work in Wales. There will be some cross border commuting to work outside of the country of residence. The Nursing and Midwifery Council database does not provide cross-border working breakdown and therefore registration data used for this analysis should be considered an estimate.

Abbreviations and terminology

Terms used in this report

| Term | Explanation |
|---------------------------------|--|
| Advanced practitioners | Advanced clinical practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics and therapists. They are healthcare professionals with skills and knowledge that enabled them to take on expanded roles and responsibilities when caring for patients. |
| Agenda for change (A4C) | Agenda for Change refers to a pay and conditions structure for the NHS introduced in 2004. |
| Agency staffing (NHS)/GP locums | Agency staff are temporary staff members that are not directly contracted by a health body. Health bodies often use commercial agencies to fill short term vacancies and cover sickness absence. Similar to NHS agency staffing, GP locums are staff practising in primary care that do not have a full contract of employment with a GP practice. |
| Establishment | The agreed number of funded staff positions in an organisation. |

| Term | Explanation |
|---|---|
| Full time equivalent or whole time equivalent | Full-Time Equivalent (FTE) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 FTE equates to full-time work of 37.5 hours per week, an FTE of 0.5 would equate to 18.75 hours per week. |
| General dental services | General dental services (GDS) contracts came into effect in 2006. General dental services are provided by general dental practitioners who are independent contractors i.e. high street dentists. |
| General Medical Council | The General Medical Council's remit is defined by the Medical Act 1983 and covers five areas including: Maintaining a medical register, setting standards for doctors, ensuring quality of training, revalidating doctors to ensure they meet standards and provide good care, and investigating concerns of about doctors. |
| General Medical Services | The General Medical Services (GMS) Contract Wales became effective from 1st April 2004. Is the standard contract between general practice (GPs) and NHS Wales for delivering primary care services to local communities. |
| Headcount | The actual number of people working in an organisation. Two people working 18.75 hours a week would count as 1 full time equivalent, but have a headcount of 2. |

| Term | Explanation |
|---------------------------------|---|
| Participation rate | The 'participation rate' is a measure of part-time working across an organisation's workforce. It is the average of Full Time Equivalent (FTE) across the workforce. 100% participation would mean that all staff are working full working weeks. An 80% participation rate for an organisation would mean that on average their workforce works 4 out of 5 days of a working week. |
| Primary medical qualification | Primary medical qualification is the undergraduate medical degree entitling provisional registration to the general medical council. |
| Registered and Licensed Doctors | Doctors practicing in Wales must be licensed and registered with the General Medical Council. |
| Staff skill mix/grade mix | The profile of the skill and agenda for change grades working within an organisation or part of it. A guide to the medical register - GMC (gmc-uk.org) |
| Staff turnover | This is the number or percentage of staff leaving the organisation in a given year. |

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Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Annual Report: 2022-23

The Welsh Language Commissioner





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Objective 4 





About us

The Welsh Language Commissioner wants the people of Wales to be able to live in Welsh. Our role is to promote and facilitate the use of the Welsh language. Our work leads to creating more opportunities to speak and to use the language. The role was initially created by the Welsh Language (Wales) Measure 2011 which also gave the language official status in Wales.

To achieve our aim we:



Listen to what people have to say to us, dealing with complaints, educating, and sharing information about rights to use the Welsh language; and ensuring that public organisations comply with the Welsh language standards.



Influence the Welsh Government and other organisations to ensure that the Welsh language features prominently in policy and legislation.



Share our work with others around the world learning about good practice from other countries in relation to language rights.



Encourage organisations of all kinds to offer more Welsh language services so that the people of Wales can live their lives through the medium of Welsh.



Advise on the standard forms of Welsh place-names so that they are protected for the future.





Annual overview:

72% of Welsh speakers stated in a survey that Welsh-medium public services are improving.

Imposed 45 statutory enforcement actions following an investigation, and intervened 837 times after finding deficiencies through her own monitoring and regulation.

A survey undertaken to understand the experiences of people in Wales where 18% of Welsh speakers reported experiencing someone trying to prevent them from using Welsh with another person.

The imposition of 250 enforcement actions or statutory recommendations following valid complaints from individuals.

Responded to 381 enquiries from organisations and 114 from the public.





Annual overview:

Hosted a conference on the policy-making standards with 280 attendees from Welsh and UK public organisations.

Chair of the International Association of Language Commissioners transferred to Wales at an international conference in Bilbao.

Expert advice offered on landscape names, Cadw site names, and Welsh place-names in England and beyond.

Responded to 24 consultations on policy and legislative proposals during the year in fields such as, education, health and care, agriculture, broadcasting, economic development and Welsh communities.





Annual overview:

Influencing work by the Commissioner and others means that supporting the Welsh language and promoting and facilitating its use is one of the aims of the Agriculture Bill brought before the Senedd.

Reaching 1.6 million Twitter accounts during the Welsh Language Rights Day and creating a video by young people to highlight the rights they have in using the language.

Approval of 28 Cynnig Cymraeg plans including that of Lidl, which was the first supermarket to receive the approval.

Training sessions provided to nearly 200 representatives from the private and third sectors on how to improve the use of Welsh.





Foreword

'The main aim of the Welsh Language Commissioner is to promote and facilitate the use of the Welsh language and we want to see Wales as a country where people can live in Welsh, using the language in their daily life.'

It is a privilege to submit this, my first annual report, since taking up the post as Welsh Language Commissioner. It has been an exciting and interesting time and I am grateful to my colleagues, bodies, organisations and all the individuals across Wales and beyond whom I have had the pleasure of meeting face-to-face and virtually at this early stage.

Whilst taking pride in being given the opportunity to contribute to the work of strengthening the position of the language I am also aware that I am embarking on this at an incredibly sad time, following the death of Aled Roberts who contributed significantly to strengthening the status of the Welsh language during his short tenure. I would also like to thank all the staff, under the careful leadership of Gwenith Price, for continuing the vital work in the difficult times that followed.

The main aim of the Welsh Language Commissioner is to promote and facilitate the use of the Welsh language and we want to see Wales as a country where people can live in Welsh, using the language in their daily life.

The results of the 2021 Census set a context for the work ahead and although I would not for a moment want to downplay the findings of the Census I believe that the position of the language across Wales is much more complex than is suggested by raw data. In my previous post I saw at first-hand the growing interest in learning Welsh, certainly over the COVID-19 period, and that interest continues.

Wales has a vibrant Welsh language cultural life, and while that prevails the position of the Welsh language remains hopeful.

The future of the Welsh language is of course in the hands of our children and young people, so they must be a priority in all of our work. As a result, there is a need for constant focus on the Welsh language within education across Wales. We welcome the publication of the white paper outlining the Welsh Government's vision for the Welsh Language Education Bill and our response will underline the need to expand Welsh medium education and opportunities for people to become confident Welsh speakers.

Over the past year our compliance officers have continued to work with those organisations subject to the Welsh language standards to improve and increase compliance. Over 837 various interventions were seen, and 250 enforcement actions were issued under the Commissioner's Enforcement Policy.

In my first few weeks, I had the pleasure of attending a meeting with over two hundred public organisations at a workshop on the policy making standards, and was pleased to see and hear the desire to work together to strengthen the position of the Welsh language in our daily lives. It is crucial that we encourage our public organisations to be ambitious in implementing the standards, offering the best possible services to the public through the medium of Welsh.



Foreword

We need to constantly challenge how this work leads to increased use of Welsh in our daily lives. The element of promoting and facilitating the Welsh language, which goes hand in hand with the compliance work, is vital. The Cynnig Cymraeg scheme, which is recognition by the Commissioner for organisations that have drawn up a Welsh language development plan, is a great opportunity to engage with organisations not subject to the standards, and it was wonderful to see so many receiving recognition for their offer over the past twelve months. I want the language to be enjoyed and used freely, in all sorts of contexts.

It is absolutely clear to me that the Welsh Language Commissioner has a vital role to play as we develop the future of the Welsh language and its speakers. But that is not the responsibility of one individual nor of one organisation. For me, working with others to move closer towards creating a Wales where people can live in Welsh, is an honour.



Efa Gruffudd Jones
Welsh Language Commissioner



The position of the Welsh language today

The 2021 Census

The publication of the first results of the 2021 Census in December 2022 was undoubtedly the most significant event in relation to the Welsh language during 2022-23. In 2021, 17.8% of the population stated that they spoke Welsh, which is the lowest percentage of Welsh speakers ever recorded in a census. The results showed a decrease of approximately 23,700 in the number of Welsh speakers in 2021 and a 1.2% decrease in the percentage of Welsh speakers compared to 2011.

There has been a reduction in the percentage of Welsh speakers aged 3-15 who were able to speak Welsh which raises concerns that the reforms in statutory education have not, as yet, been adequate. Increasing opportunities for young people to develop into confident Welsh speakers will be a central principle for the Commissioner's work as the Welsh Government develops its Welsh Language Education Bill over the coming years. We will respond to the Government's consultation on its white paper which includes proposals for a Welsh Language Education Bill published at the end of the reporting period.

Positively, the Census showed a slight increase in the percentage of people who are able to speak Welsh in the young adult groups (aged 16-19 and 20-44). This is possibly due to an increase in opportunities to use the Welsh language in the workplace and in the community, and an increase in those who are learning and using Welsh as adults. We need to ensure this trend continues and increases.

It is positive to note that there is an increase in the percentage of Welsh speakers in four local authorities in the south-east. However, there has been a decline in all other local authorities, which is a concern, particularly in the context of those communities where the Welsh language is traditionally strong. With this in mind, the Welsh Government established a Welsh Language Communities Commission in 2022. The Government also announced an £11m investment in Arfor 2 which will help strengthen the economic resilience of the Welsh language heartland. Without doubt, it is vital that these interventions bear fruit to ensure that there is no further erosion in the viability of Welsh as a community language in its traditional heartlands. The Commissioner will continue to seek to contribute constructively to the work of the Commission and to scrutinise the Government's activities in promoting the Welsh language within the community over the coming years.

The census is the main authoritative source for statistics on the number and percentage of Welsh speakers. There are other data sources, however. This includes the Office for National Statistics' Annual Population Survey which showed that around 884,000 people aged three years or over were able to speak Welsh in the period between April 2020 and March 2021, representing 29.2% of the population. As a result of the difference in the results of the data sources the Office for National Statistics and the Welsh Government will work together to improve their understanding of the main sources of data and surveys used to compile statistics on the Welsh language.



The position of the Welsh language today

More than just words 2022-25

In 2022 the Welsh Government's 5-year plan for the Welsh language in health and social care was published. The plan is a follow-up to three previous frameworks. Welsh language standards have led to the expansion of Welsh speakers' rights in health and care. It is vital that this plan is fully implemented in tandem with the Welsh language standards over the coming years to ensure that Welsh speakers receive the active offer of care through the medium of Welsh. This is particularly true in the context of priority groups that include young and older people, people with learning disabilities; users of mental health services; people living with dementia; users of stroke services and users of speech and language therapy services.

Welsh language standards

The year saw a renewed increase in the expansion of people's rights to engage with organisations through the medium of Welsh. The Welsh language standards (No. 8) Regulations 2022 which apply to regulators in the health sector came into force during October 2022. By the end of the reporting period the Welsh Government began their consultation on the Welsh language standards (Water and Sewerage Undertakers) Regulations 2023.





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Engage with the public, listen and consider what is expressed in a fair and balanced way. Act on behalf of people, whether employees or members of the public, if they face barriers in using the Welsh language. Take every opportunity to reach out to a wider audience.

Raise awareness of the legal rights that Welsh speakers have and take every opportunity to reach out to a wider audience.

Educate and share information about the significant outcomes of casework with target audiences of all kinds.

Impose standards on bodies in a timely manner once standards have been introduced by the Senedd. Within the lifetime of this plan and in accordance with the Welsh Government and Plaid Cymru Co-operation Agreement, we expect this to happen in relation to the following organisations: public transport, health regulators, public organisations that are currently outside the standards regime and water companies.

Implement an effective complaints procedure that prevents the continuation or repetition of failures.

Conduct responsive pieces of work that seek to determine whether some groups of Welsh language users have more difficulties in exercising their rights due to their circumstances and make recommendations to support them.





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Click to see video



Listening to the people of Wales

Conducting a survey with the assistance of Beaufort Research is an annual opportunity for the Commissioner to hear the views of Welsh speakers. We listen to how people say they use the language every day.

80% of Welsh speakers surveyed believed that opportunities to use the Welsh language with public organisations are increasing or remaining the same, with 82% believing that they are able to deal with organisations through the medium of Welsh if they wish to do so.

65% rated the quality of English and Welsh language services as the same.

58% of Welsh speakers surveyed indicated they preferred to use English.

