

People & Culture Committee

Tue 13 June 2023, 09:30 - 12:30

Microsoft Teams



Agenda

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 12th January 2023

Attached *Chair*

 1.4 Draft Minutes People Culture Committee 12_01_23 Chair Approved.pdf (9 pages)

1.5. Committee Action Log

Attached *Chair*

 1.5 PCC Action Log June 2023.pdf (2 pages)

2. Items for Approval/Ratification/Decision

There are no items for inclusion in this section.

3. Items for Discussion

3.1. Committee Risk Report, May 2023, including Plans to address Gaps in Workforce Assurance

Attached *Director of Workforce and OD*

 3.1 Workforce & Organisational Development Divisional Risk Register.pdf (5 pages)

 3.1a Appendix 1- CRR0022- Recruitment and Retention.pdf (17 pages)

 3.1b Appendix 2- CR0025 Staff Well-being.pdf (16 pages)

 3.1c Appendix 3- CR0021- Welsh Language Standards.pdf (14 pages)

 3.1d Appendix 4- CRR00XX- Industrial Action.pdf (10 pages)

3.2. Director of Workforce Report, including:

Attached *Director of Workforce and OD*

- Employee Relations

- Suspensions Over 4 Months

- Update on Speciality Doctors and Clinical Fellows Framework.

- 📄 3.2 Director of Workforce Report.pdf (9 pages)
- 📄 3.2a Appendix 1 ToR Retention Group.pdf (4 pages)
- 📄 3.2b Appendix 2 PADR Final Version.pdf (7 pages)

3.3. People Plan 2022/25, Quarter 4, including:

Attachment *Director of Workforce and OD*

- Annual Review and Refresh of the People Plan and its Priorities
- Assurance on Delivery of Actions and Activity within Objective 3- Workforce Sustainability and Transformation

- 📄 3.3 People Plan Objective 3 Update.pdf (9 pages)
- 📄 3.3a Appendix 1_People Plan Update.pdf (12 pages)

3.4. Assurance on Compliance with the Welsh Language (Wales)

Attachment *Director of Workforce and OD*

- 📄 3.4 Assurance on Compliance with the Welsh Language (Wales) Measure 2011.pdf (9 pages)
- 📄 3.4a Appendix 1- Welsh language.pdf (5 pages)
- 📄 3.4b Appendix 2- Welsh Language Standard 110.pdf (12 pages)
- 📄 3.4c Appendix 3- Welsh Language Standards.pdf (15 pages)

3.5. Anti-Racist Action Plan

Attachment *Director of Workforce and OD*

- 📄 3.5 Anti-Racist Action Plan.pdf (7 pages)
- 📄 3.5a Appendix 1- Draft ABUHB Anti Racist Plan 2022.pdf (20 pages)

3.6. Assurance on Workforce Planning and Education Commissioning Numbers

Attachment *Director of Workforce & OD*

- 📄 3.6 Assurance on Undergraduate Educational Commissioning 2023-24.pdf (14 pages)
- 📄 3.6a Appendix 1- ABUHB Educational Trends.pdf (2 pages)
- 📄 3.6b Appendix 2- ABUHB Placement Plans.pdf (2 pages)
- 📄 3.6c Appendix 3- Nursing Age Profiles.pdf (3 pages)

3.7. An update on the Review of Mandatory and Statutory Training

Attachment *Director of Workforce and OD*

- 📄 3.7 An update on the Review of mandatory and Statutory Training.pdf (8 pages)

3.8. HEIW Bi Annual Report

Attachment *Medical Director*

- 📄 3.8 People and Culture Committee SBAR - HEIW Report 2023 06.pdf (17 pages)
- 📄 3.8a Appendix 1 (i) HEIW Visit Report for Medicine at Nevill Hall Feb 2023.pdf (12 pages)
- 📄 3.8b Appendix 1 (ii) HEIW Visit Report for Medicine Grange and Royal Gwent Feb 2023.pdf (15 pages)

4. Items for Information

4.1. Committee Annual Report 2022/23

Attachment *Director of Corporate Governance*

- 📄 4.1 2022-23 PCC Annual Report Approved.pdf (27 pages)
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5. Other Matters

5.1. To confirm any key risks and issues for reporting/escalation to Board and/or other Committees

Oral *Chair*

5.2. Date of the Next Committee meeting is Thursday 19th October 2023

DATE OF MEETING	12 th January 2023
VENUE	MS Teams

PRESENT	Louise Wright, Independent Member (Trade Unions), Committee Chair
	Paul Deneen, Independent Member (Community)
	Dafydd Vaughan, Independent Member (Digital)
	Sarah Simmonds, Director of Workforce & OD
	Danielle O’Leary, Head of Risk & Assurance
	Rani Dash, Director of Corporate Governance
	James Calvert, Medical Director
IN ATTENDANCE	Adrian Neal, Consultant Clinical Psychologist, Employee Well-Being
	Peter Brown, Assistant Director of Workforce & OD
	Shelley Williams, Assistant Director of Workforce
	Cathy Brookes, Head of Workforce Planning
	Stephen Chaney, Deputy Head of Internal Audit, NWSSP
	Kate Davies, Workforce Performance Manager
	Catherine Currier, Meeting Secretariat
APOLOGIES	Helen Sweetland, Independent Member (University)
	Julie Chappelle, Assistant Workforce Director
	Ceri Harris, Equality, Diversity & Inclusion Specialist

PCC/1201/1	PRELIMINARY MATTERS
PCC/1201/1.1	Welcome and Introductions Louise Wright (LW), Committee Chair opened the meeting and welcomed the attendees, noting this was Dafydd Vaughan’s first attendance at the People and Culture Committee.
PCC/1201/1.2	Apologies for Absence The Committee noted the above apologies for absence.

PCC/1201/1.3	<p>Declarations of Interest</p> <p>Louise Wright (LW), Committee Chair highlighted her role, as a Staff Side Representative and confirmed she would not participate in discussions around industrial action.</p> <p>The People & Culture Committee supported this approach.</p>
PCC/1201/1.4	<p>Minutes of Previous Meeting</p> <p>The minutes of the People and Culture Committee of 20th September 2022 were accepted as an accurate record, subject to an amendment from Sarah Simmonds that the sixth bullet point for People Plan Update Quarter 1 related to 'People First' and not the People Plan.</p>
PCC/1201/1.5	<p>Committee Action Log –January 2023</p> <p>Louise Wright (LW), Committee Chair noted two actions had been transferred to the Partnership, Population & Health Planning Committee (PPHPC).</p> <p>LW asked as the action PCC 1404/11.2 had transferred to the PPHPC, whether the PCC Committee would still have sight of the Health Board’s Decarbonisation Strategy. Rani Dash (RD), Director of Corporate Governance confirmed this information would be included in the PPHPC Chair’s Report, which is submitted to the Public Board.</p> <p>Sarah Simmonds (SS), Director of Workforce & OD provided an update on Action Ref PCC 0807/08 Overview and Update on Workforce & OD May-Sept 2021, as noted in the Action Log.</p>
PCC/1201/2	<p>ITEMS FOR APPROVAL/RATIFICATION/DECISION</p> <p>There were no items for inclusion in this section.</p>
PCC/1201/3	<p>ITEMS FOR DISCUSSION</p>
PCC/1201/3.1	<p>Workforce & Organisational Development Divisional Risk Register</p> <p>Danielle O’Leary (DO’L), Head of Risk & Assurance provided assurance that the Divisional Risk Register aligned to the Corporate Risk Register.</p> <p>Cathy Brooks (CB), Head of Workforce Planning provided an overview of new corporate risks and provided an update on the local risks. The People & Culture Committee was asked to consider merging the first two risks relating to workforce supply and winter pressures, due to the links between the</p>

risks. The Committee was also asked to consider removing the risk regarding the Shielding Patient List, as this was no longer required.

Sarah Simmonds (SS), Director of Workforce & OD noted the risk regarding agency invoicing was decreasing and if progress continues to be made, this could be removed from the Divisional Risk Register following a review at the end of the financial year. SS confirmed an update on the Welsh Language Risk was scheduled for the next Committee meeting and highlighted mitigating actions that were being undertaken.

The Committee congratulated the team on progress made to date on improving the turnaround of invoices and requested clarity on what was meant by 'winter.' It was confirmed this would usually relate to the period between November to April, although, winter pressures had recently extended beyond this period. A request was made that in future the reports would state the months referred to rather than 'winter.'

The People & Culture Committee **ENDORSED** the merging the staff sickness risk with winter workforce supply risk, and the removal of the medical exclusion local risk.

PCC/1201/3.2

People & Culture Committee Work Programme 2022/23

Rani Dash (RD), Director of Corporate Governance confirmed the Work Programme had previously been approved by the Committee and had been submitted for noting. There were no items to be raised by exception.

Sarah Simmonds (SS), Director of Workforce & OD highlighted that the Team had reviewed the Work Programme and the potential items expected to be presented to the next Committee in June 2023. It was noted that there may be a need to defer the Values and Behaviour Report to the following committee. Unfortunately, there had been a delay in the work commencing due to a staff member leaving, however the post-holder had started this week and it was therefore felt that limited work would have been undertaken before the June 2023 Committee. The Committee agreed it would be appropriate to defer the item by one meeting but requested verbal confirmation that the work was on track to provide an update to the following Committee meeting.

SS took the opportunity to update the Committee that Professor Michael West would be attending the Board

Briefing of 1st March 2023 to deliver a learning session on Board Culture, Values & Behaviour and Compassionate Leadership.

Action:

- **Meeting Secretariat** to update the Work Plan for the Values and Behaviour Report to be deferred by one Committee meeting.

The People & Culture Committee **NOTED** the Work Plan and the update provided.

PCC/1201/3.3

Employee Wellbeing Survey: Consultant Clinical Psychologist, Employee Well-being

Adrian Neal (AN), Consultant Clinical Psychologist, Employee Well-Being, provided the Committee with a presentation of high-level findings from the results of the Health Board's 7th Annual Well-being Survey undertaken December 2022.

Louise Wright (LW), Committee Chair noted the comprehensive update on survey results and agreed consideration needed to be given to different ways of collecting data from staff.

The Committee discussed if staff were being requested to undertake too many surveys if a mapping exercise could be undertaken and consideration given to consolidating various surveys.

It was agreed that the Health Board needed to send a clear message that staff are valued and appreciated. It was highlighted that considering the system pressure across the organisation, staff would consider completing surveys as a low priority. The Workforce Team provided an update on the work being undertaken nationally to develop a Welsh Annual Survey and within the Health Board on more innovative approaches to engaging with staff and gaining their views.

The Committee agreed that having a culture where staff were encouraged to look after their wellbeing, as part of their workday was critically important. James Calvert explained the Executive Team were looking at different ways to encourage staff empowerment across all roles in the Health Board.

LW thanked AD for the presentation and acknowledge the volume of work being undertaken.

Adrian Neal left the meeting at 10:42.

The People & Culture Committee **NOTED** the presentation on the results of the Health Board's 7th Well-Being Survey.

PCC/1201/3.4

Assurance on Delivery of Actions and Activity within Objective 2 - Employer of Choice

Sarah Simmonds (SS), Director of Workforce & OD Sarah provided an overview of the report. It was confirmed an updated Workforce Dashboard was now available, which would be continually monitored to review impact of the actions undertaken.

Peter Brown (PB), Assistant Director of Workforce & OD and Shelley Williams (SW), Assistant Director of Workforce provided updates on:

- Retention Cafes held to date;
- Work with HEIW on talent and succession planning;
- The development of a Clinical Director's Programme;
- Recruitment Modernisation Programme;
- Apprenticeship Programme and;
- Bank Junior Doctor Recruitment.

The People & Culture Committee discussed the perceived bureaucracy around pre-employment checks and the Disclosure Barring Service (DBS) process. An update was provided on learning from International Nurse Recruitment including staggering the start dates and the challenge in obtaining affordable local accommodation. It was suggested that the Regional Partnership Board and Local Authorities may be able to assist with identifying accommodation, in future.

It was noted that Professor Helen Sweetland (HS) had requested a question 'Issues re: lack of accommodation for overseas nurses etc, is this currently limiting the number we can appoint? Does this affect their integration into the NHS/Work/culture etc?' It was agreed this had been covered by the update provided.

SS explained the Team were considering various accommodation options and this would be included in a report to the Executive Committee on a Long-Term Nursing & Medical International Recruitment Strategy.

The People and Culture Committee noted a question from HS that 'every Consultant Job advert talks about the opportunity of a sabbatical (presumably to be seen as an attractive employer), is this opportunity available within the current work pressures and how many happen each year?'

James Calvert confirmed the Health Board funded two medical sabbaticals a year and this year the offer was expanded to SAS doctors.

The People & Culture Committee raised the Health Board's performance in relation to compliance with PADRs. SS confirmed a review of the PADR process and documentation was underway to simplify the approach and it was agreed the Committee would be kept updated of progress. The Committee discussed the benefit of raising with the Minister a need to reduce the bureaucracy around PADR documentation, as a wide-reaching benefit across the NHS.

The People and Culture Committee **REVIEWED** and **NOTED** the progress to date and next steps.

PCC/1201/3.5

Director Of Workforce & Organisational Development Report

Sarah Simmonds (SS), Director of Workforce & OD introduced the report, which provided an update on the actions taken around 'Agile', avoidable employee harm, Industrial Action, Equality Diversity & Inclusion, Staff Food Subsidiary and Staff Absence Management.

Cathy Brooks (CB), Head of Workforce Planning provided further information on work being undertaken to develop tools and a supporting framework for agile working. This included engagement with staff and the development of hubs to allow staff to work closer to home.

The People & Culture Committee discussed the reasons for staff absence. It was confirmed sickness levels remain a cause of concern and an update on actions being taken to support staff was provided.

The Committee was advised that the lead for Equality and Diversity was due to leave the Health Board to take up another post. Louise Wright (LW), Committee Chair asked for the Committee's thanks to be passed onto to Ceri Harris for her innovative work in relation to the Equality and Diversity agenda within the Health Board and to wish her good luck in her new role.

Cathy Brooks left the meeting at 11:34.

The People & Culture Committee **NOTED** the report for information.

PCC/1201/3.6

Update on Variable Pay Reduction Plan

Sarah Simmonds (SS), Director of Workforce & OD provided an overview of the plan, ongoing actions, targets set and the impact of using of agency staff on patient quality and safety and staff morale. The report was broken down into areas and demonstrated projected targets, actual position and rationale for discrepancies were contained within the report.

The People and Culture Committee discussed why HCSW staff were moving onto the Bank. It was confirmed that flexible working was part of the reasons and work was ongoing to raise staff awareness of this option, as part of retention cafes etc. The high number of people who do not attend for interviews was noted and it was confirmed interviewees are contacted when they do not attend, but rarely respond and it was felt this was often due to external factors, beyond the Health Board's control.

The People and Culture Committee **NOTED** the update provided on the work delivered through the Agency Reduction Programme Board.

PCC/1201/3.7

Medical Training Risk Register

James Calvert (JC), Medical Director provided background to the development of a Medical Training Risk Register based on information received from HEIW. An update was provided on actions responding to RCP and HEIW visits and the associated recommendations. It was noted the GMC would be involved in the next HEIW visit.

A request was made for the Medical Training Risk Register to be presented on a regular basis to this committee.

The People & Culture Committee emphasised the requirement for the Board, via the Committee, to be reassured in relation to the action being taken on the recommendations. The Committee supported JC's approach to the monthly discussions with HEIW.

Louise Wright (LW), Committee Chair, asked on behalf of Helen Sweetland (HS), Independent Member if there was a date for the next HEIW and GMC visit and how trainees were involved in meetings to discuss issues, how they were engaged with and empowered to speak up. JC confirmed a visit was scheduled in the next few weeks and explained the approach taken to meet with Trainees and the process to report issues to the Education Department for them to escalate as appropriate.

	<p>The Committee requested timelines were added to the action plan as this would be beneficial to support monitoring and tracking of progress.</p> <p>Actions:</p> <ul style="list-style-type: none"> • The Medical Director to arrange for the Action Plan to be updated to include timescales, where appropriate. <p>The People & Culture Committee NOTED the report and AGREED the Medical Training Risk Register would be provided on a 6-month basis.</p>
<p>PCC/1201/3.8</p>	<p>Medical Appraisal & Revalidation</p> <p>James Calvert (JC) Medical Director explained Medical Appraisals were different to the PADR process and was a GMC process undertaken on a five-year cycle. The report was submitted in line with GMC Guidance and to provide assurance.</p> <p>The People & Culture Committee discussed the involvement of a 'lay' person in the revalidation process and considered if an Independent Member should be involved in the Revalidation Group. To allow for the involvement of an Independent Member to be considered by the Chair and the Independent Members, it was requested that a briefing document was drafted to demonstrate what this would mean for Independent Members, how much time, frequency, what would be involved.</p> <p>Action:</p> <ul style="list-style-type: none"> • Medical Director to draft a briefing document on the involvement of an Independent Member in the revalidation process. <p>The People and Culture Committee NOTED the report.</p>
<p>PCC/1201/3.9</p>	<p>Workforce Performance Dashboard Incorporating Key Performance Indicators</p> <p>Sarah Simmonds (SS) Director of Workforce & OD explained this was the first draft of a Workforce Performance Dashboard and took the Committee through the dashboard.</p> <p>The Committee asked if the Dashboard provided information at Divisional level. SS confirmed different version of the dashboard would be provided to Divisional focusing on the information, which would be of benefit to them.</p> <p style="text-align: right;">James Calvert left at 12:17. Rani Dash left at 12:18.</p>

	The People & Culture Committee NOTED the content of the dashboard and provide any additional comments.
PCC/1201/4.	ITEMS FOR INFORMATION
PCC/1201/4.1	Equality Impact Assessments: More than a Tick Box Exercise was received for information. The Committee noted the Health Board’s commitment to undertaking Equality Impact Assessment, but felt it was important that the requirement to complete the assessments was proportional to the task being considered.
PCC/1201/5.	OTHER MATTERS
PCC/1201/5.1	Any Other Urgent Business The Committee thanked everyone for their contributions to the meeting.
PCC/1201/5.2	Items for Escalation to the Board and/or Other Committees No items.
PCC/1201/5.3	Date of Next Meeting: Tuesday 13 th June 2023 at 9.30 am – 12.30 noon via MS Teams

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
July 2021	PCC 0807/08 Overview and Update on Workforce & OD May-Sept 2021	The committee requested sight of the Primary Care Evaluation Report. To be shared with the committee.	Director of Workforce & OD	Sept 2022	Transferred to PPHPC PPHP Committee seeking assurance on primary care transformation and primary care sustainability
January 2023	PCC/1201/3.2 People & Culture Committee Work Programme 2022/23	Work Plan to be updated to defer the Values and Behaviour Report one Committee meeting.	Secretariat	June 2023	Workplan updated.
January 2023	PCC/1201/3.7 Medical Training Risk Register	The supporting Action Plan to be updated with timescales, where appropriate	Medical Director	June 2023	Included in the HEIW Bi-Annual Report update at the June 2023 meeting.



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	
January 2023	PCC/1201/3.8 Medical Appraisal & Revalidation	Medical Director to draft a briefing document on the potential involvement of an Independent Member in the revalidation process.	Medical Director	June 2023	<i>Lay Representative for Medical Revalidation information shared with members outside of the meeting.</i>

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.





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development Divisional Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Cathy Brooks, Head of Workforce Planning

**Pwrpas yr Adroddiad
Purpose of the Report**

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.

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

The Workforce & 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 Register will be adopted as an active mechanism through which risks are monitored and responded to.

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

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

Cefndir / Background

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

The purpose of a Risk Register will be to:

- Recognise, plan, and respond to risks to mitigate any potential harm to our staff, patients, and population.
- Protect the well-being and safety of our workforce, patients, and service users.
- Maximise opportunities for development and improvement by understanding the risk environment and adapting and remaining resilient to changing circumstances or events.
- Understand the risks in relation to our obligations in respect of the Well-being of Future Generations Act, professional standards and Equality, Diversity, and Inclusion 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.

Asesiad / Assessment

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

- CRR0022 - Recruitment and retention, **Appendix 1**
- CRR0025 - Staff Well-being, **Appendix 2**
- CRR0021 - Welsh Language Standards, **Appendix 3**
- CRR00XX - Industrial Action, **Appendix 4**

All risks have been updated to reflect the actions to support the People Plan 2022-2025. 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.

All current risk levels have remained unchanged since the last People & Culture Committee in January 2023 due to the impact of the mitigating actions. No risks have escalated, and all current risks are aligned with relevant resourcing challenges across the Health Board and alignment with government legislation.

The current controls and action plans have been updated to ensure mitigation against inherent risk level. The workforce analytic dashboard developed will inform decision making and support a framework for measuring the benefits of the People Plan actions.

In terms of risk appetite, all risks have a low-risk appetite due to the association with patient safety risks or compliance with the Welsh Language Act. A meeting has been arranged for 08 June 2023 with Workforce & OD and Corporate Governance Leads to review the content of the current Workforce risk assessment in terms of determining whether they are risks or issues and also consider the forward risk appetite that will be set by the Board.

The Risk Register will be of central importance to:

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

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

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

Argymhelliad / Recommendation

The People & Culture Committee is asked to review and provide comments on the latest Workforce & OD Divisional Risk Register including corporate and local workforce and 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:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

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

itself) that could help the body to meet its well-being objectives.

Potential Impact of Risk on IMTP Priorities:

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

Assurance/Oversight Committee:

Risk Decision (4Ts):

Overall Level of Assurance (RAG):

Risk Reference and Executive Owner:
CRR002
Director of Workforce and OD

Risk of: Adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards.

Due to: Failure to recruit, retain and develop staff across all disciplines and specialities.

Likelihood of Occurrence: High

- **Impact if Occurred:**
- **Failure to recruit to Primary Care and Secondary care workforce to meet service requirements.**
- **High vacancies potentially drive higher variable pay costs.**
- **Increased workloads, reduced staff morale, staff wellbeing, recruitment and retention.**
- **Quality and Patient Safety impact: Adverse impacts on delivery of care for patients across acute and non- acute settings and noncompliance with safe staffing principles and standards**

Risk at a glance: Plot the APPETITE, CAPACITY, TARGET and CURRENT scores on the below chart. If the current score sits outside of appetite, target and capacity, a proposal to tolerate the risk is required.



3 Possible - It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Likely - Will probably happen/recur, but is not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain - Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Assessment:

<i>Inherent Risk Level before any controls/mitigations implemented, in its initial state.</i>		<i>Current Risk Level after initial controls/mitigations have been implemented</i>		<i>Target Risk Level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.</i>	
Likelihood	Impact	Likelihood	Impact	Likelihood	Impact
5	5	5	4	4	4



Justification for Risk Appetite and Risk Capacity Level & Target Score: There will need to be sustained effort to recruit and retain due to ongoing turnover and National skills shortages. Long lead in times for training for a number of professional groups.

Low level of risk appetite in relation to potential patient safety risks. However, moderate levels of risk regarding innovation and changing roles to attract more staff and deliver services in different ways through new roles, therefore the Health Board will seek to Treat this risk profile.

Risk Trend: Trends over the past 6 months has remained at current risk level. The risk appeared on the risk register March 2017

Current Controls:

- Monitoring Framework to support roll out of the People Plan
- Workforce Dashboard to track activity – recruitment, turnover, sickness absence.
- Supply and demand tracker (Nursing)
- Nurse Strategic Workforce Group
- Daily sickness monitoring reports
- 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 Programme Board
- Management of attendance through All Wales Management Attendance at Work Policy
- Health Care Standards - Section 7 staffing and resources.
- Nurse Staffing Levels (Wales) Act 201625b/25c.
- Filled and unfilled shifts reports (RN)



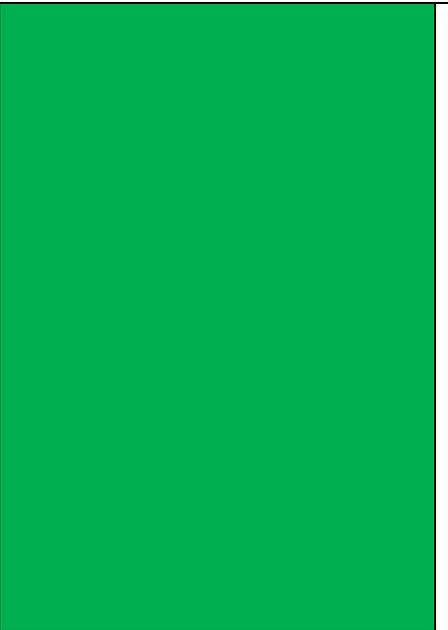
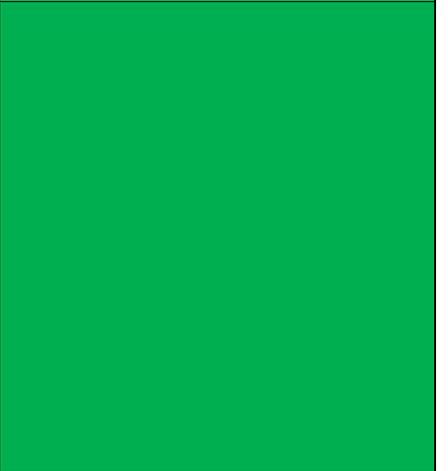
- Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP.
- Support agile working delivering through Agile Programme Board.
- Measurements of Wellbeing through the ABUHB Staff Survey.
- Occupational Health and Wellbeing dashboards report KPIs.
- Development of new roles to support vacancies.
- Recruitment KPI's
- IMTP Educational Commissioning

Action Plan: Based on the SMART methodology, how will the Health Board ensure the management of the risk is as effective as possible? What further actions will be taken to manage the risk down to an acceptable level or if target level is already achieved, how will we maintain the position?

RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN CONTROL

Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)
Staff attendance -	Sarah Simmonds	Ongoing		



<p>Staff attendance- Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. Absence “hot spot” areas identified and plans in place to support.</p>	<p>Sarah Simmonds</p>	<p>Ongoing</p>	<p>Divisional Action plans in place. Sickness absence rates reduced from December's figures. 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.</p>	
<p>Recruitment - 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.</p>	<p>Sarah Simmonds</p>	<p>Ongoing BAPIO/ Streamlining – March/Sept</p>	<p>In place</p>	



<p>Recruitment – (Annual programme of Apprentice recruitment - commitment to commit 200 in next 3 years (2 cohorts each year and 50 each cohort))</p>	<p>Sarah Simmonds</p>	<p>Ongoing next cohort in June for September 23 intake</p>	<p>In place with 2 cohorts for up to 20 places per cohort. Executive Team approval to recruit to 200 apprentices over 3 years, circa 60-70 per year. Plan to advertise posts in June 2023. Currently 250 registered interests. Information sent to Divisions outlining apprenticeship information and funding.</p>	
<p>Recruitment – Overseas Nursing (All Wales) 3-year plan for 75 each year Also, local recruitment for international recruitment</p>	<p>Sarah Simmonds</p>	<p>Completed for 2022/23 Overseas from May intake 12 each month with ongoing rounds of interviews until September</p>	<p>In place and 2022/cohort recruited. Potential to extend recruitment for 2023/24 2 events for local (April) nationally educated nurses with good interest</p>	
<p>Recruitment – Development of nursing strategy Cadets 20 each year – RCN Wales</p>	<p>Jennifer Winslade/Sarah Simmonds</p>	<p>Due to for completion March 23 Cadets – due to commence (TBC) pending Board approval of strategy</p>	<p>In development and due to be presented to the Executive Team</p>	



Flexi route training – 35 over next 3 years	Jennifer Winslade/Sarah Simmonds	First cohort September 23	Submissions submitted to HEIW, HCSW funding awarded. Currently mapping and expressions of interest gone to staff	
Recruitment – Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22)	Sarah Simmonds	Ongoing	1 st phase implemented – streamlining processes, references and offer letter	
Recruitment Partnerships with employability schemes such as Kickstart and Restart.	Sarah Simmonds	Ongoing	In place Kick start withdrawn January 23 by WDP Restart – assessing opportunities (date to be confirmed)	
Recruitment: Actively working with Local Authorities to promote joint recruitment activities.	Sarah Simmonds	Ongoing	Draft joint initial recruitment form has been developed across LA's and being piloted. In terms of apprenticeships, research and papers presented to Gwent workforce Board. To	

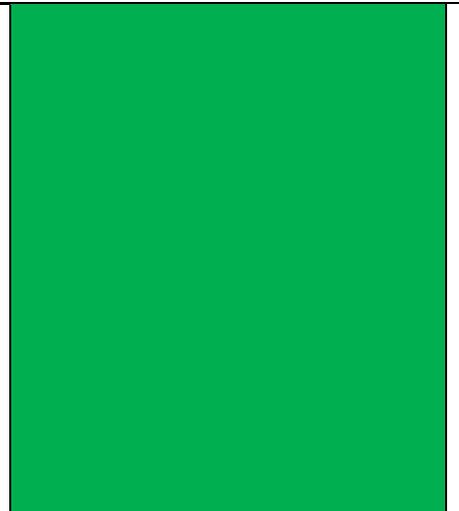
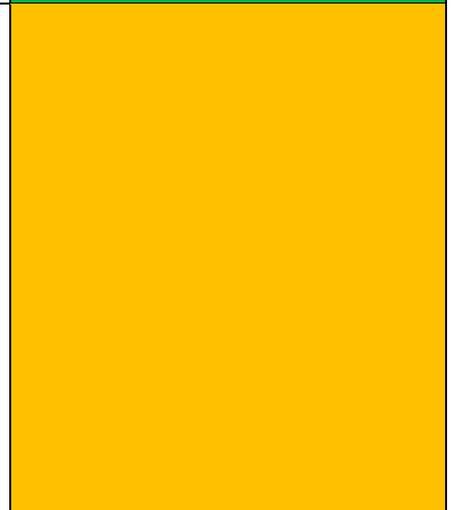


			commence initial pilot in Newport Mapped non-clinical routes for ABUHB and drafted report to support Gwent Workforce Strategy and recruitment initiative. Increased interns 22-23 Recruitment bus and shared apprenticeships morning	
Retention: Development of career pathways (e.g., non-clinical to clinical).	Sarah Simmonds	Ongoing	HCSW group established to support education development of HCSW. HCSW education group in place Turnover currently for HCSW is 11.18%	
Retention: Retention engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health and Complex HR	Sarah Simmonds	Ongoing	Regular retention Cafe's attendance at hospital sites to gain staff perceptions. Retention meetings are planned for 24. Feb (NHH); 27 March (St Cadoc's); 20 April (YFF). Further ones	



			throughout the year and details will be available on our intranet.	
Retention: 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.	Sarah Simmonds	Ongoing	Action plan place and reporting, interdependencies with Nursing Strategy and Middle Grade Junior Doctor Strategy (all have action plans in place and being progressed)	
Agency reduction plan in place to monitor and review all agency, bank pay incentives supply and demand.	Sarah Simmonds	Ongoing	In place to reduce all off-contract agency RN and contract agency for HCSW and FM staff HCSW recruited – since Sept 250 WTE and offered 319 WTE Day in the life of Health Care support worker in development to promote opportunities and awareness Assessing options for central recruitment	



<p>Development of alternative and new roles - Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP.</p>	<p>Sarah Simmonds</p>	<p>Ongoing</p>	<p>Physicians' associates implemented in POCU and workshop March to assess the role of PA's in supporting sustainable workforce options. Compendium of New Roles captures all new roles and extended roles Reporting of new roles through IMTP process to HEIW and WG</p>	
<p>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>	<p>Sarah Simmonds</p>	<p>Ongoing</p>	<p>Workshops held and TOR agreed and updated attendees list First draft developed - Working together to create better lives</p>	
<p>Effective deployment of current staff - Programme Plan to</p>	<p>Sarah Simmonds</p>	<p>Ongoing</p>	<p>Functional Specification documents developed with non-functional</p>	



<p>introduce Workforce Medical E-Systems to support effective deployment of medical staff.</p>			<p>specifications Integration Specification. In the process of inviting suppliers to tender. Safe care e system now rolled across all 4 sites.</p>	
<p>Registration – Temporary register extended for 2 years to enable staff to return to practice.</p>	<p>Sarah Simmonds</p>	<p>Completed</p>	<p>No action from Health Board, regulation bodies to inform current staff on temporary register NMC temp register are not accepting new applicants, therefore we can't advertise this on our adverts. This Action now completed</p>	
<p>Retire and return - The Accessing NHS Pension Policy has been reviewed and provides the opportunity for staff to re-engage in work following a 24-hour break as opposed to the 14-day break previously.</p>	<p>Sarah Simmonds</p>	<p>Ongoing</p>	<p>In progress nationally</p>	



<p>Training - The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%-43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies.</p>	<p>Sarah Simmonds</p>	<p>Completed for 2023</p>	<p>Educational commissioning figures agreed by Executive team February 16th, 2023, and submitted to HEIW</p>	
<p>Training - HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy</p>		<p>Ongoing</p>	<p>Primary Care Academy posts in place</p>	



<p>Training - Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked</p>		<p>Ongoing</p>	<p>Over 30 members of staff have been accepted onto the latest Leading People programme starting in March. CDx programme in place with 48 staff undertaking the 10-month programme</p>	
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Sources of Assurance: *To demonstrate the means through which the Health Board can assure itself that there are adequate controls in place to effectively manage the risk, the below assurance map has been devised. It aims to provide the overall assurance we can place in areas of **operational, organisational** and **independent** assurance. These are then **Red, Amber, Green** (RAG) rated to demonstrate the level of confidence the Health Board has in each area of assurance. For clarity, Red would indicate no assurances available, Amber would indicate limited sources of assurance available, and Green would indicate a satisfactory level of assurance with clear evidence that the risk is being managed effectively. Where there are gaps in assurance, the Health Board will produce clear plans to address the gaps.*

Criteria to consider: How is the risk currently being managed? What policies and procedures are we following to actively manage the risk [Operational]? Is there legislation in place to support the risk [Organisational]? Are there governance arrangements in place to



support the actions being undertaken to manage the risk [Organisational] Are there any internal, external, independent advisory or inspectorate reports to support the strength of the controls [Independent]?

Assurance Map

Evidence of Controls (mitigations to manage risk)	1 st Line of Defence (Operational)	2 nd Line of Defence (Organisational)	3 rd Line of Defence (Independent)	Overall Assurance (RAG rated)	Gaps in Assurance
Workforce and OD Performance dashboard	Sarah Simmonds	(Monthly reports vacancies, recruitment activity, workforce performance measures,			No gaps in assurance identified
People plan reports	Sarah Simmonds	Yes (People and Culture Committee) quarterly			No gaps in assurance identified
People Plan Delivery tracker	Sarah Simmonds	Monthly reporting to WOD			
Recruitment KPI	Sarah Simmonds	Local time to monitoring of timescales	Shared service monitor KPI's per month		No gaps in assurance identified



Divisional recruitment plans for medical staffing	Divisions/Sarah Simmonds	Local divisional plans in place to support medical recruitment Monthly reports of vacancies			No gaps in assurance identified – reporting through divisional assurance meetings (to confirm action plans in place and accessible)
Retention Group	Sarah Simmonds	Regular reports on reasons for leavers, attendance at retention events (monthly)			No gaps in assurance identified
Safer Staffing Medical Group	James Calvert	Monitor implementation of Safer Staffing levels (due to be restarted with new TOR)			New group – assurance to be confirmed. Divisions requested recruitment plans for medical staffing
Agency reduction Group	Sarah Simmonds	Monthly meetings chaired by Director of Workforce and OD – reports			No gaps in assurance identified



		directly to Executive Team			
Strategic Nursing group	Linda Alexander	Monthly tracker and recruitment reports			

Action Plan to Address Gaps in Assurance: *Outline the plans the Health Board will put in place to address the gaps identified in assurance.*

RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN ASSURANCE				
Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)
Safer Staffing Medical Group			Meetings are being re-established	



Potential Impact of Risk on IMTP Priorities:

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

Assurance/Oversight Committee:

Risk Decision (4Ts):

Overall Level of Assurance (RAG):

Risk Reference and Executive Owner:
CRR0025
Director of Workforce and OD

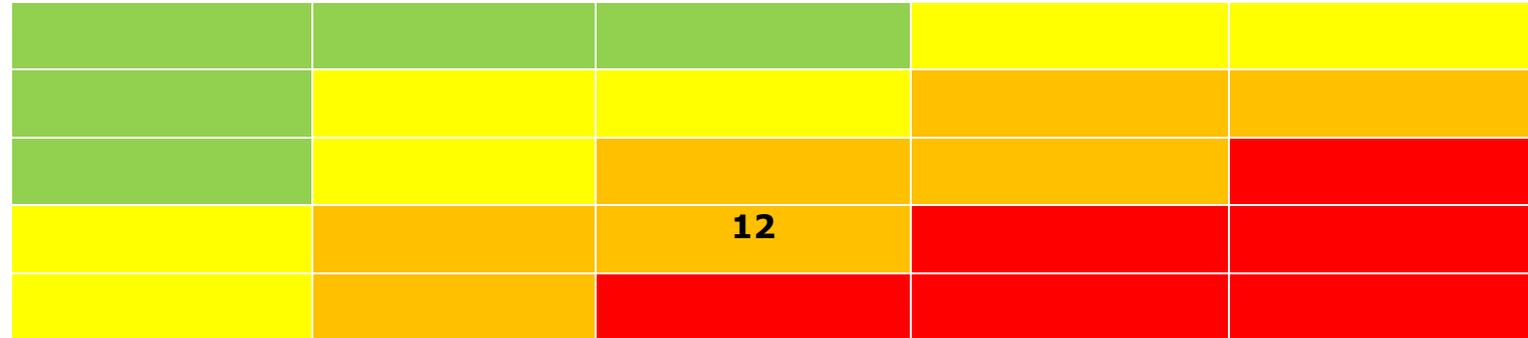
Risk of: A negative impact on absenteeism and could result in long term sickness with PTSD & other forms of emotional traumatisation.