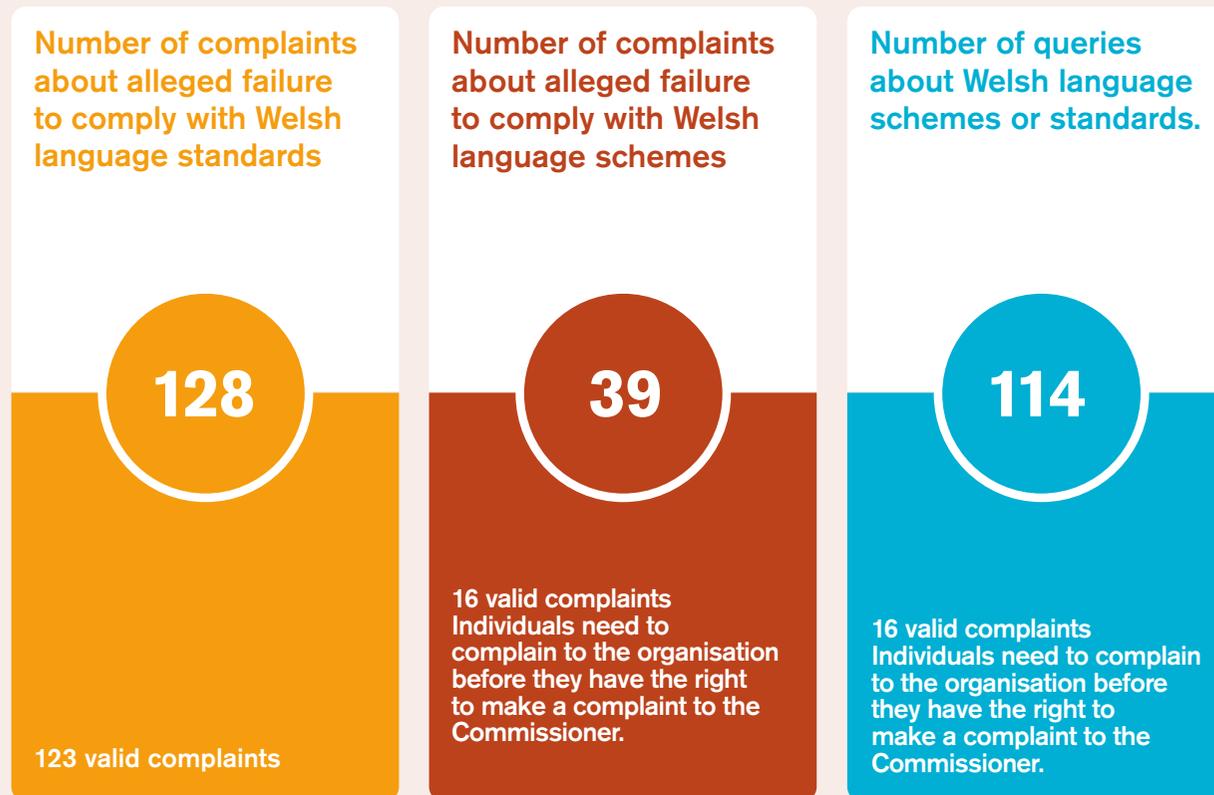
72% thought Welsh language public services were improving.



OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Raising Welsh speakers' awareness of their rights

Anyone can contact the Commissioner regarding an issue that concerns them about the Welsh language. We are here to listen and to take action that will lead to change.





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Ensuring Welsh language services for the people of Wales

The Welsh Language Commissioner listens to the people of Wales and to Welsh speakers. We are able to receive complaints and respond to them as set out in the Welsh Language (Wales) Measure 2011.

As a result of the complaints shared with the Commissioner, we implement a formal complaints regime which then leads to investigations. The investigations carried out by a team of experienced staff lead to improvements and change.

The Commissioner imposes enforcement actions and provides advice to public organisations to ensure compliance with the Welsh language standards. The result is that more organisations are using the Welsh language.

The enforcement actions imposed on the Wales Millennium Centre and the Arts Council relating to their recruitment processes have led to a review of the way both organisations assess the language requirements of posts they advertise.

An investigation was also carried out into signage, announcements and the use of English only on Transport for Wales trains. As a result of the investigation the organisation is preparing an action plan to be completed within the next 18 months to ensure they provide electronic signage and train announcements in Welsh, and therefore comply with the Welsh language standards.

'We are always keen to hear from our stakeholders and customers – to understand their experiences on our network, and to listen and act based on the feedback we receive. In order to provide a better experience for our users, a huge amount of important work is currently taking place to transform our rail infrastructure. Our priority is to ensure everything is bilingual, and our campaigns, products and communication have been a huge success, with the Welsh language leading the way.'





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Freedom to use the Welsh language

People in Wales are able to speak Welsh with any other individual who wants to use Welsh without anyone preventing them. These are some of the cases brought to the attention of the Welsh Language Commissioner this year.

Three county council staff in the North East contacted the Commissioner regarding their experiences of being prevented from using Welsh on Teams in meetings at work. Following the advice of the Commissioner, the Council will:

- remind all staff of the Council's policy on the Welsh language in the workplace.
- review recruitment processes to confirm that job applicants understand the importance of Welsh in the workplace.

An individual contacted the Commissioner to report that a member of staff at a West Wales county council had asked her not to speak Welsh with her child. The child is under the care of the Council's social services, and the request was made for her not to speak Welsh with the child during her visits. After discussion with the Commissioner's staff, it became clear that the individual did not wish the Commissioner to conduct an investigation into the matter. The person was given advice and guidance over the phone, and given an information leaflet explaining her legal rights.

Another person contacted the Commissioner to ask that we investigate an allegation that an individual from a county council in North Wales had asked him to speak English and not Welsh at a meeting. Following initial enquiries with the parties, it was decided not to investigate the complaint because the allegation did not meet the definition contained in the Welsh Language Measure of interference with the freedom to use the Welsh language. Elements of the matter are now under investigation under the Welsh language standards regime.





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Bupa Ltd prevents dentist from using Welsh at work

It is important that employees are able to use the Welsh language in their day-to-day work. We want to see businesses and employers in Wales encouraging employees to use Welsh with each other.

Following an application, the Commissioner decided to investigate an allegation which stated that Bupa Ltd. had prevented a dentist from using Welsh at work.

The Commissioner determined that Bupa Ltd. had interfered with the worker's right. In her report the Commissioner noted that organisations can support their employees' rights to use Welsh in a bilingual workplace. She challenged Bupa Ltd.'s perceptions that the use of Welsh can lead to a risk of errors or problems at work that would not arise if English was used. Bupa Ltd. has accepted the Commissioner's judgment and recommendations.

This case received coverage in the media and we took the opportunity to highlight the right to use the Welsh language at work. It was also noted that employers should not prevent staff from speaking Welsh at work in Wales.





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

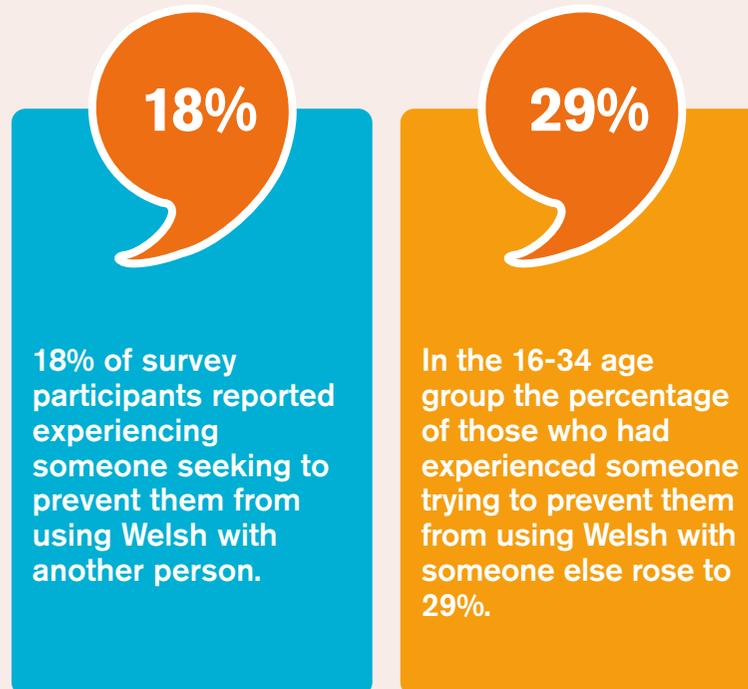
Gathering public opinion

As part of a poll conducted by Beaufort Research during the year, a question was asked on behalf of the Commissioner. Welsh speakers were asked if someone had prevented them from speaking Welsh with someone else who also wanted to use the Welsh language.

We asked for specific examples of what had happened in the past 12 months.

In addition to these figures, respondents were able to provide examples of situations where they were asked not to speak Welsh in the past year. These included being asked not to use Welsh in public places such as on a bus or in a café, in the workplace and in colleges. One of those surveyed was prevented from using Welsh at college when he was told, 'We only speak English here.' As a result he did not use Welsh at college after that.

The Welsh Language Commissioner stated,



'The comments show that many of those who experienced interference had turned to English. These results are unsettling for me at the outset of my tenure as Commissioner. I am already planning to raise employers' awareness of the freedom to use the Welsh language. It's also important that those facing experiences like this know that they are able to contact me so that I can take steps to change the situation. I will go out and talk to people to understand more about their experiences.'



OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Welsh Language Commissioner's work leads to change in public organisations

To ensure that the people of Wales have more opportunities to use the Welsh language the Commissioner advises and supports organisations to make changes. We provide advice and support in a number of ways including giving advice and making recommendations; referring organisations to code of practice requirements; sharing effective practice; hosting educational events; conducting surveys and publishing reports.

On an annual basis the assurance report sheds light on the performance of organisations, and it is ensured that failures do not continue through enforcement where appropriate. The most suitable methods are applied to each situation to ensure the best result for Welsh speakers.

The Commissioner's staff work to measure the impact that enforcement actions have had on the work of organisations and their use of the Welsh language. The aim is to see those actions lead to lasting change for the benefit of the Welsh language, and we look at a range of cases in different organisations.

Number of advice actions; recommendations; and entering into a settlement agreement

12

Number of actions where compliance was enforced

232

Number of recommendations given as a result of investigations under the Welsh Language Act 1993

6



OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

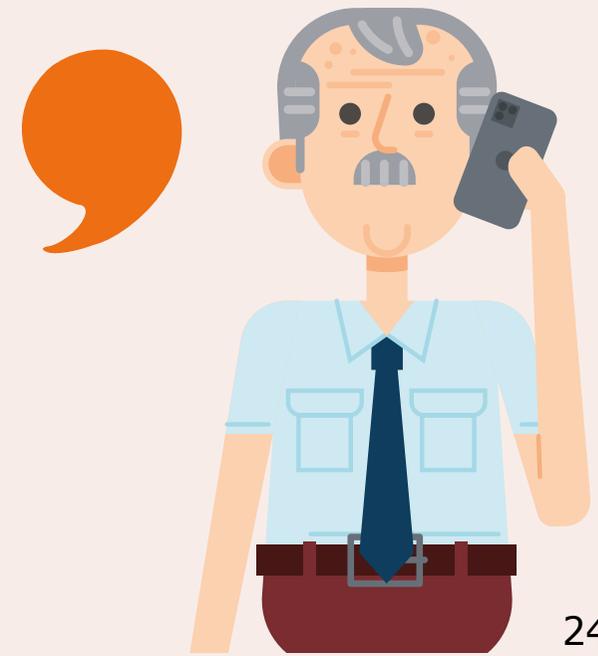
Improving Welsh language provision in the courts

Employees from a county council gave evidence at an employment tribunal. As a result of temporary arrangements due to COVID-19 restrictions, they were required to attend court to facilitate simultaneous translation arrangements. This was in contrast to the arrangements for others who wished to speak English. Those individuals were able to contribute remotely. The Commissioner investigated the complaint and made statutory recommendations.

The complaint raises important issues regarding the use of the Welsh language in the courts. At the heart of the case is the right to use Welsh in any legal proceedings in Wales. This is a relevant and timely issue as His Majesty's Courts and Tribunals Service is working on a project to modernise courts and tribunals services, and as online cases become increasingly common. There needs to be more fundamental and far-reaching consideration as to how technical provision is planned for in the future, as organisations move to a more digital way of working.

Ensuring a Welsh-medium telephone service

Flintshire County Council has ensured, by agreement with a third party, that Welsh speakers will be able to have an initial conversation on the phone in Welsh as required by the Welsh language standards. This was the result of investigations and enforcement actions imposed by the Commissioner. The council will continue to monitor the telephone service and develop their efforts to increase the Welsh language skills capacity of the workforce. The work of officers monitoring the progress of the authority against the enforcement actions imposed was crucial to the development of this service. Without the complainant's complaint, and the Commissioner's ability to investigate and enforce, this service would not have been developed.





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

The health sector

Investigation and enforcement is also making a difference to the performance of the health sector. Two investigations during the year have led health boards to improve their provision of language awareness courses for all staff.

By investigating the Public Health Wales websites as a result of a combination of complaints and compliance officers' findings we have made a greater difference than by investigating just one website. We have worked in this way many times over the course of the year, and the ability to make an impact and make a difference is therefore wider-reaching.

Investigations into methods of assessing staff skills are underway. We have ensured a more strategic shift to our work. An investigation into Betsi Cadwaladr Health Board has set an important precedent for reception services in emergency department areas, and an investigation into the digital use of Dr Doctor appointments services has also been shared with all health boards.