Due to: Lack of mental and psychological staff preparedness

Likelihood of Occurrence:

Impact if Occurred: High work-related industrial injury claims and compensation pay-outs. High sickness absence rates and impacts on financial backfill costs

Risk at a glance: Plot the APPETITE, CAPACITY, TARGET and CURRENT scores on the below chart. If the current score sits outside of appetite, target and capacity, a proposal to tolerate the risk is required.



Risk Scoring: The following criteria should be followed when assessing the scoring of the inherent, current and target levels of the risk:

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare - Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely - Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Possible - It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Likely - Will probably happen/recur, but is not a persisting issue	At least weekly	4	8	12	16	20



5 Almost Certain - Will undoubtedly happen/recur, maybe frequently

At least daily

5

10

15

20

25

Assessment:

Inherent Risk Level before any controls/mitigations implemented, in its initial state.

Current Risk Level after initial controls/mitigations have been implemented

Target Risk Level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.

Likelihood		Impact		Likelihood		Impact		Likelihood		Impact	
4		3		4		3		2		3	

Justification for Risk Appetite and Risk Capacity Level & Target Score: Risk appetite in this area is low in the interests of staff wellbeing, retention and an inability to safely staff the service capacity required to meet patient needs.

Risk Trend:

Current Controls:

- 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.
- Quarterly Staff Well-being Surveys for staff in progress.
- Ministerial Measure 24 -Demonstrate an annual improvement in the overall staff engagement score Ministerial measure 25: Demonstrate an annual improvement in the % of staff who report that their line manager takes a positive interest in their health and well-being.
- Ministerial Measure No 27: Demonstrate a 12-month reduction trend in the % of sickness absence rate of staff.
- Monitoring referrals to Employee Wellbeing Services

Action Plan: *Based on the SMART methodology, how will the Health Board ensure the management of the risk is as effective as possible? What further actions will be taken to manage the risk down to an acceptable level or if target level is already achieved, how will we maintain the position?*

RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN CONTROL

Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)
Continue to work with other Health Boards and	Sarah Simmonds	Ongoing	<ul style="list-style-type: none"> • Our collaboration with HEIW has allowed us 	Green



<p>Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars).</p>			<p>to carry out funded work with organisations from across NHS Wales for the next 12 months including WAST, BCUHB, SBUHB & Shared Services, as well as local Regional Partnership Board members. This work will income generate around £60k for our Charitable from which we are funding 1.2 wte Band 6 Staff Counsellor (fixed term 12 months). Interviews for these posts are on the 2nd of June.</p>	
<p>Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites.</p>	<p>Sarah Simmonds</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> Regular Schwartz Rounds arranged across the Health Board, and we are hosting a join facilitator training 	



			<p>event with Cardiff and Vale in July. Taking Care Giving Care rounds continue to be offered across the organization as well as being integrated into our leadership offers and available for teams to undertake either with support or on their own.</p> <ul style="list-style-type: none"> Progress continues on the development of a 10-year staff experience strategy which will help us organise and coordinate our wellbeing, OH and OD activity. 	
Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders)	Sarah Simmonds	Ongoing	No progress identified.	
Train Mediators so there is team and	Sarah Simmonds	Ongoing	Cohort of local mediators trained across the Health	



organisational resilience and network.			Board with a mediator in place for each division. Local process in place to manage requests for mediation.	
Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being	Sarah Simmonds	Ongoing	A new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being has been completed.	
Scope, design and deliver a programme of activity 'Healthy Working Day'.	Sarah Simmonds	Ongoing	Due to commence in Spring. Research team established with Cardiff University. Service improvement forms underway. Ethics approval is in place, currently recruiting for internal volunteers from Nursing, Medicine and Therapies to take part.	
Enhance our financial well-being offer	Sarah Simmonds	Initial documentation completed – ongoing updating	Information published below on the 8th of June 2022. Website signposts staff to: <ul style="list-style-type: none"> • Help Paying your Bills 	



- Benefits, Grants and Tax Relief
- HMRC Support
- Support from Councils
- Staff discounts
- Support on budgeting
- Mental Health Support
- Getting food on the table.

Agreed as an interim to increase canteen subsidiaries on canteen food agreed.

Meeting with Rhian Hughes from Money and Pensions Service (MAPS). MAPS resources to be added to the compendium of Financial Inclusion resources on the intranet. Rhian is to attend the Financial Inclusion Group to advise on how to embed



			financial wellbeing into organisational plans. Money Guiders training to be provided which will enable appropriate money guidance advice and signposting.	
Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate.	Sarah Simmonds		TBC	
Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management.	Sarah Simmonds	Ongoing	<ul style="list-style-type: none"> • Continue availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • Psychologists from the Wellbeing Service continue to offer expert support to teams though this has needed to be rationalized to 	



			<p>supporting Teams which are most likely to utilize the resource, not just those struggling.</p>	
<p>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>	<p>Sarah Simmonds</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Working with University partners, and national leaders (The Kings Fund) on participation and development of research projects aligned to Aneurin Bevan Wellbeing including Avoidable Employee Harm and, Factors that inhibit middle managers to raise concerns. • 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, the 12 month evaluation is due to be completed by July 23.

- Avoidable employee harm training continues to be rolled out across Wales. The reduction in new disciplinary investigations has been maintained with a sustained 60% reduction in disciplinary cases



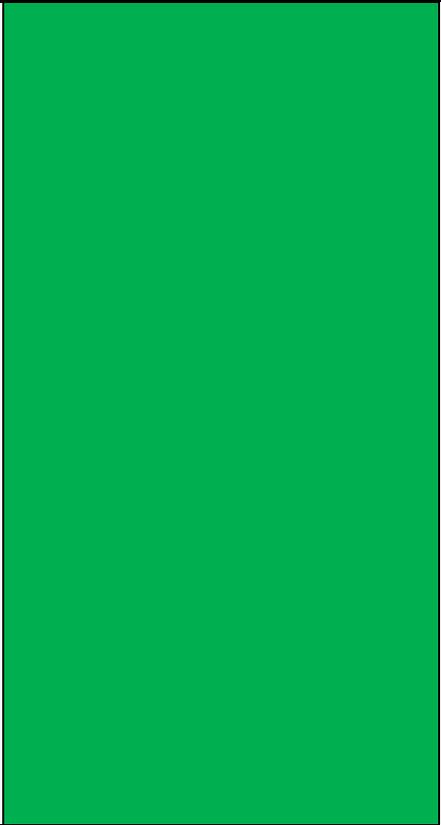
			compared to 2021/22. Dismissals have reduced from 14 to 4 in the same period.	
Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19.	Sarah Simmonds	Ongoing	<ul style="list-style-type: none"> Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. Interim Occupational Health provision agreed to improve sustainability within the service 	
Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted	Sarah Simmonds	Ongoing	<p>Activity</p> <p>413 Pre-placement Health questionnaires receiving</p> <p>154 staff referrals into service</p> <p>56 appointments attended</p> <p>823 phone calls received</p> <p>Top reasons for referrals:</p> <p>Stress and Anxiety, MSK and Psychological.</p>	



			Talent management and succession planning pilot planned within Occupational Health. New national IT system planned for rollout in September 2023.	
launch and assess Employee Wellbeing survey	Sarah Simmonds	Ongoing	The results of the December 22 survey show that staff wellbeing has fallen again slightly (when asked about fatigue and coping) since the spring 2022 survey. Whilst this is similar to many NHS organisations at this time, our executive and senior management teams will be using your feedback to inform the decisions they are making in relation to steps we can take now - and in the future - to improve our wellbeing offer for	



staff, and ultimately your experience of work. At the same time, the survey also reported a significant number of those who completed it feeling a stronger sense of belonging. We will be working with divisions and teams to discuss how the survey findings relate to them and discuss strategies to support wellbeing. We have initiated the next wellbeing survey will be launched in late Mid-July, we have begun the 10-week planning cycle.



Sources of Assurance: *To demonstrate the means through which the Health Board can assure itself that there are adequate controls in place to effectively manage the risk, the below assurance map has been devised. It aims to provide the overall assurance we can place in areas of **operational**, **organisational** and **independent** assurance. These are then **Red**, **Amber**, **Green** (RAG) rated to demonstrate the level of confidence the Health Board has in each area of assurance. For clarity, Red would indicate no assurances available, Amber would indicate limited sources of assurance available, and Green would indicate a satisfactory level of assurance with clear evidence that the risk is being managed effectively. Where there are gaps in assurance, the Health Board will produce clear plans to address the gaps.*



Criteria to consider: How is the risk currently being managed? What policies and procedures are we following to actively manage the risk [Operational]? Is there legislation in place to support the risk [Organisational]? Are there governance arrangements in place to support the actions being undertaken to manage the risk [Organisational] Are there any internal, external, independent advisory or inspectorate reports to support the strength of the controls [Independent]?

Assurance Map

Evidence of Controls (mitigations to manage risk)	1st Line of Defence (Operational)	2nd Line of Defence (Organisational)	3rd Line of Defence (Independent)	Overall Assurance (RAG rated)	Gaps in Assurance
People plan Performance dashboard		Monthly sent to senior management			No gaps in assurance identified
People plan tracker		Monthly reporting to the WOD senior Management team			No gaps in assurance identified
People Plan updates		Quarterly reports to the People and Culture Committee			No gaps in assurance identified
Divisional Strategies to support Wellbeing based on survey results	Meetings ongoing with Divisions				Meetings with Divisions ongoing



Reports to Trade Union Partnership		Trade Union Partnership Forum			No gaps in assurance identified
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Action Plan to Address Gaps in Assurance: *Outline the plans the Health Board will put in place to address the gaps identified in assurance.*

RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN ASSURANCE				
Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)



Potential Impact of Risk on IMTP Priorities:

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

Assurance/Oversight Committee:

Risk Decision (4Ts):

Overall Level of Assurance (RAG):

Risk Reference and Executive Owner:
CRR0021
Director of Workforce and OD

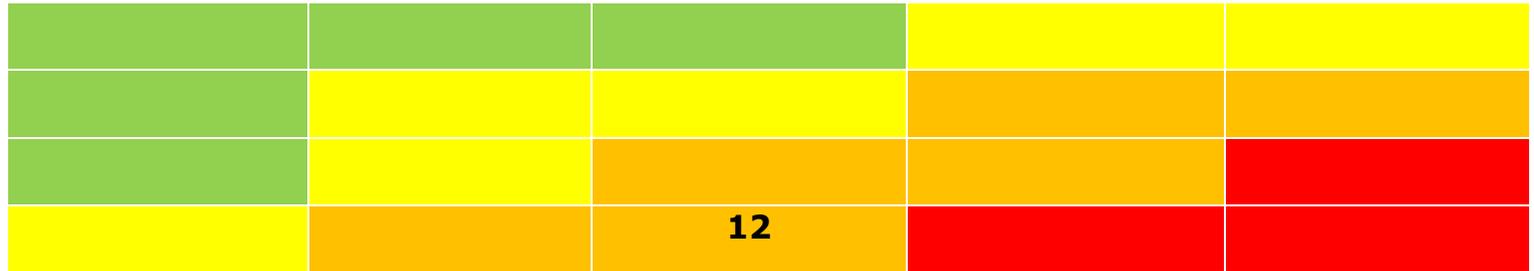
Risk of: *Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice.*

Due to: Ensuring Welsh Language is considered in all aspects of the business of the organisation.

Likelihood of Occurrence:

Impact if Occurred:
Failure to meet compliance with the Welsh Language Act 2011

Risk at a glance: *Plot the APPETITE, CAPACITY, TARGET and CURRENT scores on the below chart. If the current score sits outside of appetite, target and capacity, a proposal to tolerate the risk is required.*



Risk Scoring: The following criteria should be followed when assessing the scoring of the inherent, current and target levels of the risk:

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare - Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely - Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Possible - It might happen/recur occasionally	At least monthly	3	6	9	12	15



4 Likely - Will probably happen/recur, but is not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain - Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Assessment:

<i>Inherent Risk Level before any controls/mitigations implemented, in its initial state.</i>		<i>Current Risk Level after initial controls/mitigations have been implemented</i>		<i>Target Risk Level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.</i>	
Likelihood	Impact	Likelihood	Impact	Likelihood	Impact
4	3	4	3	2	3

Justification for Risk Appetite and Risk Capacity Level & Target Score: There will need to be sustained effort to meet the standards set out. Risk appetite in this area is low in the interests of compliance with the Welsh Language Act.



Risk Trend:

Current Controls:

The [Welsh Language \(Wales\) Measure 2011](#) is the legislation that created the Welsh language standards. Welsh language standards promote and facilitate the Welsh language and ensure that the Welsh language is not treated less favourably than the English language in Wales.

- Monitoring Framework to support delivery of the People Plan 2022-25.
- A Welsh Language Strategic Group which is an internal ABUHB group is in place. The role of this group is with the support from divisional representation, to mainstream the implementation of the standards.
- Following the release of the new 'More Than Words' plan 2022-2027 by Welsh Government a paper went to board noting key actions for the Welsh Language Unit as well as KPI's for all other divisions. These have been monitored and progress has been shown against key areas. A report will be submitted to Welsh Government in June 2023
- Monitoring of Job descriptions with Welsh as essential and desirable or learnt and an increase in the library of bilingual job descriptions. All jobs that go through matching panel are reminded of the requirement to translate job descriptions.
- Internal auditing processes established - undertaken quarterly and reported to Strategic Group.
- Mandating Welsh Language Competencies on ESR and new Welsh language awareness course added to ESR.
- Spot checks undertaken on documentation, phone lines, inspections on sites.



Action Plan: Based on the SMART methodology, how will the Health Board ensure the management of the risk is as effective as possible? What further actions will be taken to manage the risk down to an acceptable level or if target level is already achieved, how will we maintain the position?

RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN CONTROL				
Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)
Detailed action plan for the implementation of the standards to mitigate this risk.	Sarah Simmonds	Ongoing	Monitored through the Welsh Language Strategic Group.	
Welsh Language Standards awareness activities including roadshows, training sessions, attendance at team and departmental meetings, attendance at Health Board events such as conferences, community events, joint community and staff language awareness training	Sarah Simmonds	Ongoing	A series of roadshows carried out around HB sites. Involvement in Nurse leadership, HCSW conference, Leadership Development Programme. Engagement with ACT to embed Welsh Language awareness for all learners.	
To develop a series of protocols and guidelines	Sarah Simmonds	Ongoing	Many protocols have been developed with further protocols	



meet the requirements of the Standards			developed as required. Where appropriate training and workshops are provided for groups or individuals.	
Work collaboratively with other Health Boards and Public Sector bodies to learn lessons, share best practice and develop all Wales challenges	Sarah Simmonds	Ongoing	New Welsh language managers network established to undertake this work (Dec 2022). ABUHB representative is the current vice chair.	
Continual revision and updating of the Welsh Language homepage with useful links and additional resources for staff	Sarah Simmonds	Ongoing	Sits as a responsibility of a member of staff within the Welsh Language Unit and is a standing agenda item on monthly team meetings	
Continued communication and engagement activities through a series of Frequently Asked Questions, national and local Welsh Language campaigns and the PartnerIaith network	Sarah Simmonds	Ongoing	Partneriaith networks continues to engage with Welsh language speakers. The FAQ's on Welsh pages of 'pulse' are monitored and updated. New mandatory course on Welsh language awareness launched 10 th of March.	