Ensuring that the Welsh language is central in the use of technology

The Commissioner carried out an investigation into the use of English language email addresses by Cardiff Council. Although the Council argued that the cost of changing the situation would be significant, there was collaboration and discussion between the Commissioner, the Council and the Welsh Government. As a result, Microsoft developed a tool that enables organisations to use Welsh-language addresses, at no additional cost. This resource will be available for use by organisations soon.

It is important that the Welsh language is visible in the use of technology. Technology and the way it enriches people's lives is constantly changing. The Welsh language needs to be part of this change.





OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

Lasting Power of Attorney in Welsh

Complaints were received from members of the public relating to significant delays and problems in trying to register for lasting power of attorney online in Welsh. The Commissioner decided to open an investigation.

Welsh speakers need to be able to register for a lasting power of attorney online in Welsh. Welsh Language Commissioner Efa Gruffudd Jones stated,

'These cases are often emotionally difficult and sensitive and it is extremely important that the service is available to the public through the medium of Welsh.'

Responding to the investigation, the Office of the Public Guardian has acknowledged the seriousness of the situation and the frustration that has been caused to the complainants in attempting to register for a lasting power of attorney in Welsh. The Commissioner is clear that service users should not have to go out of their way because they wish to use the Welsh language. Organisations must offer good quality Welsh language services proactively or as a default.

One Welsh speaker explains their situation:

'I recently needed to arrange an LPA (Lasting Power of Attorney) and had to open and print out the paper forms in advance to complete the application in Welsh. There is an option to fill in these details online (which will then print out everything easily and clearly) but this can only be done through the medium of English, which means the final application forms are in English.'

I know of a number of people who would have preferred to complete the process entirely online (and then print the form to be signed) but had to download all the forms on paper first in order to complete them in Welsh. I think this treats Welsh speakers differently, and forces people to fill in an English language form as it is ultimately more convenient.'



OBJECTIVE 1: Ensuring fairness, justice and rights for Welsh speakers

More rights to use the Welsh language with public organisations

The Commissioner has imposed Welsh language standards on 125 public bodies, and is implementing a programme of imposing standards on more bodies in the future. The Commissioner has consulted on draft compliance notices for health professions regulators. The eight organisations will receive final compliance notices during 2023, and will implement Welsh language standards by the end of the year.

Between 15 February 2023 and 5 April 2023, the Welsh Government consulted on the Welsh Language Standards (Water and Sewerage Undertakers) Regulations 2023. The Commissioner has formally responded to that consultation. These regulations will enable the Welsh Language Commissioner to impose language duties in relation to the Welsh language on companies providing water services to the public.

Discussions with the four corporate joint committees commenced during the year, which will result in the joint committees receiving Welsh language standards compliance notices during 2023-24.

In 2021 the Welsh Ministers established four corporate joint committees (CJCs). These are regional corporate organisations that together cover the whole of Wales. They include local authorities and the national parks (where

applicable) and their members include the elected leaders of those organisations. CJCs have similar powers and duties to local authorities in terms of strategic development planning, regional transport planning, and promoting economic well-being.

Two challenges were received by organisations to exclude a duty on them during the year. No decision has been made yet on these challenges.

No decision has been made to reverse any duty in relation to standards imposed on bodies during the year.





OBJECTIVE 2: Ensure that the Welsh language is a consideration in policy and legislation

Plan a 5-year report on the position of the Welsh language (2021–25) which will include an analysis of the results of the 2021 Census and an assessment of the implications, to be published in 2026.

Gain an understanding of the work of language commissioners and other agencies around the world providing a platform for successful practice in Wales.

Influence policy affecting the Welsh language.

Investigate and report on the position of the Welsh language and Welsh speakers in policy areas to provide an evidence base for the Commissioner's views.

Scrutiny of legislation affecting the Welsh language.

Collaborate and share information with relevant partners to influence policy and legislation and contribute constructively to discussions relating to areas affecting the Welsh language.





OBJECTIVE 2: Ensure that the Welsh language is a consideration in policy and legislation

Geiriadur yr Academi

For the Welsh language to flourish, it must have standardised and authoritative sources of vocabulary to support its use in all contexts. Making sure that up-to-date and suitable terminology is available is absolutely essential for people to be able to use Welsh with confidence.

The Commissioner holds a licence to publish an electronic version of the Geiriadur yr Academi online dictionary until March 2027. It was searched 2,067,697 times this year. We look forward to the Welsh Government publishing its national policy on the linguistic infrastructure and sincerely hope that it will address the need to support innovation in lexicography and terminology to support the use of Welsh in all areas.

Meanwhile, the Commissioner has been pleased to support the Welsh Government's work in related areas, including the standardisation of equality terminology in race and ethnicity. The Commissioner is also pleased to have the opportunity to contribute to the discussions of the Welsh Language Standardisation Panel and looks forward to seeing that work developed and promoted further.

Arwel Roberts, poet and translator, explains his experience of using the online Dictionary:

'When all is dark, it enlightens you; If you're lost, it shows you the way. The definition of 'enlighten' says it all.'



OBJECTIVE 2: Ensure that the Welsh language is a consideration in policy and legislation

Sharing our work on a global level

The Commissioner is a member of the International Association of Language Commissioners (IALC). The Conference and General Meeting of the International Association of Language Commissioners was held in Bilbao in September 2022. It was a valuable opportunity to share challenges and successful practices and to learn specifically about the strategic work that has taken place to revitalise the Basque language. There was also an opportunity to consider the impact of COVID-19, and the social changes it has brought about, on the work of Commissioners and Ombudsmen and the position of minority and official languages in general.

As part of the conference the chair and secretariat of the Association was transferred to Wales, and a two-year programme of work is now in place which will allow members to learn about the best practices of promoting language rights internationally. The culmination of this programme of work will be to welcome members of the Association to Wales for an international conference in the summer of 2024.



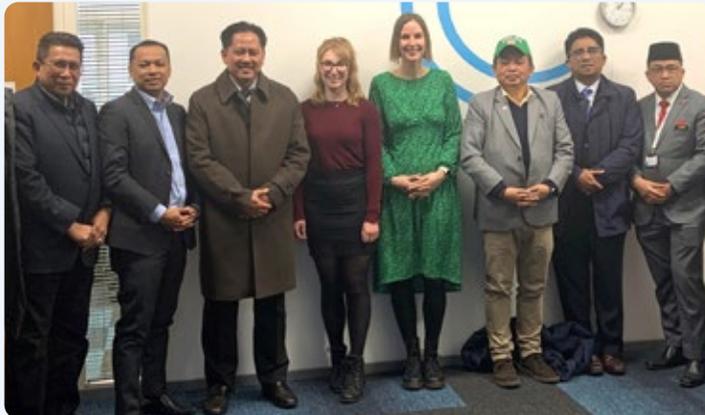
CYMRITHAS RYNGWLADOL Y COMISIYNNWYR IAITH
INTERNATIONAL ASSOCIATION OF LANGUAGE COMMISSIONERS



OBJECTIVE 2: Ensure that the Welsh language is a consideration in policy and legislation

Welcoming visitors to Wales

Meanwhile there have been many opportunities to share how Wales is pioneering language rights with groups from overseas – as they travel to Wales and as we capitalise on the convenience of video conferencing. We have been host to several visits this year – groups of students, parliamentarians, academics, and civil servants from Norway, the US, Canada, and Malaysia. These are all testament to the international interest in language policy in Wales and recognition of the Commissioner's expertise and the office's unique contribution to efforts to promote and facilitate the use of Welsh.



Rónán Ó Domhnaill, Irish Language Commissioner said:

'There has always been a close relationship between Ireland and Wales in relation to language rights. The Office of the Language Commissioner in Ireland is not only geographically close to Wales, but also functionally and operationally. The two offices consistently share ideas and good practice, and are united in their determination to protect language rights. The decision to elect the Welsh Language Commissioner to the role of chair of the International Association of Language Commissioners was welcomed with great joy in Ireland. This demonstrates, once again, the commitment in Wales to promoting the language rights of citizens at home and abroad.'



OBJECTIVE 2: Ensure that the Welsh language is a consideration in policy and legislation



Responded to 24 consultations on policy and legislative proposals during the year in fields such as, education, health and care, agriculture, broadcasting, economic development and Welsh communities.



Our evidence was cited in two Senedd committee reports in their scrutiny of two pieces of legislation.



Gave oral evidence to two Senedd committees as they examined policy areas relevant to the Welsh language.



Received 1,063 responses to an online questionnaire gathering learners' views on Welsh-medium post-compulsory provision.



Held 60 meetings with 22 different entities relevant to our policy influencing work.



OBJECTIVE 2: Ensure that the Welsh language is a consideration in policy and legislation

Education policy and the development and support for Welsh language skills

- The Commissioner gave evidence to the Senedd Children, Young People and Education Committee on the **Tertiary Education and Research (Wales) Act (2022)**. Following our and others' comments, changes were made to the Bill which will enable improved progression and development in Welsh speakers' language skills from statutory Welsh language education to the world of work.
- Using Welsh in the workplace is essential as a way of maintaining the skills of Welsh speakers. We were keen for this to be reflected in the **Social Partnership and Public Procurement Bill**. The Equality and Social Justice Committee referred extensively to our evidence on the Bill in its report to the Welsh Government on Stage 1 of the Bill and sought clarity from the Government on issues we raised. As a result of our work an amendment to the Bill means that public authorities will be required to report annually on how they will contribute to promoting and facilitating the use of the Welsh language in procurement. The Government also declared that specific provisions will be made to ensure that there is Welsh language expertise among members of the Social Partnership Council and that it will engage closely with the Welsh Language Commissioner in developing the relevant statutory guidance. The opportunity to work through the medium of Welsh will therefore be increasingly normalised through the guidance.
- We used our conclusions from our response to Welsh local authorities' draft Welsh in Education Strategic Plans in 2021-22 to develop our vision for what a **Welsh Language Education Bill** could achieve. We shared our views extensively with the Welsh Government and the relevant Senedd Committees. We were pleased to see that the White Paper and its proposals for a Welsh Language Education Bill published at the end of March 2023 contained provisions for most of the issues that were included in our recommendations to the Welsh Government. Keeping an eye on the development of the Welsh Language Education Bill will be a vital part of our work in the next financial year to ensure that as many people as possible will be able to use the Welsh language with confidence.



OBJECTIVE 2: Ensure that the Welsh language is a consideration in policy and legislation

Using the Welsh language

- During the year, the Commissioner continued to stress the importance of the viability of communities where the Welsh language is strong. Meetings were held with relevant groups and Welsh Government ministers and we responded to two consultations with regards to housing and Welsh-speaking communities. This included responding to the Commission for Welsh-speaking Communities' request for evidence. Scrutiny of the Commission's work and other developments affecting Welsh as a community language such as planning and housing will remain our priority in the years ahead.
- The Commissioner has been highlighting the importance of agricultural communities to the viability of the Welsh language consistently since 2018 when the Welsh Government set up the new funding framework for the agriculture sector following Britain's exit from the European Union. 'Sustaining the Welsh language and promoting and facilitating its use' was seen as one of the aims of the Agriculture Bill brought before the Senedd. In its report at the end of Stage 1 of the legislative process the Economy, Trade and Rural Affairs Committee referred extensively to our evidence and how we thought the Bill should be strengthened. We felt that the Bill needed to enable specific indicators and targets

to be set for the Welsh language that aligned with the objectives of the Cymraeg 2050 strategy; gathering data on it in the agricultural sector and including the Welsh language in the list of purposes which Welsh Ministers are given the power to provide support.

By the end of the reporting period for this Report there were commitments by the Government to set indicators and targets in relation to the Welsh language and agricultural communities and an amendment to the Bill which gives Ministers the power to provide support to achieve the objectives of the Bill. We are pleased to have succeeded in ensuring that the Welsh language is at the heart of this Bill, but we have further work to do to ensure full consideration of the importance of agricultural communities to the Welsh language in the Sustainable Farming Plan that will emerge from the legislation.

- Our work continued to highlight the Welsh language in health and care. We were pleased that the Task and Finish Group responsible for producing the More than just words 2022-27 plan took our comments into account when formulating the new plan and that our emphasis on the need for better data on the Welsh language in the health and care sector was a central part of the new plan.



OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

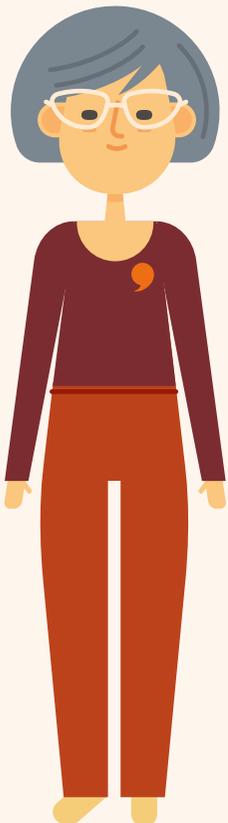
Implement a truly proactive regulatory strategy.

Organisations to do more to promote the opportunities they provide to use the Welsh language in two specific areas, namely policies on internal use of Welsh and use of services.

Ensure that organisations work together and innovate to respond positively to the requirements placed on them through the Commissioner's advice, and effective practices that have been gathered and promoted.

Transform the performance and capacity of Health Boards and NHS Trusts to offer clinical consultations in Welsh, by improving the quality of organisations' compliance with requirements imposed on them through standard 110 and standard 110A.

Take appropriate regulatory action to transform the performance of organisations in key areas that continue to prove problematic:
Skills and recruitment;
Policy making standards.





OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

Truly proactive regulation

94

Monitoring of 94
organisations

74

74 meetings to
gather evidence

381

Responded to 381
enquiries from
organisations seeking
advice

951

Conducted 951
monitoring surveys

45

45 enforcement actions
following investigations
on the Commissioner's
initiative

837

Conducted 837
interventions



OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

As a regulator we take our responsibility of monitoring and evaluating compliance very seriously and over the past year there have been 837 examples of interventions by the Commissioner to maintain or improve how organisations comply with the Welsh language standards. Our constant monitoring highlights where action is needed and we engage in constant dialogue with organisations to ensure that they improve, and that improvement bears fruit in areas such as policies on awarding grants, and policies on the internal use of Welsh.

The type of intervention varies from case to case highlighting the proactive and flexible approach the Commissioner has adopted.





OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

Examples of this in action:

Monitoring work showed that there was a jobs section on one authority's website in English only. After contacting the authority, the section appeared on the website bilingually within three months and most posts appear on the Welsh language jobs site. There is now an ongoing plan and work to ensure that the Welsh pages correspond to the English ones. As a result of the investigation there is an increase in opportunities for the public to use Welsh when engaging with the Council. The process itself also demonstrates that appropriate intervention can have a strategic impact on organisations' compliance with the Welsh language standards. This work can lead to long-term behaviour change in organisations.

The process of applying online for a fishing permit has been a long-term issue since Natural Resources Wales was established. The Commissioner offered advice in late 2021 to demonstrate how other agencies and departments have built similar systems bilingually at GOV.UK. An enquiry was received from a member of the public in August 2022 and we asked for an update on the system. NRW confirmed that the system would be available bilingually from early November 2022.

Following a meeting, the Dyfed-Powys Police and Crime Commissioner cited a lack of resources as a reason for not complying with standard 47 (which relates to including a statement on a document stating that a Welsh version is available). A letter was sent to the organisation and it was agreed that they would provide the resources to ensure compliance.





OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

Examples of this in action:

The surveys highlighted that the North Wales Fire and Rescue Service recruitment service, which had been outsourced to an external provider, failed to comply with the standards relating to recruitment. At the meeting it was confirmed that the service was a temporary system due to a lack of internal capacity. It was agreed that the service would need to remain in-house with the organisation for the time being pending a review of the processes. The organisation has responded quickly to the deficiency highlighted and considered its framework for future service outsourcing.

The Commissioner decided to conduct an investigation into Blaenau Gwent County Borough Council's Welsh language services. The investigation started as one that focussed solely on the telephone service, but evolved to consider the Council's recruitment, selection and staffing arrangements. The Council has responded positively and prepared a detailed action plan to address the work. A working group of high-level officers has been set up to oversee the work which will fundamentally change the culture of the Council and its approach to Welsh language service delivery.





OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

Workforce skills

One of the biggest challenges of Welsh language service delivery in Wales is recruiting a workforce that can provide those services. To try to address the situation and identify good practice that can be shared more widely, we commissioned IAITH to undertake an independent evaluation by reviewing the assessment and recruitment practices of public organisations.

The aim of the work is to assess where we are now and consider the best ways to increase Welsh language skills capacity within organisations over time. The work is still ongoing. It will ultimately be a source of robust data and evidence on how the recruitment process itself influences the effectiveness of organisations in increasing workforce capacity.

The next steps will be to share the findings and pilot approaches with specific organisations.

Policy making standards

A conference on the policy making standards was held on 19 January 2023. There were 280 people in attendance from Welsh and UK public bodies.

Emyr Lewis, head of law at Aberystwyth University, gave a presentation on the international, UK and Welsh law context of the policy making standards, and Gwion Lewis KC then

gave practical advice on how to comply with the policy making standards. Solicitors Darwin Gray gave a presentation on the recent Welsh Language Tribunal case in which Swansea Council appealed against the Commissioner's determination of failure to comply with the policy making standards.

A number of organisations have failed to understand the requirements of these standards, but now several organisations have informed us that they have amended their procedures following the seminar including the BBC, the General Medical Council and Rhondda Cynon Taf Council.

The impact of this therefore, has led to a more detailed and thorough consideration of the impact of policy decisions on the Welsh language. This work will contribute to improving compliance with the standards while increasing opportunities to use the Welsh language.

Workshops

Surveys were carried out on the processes and arrangements of 11 organisations in considering the impact of their policy decisions on the Welsh language. Where arrangements were found to be inadequate, appropriate intervention was chosen to change the behaviour of the organisations which included providing advice or recommendations or sharing good practice.



OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

Use of Welsh internally and in service delivery

The Welsh Language Commissioner decided that it was necessary to confirm whether public organisations had a policy to ensure internal use of Welsh in the workplace. This is required by the Welsh language standards to ensure that there are more opportunities for people to use the language in areas such as technology; training and development; recruitment and selection; promotion; workforce planning; communication; HR; celebrating successes, and policies.

When completing a self-assessment questionnaire about their internal use of Welsh, 15 of 25 authorities (local authorities and national parks) originally stated that they had a policy in place. Following the Commissioner's response and recommendations, they have all now adopted a policy.

To gather more detailed information, a questionnaire was circulated asking public organisations how they go about promoting the use of their Welsh language services to the public. Overall, the results were encouraging, but new channels of communication need to be considered and it must be ensured that Welsh is treated no less favourably than English on social media. We will continue this work in the coming period. 99 responses were received out of the 141 organisations that were contacted.

94% of organisations implementing Welsh language standards (who responded to the questionnaire) include a statement in correspondence inviting people to contact them through the medium of Welsh.

94%

98% of organisations implementing Welsh language standards (who responded to the questionnaire) clearly state that web pages are available in Welsh.

98%

87% of organisations implementing Welsh language standards (who responded to the questionnaire) state that a Welsh version of documents and forms is available.

87%



OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

Sharing effective practice

To share effective practice among public organisations and avoid duplication of work, we created a variety of case studies, including relevant videos that would be easy to share. So far, case studies have been created with the Food Standards Agency, the Welsh Government, and Isle of Anglesey County Council. They address topics such as developing effective bilingual marketing campaigns; creating a far-reaching strategy on the internal use of Welsh and how to implement a language strategy in partnership with others.

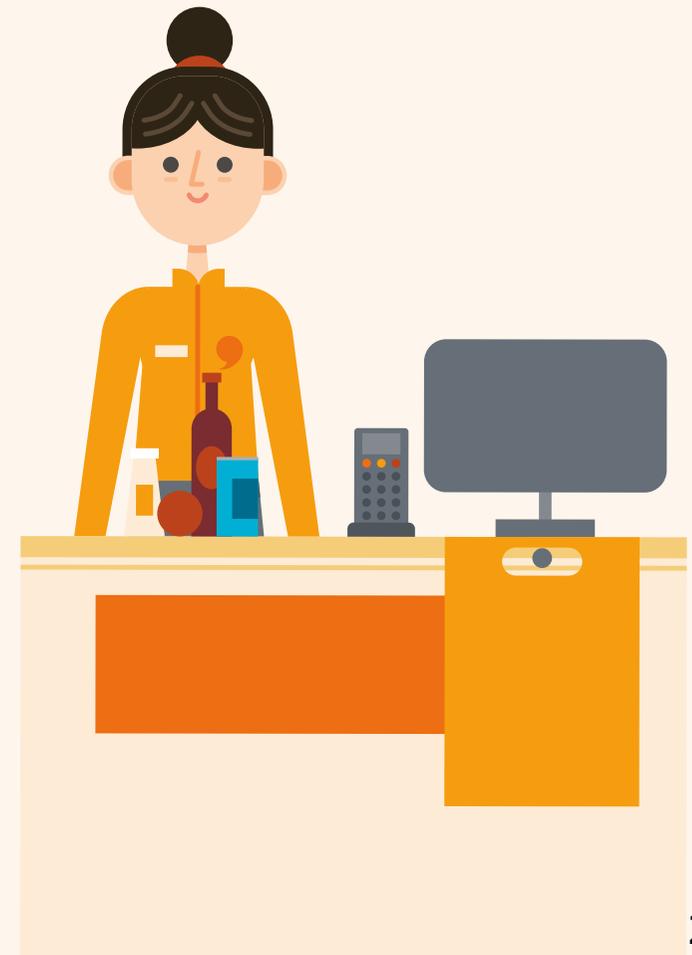
'Something else we keep in mind is: One campaign, two languages. Yes, we're part of the same campaign but it's okay to give it a Welsh feel, it's okay for the two campaigns to be a little bit different in the two languages.'

Food Standards Agency

'We also considered what an appropriate ambition was, given the political context, and given that if we really wanted to make a change within our working practices, bilingualism was vital!'

Welsh Government

We also highlighted a bilingual tool developed by Care Inspectorate Wales. Enabling people to search for bilingual and Welsh-medium social care and childcare provision across Wales is vital for parents.





OBJECTIVE 3: Maintain and increase organisations' compliance with their statutory duties

Offering clinical consultations through the medium of Welsh

The move towards offering clinical consultations in Welsh is a major step forward in ensuring comprehensive healthcare in Welsh. Publishing plans to make this a reality has been challenging for the sector due to pressures from the COVID-19 pandemic. However, during the year the organisations have been working with the Commissioner's new advice document to publish their plans. Five bodies have now published a plan and a further three have final drafts in place. It is nevertheless fair to note that progress is fairly slow in terms of the impact of the plans on service users, and we will be pushing to improve this in the coming years.

Welsh Language Rights Day

Welsh Language Rights Day was held on 7 December to highlight Welsh language services offered by public organisations in Wales.

BSL was used in the video and shared with bodies and organisations of all types and on our website and digital platforms including our new Instagram account. The hashtag #Maegenihawl was seen by 1.6 million people during the campaign and the content was shared by 130 different bodies and organisations across Wales. We reached nearly 85,000 accounts on our digital platforms. As a result, the young people involved in the campaign indicated that they were more aware of how to use Welsh with organisations across Wales.

Deio Owen, Welsh Language Officer at Cardiff Students' Union, UMCC President, and one who took part in the campaign said,

'The 'Mae gen i hawl' campaign was a great opportunity to promote and raise our voice for the rights we have as young people to use Welsh. It is essential that students are aware of the opportunities available to them to use the language, and understand that they have a right to use it with others. Being able to take part in this successful campaign was a great opportunity to spread the message that the Welsh language belongs to us all and that we need to use it'



OBJECTIVE 4: Increase the use of Welsh by organisations across all sectors

Priorities 2022-2025



Facilitate the use of Welsh with businesses and charities through training, guidance and sharing good practice.

Specifically targeting the following sectors:

- supermarkets
- health and care providers
- national charities
- banks.

Provide advice on the standardised forms of Welsh place-names giving them prominence by re-launching the updated List of Standardised Welsh Place-names in 2024. Develop our ability to provide advice on landscape names and produce standardisation guidance to support the work.

More commitments to use Welsh by businesses and charities.

Work with funding bodies and networks to influence more businesses and charities to use the Welsh language.



OBJECTIVE 4: Increase the use of Welsh by organisations across all sectors

Effective networking

During the year we have held various workshops and training sessions with representatives from the third sector, charities and the private sector. These aim to increase organisations' awareness of the Welsh language services and support available and encourage them to use more Welsh naturally in their day to day business activities. There is significant interest in these sessions and praise for their content. They are also an opportunity to share the successful practices of other organisations.

Number of sessions held:





OBJECTIVE 4: Increase the use of Welsh by organisations across all sectors



Y Cynnig Cymraeg (Welsh Language Offer)

The Cynnig Cymraeg is the Commissioner's recognition of organisations that have formulated their Welsh Language Development Plan. It is an opportunity for organisations not included under the Welsh language standards to show their service users that they take pride in the Welsh language and are willing to use it. Over the past year the promotion of this scheme has increased and there is considerable interest in it with 86 organisations having completed the assessment leading to a Welsh Language Development Plan.

A specific event was held at the Urdd Eisteddfod to celebrate those who had received the recognition, and at the Royal Welsh Agricultural Show a discussion was held with organisations who had received it to encourage others to take it up.

It was wonderful to see the first supermarket, Lidl, receive the recognition during the year. We hope that more will continue to follow the example of these organisations over the coming years. The Arts Council of Wales adopted the Cynnig Cymraeg and it is now included as a condition for bodies funded by them.

Number of organisations that have received the Cynnig Cymraeg: 70

Number of organisations under consideration: 86

'At Lidl, we are passionate about the communities we serve and about supporting what really matters to our customers. We will continue to look for ways where we can support the Welsh language, which is such an important element of the identity and heritage of our communities.'

Ute Thomas
Regional Director of Lidl
in Wales

'Working with the Welsh Language Commissioner's team to create our Cynnig Cymraeg was a very positive process. We see the Welsh language as a very useful skill for the people who work at Boots and are delighted that many of our pharmacists can speak Welsh and can give advice to customers in their chosen language.'