To agree new arrangements and an SLA with BCUHB for translation services due to concerns raised regarding the quality of the current external provider	Sarah Simmonds	Ongoing	BCUHB are ready to begin SLA and contract has ended with bilingual Cardiff however awaiting confirmation from procurement before being able to complete.	
Deliver a Welsh Language recruitment training scheme	Sarah Simmonds	Ongoing	Bilingual skills strategy is active, and workshops carried out with recruitment managers to ensure understanding and implementation.	
Introduce a revised Welsh Language Awareness training package	Sarah Simmonds	March 23 - completed	New module launched on ESR and is mandatory as of 10 th of March.	
Ensure a robust and sustainable internal translation service	Sarah Simmonds	Ongoing	Internal translation service is established and is undertaking key project work to supplement that of the SLA	
Systematic review of Workforce & OD policies and frameworks to mainstream the Welsh	Sarah Simmonds	Ongoing as policies reviewed in line with renewals procedure and timelines	All recruitment and HR policies are reviewed to ensure compliance. Policy for use of Welsh	



Language in key policies and initiatives			internally is undergoing review at present.	
Promote specific activities provided through the medium of Welsh so that Welsh speakers may choose to use them	Sarah Simmonds	Ongoing	Engaging with community Welsh language networks to advertise activities through PartnerIaith network.	
Develop guidelines for agencies, contractors, and providers stating the requirements regarding the use of the Welsh Language in every business arrangement with the Health Board	Sarah Simmonds	Ongoing	Will review these during 2023.	
Redevelopment of Health Board's Language Skills Strategy and assessment matrix for assessing Welsh Language skills for vacant positions	Sarah Simmonds	Ongoing	Bilingual skills strategy is active, and workshops carried out with recruitment managers to ensure understanding and implementation.	
Provision of Welsh Language Mentor activities to ensure that performance, efficiencies and economies of scale are realised	Sarah Simmonds	Ongoing	Will be within the work stream of new Welsh language support officer (starting May 2023). The National Centre for learning Welsh have run	



			a successful pilot in Hywel Dda Health Board that will be rolled out to other Health Boards.	
Develop improvement plans to ensure that services provided electronically for patients and the public or which demand the use of Information Technology for their administration are available to the same standard in Welsh and in English.	Sarah Simmonds		Working in collaboration with DHCW to ensure that the Welsh language is embedded in any new technology created. Initial contact made with DHCW regarding a bilingual website. ABUHB have input on new Welsh Health App.	
Publish strategy review to evaluate 5-year Welsh Language Clinical Consultation plan – measures to sustain achieved actions over the past 5-year period and actions for the next 5-year period	Sarah Simmonds	September 22 - completed	Review has been penned and approved by director of WOD and Welsh Language Strategic Group.	
Working collaboratively with Recruitment colleagues to populate a local level library of	Sarah Simmonds	Ongoing	This library now contains 150 fully bilingual Job Descriptions. Action plan to translate most widely used job	



translated Job Descriptions.			descriptions as a priority. All JDs received have been translated.	
Digital accredited and informal Welsh Language training packages	Sarah Simmonds	March 23	Packages are being offered to staff and are available online.	
Develop a suite of written and digital resources for clinicians to raise awareness of the importance of the 'active offer' principle	Sarah Simmonds	Ongoing	On Welsh Language Unit homepage.	
Face-to-face workshops conducted with Welsh Language secondary school students	Sarah Simmonds		A calendar of workshops is in place with the support of Careers Wales with both Welsh language schools and colleges as well as Welsh learners.	
Continue communication and engagement activities through national campaigns (e.g., St David's Day, Dydd Miwsig Cymru, Diwrnod Shwmae, etc.).	Sarah Simmonds		Activities are being run collaboratively with other Health Boards in order to maximise their impact and share resources and ideas.	
Establish communication with hospital site leads	Sarah Simmonds	Ongoing	New requests in specific areas. All requests	



to ensure active offer is displayed			received have been actioned.	
More than just words – Develop ESR module and monitoring of Welsh language abilities on ESR	Sarah Simmonds	Ongoing	Compliance against self-certification of Welsh language skills increased to 75% by end of 2022/23 reporting period, a significant increase from previous year. Module around More Than Just Words live as of 10 th of March 2023 and is mandatory for all staff.	
Develop a map of Welsh language abilities across the Health Board	Sarah Simmonds	Ongoing	Communication campaign to all Welsh speakers and learners with invite to join the staff network and materials to be distributed as to identify those with the skills.	

Sources of Assurance: *To demonstrate the means through which the Health Board can assure itself that there are adequate controls in place to effectively manage the risk, the below assurance map has been devised. It aims to provide the overall assurance we can place in areas of **operational**, **organisational** and **independent** assurance. These are then **Red**, **Amber**, **Green** (RAG) rated to demonstrate the level of confidence the Health Board has in each area of assurance. For clarity, Red would indicate no assurances*



available, Amber would indicate limited sources of assurance available, and Green would indicate a satisfactory level of assurance with clear evidence that the risk is being managed effectively. Where there are gaps in assurance, the Health Board will produce clear plans to address the gaps.

Criteria to consider: How is the risk currently being managed? What policies and procedures are we following to actively manage the risk [Operational]? Is there legislation in place to support the risk [Organisational]? Are there governance arrangements in place to support the actions being undertaken to manage the risk [Organisational] Are there any internal, external, independent advisory or inspectorate reports to support the strength of the controls [Independent]?

Assurance Map

Evidence of Controls (mitigations to manage risk)	1 st Line of Defence (Operational)	2 nd Line of Defence (Organisational)	3 rd Line of Defence (Independent)	Overall Assurance (RAG rated)	Gaps in Assurance
Report risks to People and Culture Committee Annual report, monitoring against targets and compliance against standards and complaints					No gaps in assurance have been identified.
Workforce monitoring Framework support People Plan reported monthly to WOD divisional day		Items reserved on agendas in readiness for exception reporting			No gaps in assurance have been identified.
Reporting structure locally to ensure actions are implemented		Meetings continue to take place and actions are			No gaps in assurance have been identified.



		recorded and tracked for progress			
Welsh Language Strategic Group (Community of Practice) established across Wales to share good practice			Health Board Representation secured at meetings		No gaps in assurance have been identified.
Reporting framework in place for Welsh Language Commissioner			In place and reporting		No gaps in assurance have been identified.
WG monitoring framework – More than just words			In place and reporting		No gaps in assurance have been identified.
Internal Audits to map compliance		Regular audits undertaken on documentation and calls to ensure compliance			No gaps in assurance have been identified.
SLA in place to support translation of documentation/internal translation		Review and monitor translation capacity and activity			No gaps in assurance have been identified.

Action Plan to Address Gaps in Assurance: *Outline the plans the Health Board will put in place to address the gaps identified in assurance.*



RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN ASSURANCE

Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)



Potential Impact of Risk on IMTP Priorities:

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

Assurance/Oversight Committee:

Risk Decision (4Ts):

Overall Level of Assurance (RAG):

Risk Reference and Executive Owner:
CRR00XX- awaiting allocation number.
Director of Workforce and OD

Risk of: *Failure to sustain current levels.*

Due to: *Industrial action – RCN and SOR rejected the agreed pay offer for 23/24*

Likelihood of Occurrence:

Impact if Occurred: *leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards.*

Risk at a glance: *Plot the APPETITE, CAPACITY, TARGET and CURRENT scores on the below chart. If the current score sits outside of appetite, target and capacity, a proposal to tolerate the risk is required.*



Risk Scoring: The following criteria should be followed when assessing the scoring of the inherent, current and target levels of the risk:

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare - Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely - Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Possible - It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Likely - Will probably happen/recur, but is not a persisting issue	At least weekly	4	8	12	16	20



5 Almost Certain - Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25
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Assessment:

<i>Inherent Risk Level before any controls/mitigations implemented, in its initial state.</i>		<i>Current Risk Level after initial controls/mitigations have been implemented</i>		<i>Target Risk Level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.</i>	
Likelihood	Impact	Likelihood	Impact	Likelihood	Impact
5	5	4	5	2	8

Justification for Risk Appetite and Risk Capacity Level & Target Score:

Low level of risk appetite in relation to potential patient safety risks.

Risk Trend:

Current Controls:

- Neither RCN or SOR currently have a valid ballot to take industrial action within ABUHB, but RCN do have a mandate to strike in other health boards across Wales on 5-6 June and 12-13 July.



- Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and
- CODE OF PRACTICE Industrial Action Ballots and Notice to Employers
- Under section 231 and 231A of the 1992 Act a union must, as soon as reasonably practicable after holding an industrial action ballot, take steps to inform all those entitled to vote¹⁸, and their employer(s), of the number of individuals entitled to vote in the ballot; the number of votes cast in the ballot.
- Trade union partnership meetings
- Business Continuity Processes - Redeployment Principles and Risk Assessment agreed.
- Health Care Standards - Section 7 staffing and resources.
- Operational planning, led by Director of Operations, to respond to implications of strikes action in other NHS organisations.
- National derogation panel to be implemented across Wales for RCN.

Action Plan: *Based on the SMART methodology, how will the Health Board ensure the management of the risk is as effective as possible? What further actions will be taken to manage the risk down to an acceptable level or if target level is already achieved, how will we maintain the position?*

RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN CONTROL

Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)
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Adopt a clear communications strategy	Sarah Simmonds	Completed and further updates provided	Industrial Action Guidance reviewed and implemented across Wales	
Services Business continuity plans in place	Director of Operations	Ongoing	<ul style="list-style-type: none"> Operational planning, led by Director of Operations, to respond to implications of strikes action in other NHS organisations Emergency planning networks across Wales to consider emergency planning response. Unknown position regarding future strike action based on revised pay offer. 	
All Wales training sessions provided by legal and risk to support industrial action	NWSSP and Health Boards	Completed initial training and updates where required	<ul style="list-style-type: none"> National Workforce Group in regular contact to review and share lessons learnt from strike action. 	



<p>Ensure early identification of mandated Statutory, and core critical clinical services</p>	<p>Director of Operations</p>		<p>Identified</p>	
<p>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</p>	<p>Sarah Simmonds</p>	<p>Ongoing review</p>	<p>Dependant on ongoing ballot and unions</p>	



number of them at each of these workplaces.				
Reducing impact on patients - Support for early supported discharge prior to industrial action	Medical Director, Nursing Director, Therapy Director	Ongoing review	Plans in place, ongoing review pending outcomes of ongoing ballots	
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).	Sarah Simmonds/Affiliated Trade Unions	Ongoing review	Plans in place, ongoing review pending outcomes of ongoing ballots	
Establish WOD hub with emergency planning – <ul style="list-style-type: none"> Ensure early identification of mandated Statutory, and 	Sarah Simmonds/Director of planning	Ongoing review	In place pending outcomes of ballots and staff numbers and services affected	



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



Sources of Assurance: To demonstrate the means through which the Health Board can assure itself that there are adequate controls in place to effectively manage the risk, the below assurance map has been devised. It aims to provide the overall assurance we can place in areas of **operational, organisational** and **independent** assurance. These are then **Red, Amber, Green** (RAG) rated to demonstrate the level of confidence the Health Board has in each area of assurance. For clarity, Red would indicate no assurances available, Amber would indicate limited sources of assurance available, and Green would indicate a satisfactory level of assurance with clear evidence that the risk is being managed effectively. Where there are gaps in assurance, the Health Board will produce clear plans to address the gaps.

Criteria to consider: How is the risk currently being managed? What policies and procedures are we following to actively manage the risk [Operational]? Is there legislation in place to support the risk [Organisational]? Are there governance arrangements in place to support the actions being undertaken to manage the risk [Organisational] Are there any internal, external, independent advisory or inspectorate reports to support the strength of the controls [Independent]?

Assurance Map

Evidence of Controls (mitigations to manage risk)	1 st Line of Defence (Operational)	2 nd Line of Defence (Organisational)	3 rd Line of Defence (Independent)	Overall Assurance (RAG rated)	Gaps in Assurance
People and Culture Committee	Sarah Simmonds	Quarterly			No gaps in assurance reported
National Workforce Group	Sarah Simmonds	Monthly meetings with WOD representatives			No gaps in assurance reported
Industrial Operational Planning group	Director of Operations	Ongoing			No gaps in assurance reported



Emergency networks	planning	Executive Director of Planning	Ongoing			No gaps in assurance reported
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Action Plan to Address Gaps in Assurance: *Outline the plans the Health Board will put in place to address the gaps identified in assurance.*

RISK MANAGEMENT ACTION PLAN TO ADDRESS GAPS IN ASSURANCE				
Action	Responsible Officer	Deadline	Progress	Implementation Status (RAG)





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 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**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

This report covers the period since the last Committee meeting on 12 January 2023 and includes a specific update on progress with an action in line with the Employer of Choice objective of the People Plan - Specialty Doctors and Clinical Fellows Framework as requested by the Committee.

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

Cefndir / Background

MEDICAL PAY AND TERMS & CONDITIONS

Speciality Doctors and Clinical Fellows Framework

This action is supported jointly by the Medical Director and Workforce and OD Director and is set within the Employer of Choice objective of the Health Board's People Plan. Although work on the framework slowed down during the pandemic,

development of a number of key priority areas to address pressing issues has been undertaken. These include the Autonomous Practice Policy, Induction Programme for International Medical Graduates and Certificate of Eligibility for Specialist Registration (CESR) policy.

Work continues on the development of the overarching interactive framework comprising of policy, governance and good practice which will enable the organisation to retain these grades of doctors and support their on ongoing development including entry back into training where relevant.

The aim of the framework is to:

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

Key work in support of the Framework

Autonomous Practice Policy - a number of the Health Board Specialty Doctors and Associate Specialists may be sufficiently experienced and skilled to work autonomous and assist in the delivery of quality service to patients at senior level and on consultants' rotas. It is beneficial to patients, Associate Specialists, Specialist and Specialty Doctors (SAS) themselves and the Health Board to recognise and support suitably skilled and experienced SAS doctors and dentists to work as autonomous practitioners where it is appropriate to do so. In order to enable this and facilitate autonomous working within a robust governance framework, an Autonomous Practice policy has been developed. SAS doctors and the Local Negotiating Committee are supportive of the approach, and it is anticipated that the policy will be agreed in June 2023.

CESR Policy - SAS Doctors who exited training early are not eligible for entry onto the Specialist Register with the General Medical Council (GMC) and are therefore not able to practice as a Consultant in the UK. CESR is a route for doctors who wish to join the Specialist Register, whose specialist training, qualification or experience was completely or partly acquired outside of an approved training programme in the UK.

A first draft of a policy to support CESR in the Health Board is being discussed. The policy will describe the support offered and expectations of both SAS doctors and CESR supervisors. It will ensure standard practice across the Health Board to support suitably experienced and qualified doctors to successfully complete and submit the CESR application as required by the General Medical Council (GMC). Supporting Professional Activities (SPA) time for supervisors has been accommodated within the additional SPA above core, this will demonstrate real investment in any SAS doctor wishing to do CESR and hopefully improve consultant recruitment in hard to fill areas over time.

A CESR workshop for prospective candidates and supervisors was held in April 2023 which included a presentation from the GMC. This was well evaluated and will form the basis for further information and support.

International Medical Graduates (IMGs)

- **IMG Induction programme** - This is based on GMC good medical practice. The aim is to provide IMGs with knowledge and understanding of good medical practice in the UK and cultural differences. Two successful days have been undertaken in the last 12 months. The content is reviewed and refined following each programme. Both events received excellent feedback, participants commenting that the knowledge gained will greatly influence their practice in the Health Board. This work has recently included in the Health Board's Equality Action Plan.
- **IMG Supervisor Support** - A session was conducted in conjunction with the GMC and Health Education and Improvement Wales (HEIW) for Health Board medical staff who are supervisors or work closely with IMGs. This included the lived experience of an IMG and differential attainment and allyship. The programme is currently being reviewed to tailor the approach before a second event is arranged.
- **IMG Communications** - An IMG specific webpage housing all relevant information is in development. A new employee starter pack has been developed in conjunction with the Medical Resourcing Team.

Speciality Associate Specialist - This post was appointed to support and guide SAS doctors, promote the role and enhance wellbeing as a requirement of the new April 2021 SAS contract. This post reports to the Deputy Medical Director, an Advocate work programme has been developed and previously shared with People & Culture Committee. The current work includes:-

- Developed a list of all SAS doctors in the Health Board, along with a mailing list, which is regularly updated.
- Attended the monthly All Wales SAS Advocate network meetings to share information and best practices.
- Mediated and assisted several divisional leads in resolving complaints and formal grievances.
- Identified the need for more support for the SAS doctors and dentists in relation to annual appraisals and revalidation.

Work continues to ensure progress on the development of the overarching interactive framework comprising of policy, governance and good practice is sustained. This will enable the organisation to retain these grades of doctors and support their on ongoing development including entry back into training where relevant.

ALL WALES NHS STAFF SURVEY

The NHS Wales Staff Survey was last run at the start of 2021. As part of the national programme to understand the experience and needs of our workforce there is a plan

to deliver the next survey in September 2023. An all Wales meeting is scheduled for mid-June with NHS Organisations asked to identify their organisation's structure/hierarchy data. HEIW have completed the staff survey specification, and Procurement have gone out to suppliers.

The 2021 format radically shifted the format of the survey with the aim being to shift toward a culture of engagement and discussion rather than generic surveys. It did this with a significantly shorter survey and a greater emphasis on local discussions between members of staff and their line managers.

For the September 2023 survey, the decision has now been taken to revert back to the original survey style to ensure data is collected to support a shift in culture toward compassionate leadership and employee wellbeing. More details will be released when the organisational leads meet with HEIW later in June.

MEDICAL WORKFORCE E-SYSTEMS UPDATE

The procurement of Medical Workforce e-Systems is drawing to a conclusion with the most viable options now becoming apparent. Medical e-Systems team have gone out for three separate lots to accommodate the broader process around effective workforce planning and management, with those lots being:

- Job Planning
- eRostering
- Locum Bank

In addition to the main features and functionality expected of any solution in those lots, the team have also built the requirements to ensure:

- Interoperability across all solutions in those functional lots.
- The ability to integrate with ESR for streamlined process around:
 - Uploading of job plans
 - Management of starters, leavers and movers
 - The relationship with Single Lead employer for relevant staffing grades
 - Absence management
 - Sharing of staff records around skills & competencies etc...
- Integrated processes with Agency management solutions (Retinue).
- Integrated and streamlined process for exchanging data for payroll.
- Integrated and streamlined process for exchanging data around finance management and forecasting.

Tender submissions have been received and have now been evaluated for the quality (functional) elements of the specifications. There is a small outstanding task around clarifications of the commercial bids which is being run by NWSSP Procurement. The full and final result is expected to be known by the beginning of June 2023, pending those final clarifications from procurement and the combining of that outcome with the quality outcome.

Dependent on a successful outcome of the procurement process, the implementation process will commence. This is projected to start circa 03 July 2023 pending the conclusion of approvals, contract negotiations and project start up activities. Anticipated timelines for rollout of the systems are:

- Job Planning- March 2024
- Rostering- December 2023
- Locum/Agency- October 2023

A programme plan has been developed and will be overseen by the Medical Director and Director of Workforce and OD.

Nursing Recruitment and Retention Strategy

Following approval of the strategy at Executive Committee and Board, the Health Board's international recruitment campaign has commenced with the aim of recruiting 75 international nurses per year for the next three years.

The first cohort of 12 nurses arrived on 25 May 2023, with monthly cohorts arriving between June – November 2023. The nurses all have pre-booked dates to complete their Objective Structured Clinical Examination (OSCE) and will be based at acute and community hospital sites. The most significant challenge in supporting the nurses remains accommodation; short term accommodation has been secured and the Workforce Recruitment team will continue to work with the nurses following their arrival to secure longer term accommodation.

In addition, we have launched the advertising of our apprenticeship scheme for 2023, with the aim to recruit HCSW Apprentices in addition to other roles.

Our retention cafes continue across sites for all staff groups. A retention working group was established in November 2022 and the terms of reference agreed, (**Appendix 1**) with Trade Union representation.

Retention Roadshows commenced December 2022 and take place monthly. To date all major sites have been visited and engaged with 317 staff members, of those 77 were Registered Nurses and 32 HCSW . All issues/concerned raised were either referred to a specialist or manager or resolved on the day. Further dates planned until the end of the year.

A retention workshop is arranged for 19 June 2023 to review intelligence gathered and inform next steps with an evaluation of the feedback and findings to be completed by the end of June 2023.