Andy Francis
Boots Manager in Wales



OBJECTIVE 4: Increase the use of Welsh by organisations across all sectors

Importance of place-names

The interest in Welsh place-names is as lively as ever and the Commissioner has extended our responsibilities over the past year to offer expert advice on landscape names, Cadw site names, and Welsh names of places in England and beyond.

One example of this new work is the pilot project in collaboration with Snowdonia National Park to standardise the names of 200 lakes. The Commissioner's Place-Name Standardisation Panel has made recommendations to the Park regarding these names following consideration of evidence on historical as well as local forms through Park wardens. This work has the potential to preserve these names for the next generation by standardising and correcting them on official maps, advertising material and signage.

The work has also allowed the Panel to draw up principles to deal with similar names for the future. These are included in the Welsh Place-names Standardisation Guidelines for others to use, and the wish is now to secure a resource in order to run a similar project on names of mountains and peaks.

'As an Authority, we are very pleased with the collaboration taking place with Welsh Language Commissioner officers on place-names. This collaboration gives the Authority the ability to consult with a Panel of independent experts, which reinforces the rich local and cultural knowledge of local place-names that exists amongst staff and members of the Authority. Our place-names are an integral part of our cultural heritage here in Snowdonia, and protecting them and raising awareness of them is central to how the Authority delivers on the purposes of the National Park. The partnership is vibrant and fruitful, and we look forward to continuing to work together and achieve the aim of correcting and standardising forms on maps and in other publications.'

Naomi Jones
Head of Cultural Heritage
Snowdonia National Park Authority



The 'laith gwaith' orange bubble that encourages people to use Welsh

The distribution of the laith Gwaith (Working Welsh) materials by the Commissioner has been a popular scheme for a number of years. We respond to requests from all types of organisations across all sectors, and distribute almost 50,000 lanyards and badges showing that workers of all types are able and keen to use the Welsh language. Over the past few months the scheme has gone from strength to strength with numbers visiting the website and requesting materials increasing significantly.



Dr Awel Vaughan-Evans, a lecturer at Bangor University, carried out research to find out which cues, including the laith Gwaith logo, are most effective in motivating people to start conversations in Welsh in shops, offices, and other public places.

Dr Vaughan-Evans said,

'We wanted to test which resource was most effective as a cue to encourage people to start a conversation in Welsh. The main result was that people were more likely to choose to speak Welsh when the logo was present. The logo was effective on a poster and lanyard, but the lanyard was more effective than the poster alone.'



Wearing a badge also helps Welsh learners' confidence in using the language. One learner who works for the Health Service said,

'Thanks to the orange badge, I learned Welsh as an adult. I'm fluent now. Without the badge, I wouldn't have been so confident in using the language. Now I can speak Welsh every day - thank you very much.'



David Thomas, who runs his own business, and won the learner of the year prize at the Eisteddfod AmGen in 2021 said,

'I'm very happy when I'm shopping and I see someone wearing the orange Cymraeg badge because I know I can speak Welsh with someone else.'



Remembering Aled Roberts at the National Eisteddfod and raising awareness of Welsh-medium secondary education

During the 2022 Tregaron National Eisteddfod an event was held in memory of the life and work of Aled Roberts, Welsh Language Commissioner 2019-2022. Ensuring that young people in Wales receive a Welsh language education and are able to live and work through the medium of Welsh after leaving school was very important to Aled. The discussion panel included representatives from a sixth form college, secondary school, and UCAC (Undeb Cenedlaethol Athrawon Cymru). As well as the panel talk, videos were created especially for the event which captured young people's views on the importance of the Welsh language both in school and beyond.

One of the pupils from Ysgol Bro Pedr said,

'Receiving a sixth form education through the medium of Welsh has given me many opportunities. It can open doors inside and outside of school.'

Another sixth form pupil from Ysgol Gyfun Gymunedol Penweddig said,

'We in the sixth form have a vital role to play in promoting the Welsh language to the rest of the school, especially with the youngest pupils, providing an example to them with the hope that they will also want to continue their education and career through the medium of Welsh.'



Part 2: Accountability

Challenges facing the Welsh
Language Commissioner

Annual Governance Statement and
Report 2022 - 2023

Equality

Remuneration and staff report



Challenges facing the Welsh Language Commissioner

The Welsh Language Commissioner is funded by the Welsh Government. The sum received for the 2022-23 revenue budget was the same as the previous year. The economic climate has changed significantly during the year, with inflation rising to over 10% at times – a level not seen for thirty years. The level of inflation has had an impact on all sectors of the economy and poses the following challenges to the Commissioner.

Staffing costs account for around three-quarters of the organisation's spending. There has been pressure during the year on pay settlements in the private and public sector. The trade unions have been campaigning for wage increases in response to the level of inflation and also in relation to wider terms and conditions. The officers were awarded a pay rise in November 2022, in line with the Welsh Government's final proposal. Despite this, the trade unions have rejected the proposal and it remains a matter of dispute. In addition to staffing costs, as energy, transport, and resource costs impact on the costs of goods and services, the Commissioner has been unable to avoid the resulting effects.

With inflation remaining high, there will be further pressure on wages and other costs in 2023-24. The Welsh Government has allocated additional funding of £150,000 for 2023-24 to mitigate the effects of this. To meet this budgetary challenge, seeking financial savings is vital.

With a change to staff working patterns due to COVID-19, plans are in place to reduce the Commissioner's offices estate. This will save money, but the savings will not be fully realised until the 2024-25 financial year.

At an operational level, the organisation's main challenge over the year was the risk of uncertainty and instability in a period without a permanent Commissioner. However, the powers of the Commissioner were transferred to the Deputy Commissioner and changes were made to the management team. The Deputy Commissioner received the support of the Audit and Risk Committee and the Advisory Panel in the execution of her duties. The operational plan enabled staff to continue their work in line with the 2022-25 Strategic Plan.



Annual Governance Statement and Report 2022-23

As the Accounting Officer I am personally responsible for the overall organisation, management and staffing of the Welsh Language Commissioner. I must ensure that the organisation has a high standard of financial control and that its financial systems and procedures promote the efficient and economical conduct of business, safeguarding financial propriety and regularity.

The purpose of the governance framework

The aim of the governance framework is to maintain my independence as Welsh Language Commissioner and balance that independence with my accountability for the public money being spent. As Accounting Officer, I am accountable to Senedd Cymru, the Welsh Ministers, the Senedd's Public Accounts Committee, the House of Commons and the House of Commons' Public Accounts Committee. The Welsh Language Commissioner is defined in statute as a corporate sole whose powers and responsibilities are set out in Part 2 of the Welsh Language Measure. The governance framework includes the systems, processes, culture and values which determine the way in which the Welsh Language Commissioner is directed and is used to hold the Commissioner's activities to account. The system of internal control is a significant part of the governance framework with the aim of managing risk to a reasonable level.

The Welsh Language Commissioner's permanent Governance Statement can be found on the corporate website.

Strategic planning and performance review

The Commissioner has a Strategic Plan for 2022–25. The plan includes an explanation of the Commissioner's vision statement; long-term strategic objectives and measurable priorities to be delivered during the lifetime of the strategy. The plan is implemented through an annual operational plan and the delivery of that plan is reported on a quarterly basis. The annual report is structured in accordance with the strategic plan and reports on its achievement.

Deputy Commissioner

In accordance with Sections 12 and 13 of Measure, the Welsh Language Commissioner is required to appoint a Deputy Commissioner. The Deputy Commissioner deputises for the Commissioner during holidays and sickness absence and at any other time at the request of the Welsh Language Commissioner or during unforeseen circumstances. Gwenith Price, continued to exercise the powers of the Welsh Language Commissioner and act as accounting officer until Efa Gruffudd Jones took up her duties as Welsh Language Commissioner on 9 January 2023. Dyfan Sion assumed temporary deputy responsibilities and Sian Elen McRobie was appointed interim Strategic Director responsible for regulatory, governance and human resources work for the same period. These arrangements enabled the organisation to continue to operate, deliver on its operational plan and ensure staff were able to continue with their work in line with the 2022-25 Strategic Plan.



Annual Governance Statement and Report 2022-23

Management Team

The Management Team, chaired by the Commissioner and comprising both Directors, manages all the Commissioner's functions and activities. The Management Team is responsible for leading, agreeing and delivering the Commissioner's strategic vision, policies and services to the public and other stakeholders. There have been changes in the membership of the Management Team as follows:

Gwenith Price, Strategic Director and Deputy Commissioner (assuming the powers of the Commissioner from 14/02/2022 to 08/01/2023)

Efa Gruffudd Jones, Welsh Language Commissioner (from 09/01/2023)

Dyfan Sion, Strategic Director and acting Deputy Commissioner (until 30/12/2022)

Sian Elen McRobie, Acting Strategic Director (from 08/04/2022 to 08/01/2023)

Lowri Williams, Strategic Director (from 09/01/2023)

Audit and Risk Committee

The Audit and Risk Committee is responsible for providing independent advice and assurance to the Accounting Officer and Management Team on the adequacy and effectiveness of internal control and risk management. The terms of reference for the Audit and Risk Committee were reviewed in September 2022 with regard to good practice and the requirements of the organisation. The changes made have been beneficial to members in offering advice and assurances to the Commissioner. The Audit and Risk Committee provides an opinion on internal control and risk management annually.

As part of its remit, the Committee receives the quarterly finance report and progress report on the Operational Plan, which have been approved by the Management Team. The Management Team and Risk Manager attend all committee meetings; and in addition, representatives of the internal and external auditors are invited to attend the meetings.

Twice yearly, briefing sessions and training on relevant issues for members are held before the Committee's plenary meetings. The Committee also continues to hold discussions with the Commissioner, as well as private meetings with the internal and external auditors.



Annual Governance Statement and Report 2022-23

There are four independent members on the Committee; and there is a system in place which allows members to retire at different times in order to ensure continuity of experience and knowledge. The Audit and Risk Committee met on five occasions during the 2022-23 financial year. Here are the details of the attendance of Audit and Risk Committee members during the year:

| | June 22 | August 22 | September 22 | December 22 | March 23 |
|----------------------|---------|-----------|--------------|-------------|----------|
| Mair Gwynant (Chair) | ✓ | ✓ | ✓ | ✓ | ✓ |
| Iorwen Brooks-Jones | ✓ | ✓ | ✓ | ✓ | ✓ |
| Liz Aitken | ✓ | ✓ | ✓ | ✓ | ✓ |
| Alan Davies | ✓ | ✓ | ✓ | ✓ | ✓ |

Remarks of the Chair of the Audit and Risk Committee, Mair Gwynant

“Based on the Committee’s work over the year, confirmation was given that the reports and discussions with the Commissioner and the officers provide assurance to the Committee that there are arrangements, policies and procedures in place to ensure effective governance; that there are effective financial arrangements; that there is a system in place to manage risk; and that there is robust internal control!”

“The Committee will continue to scrutinise the organisation’s work in order to ensure continuous improvement, good quality governance and an appropriate response to any risks that may arise.”



Annual Governance Statement and Report 2022-23

Welsh Language Commissioner Advisory Panel

In accordance with the requirements of the Welsh Language (Wales) Measure 2011, the Welsh Language Commissioner has an Advisory Panel. Members of the Advisory Panel are appointed by Welsh Ministers for a period of three years. The Commissioner may consult with the Advisory Panel on any matter. The Advisory Panel's remit can be found on our website. Four Advisory Panel meetings were held during the year. Here are the details of members' attendance during the year:

| | June 2022 | October 2022 | December 2022 | March 2023 |
|-----------------------|-----------|--------------|---------------|------------|
| Gwyn Williams (Chair) | ✓ | ✓ | ✓ | ✓ |
| Nia Elias | ✓ | ✓ | ✓ | ✓ |
| Anne Davies | ✓ | ✓ | ✓ | ✓ |
| Elin Maher | ✓ | ✓ | ✓ | ✓ |
| Rona Aldrich | ✓ | ✓ | ✓ | ✓ |

Close collaboration between the Chair of the Audit Committee and the Chair of the Advisory Panel at the start of the financial year provided advice to the Deputy Commissioner and liaison with Welsh Government. Support was provided to the Commissioner's management team as officers took up interim posts.



Annual Governance Statement and Report 2022-23

Auditors

The internal audit plan 2022-23 was prepared by the internal auditors, TIAA in April 2022 and approved by the Commissioner and Management Team on 31 May 2022. The audit programme was confirmed by the Audit and Risk Committee at the Committee's June 2022 meeting.

In accordance with Schedule 1 Part 5 of the Welsh Language (Wales) Measure 2011, the Auditor General for Wales is responsible for auditing the accounts of the Commissioner.

Data Protection

No subject access requests were received under Data Protection legislation during the year (2021-22: 0 requests). We continued to ensure compliance with data protection legislation including the General Data Protection Regulations 2018 and the Data Protection Act 2018. The Commissioner ensures, on an annual basis, that accurate records are kept and that individuals' personal information is processed for the purpose of the processing, on the legal basis for the processing, and that the organisation's retention periods and technical details are supported by suitable security measures.

As part of the Commissioner's IT strategy, the Commissioner is working towards Cyber Essentials+ and IASME Governance accreditation. The Commissioner has in place a cyber resilience action plan. It includes actions arising from the recommendations of the internal auditors, Audit Wales, the Information Commissioner and internal assessments of the UK Government's recommended Security Risks Framework.