The aim is to develop and align our ambitions to the National Workforce implementation plan and use the intelligence gathered from retention roadshows, local initiatives, exit questionnaires and employee wellbeing surveys.

In addition, the Nursing and Midwifery Academy has been established to provide a network of support for Senior Nurses and Midwives. This has received positive evaluation, with each individual supported throughout the programme with a coach and mentors. Two cohorts have completed, one cohort is currently progressing through the programme and further programmes are planned.

New PADR document

The Executive Committee have approved a new Health Board PADR document. The document was developed with input from the Health Board's Strategic PADR Group which includes representatives across Divisions and professions and was shared with Audit and Trades Union colleagues. The aim of the review of the forms was to:

1. Ensuring that the process is simple to complete.
2. Ensure that it is easy to record completed PADRs on ESR.
3. Ensure that the process is relevant and of benefit to people's working lives.

The form is attached in **Appendix 2** and the next steps to promote the new approach are:

- Publishing the supporting materials on a revised PADR intranet page with an organisational wide communication plan.
- Developing and publishing a career development page to sit alongside the Leadership Development intranet pages.
- Undertaking a discreet piece of work to ensure the needs of the Physician Associates are met.
- Exploring the opportunities to host the PADR process on ESR and link it directly to a reporting tool.

Launching the revised PADR format with supporting materials, and support for reviewers, in June 2023.

OVERVIEW OF EMPLOYEE RELATIONS MATTERS – ACTIVITY AND SUSPENSIONS

Data as from 12 January 2023 - 30 April 2023									
Sickness Meetings	Disciplinary (exc track)	fast track	Fast Track	Disciplinary Appeals	Informal Resolution	Formal Resolution (Grievance)	Formal Resolution Appeals	Capability	Raising Concerns
300	9		5	1	3	12	1	3	1

A reduction in disciplinary investigations has continued in the last quarter with informal action being taken as an alternative to more formal approaches, where appropriate. The revised initial assessment process has supported decision making regarding appropriate action on a case by case basis.

The number of respect and resolutions cases has increased by over 50% in the last quarter. Informal resolution has been successful in three cases. The majority of formal cases are linked to relationship with manager. There are also a small number of cases that involve allegations relating to protected characteristics, such as disability and race.

There are plans for disability related training to be rolled out in Summer 2023, commencing in June. These will be recorded sessions that will be added to a compendium of resources in development. The employment of disabled people

policy is being reviewed. There are plans to include an empowerment passport that will support managers to have conversations around reasonable adjustments. With regards race discrimination, active bystander training was commissioned and well received in 2022. Consideration is being given to upscaling this and introducing cultural competency schemes. An anti-racism toolkit for staff is also being developed.

A further trend is emerging in relation to declined flexible working requests where the service is unable to accommodate the full request. The HR team are working with managers to encourage more flexible arrangements and wider communication to promote flexible working and troubleshoot some common barriers is in development.

Suspension is always a last resort, where possible alternative options are explored. There are currently four individuals suspended from duty, two of these have been for over 4 months. Those suspended for over four months are linked to police investigations.

EQUALITY, DIVERSITY, AND INCLUSION (EDI)

In April 2023, Race Equality First were commissioned to provide **Cultural Awareness training** to the Board. Co-created by Race Equality First and faith experts, the training provided Board members with an opportunity to gain valuable knowledge and understanding about a range of cultural and religious practices and explore their influence on the services provided to Black, Asian and Minority Ethnic communities. Next steps will include the appointment of an Executive Race Equality Champion and an Executive sponsor for each staff diversity network; identifying an equalities objective for each Board member as part of their development plan; and exploring learning and development opportunities for Board members offered by equalities organisations and Academi Wales.

The virtual **NHS Equality Week** was held week commencing 15 May 2023 and is a platform for health organisations to highlight their work to create a fairer and more inclusive NHS for patients and staff. Equality Leads from across NHS Wales support the campaign and host daily 'lunch and learn' sessions, open to all NHS Wales staff, to promote and celebrate the great work taking place around EDI and highlight areas for improvement.

The Health Board themes for 2023 were:

- How to better support international staff.
- The challenges of engaging with the unengaged.
- Mental Health support in the Showman and Wider Roma, Gypsy and Traveller communities.
- Inequality in health from those in health for those in the Justice System.
- Health inequalities of the impact waiting lists.

The Health Board were successful in its bid into the Welsh Government Culture, Heritage, and Sport fund for the '**Seen**' Project. Seen is about representation throughout the Health Board asking staff if when they look at the art displayed on the walls and around the hospital sites do they see themselves reflected there?

For many of the Health Board staff from Black, Asian and Minority Ethnic communities the answer was no. Therefore, in February 2023, staff were invited to nominate Black, Asian and Minority Ethnic icons in healthcare, linked to Gwent. The panel has since selected 10 icons that will be represented in pieces of art that will be displayed in 10 locations throughout the Health Board.

10 artists have been shortlisted to undertake the commissioned pieces and are meeting with their designated 'icon' and/or their families to begin the design process. Final pieces will be completed by the end of June 2023 and, with an exhibit planned for October 2023, in line with Black History Month.

This project will support visibility, recruitment and retention and create a legacy of representation for the Health Board.

Asesiad / Assessment

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

Argymhelliad / Recommendation

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

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	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:	CESR - Certificate of Eligibility for Specialist Registration GMS - General Medical Council HEIW - Health Education and Improvement Wales IMG/IMGs - International Medical Graduate(s) NWSSP - NHS Wales Shared Services Partnership OSCE – Objective Structured Clinical Examination SAS - Speciality Associate Specialist SPA - Supporting Professional Activities
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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



Aneurin Bevan University Health Board

People Plan : Retention Group

Terms of Reference

1 Purpose

The purpose of the People Plan Retention group is to be a forum to identify and design support systems and initiatives that value, support, and invest in retaining our staff. This includes gaining and interrogating data from multiple sources to fully understand the issues.

2 Overview of Retention

Retaining our staff is one of the most important factors for our organisation to deliver care in the forthcoming years. It is recognised that retention is very complex and an environment where staff feel supported, cared for and have opportunities to develop is critical to increased performance in retention and growth.

Our ABUHB People Plan sets out an ambitious agenda, outlining what our staff can expect. It highlights the importance of placing our people at the centre of everything we do and refreshing our retention strategy through engagement and collaboration.

Aim and Objectives of the group

The aim of the group is to explore and identify key areas of best practice to support, grow and retain our staff.

- To develop a project plan with deliberate interventions/projects which are intended to improve the retention workstream.
- Identify relevant stakeholders who have the knowledge and different perspectives of the system to design clear and measurable goals.
- Interrogate the data from multiple sources to fully understand the issues.
- To target interventions in areas of highest need.
- Promote and disseminate good practice and guidance.
- Work collaboratively to influence and create good practice throughout the organisation.
- Provide a collaborative forum that values innovation, research, shared learning to support best practice.

3 Membership

Membership of the Group will consist of Organisational Development leads, WOD Business Partners, Equality, Diversity and Inclusion Specialist, and representation from all Trade Unions and staff side, additional members will be invited as required to support and inform the agenda.

- The Group will be chaired by the Senior Organisational Development Lead
- The Vice Chair to be Senior Human Resource Manager.

4 Meetings

4.1 Quorum

At least four members must be present to ensure the quorum of the Group, one of whom should be the Chair or Vice Chair in order for the meeting to be viable.

4.2 Frequency

Every 3 weeks to be reviewed January 2023

4.3 Action List

The action notes from the meeting will be circulated to members at least two working weeks prior to the date of each meeting and meeting will be recorded.

4.4 Agenda

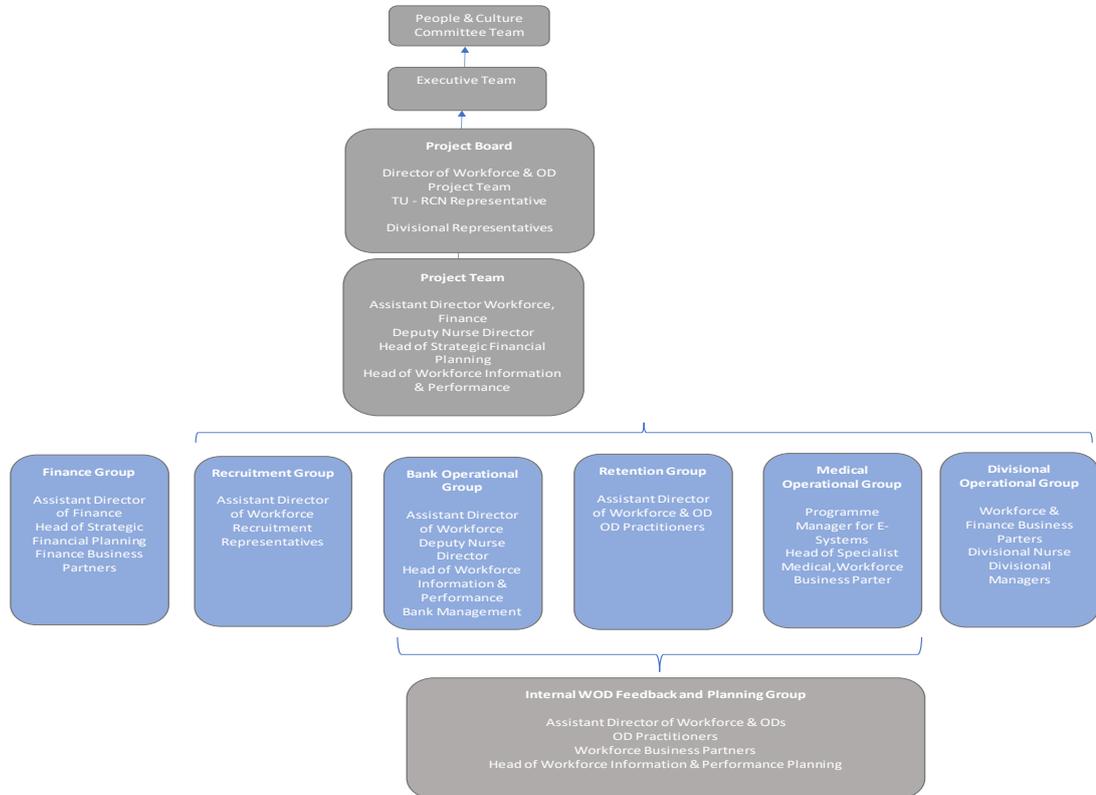
The agenda will be circulated to the Group at least one week prior to the meeting.

Any items to be considered for the agenda should be provided to the group at least two working weeks before the meeting.

The agenda will be approved by the Chairperson / Vice Chairperson in readiness for distribution.

The agenda will consist of items to reflect the issues and projects identified.

5 Reporting & Assurance Arrangements



6 Review

The Terms of Reference will be reviewed annually in readiness for the next year.



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PADR Conversation

GDS | WOD
Gwasgoleu Iechydprifysgol a Gyswiltol Chwarae ariannol a Gwasgoleuau Gwasgoleuau

Performance Appraisal & Development Review Your Details

Reviewee Name:	Job Title:	Department:
Reviewer Name:	Review Date:	Review Period: From: To:

PART A: Your Wellbeing

Employee Experience Pillars	Never	Rarely	Sometimes	Often	Always
Work has Purpose I feel my work makes a difference to other people's lives. I have pride in what I do and have a sense of achievement. My work is meaningful and makes a difference to my colleagues, patients and community					
Enough Control I feel that I have enough control over my work and my working life. I have autonomy and ownership of my tasks, and I feel empowered and trusted in my role					
Feel Cared For I feel cared for and care for others. I have a sense of wellbeing and I experience compassionate and thoughtful leadership. I can be myself at work.					
A Sense of Belonging I feel that I belong here because I have a meaningful bond with my colleagues and with ABUHB. I have clarity about my role, we have a strong team identity and I feel connected to my team. Joy and fun are part of my experience at work.					
My Work is Valued What I do in work is valued. I am in a learning culture where I am supported and challenged. I am rewarded, recognised and appreciated for the part I play.					
Fairly Treated I work in an environment which is fair. There is openness, transparency and honesty. I am treated with dignity and respect. I feel safe and secure.					
The above grid is linked to the Health Board's Employee Experience Framework. Use the grid to assess your current experience and aid a discussion as part of your PADR about your current experience of work and any actions that may improve your experience. Should you need it a more detailed wellbeing plan is available (See Page 6 for hyperlink)	Please note any agreed actions/comments in this box as discussed with you reviewer.				

Part B: Reviewing your work (When discussing these questions, please consider our Values and Behaviours and how you have/will meet them)

Discuss the contribution the individual has made against their previous review objectives and any further contribution.

Examples of useful questions/conversational prompts:

- *What do you believe you have accomplished in the past year?*
- *What have you been most proud of?*
- *What difficulties did you encounter? Is there a specific example?*
- *What would you do differently if that situation arose again?*
- *How could you use what you have learned?*
- *How have you demonstrated our values?*
- *What motivates you and makes you feel valued at work?*
- *Have you seen any opportunities where we could do things better?*

What were your objectives from your last PADR, and did you meet them?

	Input current objectives	Input review of objectives
Objective 1		
Objective 2		
Objective 3		

Part C: Planning your work					
Include objectives for the review period moving forward		How I will achieve it:	Evaluation My success will be measured by:	Timescale Completion date:	(add notes to reflect progress made through the year)
1	Completion of Mandatory Objectives	See Page 6 for hyperlink	Completion of all applicable objectives for my role		
2					
3					
4					

Part D: Your Development	
<p>Discuss the development needed to support the individual link to team goals and how the individual could help others. How to deal with the difficult topics.</p> <p><i>Examples of useful questions/conversational prompts:</i></p> <ul style="list-style-type: none"> • How do you feel about your development so far? Do you wish to develop further? • What do you suggest you need to learn or have experience of in the year ahead? • What expectations do you have of yourself and your colleagues? • Are you achieving 100% statutory and mandatory compliance? If no, what support do you need? • Where could you best utilise your knowledge, skills and experience in supporting the team? • How could you be even better? 	<p>Capture personal development opportunities, timelines and additional support agreed:</p>

<ul style="list-style-type: none"> • <i>Who could help you with your development within the team and why?</i> 	
--	--

Part E: Summary of Discussion and Signatures

For audit purposes documents must be personally signed by both parties
 Electronic signatures are **not** acceptable unless it is a scanned copy of your handwritten signature

<p>Summarise the discussion, review the development needs and objectives.</p>	
--	--

<p>Reviewer Signature: Date:</p>	<p>Reviewee Signature: Date:</p>
--	--

<p>Are you due for pay progression this year? (If yes, please complete the pay progression form - see Page 6 for hyperlink)</p>	<input type="checkbox"/>	<p>Are you planning or thinking of retiring in the next 12 months? (If yes please complete the planning for retirement form) (appendix)</p>	<input type="checkbox"/>	<p>Are you up to date with mandatory training?</p>	<input type="checkbox"/>
<p>Have you registered any declarations of interest (Hyperlink)</p>	<input type="checkbox"/>	<p>Do you need to revalidate your professional status in the next 12 months</p>	<input type="checkbox"/>	<p>If you work nights, have you been made aware of the Night Worker Assessment</p>	<input type="checkbox"/>

****Managers/Supervisors/Reviewers** to ensure this PADR is recorded please ensure the form is scanned, uploaded & submitted via [ESR Self Service](#) **

Guidance is available: [PADR Video Guidance](#) & [Guide how to upload a paper PADR document onto ESR](#). A copy should be given to the Reviewee for reference

Supporting Materials	
Stress Risk Assessment & Guidance	DM to ask Elaine where this is hosted
Corporate Objectives	IMTP / Corporate Objectives
Pay Progression	Pay Progression Toolkit
Night Worker Assessment	Night Worker Assessment (are we removing this and replacing with the Working Time Directive Guidance????)
PADR – A manager’s guide. PADR – Your personal guide	Convert Cwm Taff documents.
Wellbeing plan tool kit	All Wales Workforce Wellbeing Conversation Guide
Career Development Support	Career Development Support
Declaration of Interest	Declarations of interest, gifts and hospitality

Pay Progression Process

Appraisal (PADR)

Make sure your appraisal objectives cover these three areas:

- What am I expected to deliver?
- How should I do things? (Organisational values)
- How can I develop/do things better?

2-3 months prior to the pay step date, review with manager. Agree if you have met the objectives in all three areas.

(Depending on the pay step date, this review may be conducted as part of the end of year appraisal review)

Manager determines whether satisfactory or unsatisfactory

Manager communicates outcome to individual and seeks agreement

If individual is not content i.e. the pay step is to be withheld, ask for the manager's manager to review (within 7 days). Their decision is final

If individual content, pay step will either be paid or not paid depending on the outcome of the review

There is no further appeal process regarding the rating decision. If the individual feels the process has not been followed correctly they can consider the grievance process

At the start of the year, you and your manager should agree your objectives and identify the people who you will seek feedback from

Ongoing Conversations

1. Seek regular feedback on how you are doing
2. Include feedback from a range of people (where appropriate build in feedback from patients, clients, partners, project managers and colleagues)

End of year review/ appraisal with Manager

Builds on in year conversations and feedback. Agreed what needs to be built into the next year's objectives. Recorded on ESR



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	People Plan 2022/25 – Objective 3 – Workforce Sustainability
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds – Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Cathy Brooks, Head of Workforce Planning

Pwrpas yr Adroddiad Purpose of the Report
Ar Gyfer Trafodaeth/For Discussion

**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 (WOD) 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 3 core objectives:

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

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 an update on the refresh of the People Plan, focussing on the People Plan achievements to date since implementation of the plan in May 2022.

The paper also provides an update on the delivery of actions and activity to support Objective 3 of the People Plan – Workforce Sustainability.

A paper providing assurance on the workforce planning and educational commissioning numbers was presented and agreed at the Executive Committee meeting on 16 February 2023 and this paper is also provided for information in the People & Culture agenda.

Cefndir / Background



Workforce Sustainability

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 meet its challenges and delivery of the Health Board priorities.

The People Plan aims to ensure longer term 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

People Plan - Key Achievements Objective 3 and Year 1 summary

A Delivery Framework to support the implementation of the People Plan has been essential to Workforce & OD colleagues to map out core actions and measure progress towards the delivery of key objectives. Since the implementation of the people Plan in May 2022, a defined reporting structure has been developed to enable the actions to be monitored, good practice shared, and updates provided on performance at the Workforce and OD Divisional Day. Regular updates are also provided on each of the objectives to the People and Culture Committee.