One of the aims of the action plan is to aim to be forward thinking on cybersecurity and information technology issues in general. Securing Cyber Essentials+ and IASME Governance accreditation during the financial year 2023-24 is a priority for the Commissioner.

Freedom of information

Eight requests for information were received under the Freedom of Information Act 2000 during the year (2021-22: 10 requests). These requests were responded to within the time limits set out by the Act.



Annual Governance Statement and Report 2022-23

The work of other regulators

No investigations into the operations of the Welsh Language Commissioner during 2022-23 were carried out by external regulators following any complaints or data protection cases.

Complaints against the organisation

We have a specific complaints procedure should individuals wish to complain about any acts or omissions relating to the Commissioner's functions. A copy of this procedure can be found on our website. No complaints against the organisation were received during 2022-23 (2021-22: 0 complaints).

Register of interests

The register of interests is updated twice yearly. In addition to the formal process, members of the Management Team; the Commissioner's Determination Meeting; the Audit and Risk Committee and Advisory Panel are asked to record any interests at the start of the meetings. There were no materially relevant transactions during the year with organisations where the Commissioner, directors or senior officers, or any members of their families, were in positions of influence. Information on the interests of the Management Team is available on the Commissioner's website.

Sustainability Reporting and the Environment (Wales) Act 2016

Under the Environment Act, the Commissioner must publish a plan explaining the action to be taken to comply with this duty. It will be reviewed every three years alongside a report explaining how the Commissioner has complied with the duty.

The Commissioner's offices remained closed until September 2022. Staff were subsequently given the option of 'hybrid' working, with booking arrangements for the Commissioner's offices on certain days. As a result, the Commissioner's ability to report on environmental issues has been limited. Remote working practices have produced positive environmental benefits and offer the Commissioner's staff the opportunity to work more flexibly and achieve a better work-life balance.



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A 'hybrid' working policy to formalise this approach was introduced for all the Commissioner's officers in September 2022. This policy enables officers to continue to make decisions about their work environment and attendance at the office. This approach will be monitored over the next twelve months to assess staff needs and to consider the size and feasibility of offices in implementing this approach. Officers have not been travelling, which in turn has contributed to reducing the Commissioner's carbon footprint. The investment in information technology software and hardware over the past twelve months has also increased the efficiency of the organisation's equipment which, in turn, reduces the need to hold face-to-face meetings.

Since March 2020 and the mandatory lockdown, there has been a significant reduction in waste being disposed of from the Commissioner's offices due to the fact that only a small number of officers use the office for short periods of time. This has also been the case with the paper sent for recycling, as all officers have been working in a more paperless way using the latest technology when holding meetings. In addition, energy consumption has also been minimal as computers and lighting in the offices have not been used to such an extent as in the years before the Covid-19 lockdown restrictions. Nevertheless, my officers will continue to operate in a way that is sustainable

and efficient, taking steps that will further develop and increase the sustainable practices that are in place as the Commissioner acts in line with Government targets to reduce the organisation's carbon footprint by 2030.

Welsh Language Tribunal

During 2022-23, one appeal was submitted by an organisation to the Welsh Language Tribunal under section 95(2) and (4) of the Welsh Language Measure (2021-22: 1 appeal) and one appeal by an individual under section 99(2) of the Welsh Language Measure (2021-22: 2 appeals) against the Commissioner's decision following an investigation under section 71 of the Welsh Language Measure.

One application was made by an individual to the Welsh Language Tribunal under section 103 of the Welsh Language Measure for a review of the Commissioner's decision not to conduct an investigation in relation to a complaint (2021-22: 2 applications). The Tribunal denied permission for this application. No application was made to the Tribunal to cancel the Commissioner's evidence notice on the grounds that it was unnecessary, unreasonable or disproportionate. No appeal has been made for the Tribunal to determine whether the requirement to comply with a standard is unreasonable or disproportionate.



Welsh Language Tribunal

Welsh Language Tribunal - an appeal under sections 95 (2) and (4) of the Welsh Language (Wales) Measure 2011 (the Measure) by Swansea City and County Council against the determination of the Welsh Language Commissioner

Case No: TYG/21/01 – Appeal submitted by the City and County of Swansea Council

An investigation was undertaken by the Welsh Language Commissioner into a complaint regarding City and County of Swansea Council (the Council) policy decision that there was no need to retain the Ysgol Gynradd Gymraeg Felindre building as a public resource, following its closure as an operational school. The complaint alleged that the Council failed to assess the impact of that policy decision on the Welsh language.

Following the investigation, it was the Commissioner's final determination that the Council failed to comply with standards 88, 89 and 90 of the Welsh Language Standards Regulations 2015 (The Standards) as they failed to consider the impact of the policy decision to transfer a community building to the private sector on the Welsh language.

The Council appealed the determination of the Commissioner in the Welsh Language Tribunal under sections 95 (2) and (4) of the Measure, arguing that the decision was not a policy decision and therefore they had not failed to comply with the Standards. They also challenged the enforcement action imposed by the Commissioner.

Following a hearing in Swansea in June 2022, the Tribunal determined that the term "*policy decision*" under the Measure and Standards means more than a written policy document and that a policy decision also includes decisions taken about the exercise of an organisation's functions.

The decision is a very significant one for public bodies. The Tribunal declared that the definition of 'policy' in the Measure and Standards was to be interpreted more broadly than the common use of the word policy, which is often used ordinarily to refer to a written document, and that the Standards also therefore apply to decisions relating to the conduct of an organisation's business (such as the siting of community buildings, the restructuring of services, and school closures).

The Tribunal's decision is important to local authorities in particular and underlines how vital it is for them to first undertake a detailed and full assessment of the potential effect that policy decisions such as the disposal of community property can have on the Welsh language before making that policy decision.

The Tribunal also decided to vary the wording of the enforcement action imposed, although it agreed in principle that the enforcement actions introduced by the Commissioner were reasonable.



Welsh Language Tribunal

Welsh Language Tribunal - an appeal under section 99 (2) of the Welsh Language (Wales) Measure 2011 (the Measure) by a complainant against the decision of the Welsh Language Commissioner

Case No. TYG/21/03 – Welsh Ministers/Press conferences

An investigation was carried out by the Commissioner into a complaint regarding the broadcasting of press conferences organised by the Welsh Ministers during the COVID-19 pandemic. In light of the investigation, the Commissioner determined that the Welsh Ministers had not failed to comply with Welsh language standards in broadcasting press conferences.

The appeal by the complainant disagreed with the Commissioner's decision and an application to cancel the decision was submitted on the basis that the Commissioner had not considered the High Court's ruling in a similar event, as well as failing to consider the Welsh Ministers' use of BSL at these conferences. Following a hearing on the case, which was held virtually, the Tribunal agreed with the decision of the Commissioner, appearing as respondent in the case, that certain standards of the Welsh Language Standards (No 1) did not apply to press conferences held by the Welsh Ministers during the COVID-19 pandemic.

It was the Tribunal's decision that Standard 36 applies where an event enables the public, or members of the public, to be physically present at the premises where the

event is being held, or, at least, be present virtually and able to contribute to the event, whether by addressing those physically present with the assistance of a microphone, or otherwise. The Tribunal therefore did not accept the Appellant's case that Standard 36 applied at a meeting where the public could only observe the event virtually. The Tribunal accepted that there was a difference where an individual had a right to join an event if it was physical or virtual (as with the Tribunal hearing) compared to a case where the right to do so was only to observe virtually (as in the press conferences). In addition, the Tribunal accepted that cases relating to the Equality Act 2010 were not directly relevant to language rights in accordance with the Welsh Language (Wales) Measure 2011.

The Tribunal set out its views on section 67 of the Welsh Language (Wales) Measure 2011, although that view was not part of the Tribunal's decision in determining the case. Nevertheless, the Tribunal noted that in its view the fact that the press conference was transmitted online for television and the internet did not meet the definition of "broadcast" in section 67.



Annual Governance Statement and Report 2022-23

Working with ombudsmen and commissioners

The Commissioner meets regularly with the Commissioner for Older People in Wales, the Children's Commissioner for Wales, the Future Generations Commissioner and the Public Services Ombudsman for Wales and Audit Wales to discuss strategic and operational issues. Officers also attend the networks and meetings of organisations funded by the Welsh Government in finance, human resources, governance, data protection and information technology. The Welsh Language Commissioner is a statutory member of the Future Generations Commissioner's Advisory Panel.

Review of effectiveness

As Accounting Officer, I have responsibility for maintaining a sound system of internal control. To develop and maintain the system I consider the input of the Management Team and internal auditors, and comments made by the Auditor General for Wales in his management letter and other reports.

The internal audit programme aims to provide independent and objective assurance in terms of risk management, controls and governance. The assurance that the internal audit provides is a key element of the governance framework and one of the key sources of assurance required by the Commissioner and the Audit and Risk Committee.





Annual Governance Statement and Report 2022-23

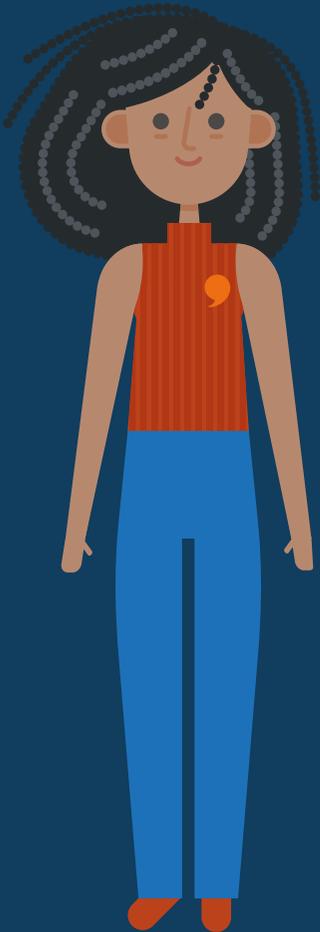
During the year, the following areas of work were examined, which were included in the annual internal audit plan for 2022-23. Reports were received, including recommendations on how further improvements could be made to the system of internal control.

| Area | Report Type | Level of Assurance | Number of Recommendations |
|---|-------------|--------------------|---------------------------|
| Business Continuity – Appointment of new Commissioner – Transition Arrangements | Assurance | Substantial | 1 |
| Data Protection | Compliance | Reasonable | 4 |
| Office Use and Agile Working | Assurance | Reasonable | 3 |
| Strategic Planning | Assurance | Substantial | 3 |
| ICT – Cyber Security | Assurance | Reasonable | 5 |
| Key Financial Controls | Assurance | Substantial | 0 |
| Follow-up of Business Continuity Recommendations | Assurance | Reasonable | 7 |

All internal audit reports are presented and considered by the Audit and Risk Committee. The committee keeps an overview of progress made against the recommendations of the internal auditor. I have responded to their recommendations and agreed a programme of continuous improvement. In the follow-up report, the internal auditor reports on progress against previous years' recommendations. It was noted that 11 of the recommendations had been implemented and that 3 recommendations had not been fully met. These were in relation to a data migration, transfer and retention framework as well as a performance monitoring process within the case management system and workflows. Managers decided that these recommendations will be implemented during the implementation of the new Strategic Plan and the introduction of a new case management system which will be operational during 2023-24.



Annual Governance Statement and Report 2022-23



In their annual report the internal auditors gave the following views on the governance of the organisation:

“TIAA is satisfied, based on the areas reviewed during the year, that the Welsh Language Commissioner has in place reasonable and effective risk management, control and governance processes.”

Fraud

The organisation’s culture does not tolerate fraud. Policies have been implemented to ensure that the organisation’s officers are aware of their responsibilities in relation to fraud, and the implications where a case of fraud arises. Procedures are in place to control fraud, including a questionnaire and fraud risk register; but it is recognised that it is not possible to provide a guarantee that a case of fraud could not arise. There were no cases of fraud in the year ending 31 March 2023.

Capacity to handle risk

The risk management system is led by the Management Team and is endorsed by the Audit and Risk Committee. The Strategic Director is the organisation’s Risk Manager. The Audit and Risk Committee received training on risk and risk management from the internal auditors at the March 2023 meeting.

The risk and control framework

As Commissioner I manage risk on a strategic and operational level. The Management Team reviews structural risks as part of the quarterly progress reviews of the operational plan. Relevant risks are identified in all papers submitted to the Management Team. The key operational risks from these reviews are incorporated into the Strategic Risk Register. During 2022-23 a review of the organisation’s risk management arrangements was undertaken. To assist with that the internal auditors undertook an advisory review to audit the assurance of the risk management framework. As a result of the reviews some changes were made to the risk register. This means that the strategic risk register will be formally reviewed each quarter by the management team.



Annual Governance Statement and Report 2022-23

This will be followed by a reporting process to the Audit and Risk Committee at all regular quarterly meetings. Also, relevant risks are identified in all papers submitted to the Management Team. That in turn reminds officers to identify and manage the risks involved in any specific work or project.

A positive attitude towards risk management means that as a Commissioner I am not averse to taking managed risks in order to achieve the priorities contained within the Strategic Plan. It should be noted that the Management Team considers the risk of something going wrong and also the impact of not taking advantage of opportunities or failing to maximise such opportunities when they present themselves. Similarly, the management team and risk manager do not tolerate a high level of risk that would result in failure to comply with governance requirements, statutory duties and legal requirements imposed on the Commissioner.