For the first year of the People Plan, 95% of the actions were delivered which exceeded the expectations for delivery, with 5% off track or put on hold. This was linked to either funding, awaiting appointments of staff or interdependencies with external partners/agencies. To respond to the recent national and local pressures of increasing demand on our health and social care systems it has been necessary to adapt some of the delivery plans and prioritise actions in areas of the Health Board where these contextual factors are greatest.

The People Plan Tracker annual highlight report **Appendix 1** outlines the performance against each of the three objectives in the People Plan and the actions within these. A visual summary is shown below. 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 with notable improvements in sickness absence, vacancies, turnover and recruitment targets.



People Plan Tracker Dashboard (May 2023)

Theme in People Plan	Action num	Action	% complete	Risk Score
Staff Health & Wellbeing	Action 1	Wellbeing Centre	93%	Low
Staff Health & Wellbeing	Action 2	Integrated Psychological Wellbeing	40%	Low
Staff Health & Wellbeing	Action 3	Enhance wellbeing of Our Staff	20%	Low
Staff Health & Wellbeing	Action 4	People First	53%	Low
Staff Health & Wellbeing	Action 5	Health Working Day	25%	Low
Staff Health & Wellbeing	Action 6	Developing Leaders and Managers	48%	Low
Staff Health & Wellbeing	Action 7	Occupational Health Service improvements	44%	Low
Staff Health & Wellbeing	Action 8	People Practices/Policies	88%	Low
Staff Health & Wellbeing	Action 9	Financial Wellbeing	33%	Low
Employer of Choice	Action 10	Strong Health Board Identity	43%	Low
Employer of Choice	Action 11	Talent and Succession Planning	39%	Low
Employer of Choice	Action 12	Building our connections with schools/education providers/communities	35%	Low
Employer of Choice	Action 13	Widening Access	47%	Low
Employer of Choice	Action 14	Recruitment and Retention Strategies	39%	Low
Employer of Choice	Action 15	Equality Diversity and Inclusion	28%	Low
Employer of Choice	Action 16	Welsh Language	70%	Low
Employer of Choice	Action 17	Volunteering Opportunities	5%	Low
Workforce Sustainability	Action 18	Workforce Sustainability Plans	32%	Low
Workforce Sustainability	Action 19	Primary Care Transformation	41%	Low
Workforce Sustainability	Action 20	Accelerated Cluster Development	25%	Low
Workforce Sustainability	Action 21	Workforce Analytics and E-systems	18%	Low
Workforce Sustainability	Action 22	Agile/Hybrid Working	45%	Medium
Workforce Sustainability	Action 23	Variable Pay Reduction Plan	95%	Low

Objective 3 - Workforce Sustainability Actions

The Workforce Sustainability objectives focus around 5 overarching actions (action 18-22 of the People Plan) which are summarised below:

- **Action 18: Workforce Sustainability Plans:** develop strategic workforce planning across our systems focussing on skill mix, development of new roles, extended roles and maximising the contribution of the unregistered workforce.
- **Action 19: Primary Care Transformation Programme** to be extended working collaboratively to deliver the workforce dimensions to support new models of care and the outcome framework for the Regional Integration Fund.
- **Action 20:** Delivery of the *Accelerated Cluster Development (ACD)* programme and the alignment of investment plans under the RPB with greater investment in collaborative work with other networks and groups and the plans for the *Care Closer to Home* models.
- **Action 21:** We will introduce a suite of *workforce analytics* to underpin and inform decision making. We will scope and plan to implement interoperable medical workforce E-Systems, which includes systems for job planning, rostering and locum and agency.
- **Action 22: Agile and Hybrid Working/New Ways of Working** - will continue to build on areas of good practice in terms of agile working.

Since the launch of the People Plan an additional action has been implemented on *agency reduction sustainability* focussing on reducing agency costs and the reliance on a temporary workforce.

Workforce Sustainability - Key Achievements for Objective 3 – Year 1

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 Action. 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.

Objective	Key Achievements
Action 18: Workforce Sustainability Plans	<ul style="list-style-type: none"> • IMTP Workforce and Commissioning plan complete. • Development of Healthcare Support Worker and Nursing Workforce Strategies.
Action 19: Primary Care Transformation Programme	<ul style="list-style-type: none"> • Collaboration with Gwent Workforce Board. • Joint working in place. • Workshops held. • Established joint recruitment initiatives with Local Authorities.
Action 20: Delivery of ACD and Care Closer to Home	<ul style="list-style-type: none"> • Dedicated workforce support for Neighbourhood Care Network (NCN) Development. • Workforce mappings against place of work and place of home already completed. • Mapping of workforce data against deprivation demographic data.
Action 21: Workforce Analytics	<ul style="list-style-type: none"> • New Workforce Dashboard launched. • Safecare (Nursing staffing levels tool) roll out in progress. • Procurement of Medical E-Systems concluded.
Action 22: Agile Working	<ul style="list-style-type: none"> • Workforce Assessment. • Toolkit and updated policies. • Draft strategy/vision agreed.
Action 23 Agency Reduction Sustainability	<ul style="list-style-type: none"> • Agency has reduced by 69wte RNs and 172wte HCSW. • HCSW Agency Usage substantially reduced in April 23 to £293k. • There has been no off contract agency for RNs since 01 March 2023.

Action 18: Workforce Sustainability Plans

Please refer to separate paper/agenda item on People and Culture agenda, item 4.2 in respect of workforce planning (IMTP/Commissioning).

To support service sustainability, in the past year the Health Board has introduced new roles, such as Assistant Psychologist working in Complex Care, Assistant Practitioners in MSK and therapy roles within Public Health. Operating Department Practitioners are also deployed in areas such as Critical Care, inter-hospital transfer and infection control. We have also introduced the role of the Paramedic within our Urgent Care pathway and Physicians Associates into Post Anaesthetic Care Unit. The health Board continually look for opportunities to extend the skills of our current workforce and examples of this include the use of Pharmacy Assistants undertaking pre and post accuracy checking and Pharmacy Technicians transcribing discharge medicines.

The three-year Nursing Midwifery SCPHN Workforce Strategy sets out the Health Board's vision and ambition to address the current workforce challenges as well as exploring new ways of working to make the Health Board an Employer of Choice and support workforce sustainability.

Action 19: Primary Care Transformation Programme

The Gwent Workforce Strategy is based on 7 themes and All Wales Plan. A workshop has been arranged for June 2023 with all key stakeholders to work through actions and innovative ideas. The full strategy document will be completed by the end of Q2 2023/24.

During 2022/23 the Transformation team supported a number of initiatives with local partners. A joint recruitment venture with Local Authority Partners commenced in March 2023. A budget allocation of £43,000 was allocated from the RIF workforce budget to support a recruitment bus which will run between March - June 2023 visiting local communities to raise the profile of careers in Health and Social Care.

The RIF team have supported the organisation and facilitation of events for Gwent Workforce Board and RSVP Learning Events. As well as facilitation for local teams around difficult conversations and influencing skills.

Action 20: ACD and Care Closer to Home

An on-going program of ACD work is currently being defied. The Transformation Team are supporting the professional collaboratives with facilitated workshops and facilitation support for the 6 pillars across all 5 Local Authority areas.

Workforce mappings against place of work and place of home have already been completed. Work is now underway to map workforce data against deprivation demographic data.

Action 21: Workforce Analytics

The Health Board continued to utilise its suite of data collection methods and the integration of data streams. The Workforce and OD monthly dashboard was reviewed, and a workforce analytic dashboard developed to underpin and inform decision making and support a framework for measuring the benefits of the People Plan actions.

The implementation of Safe Care is nearly complete across 4 of the Health Board's major sites that use rostering for inpatient capacity (88% complete). Safe Care helps organisations embrace a real-time staff deployment, providing live visibility of staffing levels by matching with patient demand and highlighting areas which are short on workload-based care hours.

Medical E-Systems implementation plan is progressing to plan. The tender has been agreed and recruitment for the rollout achieved. Further work is progressing to start up job planning, roster and locums within the workstream with rollout scheduled for mid-July 2023.

To support the medical E-Systems rollout, a Health Board Junior Doctor's Locum Rate Card was developed and launched in November 2022. The rate card will provide consistency and transparency on rates across the organisation.

Action 22: Agile Working

The Agile/Hybrid Working Framework, guidance, Home Working Policy and map of agile spaces has been updated to support the rollout and implementation across the Health Board.

An all Wales Agile/Hybrid Working Network has been established and is underway sharing good practice and ideas via bi-monthly meetings and Gwella (HEIW portal) engagement. All Wales Progress Map has been developed to document and evidence delivery across organisations in Wales.

We are progressing a number of agile/hybrid working opportunities. We have completed the assessment of Grange House and presented to the Agile Programme Board in September 2022 which was well received. Assessments have continued on Royal Gwent and St Woolos to assess current admin workspaces and utilisation to support the E-LGH estates configuration workstream.

A map to evidence the agile spaces available across the Health Board for staff has been developed with input from divisions. A map is due to go live on the intranet for the second time in June 2023.

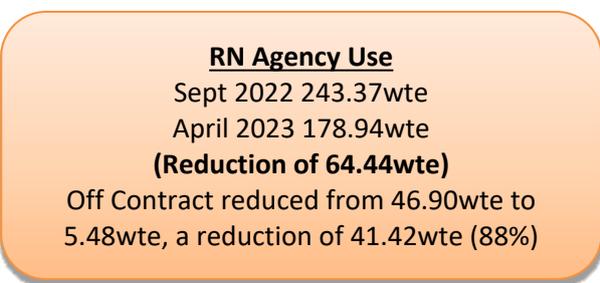
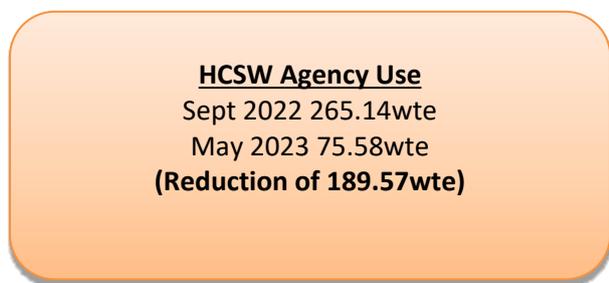
Working with local partner organisations may provide opportunities for community hubs especially where this will support the development of local spatial planning policies and benefit the local community, for example, by supporting local high streets.

New Action: Variable Pay Reduction Plan

The Health Board recognises that a temporary workforce does not support optimum patient safety and quality of care or staff experience. In September 2022, a focused variable pay reduction plan was, therefore, launched with a primary focus on reducing agency use.

Key focus areas included in the plan are governance and controls which were relaxed by Health Board agreement during Covid-19 and recruitment and retention. An action plan was developed which set out the core actions developed with finance and professional colleagues to support a reduction in variable pay in the long-term with targets actions to deliver a planned saving of £2M- £3M in 2022/23. A programme approach was developed, and a number of sub-groups established as a direct result of the main drivers for agency and variable usage.

There has been a substantial reduction of agency usage with the implementation of stopping Off-Contract usage for Registered Nurses (RN) and Health Care Support Workers (HCSW).



Targeted Divisional recruitment to fill substantive vacancies and continued Bank recruitment has reduced the reliance on agency usage. The recruitment activity has resulted in:

- 52 Newly Qualified Nurses (NQN) were matched to our vacancies from the March Cohort, 7 of which have started with the Health Board. A further 120 NQN are matched for the September Cohort qualifying this year.
- 262wte HCSWs have started with the Health Board since September 2022. A further 60 are undertaking pre-employment checks or have a start date booked and a further 112wte vacancies are being progressed.

The successful recruitment campaigns have enabled us to continue to implement plans to work towards ceasing all agency Health Care Support Worker usage with effect from 04 June 2023.

Mental Health and Learning Disabilities are the largest user of HCSW agency, utilising 45-50wte per week, targeted support is in place for the Division to rapidly reduce the numbers.

Work continues to address agency use in admin and clerical, estates and facilities and medical staff.

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

The objectives within the People Plan have been reviewed to ensure, the Health Board attracts new staff and retains existing staff by supporting their wellbeing and providing managers with the necessary tools to deliver effective leadership.

In 2023/24, Workforce & OD plan to re-establish the Clinical Futures Workforce Group to ensure there is a planned and systematic people management strategy aligned to our Health Board priority programmes, this will cover:

- Workforce planning
- Organisational development
- Resourcing
- Engagement (with staff, trade union partners, stakeholders)
- Workforce models and role development
- Workforce models which uphold delivery of the Health Board's wellbeing objectives

Argymhelliad / Recommendation

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

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

Cyfeirnod Cofrestr Risg
Corfforaethol a Sgôr Cyfredol:

Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable 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 Gender pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	ACD - Accelerated Cluster Development HCSW - Healthcare Support Worker IMTP - Integrated Medium Term Plan NCN - Neighbourhood Care Network RN - Registered Nurse WOD - Workforce & Organisational Development
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

<ul style="list-style-type: none"> • Financial 	<p>Not Applicable</p>
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>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>



PEOPLE PLAN 2022-2025 - HIGHLIGHT REPORT

Yearly Update (Progress as of May 2023)

ACTIONS ACHIEVED MAY 2022- MAY 2023

People Plan Objective	Action	Outcomes
Objective 1 – Staff Health & Wellbeing	Action 1 - Centre of Excellence of Wellbeing – new centre at Llanfrechfa Grange House	<ul style="list-style-type: none"> Employee Wellbeing Centre open in Grange House. Communications to promote the new centre underway (including during Retention Cafes). Recruitment currently underway for 1.2 WTE Band 6 Staff Counsellors.
	Action 2 - New Integrated Psychology Wellbeing Services	<ul style="list-style-type: none"> New mediators trained. Cohort of local mediators trained across the Health Board with a mediator in place for each division. This will provide organisational resilience and a network. Local process in place to manage requests for mediation.
	Action 3 – Develop a Medium to Longer Term Wellbeing Strategy	<ul style="list-style-type: none"> Restarted the planning for the 10-year plan, including a central vision and mission statement.
	Action 4 - People First	<ul style="list-style-type: none"> Initial 6-month project of staff re-connection via the People First Programme has been reviewed. Executive engagement, significant shift in executive mindset and emotional connection to staff and issues.
	Action 5 - Health Working Day /Organisational Development – (including PADR, Induction, Training)	<ul style="list-style-type: none"> Continue to review and refresh Health Board OD offer building on work undertaken as part of RIF. Evaluation of bilingual induction programmes. Review into psychometrics training and offer from OD to create recommendations to support recruitment methods, on-boarding, team building, and transformational approaches complete. PADR process and form has been reviewed and new streamlined process agreed by Executive Committee with a greater focus on wellbeing and career conversations.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> Research starting in July 2023 regarding the entangled factors which contribute towards staff working day with outputs planned for October 2023 to inform staff wellbeing and retention strategies.
	Action 6 - Developing our Leaders and Managers	<ul style="list-style-type: none"> Proposal to offer internal graduate management scheme approved and supported by the Executive Committee in April 2023. CDx programme launched in October 2022 and in month 7 of 10 with 48 participants. LDP – Leadership Development Programme launched in February 2023 (replacement as entry level leadership programme with open access) over 200 participants signed up.
	Action 7 - Review of Occupational Health Services	<ul style="list-style-type: none"> Paper in relation to benchmarking of Occupational Health Services complete. Work ongoing to pilot Talent Management and Succession Planning within Occupational Health. New national IT system planned to rollout in September 2023.
	Action 8 - People Practices and Policies/Coaching - Refresh the approach taken to reduce investigation timelines, provide managers and supervisors with the skills to compassionately implement HR policies	<ul style="list-style-type: none"> Approach taken to reduce investigation timelines, provide managers and supervisors with the skills to compassionately implement HR policies has been refreshed. Avoidable employee harm training continues to be rolled out across Wales. The reduction in new disciplinary investigations has been maintained with a sustained 60% reduction in disciplinary cases compared to 2021/22. Dismissals have reduced from 14 to 4 in the same period.
	Action 9 - Financial Wellbeing Offer	<ul style="list-style-type: none"> Financial Wellbeing support guidance and signposting on intranet. Support for staff provided via Money and Pensions Service. National support implemented for travel.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> Local support implemented for meal subsidy.
Objective 2 – Employer of Choice	Action 10 - Develop strong Health Board Identity	<ul style="list-style-type: none"> Gold Corporate Health standard awarded on 22 March 2023 with high commendations. Successfully undertaken an Enhanced Status Check and achieved a 12-month revalidation of the Platinum Corporate Health Standard in recognition of our achievements in workplace health and wellbeing awarded on 11 April 2023. Storytelling workshop completed with new methods and approaches learned to share the positive impact of W&OD across the Health Board. Internal (Primary and Secondary Care) and external Veterans Network established. Bilingual job description profiles created and approved. All requests received to date have been translated. The Recruitment Modernisation Programme (phase 1) was implemented in October 2022 and has resulted in steady improvements in time to hire. In April 2023, 64% of applicants completed their pre-employment checks within 28 days and whilst this is a significant reduction, further work is required to improve overall time to hire (e.g., time to shortlist). Engaged with an all-Wales programme of work overseen by Health Education and Improvement Wales (HEIW) to model registered nursing vacancies. Internal KPI's developed for bank and medical recruitment. Nursing Recruitment and Retention Workforce Strategy approved. Medical workforce recruitment plans commenced via divisions. Strategy in early stages of development.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> • Regular Retention Cafes organised at various hospital sites to gain staff perceptions. All meetings organised up until the end of May 2023 and further sessions are due to be scheduled. • Group established with TOR to support the Armed Forces Covenant. Paper sent to Executive Committee and agreed. Health board compliant. Internal and external veterans network established. • Continued to work closely with recruitment agencies, service partners and European Gateway, BAPIO.
	Action 11 - Talent Management and Succession Planning	<ul style="list-style-type: none"> • Funding negotiated with HEIW for 6 months to pilot W&OD Talent and Succession planning strategy within Divisional Managers and Clinical Directors Relationships and links established with recruitment sites and being utilised to advertise roles. • Introduced bespoke approaches for our recent Executive appointments. • "Introduction to Leadership" formerly known as Learning to Lead and Taking the Lead, this has been revamped and modernized to a new program called the "Leadership Development Program" and will cater for those entering leadership roles. • "Leading People": the aim of this program is to develop highly skilled and effective leaders from across the health, social care and third sectors to ensure the delivery of high quality, safe and compassionate care with a greater focus upon staff experience, well-being, engagement, leadership styles and patient outcomes. It is a multidisciplinary program designed for advanced leaders. • CDx -The bespoke 10-month clinical director leadership programme has launched in October with over 45 current and potential CDs subscribed. It was designed by current and previous clinical directors thorough a thorough scoping exercise. The programme addresses the key leadership

People Plan Objective	Action	Outcomes
		<p>issues faced by this business-critical group to develop business-literate clinical leaders now and in the future.</p> <ul style="list-style-type: none"> • Continue to support NHS Wales graduate placements. • Internal trainee management scheme agreed by Executive Committee, to be launched 2023.
	<p>Action 12 - Building connections with schools, education providers/third sector and community groups</p>	<ul style="list-style-type: none"> • Engaged with local schools and communities to raise the profile of working in health and work with the community to provide opportunities for meaningful employment. • Since June 2022, attended 9 careers events within the community (8 at schools, 1 at skills Cymru event at Motorpoint Arena, Cardiff). Two internal events (October 2022 and December 2022) at Mental Health and Learning Disabilities and Midwifery to discuss career pathways with staff. • HCSW – Clinical HCSW qualification (Level 2 HCSW) now available to non-clinical HCSW who intend to be starting a permanent internal clinical HCSW role. • HCSW Conference 2023 – the conference was scheduled for 15 March 2023 at the Christchurch Centre in Newport. A programme included a vast selection of presenters and exhibitors including HEIW with over 250 attendees. There was excellent feedback for this event. • Volunteer to Career pathway established. • Successfully worked with Coleg Gwent to place students within the Health Board.
	<p>Action 13 – Widening Access</p>	<ul style="list-style-type: none"> • Internal Apprenticeships - currently have 235 internal active learners on apprentices (161 completing a clinical healthcare qualification, remainder across other disciplines, e.g., management, accounting, business administration etc.).

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> • An apprenticeship evaluation has been undertaken following the first cohort of Health Board apprentices. This determined that 70% of the 28 apprentices appointed as part of the first cohort found the on-boarding and induction process very good or excellent. • Recruitment Bus in partnership with Gwent Workforce Board from March 2023 with a focus on Social Care workforce. • Throughout 2022, supported 16 Kickstart placements which aimed to improve the employability prospects of young people (aged 16-24) and 6 of those placements converted into a fixed term or permanent post with the Health Board.
	Action 14 - Recruitment and Retention Strategy	<ul style="list-style-type: none"> • Engaged in the Kerala Welsh Government initiative to recruit medical staff. • Recruited circa 262wte Health Care Support Workers through a new recruitment initiative. • Targeted recruitment campaigns to reach difficult to recruit areas/specialities/professions. • Supported 102 HCSW's to undertake a flexible route to train to become a registered nurse, either through the Open University or the University of South Wales. • Medical Workforce R&R plans initiated within divisions. • Monthly Retention Cafes held across all sites and utilising this along with short surveys and exit questionnaires to assess retention interventions. Over 300 people shared their experience of work at these cafes with 48 issues explored and supported on a range of topics including flexible working, occupational health support, learning opportunities. • Speciality Doctors and Clinical Fellows Work Programme, work has started to develop this strategy through the development of an Autonomous Practice Policy, Induction Programme, International Medical

People Plan Objective	Action	Outcomes
		<p>Graduates Supervisor Support, appointment of the Speciality Associate Specialist Advocate and communications.</p>
	<p>Action 15 - Equality, Diversity and Inclusion (EDI) - Development of Equality Impact Assessment toolkit and new assessment process.</p>	<ul style="list-style-type: none"> • Equality Impact Assessment developed. A review of the guidance and tools is in progress. This is informed by the feedback of staff who have recently undertaken the EQIA process. Exploring avenues to streamline and where appropriate automate the process to improve user experience. • EDI intranet developed with guidance and tools. Newsletter established and updated bi-weekly via intranet. • Proposal for Reverse Mentorship has commenced. • Menopause café active and has received good engagement. • Consultation Plan to support the Equality Objectives 2024-2028 is in the consultation phase.
	<p>Action 16 - Welsh Language - Introduce a revised Welsh Language Awareness training package.</p>	<ul style="list-style-type: none"> • Promoting and implementing the “Active Offer” principle in line with the Welsh Government’s Strategic Framework: More Than Just Words. • Implementing the Bilingual Skills Strategy to ensure our workforce communication skills match our populations needs. • Creation of MS form which allows learners to give greater details on expectations and commitment. • New mandatory course live on ESR. • Establishment relationships with Welsh Language recruitment agencies and sites to support implementation of the Bilingual Skills Strategy. • Job descriptions are being translated as and when received. • Develop a series of protocols and guidelines to meet the requirements of the Welsh Language Standards.

People Plan Objective	Action	Outcomes
Objective 3 – Workforce Sustainability	Action 18 - Workforce sustainability	<ul style="list-style-type: none"> • IMTP Workforce and Educational Commissioning plan complete. • Updated Registered Nursing medium term workforce tracker to support enabling strategies to reduce vacancies. • Development of Registered Nursing and Health Care Support Worker Supply and Demand tracker. • Introduced the role of the Paramedic within our Urgent Care pathway and Physicians Associates into Post Anaesthetic Care Unit. • Successful reduction of agency with further plans in progress.
	Action 19 - Regional Partnership Board - Transformation Programme	<ul style="list-style-type: none"> • Collaboration with Gwent Workforce Board, workshops held, and TOR agreed, and Gwent Workforce Strategy drafted. • Primary Care Workforce Plan- local engagement event held. • Established joint recruitment initiatives with LA's.
	Action 20 - Accelerated Cluster Development	<ul style="list-style-type: none"> • Dedicated workforce support for NCN Development. • Workforce mappings against place of work and place of home already completed. • Mapping of workforce data against deprivation demographic data.
	Action 21 - Workforce Analytics – E systems	<ul style="list-style-type: none"> • New Workforce and OD monthly dashboard • Safe Care rolled out to Nevill Hall, YYF and RGH and commenced GUH. • Medical E- systems – Programme team appointed, procurement process complete, awaiting sign. To support the medical E-Systems rollout, a Health Board Junior Doctor's Locum Rate Card was developed and launched in November 2022. The rate card will provide consistency and transparency on rates across the organisation.

People Plan Objective	Action	Outcomes
	Action 22 - Rollout of Agile/Hybrid Working/New Ways of Working	<ul style="list-style-type: none"> • Agile/Hybrid Working Framework, guidance, Home Working Policy and map of agile spaces developed to support the rollout and implementation across the Health Board. • All Wales Agile/Hybrid Working Network established and is underway sharing good practice and ideas via bi-monthly meetings and Gwella (HEIW portal) engagement. All Wales Progress Map has been developed to document and evidence delivery across organisations in Wales. • Agile working opportunities at Grange House/GUH have been assessed and were presented to the Agile Programme Board in September 2022. • A map to evidence the agile spaces available across the Health Board for staff has been developed with input from other divisions. Map is due to go live on the intranet for the second time in June 2023.
	Action 23 - Agency Reduction Plan	<ul style="list-style-type: none"> • Variable Pay Reduction Plan launched in September 2022. • Off contract Registered Nurses (RN) was implemented on 1 March 2023. • Plans to eradicate on-contract HCSW on 4 June 2023. • HCSW vacancies have reduced by 200wte. • RN vacancies reduced from 350wte to 275wte. • To date there has been savings of up to £3m in 2022/23 with agency reducing by 69wte RNs and 172wte HCSW. • HCSW Agency usage substantially reduced in April 2023 to £293k.

Actions Off-Track

For the first year of the People Plan, 95% of the actions were delivered with 5 % off track or put on hold. This was linked to either funding, awaiting appointments of staff or interdependencies with external partners/agencies.

People Plan Objective	Corresponding People Plan Action & sub-objective	Outcomes
Objective 1 – Staff Health & Wellbeing	Nil off-track or on hold.	
Objective 2 - Employer of Choice	Recruitment and Retention Strategy	<ul style="list-style-type: none"> • The formalised pathway for volunteers to secure employment is in its infancy, however all volunteers looking for employment are supported dependent on their individual requirements. Mitigating actions are in place to support the pathway and alternative roles. • The creation of an employee experience working group to review the Health Board’s Framework and Toolkit is currently being redesigned to develop a refreshed and long term ambition. • Establishment of an inclusion panel for senior recruitment to ensure values and inclusive compassionate leadership as part of Values Based Recruitment is currently on hold.
Objective 3 - Workforce Sustainability	Regional Partnership Board - Transformation Programme	<ul style="list-style-type: none"> • Wellbeing at Work training developed. Development of implementation plan underway to deliver in Q2 for ACD programme. • The College Consortium Collaboration has delivered a student placement programme with the Person-Centred Care Team and a number of key priorities will be delivered throughout 2023/24 including shared apprentices across Health and Social Care and the development of a school’s programme.

Yearly Dashboard May 2022- 2023

During the first year of the People Plan, 95% of the actions were delivered with 5% off track or on hold due to funding, recruitment of support staff or key interdependencies with external agencies or organisations.

 People Plan Tracker Dashboard (May 2023)				
Theme in People Plan	Action number	Action	% complete	Risk Score
Staff Health & Wellbeing	Action 1	Wellbeing Centre	93%	Green
Staff Health & Wellbeing	Action 2	Integrated Psychological Wellbeing	40%	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	Health Working Day	25%	Green
Staff Health & Wellbeing	Action 6	Developing Leaders and Managers	48%	Green
Staff Health & Wellbeing	Action 7	Occupational Health Service improvements	44%	Green
Staff Health & Wellbeing	Action 8	People Practices/Policies	88%	Green
Staff Health & Wellbeing	Action 9	Financial Wellbeing	33%	Green
Employer of Choice	Action 10	Stong Health Board Identity	43%	Green
Employer of Choice	Action 11	Talent and Succession Planning	39%	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	39%	Green
Employer of Choice	Action 15	Equality Diversity and Inclusion	28%	Green
Employer of Choice	Action 16	Welsh Language	70%	Green
Employer of Choice	Action 17	Volunteering Opportunities	5%	Green
Workforce Sustainability	Action 18	Workforce Sustainability Plans	32%	Green
Workforce Sustainability	Action 19	Primary Care Transformation	41%	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	45%	Yellow
Workforce Sustainability	Action 23	Variable Pay Reduction Plan	95%	Green

Key Risks/Issues identified with delivery of the People Plan

- Potential funding for Agile hubs – pending agreement of Strategy.
- Traction of People First in divisions.
- Staff capacity in OD to delivery improvements in statutory and mandatory training compliance.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance on Compliance with the Welsh Language (Wales) Measure 2011
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Geraint Scott, Head of the Welsh Language Unit

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper provides the People and Culture Committee with assurance on the Health Board's work to comply with both the Welsh Language Standards and the Welsh Government's More Than Just Words plan to ensure delivery of services through the medium of Welsh to its Welsh speaking patients.

The People and Culture Committee is asked to note the content of the paper and receive assurance on the Health Board's current compliance against the Welsh language Commissioners standards and Welsh Government targets.

Cefndir / Background

Aneurin Bevan University Health Board received its final Compliance Notice from the Welsh Language Commissioner in November 2018. This outlined the Health Board's duty to meet 121 of the statutory Welsh Language Standards established by the Welsh Government under the Welsh Language (Wales) Measure 2011.

Overall, real progress has been made implementing the Standards. Significant progress has been made in developing working practices and systems to assist in compliance with, and facilitating and monitoring of the implementation of, the Standards and good bilingual practice. A holistic model of increasing language use has been adopted, with a comprehensive Implementation Plan leading the process, alongside increased engagement and awareness. The Health Board has

been clear that a patient-centered approach underpins the work in this area and that the work undertaken puts improved services to patients at the heart of everything the Health Board does. The Health Board's approach matches the most recent version of the More than Just Words plan from Welsh Government, recognising that this is a piece of work that is without finish, and that continued focus is required to strengthen the Health Board's strategic planning processes and engagement with its Welsh speaking service users and employees. Non-compliance with Welsh Language Standards can lead to an investigation by the Welsh Commissioners Office and can lead to a fine of £5,000 for each instance of non-compliance.

Strategic leadership for Welsh language work in the Health Board is provided by the Welsh Language Strategic Group (WLSG) which is chaired by the Director of Workforce and Organisational Development (OD).

Asesiad / Assessment

The Health Board, through the Welsh Language Unit and other groups, has a range of workstreams to develop, promote and improve provision of services through the medium of Welsh and to ensure compliance with both Welsh Language Standards and Welsh Government targets.

The table below demonstrates the current Welsh speaking populations in the areas covered by the Health Board:

Blaenau Gwent	6.20%
Caerphilly	10.50%
Newport	7.50%
Torfaen	8.20%
Monmouthshire	8.70%

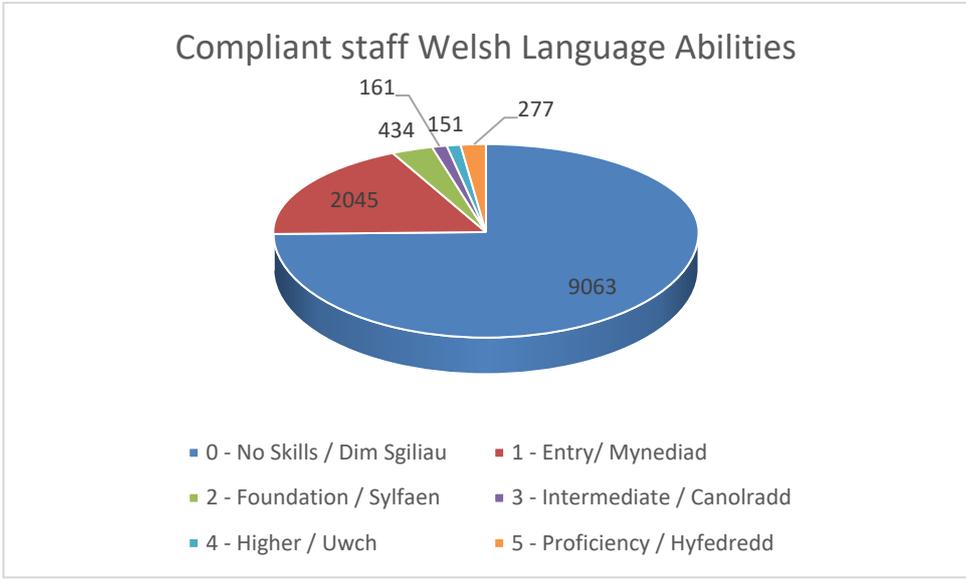
Assessment of staff Welsh language capabilities

It is mandatory for all staff to note their Welsh language abilities in three areas;

1. Speaking and listening
2. Reading and understanding
3. Writing

Compliance with these standards as of March 2020 remained low (38.45%). This raised to 51% by March 2021 but then remained unchanged. As a result of conversations with various members of staff, it was discovered that many staff were struggling with updating this information on ESR. Based on this, the Welsh Language Unit created a simple form that could be used to update the competencies. The Health Board has now reached 74% compliance and has received ongoing success by targeting specific directorates where competency is low and asking managers to communicate directly with staff about these competencies. The Welsh Language Unit hope that targeting specific directorates will bring to light gaps in the Health Board's Welsh language capacity and identify where further support is required.

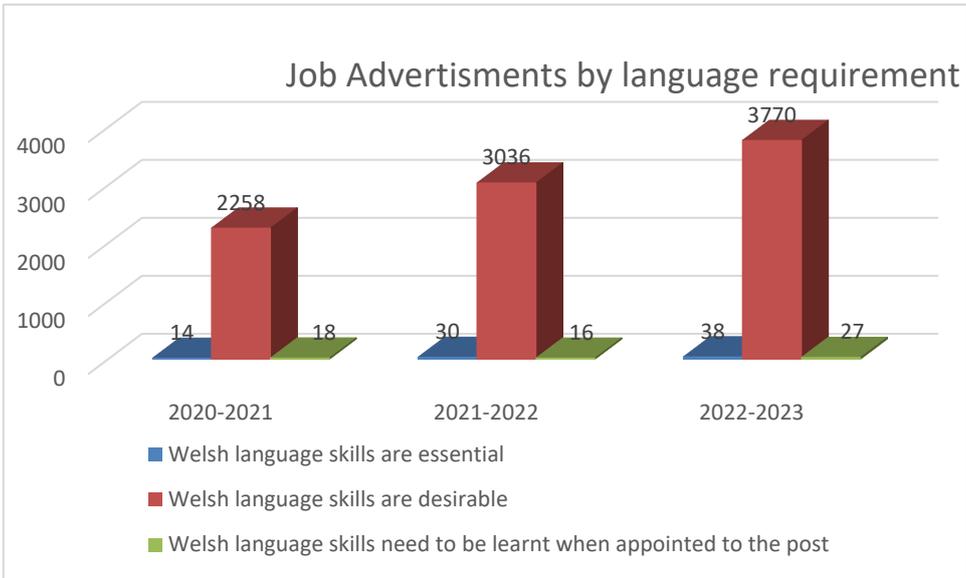
Based on those who have completed their competencies, the chart overleaf shows the Welsh language abilities of the Health Board's current staff.



A new supply of lanyards for Welsh speakers and Welsh learners have been procured to ensure that patients and visitors are aware of the Health Board staff able to provide support in Welsh.

Recruitment and careers advice

The Bilingual Skills Strategy which has been approved by the Health Board provides clear guidance to recruitment managers around whether new or vacant job roles should be advertised with Welsh as essential, desirable or needs to be learnt. The graph below shows the number of job roles advertised by the Health Board over the past three financial years. It suggests that the message in relation to the need for these skills is being acted on widely as the numbers of jobs advertised in each area increases year on year.



The Health Board continues to find it challenging to recruit Welsh speaking staff and data suggests that at present only 7.5% of those applying for roles in the Health Board where Welsh is noted as essential or desirable have Welsh language skills. In order to try to improve this number, the Welsh Language Unit are undertaking targeted career workshops to Welsh speaking students in all of the Welsh medium Secondary schools within the Health Board area. These sessions were previously

undertaken in English and did not give any weight or importance to the additional skill the students had. As Welsh is a required subject to GCSE level in non-Welsh medium schools, the Welsh Language Unit has also begun sessions in these schools to boost the confidence of those students around the language skills they have and the importance of using these with Welsh speaking patients. Further work has also been done with Welsh Language Engagement Officers from the Health Board's further education partners who are running 'Health and Social Care' courses. Awareness sessions have been undertaken with all students studying these courses in Coleg Gwent and Coleg y Cymoedd. The Welsh Language Unit have also been involved in general Welsh language awareness events at Coleg Gwent.