Effectiveness of whistleblowing arrangements

The Commissioner is responsible for establishing appropriate arrangements for the governance and protection of resources. The establishment of internal whistleblowing procedures is a matter of good practice by employers. The Welsh Language Commissioner's whistleblowing policy was approved by the Management Team in September 2018. The contact details of the Chair of the Audit and Risk Committee and members of the Commissioner's Internal Auditors team, TIAA, are included in the policy as individuals with whom officers can raise

concerns. No incidents were reported during the year relating to concerns under the whistleblowing policy.

In conclusion

Staff have been able to focus on delivering the work of the organisation in a difficult context. And following the transfer of powers to a new Commissioner the work has continued smoothly with unwavering focus on the four strategic objectives that guide the work of the organisation.

As noted in the audits, the Commissioner has in place suitable and appropriate governance procedures. The Commissioner remains committed to maintaining standards and where possible to improving these arrangements by:

- addressing issues arising from the internal auditors' annual report;
- continuing to manage and improve reporting performance and focus on risks identified in audits; and
- monitor the planning of activities to ensure that the Management Team is able to make decisions to improve provision for individuals.

Accounting Officer
Welsh Language Commissioner



Equality

The Commissioner is pleased to publish the Annual Equality Report 2022 (for the period 1 April 2022 to 31 March 2023).

It analyses and evaluates the achievement of the Plan and considers new actions moving forward.

The Commissioner continues to work with other public organisations on work streams e.g. in human resources.

The Commissioner is committed to developing equality and diversity policies to ensure that all staff in the organisation are treated fairly regardless of what protected characteristic they have as defined by the Equality Act 2010. For example, the Commissioner's recruitment policies are based on Civil Service recruitment principles and appointments are made on merit and fair and open competition. As part of the recruitment process, after each appointment Commissioner's officers will consider facts and information submitted by candidates to better understand any potential barriers ensuring that the organisation's recruitment practices are inclusive and accessible to a wide range of job applicants.

Equality data

We continue to ask prospective applicants to complete an equality questionnaire as part of the recruitment process; we gather data on 7 of the 9 protected characteristics under the Equality Act 2010:

Our officers

We consistently collect and maintain equalities data on all our officers based on the 9 protected characteristics. As this is a self-declaration option for officers, it is not mandatory to complete it, so this needs to be taken into account when analysing data. However, staff are generally willing to share this information and we will continue to encourage them to complete it, explaining that a strong data set helps us to create better people policies and understand how diverse we are as an organisation.

We do not report on gender reassignment cases. We believe that reporting on this information in such a small organisation could have a negative impact on individuals' privacy and the dataset would be too small to analyse.



Equality

Non-publishable data and our approach to privacy when gathering and publishing data

As of 31 March 2023, we employed 41.6 people (equivalent per person). Meaningful interpretation of diversity data is difficult in a small organisation, where a small number of individuals can significantly change percentages across the organisation. It also means that we cannot publish most of our diversity data relating to the 9 protected characteristics.

There are some datasets that are too small to publish and provide a narrative on at the moment. This data is monitored internally by our HR team and reviewed regularly. To date there has been no issue of concern; but we will provide a narrative when it is possible to do so.

Gender pay gap

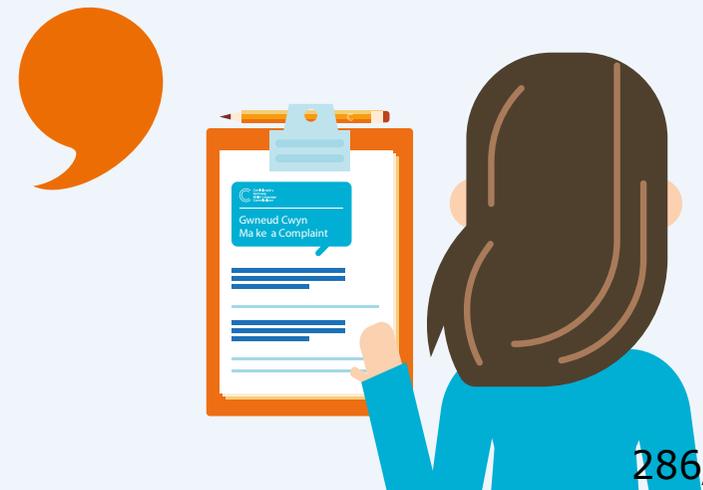
We are not required to publish our gender pay gap as we are a small employer, but we calculate it and choose to publish it annually in the annual report.

Equality Impact Assessments

We continue to use our bespoke template for Equality Impact Assessments (EIA). Consideration of environmental factors and socio-economic impact continues to be undertaken to strengthen the decision-making of individual projects.

Progress against 2022-23 objectives

Clear objectives were set out within the action plan in light of the challenges of previous years, during which many of the objectives were carried forward into following years due to the effects of COVID-19. Objectives were included within the annual operational plan, and the need to consider equality issues was identified in decisions within the Commissioner's strategic plan introduced in 2022. Progress has been made on those objectives by the Commissioner's teams as set out below.





Equality

Objective 1: The Commissioner will increase the diversity and inclusivity of the workforce

The process of gathering equality data from job applicants and from our current officers has been updated. In doing so over time, we will create a data source to better understand the composition of our workforce and from which sectors of society applicants are attracted. That will enable us to identify gaps, and to target our recruitment campaigns in a strategic way to reach a wider range of society.

As an organisation, we have an interview guarantee scheme for individuals with disabilities so that they can progress to the next stage of the selection process where basic criteria are met when shortlisting. In addition, all advertised posts can be found on a variety of networks and publications, such as Golwg360, lleol.cymru, the Safle Swyddi website as well as the Commissioner's website and social media. We also share information about posts and opportunities with other sponsored bodies. This is to ensure that the posts reach as many people as possible.

Information on vacancies can also be provided in a variety of formats upon request. We will ensure that any reasonable adjustments are made in relation to interview arrangements, and by working digitally and using the latest technology, it is possible to be flexible when conducting virtual interviews with candidates across Wales. Reasonable adjustments would be made, where possible, to prevent disabled people from facing disadvantage in an interview. This also applies for any new member of staff or for existing members of staff who return to work following a period of illness, after injury or a period of external secondment.

Objective 2: Pay gap

The process of appointing staff and setting the salary for the Commissioner's staff follows a consistent and fair regime that does not favour one gender over another. However, due to the small size of the organisation and the fact that the office of the Commissioner attracts a salary significantly higher than other positions within the organisation, the Commissioner's gender has had a substantial influence on the gender pay gap in the past.



Equality

The gender pay gap in the workforce is also subject to constant monitoring, which, within the last year, favours women within the workforce. We will keep track of the types of contracts, and working patterns of the workforce to understand and deal with potential barriers that may arise.

Objective 3: The Commissioner will engage with the community

With the loss of the corporate website following the cyber attack in 2020-21, an entirely new website for the Commissioner has been commissioned and redesigned. The website has been a successful means of promoting and sharing the Commissioner's work and vision. Its design is fully accessible, using images and photography that is inclusive, representing a number of areas, groups, bodies and organisations across Wales. People are able to contact the Commissioner's social media pages, and the Commissioner's visits and publications are promoted on the website and on sites such as Twitter, Facebook and Instagram. The development of the website will continue during 2023-24, including updates on the complaints process, and further accessible, bilingual video clips on the Commissioner's programmes of work.

During the year a successful rights campaign was undertaken, which included video clips targeted at young people on their rights to use the Welsh language. BSL was used as part of the campaign to ensure that as many members of society were aware of their rights as possible. The Commissioner has also launched a dedicated Instagram page that includes 'GIF's' relevant to the Welsh language, which attracts new audiences and is a way of promoting the use of Welsh on social media.

The use of the website and social media is a means of raising awareness of the Commissioner's work and publications. They can help us reach users across Wales and the world and ensure that the Commissioner's work is visible amongst people of all ages and a diverse range of organisations and bodies. We will also support, and tag messages and events hosted by other organisations to promote the Welsh language.

When the Commissioner took up her post in early 2023 she appeared on a number of S4C and BBC radio and television programmes in both English and Welsh. We ensured there were press articles about her work including in Wales Online, Golwg and the Golwg 360 website. A programme of engagement was undertaken with organisations across Wales introducing the Commissioner and discussing her vision and the role of the Commissioner more widely.



Equality

Objective 4: Ensure that equality is part of the procurement / commissioning process and is managed throughout the delivery process.

Equality requirements are a central part of our procurement and commissioning process. As an organisation, we use the principles established by the Welsh Government and the Civil Service when considering our procurement process, ensuring that equality principles are at the core of how services are procured by the Commissioner. For example, in procuring a provider to assist the Commissioner with the process of distributing the newsletter, the need to ensure accessibility in the way that individuals are able to subscribe to the new service was identified.

Our internal Contract Performance Assessment Report document has also been amended to ensure that the contract manager assesses equality requirements where relevant. As an organisation, we know that we have to make sure that our work and the way in which we commission research ensures equality and fairness for users. Contract information must also be made available to users in a way that is inclusive and accessible to as many people as possible. In collaboration with members of the Public Bodies Equality Partnership in Wales, we share effective and useful practice with each other and ensure there is consistency in how we promote our work on equality, procurement and commissioning work that meets our statutory requirements.

Objective 5: Ensure that individual needs are reflected in the exercise of functions

Since the mandatory lockdown of COVID-19, we have demonstrated forward thinking in using technology to host events and ensure access to various workshops, training and webinars on specific issues.

We have conducted training sessions and job interviews virtually using the latest technology extensively ensuring improved accessibility.

Work has been carried out as part of the development of a new CRM system to collect and review diversity data about those engaging with the Commissioner. This will be a new system that will ensure we are able to learn about the diversity of users who contact us and target specific attention where necessary to ensure we reach out as we should.



Remuneration and Staff Report

Service Contracts

The Constitutional Reform and Governance Act 2010 requires Public Service appointments to be made on merit on the basis of fair and open competition. The Recruitment Principles published by the Civil Service Commission specify the circumstances when appointments may otherwise be made.

Unless otherwise stated below, the officers covered by this report hold appointments which are open-ended. Early termination, other than for misconduct, would result in the individual receiving compensation as set out in the Civil Service Compensation Scheme.

Remuneration Policy

The officers of the Welsh Language Commissioner remain on terms and conditions analogous to those of the Welsh Government. The Commissioner has a policy to remunerate staff who undertake additional duties beyond their normal role on a temporary basis. This policy adheres closely to a similar arrangement operated by the Welsh Government.

A Performance Management Scheme is in operation for all officers. Remuneration is not linked to performance for officers who meet the minimum requirements for the role, although incremental increases may be foregone where minimum performance requirements are not met.

On the whole officers (including senior officers) are employed in permanent posts. Notice periods vary between four weeks and three months depending on level and length of service.

Members of the Advisory Panel, appointed by Welsh Ministers, are paid in accordance with rates set by the Welsh Government. Members of the Audit and Risk Committee, appointed by the Welsh Language Commissioner, are paid on rates similar to members of the Advisory Panel.

Equality in the workplace

The Welsh Language Commissioner totally opposes any discrimination on any basis. Fair and consistent processes are operated when selecting new officers.



Remuneration and Staff Report

Applicants are requested to complete an equal opportunity monitoring form as part of the application process. The Welsh Language Commissioner operates a guaranteed interview scheme to anyone with a disability, as defined by the Equality Act 2010, and who meets the essential requirements of the role.

Using fair and objective employment practices, the Commissioner will ensure that officers are treated fairly and with respect in the workplace, and have an equal opportunity to contribute and achieve their full potential. Reasonable adjustments and/or training would be provided for officers who became disabled persons during their employment with the Commissioner.

Union recognition

The organisation has a recognised union branch of the PCS, and regular meetings are held between branch representatives, the Commissioner, the Deputy Commissioner and the Senior Human Resources Officer.

Wellbeing

The wellbeing of officers is paramount to the Commissioner, and during the year services were expanded to promote health and wellbeing amongst staff. The flu vaccine was offered to all officers free of charge, we subscribed to a comprehensive Employee Support Service through a leading provider in the field: BHSF. We have also provided resources to support the financial well-being of our staff and held various sessions to promote good health and well-being among officers. In addition, benefits are offered to staff such as Childcare Voucher Schemes, and a cycle to work program was introduced which encourages exercise and reduces carbon emissions when travelling to the offices.

Learning and development

The Commissioner implements a Performance Development system which ensures that officers understand what is expected of them and ensures that they have the skills and capability to meet those expectations. Discussing training and development needs forms a crucial part of the process and a development plan is produced for each officer based on those discussions, in accordance with the annually agreed training priorities.



Remuneration and Staff Report

Learning and development opportunities are promoted for all staff and a programme of personal development was introduced across the organisation in the past year to identify any specific needs and to develop the skills of the workforce. Various courses were organised with the London School of Economics, Queen Margaret University and various courses with the Civil Service College.

The most cost-effective options are considered in meeting training and development needs, and a range of training methods is offered where practicably possible.

Salary

'Salary' includes gross salary, overtime, and responsibility allowances where applicable. This report is based on accrued payments made by the Welsh Language Commissioner and thus recorded in these accounts.

The Welsh Language Commissioner is appointed by the First Minister in accordance with Schedule 1, Paragraphs 3(1) and 6(1) of the Welsh Language Measure.

The Welsh Language Commissioner is a member of the Principal Civil Service Pension Scheme (PCSPS). Any annual increase in the Commissioner's remuneration will take into account the recommendations made to the First Minister by the Senior Salary Review Board (SSRB), a body which advises the Prime Minister and the devolved administrations on public sector pay levels.

Performance related pay

There were no performance related or bonus payments made during 2022-23 to senior officers (2021-22: £0).

Benefits in kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue & Customs as a taxable emolument. There were no benefits in kind made during 2022-23 to senior officers (2021-22: £0).



Remuneration and Staff Report

Remuneration: range and median

Reporting bodies are required to disclose the range of staff remuneration and relationship between the remuneration of the highest-paid officer in their organisation and the remuneration of the organisation's workforce.

| | Change % | 31 March 2023 | 31 March 2022 |
|---|----------|---------------|---------------|
| Remuneration band (£000) of the highest paid officer ¹ | 5.7 | 90-95 | 85-90 |
| Highest pay band (excluding the highest paid officer) | | 70,290 | 61,440 |
| Lowest pay band | | 27,890 | 24,630 |
| Mean remuneration ² | 6.9 | 41,737 | 39,043 |
| Mean remuneration (excluding the highest paid officer) ² | | 40,469 | 38,033 |
| 25 percentile pay point | | 36,590 | 33,190 |
| 50 percentile pay point | | 39,690 | 38,160 |
| 75 percentile pay point | | 43,660 | 40,100 |
| Ratio of 25 percentile to highest paid officer ³ | | 2.53 | 2.64 |
| Ratio of 50 percentile to highest paid officer ⁴ | | 2.33 | 2.29 |
| Ratio of 75 percentile to highest paid officer ³ | | 2.12 | 2.18 |

The median total remuneration is calculated using the full time equivalent remuneration (gross salary) as at the reporting date of all officers excluding the Commissioner.

¹ The pay band of the highest paid officer has increased due to the appointment of the Commissioner to the permanent post on 09/01/2023.

² The 6.9% increase in mean pay is due to the increase to salary rates following the pay settlement, and staff moving to a higher increment in the pay band..

³ A reduction to the ratios for 25 and 75 percentile pay point ratios due to the increase to salary rates following the pay settlement, and staff moving to a higher increment in the pay band.

⁴ An increase in the ratio for the 50 percentile due to a greater increase to the salary of the highest paid officer, following the appointment of a new Commissioner, than the increase to the salary rates following the pay settlement.



Remuneration and Staff Report

Age/sex demography of workforce

The average age of the Welsh Language Commissioner's workforce on 31 March 2023 was 42 years (2021-22: 39 years).

The gender demography of the directors and officers on 31 March 2023 is summarised in the table below.

| | | 31 March 2023 | | 31 March 2022 | |
|----------------------------|-----|---------------|----------|---------------|----------|
| | | Male % | Female % | Male % | Female % |
| Commissioner and Directors | FTE | 0.0 | 3.0 | 1.0 | 1.0 |
| | % | 0.0 | 100.0 | 50.0 | 50.0 |
| Other officers | FTE | 14.0 | 24.6 | 13.8 | 28.7 |
| | % | 36.2 | 63.8 | 32.5 | 67.5 |
| Total | FTE | 14.0 | 27.6 | 14.8 | 29.7 |
| | % | 33.6 | 66.4 | 33.3 | 66.7 |

Gender pay gap

The gender pay gap of the Welsh Language Commissioner's workforce on 31 March 2023 is summarised in the table below:

| | 31 March 2023 | 31 March 2022 |
|-----------------------|---------------|---------------|
| Mean gender pay gap | -2.7% | 0.9% |
| Median gender pay gap | 0.0% | 0.0% |

The principal factor influencing the change to the pay gap in favour of female officers, is the change to the gender demography of the Commissioner and Directors during the year.



Remuneration and Staff Report

Managing absence and attendance

The total number of work days lost through sickness absence for the period 1 April 2022 to 31 March 2023 was 1111.5 (2021-22: 273.5). Of the work days lost through sickness 100% (2021-22: 64.9%) of them were due to short-term sickness and 0% (2021-22: 35.1%) were lost due to long-term sickness. (Long-term absence means an absence of more than 20 days for the same reason). It should be noted that absences due to COVID-19 represent 32% of all days lost due to sickness, and that this is an increase compared to 2021-22 (20%).

The average working days lost per head (full-time equivalent) was 2.6 (2021-22: 6.2) based on 42.2 full-time equivalent members of staff (2021-22: 43.2).

The Commissioner records the reasons for sickness absence and 3% of the days lost were due to mental health reasons (2021-22: 6%). Of the absences, 100% were short term absences.

On average 7.7 working days per head (full-time equivalent) were lost in the public sector in 2022 due to sickness, with mental health reason being recorded for 13% of absences*.

* Labour Force Survey – Office of National Statistics

Staff turnover

The staff turnover rate in 2022-23 was 13.8% (2021-22: 8.8%), (2020-21: 4.6%), (2019-20: 9.6%); (2018-19: 8.6%).

Off-payroll arrangements

No payments were made to individuals under off-payroll arrangements in the year to 31 March 2023 (2021-22: £0).

Consultancy

Payments of £246,000 were made to consultants during the year (2021-22: £143,000).

Payments of £241,600 to develop the Case Management system and further developments to the Commissioner's Place Names repository.

A total of £4,600 was paid to specialists to undertake work in relation to fire safety, value added tax, recruitment, and communications.

Gifts register

The Commissioner operates a gifts register. No item noted during the year is considered of material interest for inclusion in this report.



Remuneration and Staff Report

¹ Full Time Equivalents employed during the year.

² Comprised of on average during the year 5.0 members of the Advisory Panel (2021-22: 5.0) and 4.0 members of the Audit and Risk Committee (2021-22: 4.0)

Officer numbers and related costs

| | Permanent staff | Staff on fixed term contracts | Inward Secondees | Total 2022-23 | Total 2021-22 |
|------------------------|-----------------|-------------------------------|------------------|----------------------|---------------|
| | £000 | £000 | £000 | £000 | £000 |
| Officer numbers | | | | | |
| Salaries | 1,639 | 64 | 21 | 1,724 | 1,713 |
| Social security costs | 180 | 7 | 2 | 189 | 174 |
| Pension | 450 | 17 | 4 | 471 | 464 |
| | 2,269 | 88 | 27 | 2,384 | 2,351 |
| Committee member fees | | | | 13 | 13 |
| Agency staff | | | | 13 | 46 |
| Total | | | | 2,410 | 2,410 |

| | 2023-23 | 2021-22 |
|-------------------------------|----------------|---------|
| Officer numbers | | |
| Welsh Language Commissioner | 0.2 | 0.9 |
| Permanent staff | 39.5 | 39.2 |
| Staff on fixed term contracts | 2.0 | 2.8 |
| Inward secondees | 0.5 | 0.3 |
| Agency staff | 0.2 | 0.6 |
| Average numbers (1) | 42.4 | 43.8 |
| Committee members (2) | 9.0 | 9.0 |



Remuneration and Staff Report

Pensions

The Principal Civil Service Pension Scheme (PCSPS) and **alpha** are unfunded multi-employer defined benefit schemes but the Welsh Language Commissioner is unable to identify its share of the underlying assets and liabilities. The scheme actuary valued the scheme as at 31 March 2016. You can find details in the resource accounts of the Cabinet Office: Civil Superannuation (www.civilservice.gov.uk/pensions).

For 2022-23, employers' contributions of £500,000 (2021-22: £482,000) were payable to the PCSPS at one of four rates in the range 26.6% to 30.3% (2021-22: 26.6% to 30.3%) of pensionable pay, based on salary bands. The Scheme Actuary reviews employer contributions usually every four years following a full scheme valuation. The pay bands and contribution rates reflect benefits as they are accrued, not when the costs are actually incurred, and reflect the past experience of the scheme.

Employees can opt to open a **partnership** pension account, a stakeholder pension with an employer contribution. Employer contributions are age related and range from 8.0% to 14.75% of pensionable pay. Employers also match employee contributions up to 3% of pensionable pay. No officer employed by the Welsh Language Commissioner is a member of the **partnership** pension scheme

No persons retired on ill health grounds during the year.



Part 3: Financial Statements

Statement of Comprehensive
Net Expenditure

Statement of Financial Position

Statement of Cash Flows

Statement of Changes in
Taxpayers' Equity

The financial statements on pages 74 to 77 are draft unaudited financial statements. The financial statements have not been audited by the Auditor General for Wales, neither have they been approved or signed by the Accounting Officer.

The audited 2022-23 Annual Report and Financial Statements will be laid before Senedd Cymru and published on the Commissioner's website following receipt of the Auditor General for Wales' Certificate and Report.



Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

| | 2022-23 | 2021-22 |
|---|--------------|--------------|
| | £000 | £000 |
| Expenditure | | |
| Officer costs | 2,410 | 2,410 |
| Administration | 531 | 691 |
| IT Project | 11 | 61 |
| Other programme expenditure | 145 | 81 |
| Amortisation of intangible assets | 13 | 11 |
| Depreciation of right of use assets | 96 | — |
| Depreciation of property, plant and equipment | 56 | 51 |
| | 3,262 | 3,305 |
| Income | — | |
| Net expenditure | 3,262 | 3,305 |
| Interest expense on lease liabilities | 5 | — |
| Other net interest (receivable)/payable | (1) | 1 |
| Net expenditure after interest | 3,262 | 3,306 |

All activities undertaken during the year are continuing.



Statement of Financial Position as at 31 March 2023

| | 31 March 2023 | | 31 March 2022 | |
|---|---------------|--------------|---------------|--------------|
| | £000 | £000 | £000 | £000 |
| Non-Current assets | | | | |
| Intangible assets | 328 | | 99 | |
| Right of use assets | 177 | | — | |
| Property, plant & equipment | 108 | | 164 | |
| Total non-current assets | | 613 | | 263 |
| Current assets | | | | |
| Trade and other receivables | 81 | | 78 | |
| Cash and cash equivalents | 173 | | 151 | |
| Total current assets | | 254 | | 229 |
| Total assets | | 867 | | 492 |
| Current liabilities | | | | |
| Trade and other payables | (257) | | (381) | |
| Right of use liabilities | (75) | | — | |
| Total current liabilities | | (332) | | (381) |
| Non-current assets plus net current assets | | 535 | | 111 |
| Non-current liabilities | | | | |
| Right of use liabilities | (104) | | — | |
| Provisions | (265) | | (236) | |
| Total non-current liabilities | | (369) | | (236) |
| Assets less liabilities | | 166 | | (125) |
| Taxpayers' equity | | 166 | | (125) |
| General reserve | | 166 | | (125) |



Statement of Cash Flows for the year ended 31 March 2023

| | 2022-23 £000 | 2021-22 £000 |
|---|-----------------|-----------------|
| Cash flows from operating activities | | |
| Net expenditure | (3,262) | (3,305) |
| Amortisation of intangible assets | 13 | 11 |
| Depreciation of right of use assets | 96 | — |
| Depreciation of property, plant & equipment | 56 | 51 |
| Loss on sale of non-current assets | — | — |
| (Increase)/Decrease in trade and other receivables | (3) | (26) |
| (Decrease)/Increase in trade and other payables | (124) | (20) |
| Increase/(Decrease) in provisions | 29 | 56 |
| Net cash (outflow) from operating activities | (3,195) | (3,233) |
| Cash flows from investing activities | | |
| Purchase of intangible assets | (242) | (78) |
| Purchase of property, plant and equipment | — | (15) |
| Proceeds of disposal of property, plant and equipment | — | — |
| Net cash (outflow) from investing activities | (242) | (93) |
| Cash flows from financing activities | | |
| Right of Use Assets, Lease payments: capital | (94) | — |
| Right of Use Assets, Lease payments: interest | (5) | — |
| Interest received/(paid) | 1 | (1) |
| Financing from Welsh Ministers | 3,557 | 2,484 |
| Net financing | 3,459 | 2,483 |
| Net increase/(decrease) in cash and cash equivalents in the period | 22 | (843) |
| Cash and cash equivalents at the beginning of the period | 151 | 994 |
| Cash and cash equivalents at the end of the period | 173 | 151 |



Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

| | £000 |
|--|----------------|
| Balance at 1 April 2021 | <u>697</u> |
| Changes in Reserves for 2021-22 | |
| Retained (Deficit) | (3,306) |
| Total recognised income and expense for 2021-22 | <u>(3,306)</u> |
| Financing from Welsh Ministers | <u>2,484</u> |
| Balance at 31 March 2022 | <u>(125)</u> |
| Changes in Reserves for 2022-23 | |
| Retained (Deficit) | (3,266) |
| Total recognised income and expense for 2022-23 | <u>(3,266)</u> |
| Financing from Welsh Ministers | <u>3,557</u> |
| Balance at 31 March 2023 | <u>166</u> |



Comisiynydd y
Gymraeg
Welsh Language
Commissioner

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