The Welsh Language Unit have engaged regularly with recruitment colleagues to ensure that information utilised in general recruitment publications and events is bilingual and meets the requirements of the Welsh Language Standards.

A large piece of work needs to be undertaken in translating all job descriptions as this is an area where the Health Board's compliance is currently low. Internal auditing has shown that our compliance with this Standard is currently low, with an average of around 10-20%. Where we receive job descriptions they are translated and returned. There is a national piece of work being undertaken to create a bank of standardised/commonly used job descriptions which currently holds 150 fully bilingual job descriptions. With the advent of a new job description template, we don't want to undertake a large piece of work translating job descriptions that are no longer current but believe this to be a piece of work that will increase our workload in the near future.

A further piece of work to be undertaken is to assess when to give greater detail as to the level of Welsh required when advertising jobs as requiring Welsh language skills. Some evidence suggests that where employers give a more specific quantification of the Welsh skills, they are looking for from applicants rather than a simple essential of Welsh skills being desirable or essential, they get more suitable applicants.

Staff engagement

The Welsh Language Unit has undertaken a number of staff engagement events across Health Board sites as well as regular communications through SharePoint to ensure staff are aware of their responsibilities in relation to both the Welsh Language Standards and Welsh Government targets. The Welsh Language Unit have tried to vary these with the aim of engaging with as many different staff groups as possible. Some of the sessions undertaken to date include:

- Engagement events at canteens across the Health Board.
- Delivery to each cohort on the Leadership Development programme by OD.
- Apprenticeship induction session.
- Session on Nurse Leadership programme.
- Delivery within induction to key group such as nursing.
- Delivery of session as well as stand at HCSW conference.
- Stand at Person-Centred Care Dementia Conference.

- Engagement with 'Cymraeg i Blant' and the Maternity Service of the Health Board.

The Health Board's PARTNERiaith staff network continues to engage with Welsh speaking staff and hopes to move engagement activities for members from wholly on-line in the near future.

Training opportunities

The Welsh Language Unit continues to engage with staff to provide a variety of training opportunities at different levels to ensure that the needs of the staff member from those who are pure beginners to those who are fluent but lack confidence in their skills are able to utilise them.

From engagement with those who have undertaken learning previously, the Welsh Language Unit have discovered that to ensure staff complete courses it is important to match the learner to the most appropriate course. To this end, the Welsh Language Unit have put a very simple Microsoft form on its SharePoint page for any learner to complete. The form asks the member of staff to identify their preferred learning style, their current abilities, what level they are looking to achieve as well as how much time they can dedicate to this learning. Once this information has been received, the Welsh Language Unit can then look to align their needs with the course that best suits. Uptake has been positive, and a number of staff have signed-up to their recommended course following the completion of the MS form.

Following a successful pilot in Hywel Dda, the Welsh Government 'Learn Welsh' programme are aiming to fund tutors across other Health Boards to work with staff who have a current level of Welsh. With the hope that this tutor will be approved, work has already begun to engage with staff who have noted any level of Welsh in order to identify if they would benefit from this service.

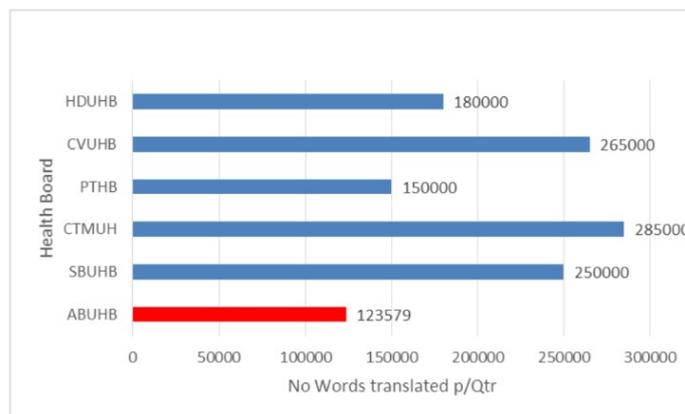
The Welsh Language Unit have begun to work with ACT on the modules that they provide to their Health Board learners across different fields. Although ACT already provide a module around Welsh language, it is generic and is not focussed on the roles that the staff in question undertake. By ensuring that the information and vocabulary within these sessions is more specific it is hoped that learners will find the learning more useful and may be interested in furthering their Welsh learning.

Based on both understanding of current priorities for the Commissioner's office and requests from specific departments, bespoke in-house training on basic Welsh skills have been developed to better support staff with the Welsh language requirements for their role.

Translation

Translation rates for the Health Board have continued to be lower than the expected outcome when comparing with neighbouring Health Boards as shown in the graph overleaf. One of the key reasons for this is that previously all translation was undertaken using a Service Level Agreement with an external company at the cost of **8p** per word. The decision was taken by the Welsh language Unit to use a staffing vacancy for a Welsh Language Support Officer to instead, appoint an internal Welsh Language Translator. The service level agreement with our previous provider has also been changed to a service run by Betsi Cadwaladr University Health Board. This

new arrangement will bring the cost of translation down to **4p** per word in the first year with the potential to bring costs down further in subsequent years.



The Welsh Language Unit are also undertaking work to scope the abilities of the machine-based translation the Health Board currently utilises for other languages. It is hoped that by using this technology for certain small amounts of text, the cost of translation can be reduced even further.

Community Engagement

The Welsh Language Unit work closely with the Welsh language mentrau iaith who carry out events and activities for Welsh speakers and learners within the community. Through these links, the Welsh Language Unit are made aware of events where they can engage with members in the Health Board communities who could benefit most from the delivery of Welsh language service. These events include:

- Ffilifest
- Gwyl Newydd (Newport)
- Lle cynnes (a warm place)
- Welsh language forums

The Welsh Language Unit have also engaged with key individuals and stakeholders within the Welsh language community. Feedback from these events is reported both within the Welsh language annual report as well as at the Welsh Language Strategic Group (WLSG).

Policies and procedures

There are a bank of policies and procedures that are available through the Welsh language pages on SharePoint with a schedule for their review and update. The Welsh Language Unit ensures that any review and updates align with the Welsh Language Standards and the targets set by Welsh Government. The updated policies/procedures are then put before the WLSG to be approved or amended and are then passed to the Workforce & OD Policy Group for ratification.

There are certain documents that must be published on the Health Board's website. One such document is the Health Board's three-year review of its plan to increase the number of clinical consultations offered through the medium of Welsh. This

review has been passed by the WLSG and is attached as **Appendix 1**. The original five-year plan is also included as **Appendix 2**.

Collaboration

A new Welsh Language Leads Group has been established across NHS Wales, meeting bi-monthly. This group is comprised of the Welsh language leads from each Health Board as well as from DHCW, HEIW, Shared Services, and WAST. The Aneurin Bevan University Health Board representative is currently the vice chair of this group. The group aims to provide a location for sharing best practice, work collaboratively where possible and carry out Welsh language events for staff to attend. The group has sourced funding to create an on-line resource which will support with a uniformed translation library as well as other resources that would be useful across health.

In line with a target within the Welsh Government's More Than Just Words Plan a new More than Just Words Forum has been established. This forum is chaired by the Health Board's Head of Welsh Language Unit. In a similar way to the Welsh language leads group the aim of this forum is to look for areas of collaboration across health and social care in Gwent. An on-line library has already been created for different partners to share the resources they use in this area with the aim to create a pack of resources that can be utilised by all partners.

General conclusions

The Health Board is demonstrating good compliance in many areas. From meetings with the Commissioner's office, the areas of non-compliance tend to focus on specific instances of non-compliance, such as incorrectly translated messages on the Health Board's website or social media. There have been a number of staff at various engagement events who have been unaware of their obligation around the Welsh Language Standards or have been misinformed around the availability of training and learning available to improve their Welsh language skills. This clearly shows that further work needs to be done to ensure that the messages conveyed in relation to Welsh language are communicated in a way that reaches as many staff as possible at all levels. Aneurin Bevan University Health Board are the only Health Board in Wales that has yet to receive an investigation by the Commissioner's office, previously an investigation could only be instigated following a complaint from a member of the public. The powers of the Commissioner's office have now been amended to allow them to instigate an investigation themselves. To this end, the Health Board are scoping what investigations are being undertaken in other Health Boards to understand further what issues were raised and assess whether there is any potential risk of non-compliance within the Health Board. The Commissioner's office does at present appear to be focussing on certain key areas which include recruitment as well as those areas which are easily accessible to the public such as corporate websites, correspondence, and telephony.

The Welsh Language Unit are also thrilled to announce that the inaugural Welsh language award in the recent Health Board's Staff Recognition Awards received a high level of deserving nominees from across the organisation. The award went this year to Claire Jordan who had done great work to support Welsh language patients. The Welsh Language Unit would like to thank Louise Wright for raising the need for a Welsh language award with the Board and ensuring its inclusion in the Staff Recognition Awards.

The Health Board's greatest risk is around its capacity to provide services through the medium of Welsh due to the low number of staff who have defined themselves as confident Welsh speakers and who are willing to identify themselves as such. The data outlined below shows that only 589 Health Board staff hold Welsh language skills of level 3 or above. This is less than 4% of its workforce. It is therefore impossible to be confident that the Health Board is able to deliver Welsh language services across all areas of the organisation at present. It is hoped that through the work outlined in this report that the Welsh skills of the current workforce will improve as well as attract further Welsh speakers to join the Health Board.

Appendix 3 provides details on each of the Welsh Language Standards with the current assessment of compliance as well as the actions being undertaken. The new draft code of practice received by the Commissioner's office has made quantifying this clearer.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the content of the paper and receive assurance on the Health Board's current compliance against Welsh language Commissioner's standards and Welsh Government targets.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	CR0021 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	<ul style="list-style-type: none"> • More than Just Words – Welsh language strategy for increasing provision in Welsh in Health and social care. • OD - Organisational Development • Welsh Language Standards – Set of standards laid down by the Welsh Language Commissioner that the Health Board are required to adhere to. • WLSG - Welsh Language Strategic Group
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Language Strategic Group

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	Yes, outlined within the paper
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>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> <p>Choose an item.</p>

Aneurin Bevan University Health Board

Three Year Review - Increasing the offer of the delivery of Welsh language clinical consultations

In 2020, Aneurin Bevan University Health Board published, in line with the requirements of standard 110 of the Welsh Language Standard, its five year plan to increase “increase the offer of the delivery of Welsh language clinical consultations”.

In order to measure progress and attainment against this target the Health Board noted a number of outcomes they would aim to achieve. This report details our current progress in-line with these outcomes.

It is important to note that the three years reported on here coincide with the Covid-19 pandemic. Covid-19 was the greatest challenge to the work of the health service on a national level and created significant challenges and pressures on all aspects of the service.

Outcome 1 - Establish a clear baseline of staff Welsh language skills.

- **Measure 1:** Compliance rate for completion of individual Welsh language competencies on ESR
 - This figure has increased from 33% to 74% over the reporting period. The requirement to input this data has been mandated in order to best ensure compliance. A simple system has been set up by the Welsh Language Unit to assist those who are having difficulties with inputting their data. In its first week 130 individuals submitted requests and to date over 1,000 staff have completed the questionnaire.
- **Measure 2:** Uptake of Welsh Language Training Offer
 - The offer of training is regularly communicated to all staff within the Health Board. There are also regular communications with staff to ensure awareness is high. With Covid arriving learning needed to adapt and pressures of the increased workload made it harder for staff to be released. On-line courses were developed by learning providers and internal Welsh courses have been developed in order to continue the offer while providing flexibility. Tailored on-line training delivered by ‘Dysgu Cymraeg’ saw 388 modules completed and a further 600 still in progress. The Welsh language unit continues to look for additional learning

mechanisms in order that we may match the learning needs of our staff. We have added the 'Say something in Welsh' learning platform and made this available to staff. By providing a variety of learning methods and styles we aim to ensure that there is something to suit everyone.

Outcome 2 - Action by Divisions and staff will mean that the Health Board routinely provides an 'Active Offer' of Welsh to service users and every effort is made to ensure that language choice is ascertained and respected.

- **Measure 3:** Number of active offer posters displayed by divisions.
 - All divisions have received active offer posters to be displayed. An animation that illustrates the importance, and impact of the 'Active Offer' has been created and will be shared with all staff on the intranet by September 2022. There is an annual Mystery shopper schedule of visits conducted across sites of the Health Board and where issues identified, corrective measures are put in place. These visits had to be curtailed during the Covid pandemic but in 2021 recommenced. On the visits to our larger sites at Nevill Hall, The Grange, and the Royal Gwent 'Active offer' posters were displayed across all sites. When looking at specific wards 75% of the wards visited displayed posters. Not all wards were able to be visited as certain wards were designated as 'Red and Amber' zones. There will be a further mystery shop audit conducted in 2023 and a subsequent schedule for regular checks will be set out.
- **Measure 4:** Number of staff undertaking Welsh Language Awareness training.
 - Welsh language awareness has been included as part of the induction of all staff. Internal Welsh language awareness courses have been established and communicated to all existing staff. We have undertaken 4 different courses targeting specific patient facing groups and conducted 20 sessions for over 150 staff. There is also a further Welsh language awareness course established at a national level. This course will be mandatory for all NHS staff in Wales with the Welsh language unit monitoring compliance.
- **Measure 5:** Translation service referral rate.
 - Our annual translation rate averages at 500 thousand words over the three years of the reporting period. To better equip the Health Board to meet its translation needs an internal translation staffing resource was sourced. This resource works on specific projects where it has been established that effective translation is not being completed and allows for us to respond much more rapidly to any needs or changes.

Outcome 3 - Action by the Health Board's divisions and staff will mean that more service users are offered a Welsh language clinical consultation.

- **Measure 6:** Number of service users requesting Welsh language consultations.
 - Given the number of clinical consultations that take place every day across the Health Board it is impossible to know how many consultations take place through the Welsh language. This often happens as a matter of course and is not considered something out of the ordinary. With our campaign of ensuring the active offer is advertised and that staff with Welsh skills wear the 'Working Welsh' lanyards and badges we have received feedback from both patients and staff who were unaware that the respective party had Welsh language skills and as they were now aware, they are now communicating in Welsh.
- **Measure 7:** Patient and carer feedback
 - Responses generated from patients note the positive affect a consultation in their mother tongue has on their care. Here is an example:

We are registered patients at Churchwood Surgery in Pontypwl, Torfaen as a family. We attended an emergency appointment with our son, (three years old) on Friday, 22nd April. We were seen by our regular GP who always provides us with the upmost level of care when he's called upon. The Doctor observed me speaking Welsh to my child and immediately began conversing with him through the medium of Welsh. I could tell that my son felt immediately at ease once he heard the doctor talking in Welsh just as we do at home, and he does in Ysgol Feithrin. In the past few days, my son has repeatedly talked about how his doctor is able to 'siarad Cymraeg' just like him, and how this made him feel happy! He has previously displayed some anxiety when attending medical appointments, but I noted that the doctor's bedside manner and inclusive practice in this instance and so many before, immediately resolved this. It's wonderful to know that we are fortunate to have not only a well-regarded General Practitioner in our local community, but also one who promotes the Welsh language and delivers an 'Active Offer' where possible for a bilingual family such as us.

Outcome 4 - Investment in additional resource to increase the offer of Welsh language clinical consultations.

- **Measure 8:** Number of procured translators added to the system.

- A robust outsourcing option has been procured to undertake the majority of the Health Boards translation. This service is able to undertake the majority of the translation required. A further outsource company is undertaking the work that cannot be undertaken by the main contractors. The Health Board has also recruited an internal senior translator. The appointment of an internal translator has allowed us to respond quicker to any urgent and immediate translation needs ensuring our systems are more robust.
- **Measure 2:** Uptake of Welsh Language Training Offer
 - The offer of training is regularly communicated to all staff within the Health Board. There are also regular communications with staff to ensure awareness is high. With Covid arriving learning needed to adapt and pressures of the increased workload made it harder for staff to be released. On-line courses were developed by learning providers and internal Welsh courses have been developed in order to continue the offer while providing flexibility. Tailored on-line training delivered by 'Dysgu Cymraeg' saw 388 modules completed and a further 600 still in progress. The Welsh language unit continues to look for additional learning mechanisms in order that we may match the learning needs of our staff. We have added the 'Say something in Welsh' learning platform and made this available to staff. By providing a variety of learning methods and styles we aim to ensure that there is something to suit everyone.
- **Measure 4:** Number of staff undertaking Welsh Language Awareness training.
 - Welsh language awareness has been included as part of the induction of all staff. Internal Welsh language awareness courses have been established and communicated to all existing staff. We have undertaken 4 different courses targeting specific patient facing groups and conducted 20 sessions for over 150 staff. There is also a further Welsh language awareness course established at a national level. This course will be mandatory for all NHS staff in Wales with the Welsh language unit monitoring compliance.
- **Measure 5:** Translation service referral rate.
 - Our annual translation rate averages at 500 thousand words over the three years of the reporting period. To better equip the Health Board to meet its translation needs an internal translation staffing resource has been sourced. This resource will work on specific projects where it has been established that effective translation is not being completed and allows for us to respond much more rapidly to any needs or changes.

Development of targets

As detailed above progress has been shown against each of the outcomes detailed in the action plan. It is clear to note that the measurables for certain outcomes are easier to quantify than others.

Although covid restrictions are becoming less and less, it is true to note that its impact will continue to be felt for a considerable length of time.

We have a number of strategies in place within the Health Board to ensure we are continuing to progress against each of these outcomes.

Specific activities being undertaken include but are not limited too.

- Continued development of training resources matching the learner with the appropriate training/learning.
- Audits carried out of Health Board sites to assess the visibility of the 'Active Offer' and providing corrective measures and training where appropriate.
- Early delivery of career information in Welsh, to Welsh speaking students at all language levels around the importance of Welsh language skills within the Health Board.
- Greater data scrutiny shows our commitment to increasing the number of staff employed that have Welsh Language Skills or are working to develop those skills. This is evident by looking at the increase in jobs advertised with Welsh essential (rising from an annual figure of 7 to 30 over the reporting period), and Welsh desirable (rising from 2,328 to 3,036 in the same period).
- Audit of Welsh language capacity within contracted Primary Care providers.
- Ensuring that data is shared with relevant parties so that key operational managers have access to the Welsh skills of staff in order to ensure staffing is managed appropriately.
- Greater collaboration between Health organisations to share and learn from best practices.



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Aneurin Bevan
University Health Board



Welsh Language Standard 110

**“Increasing the offer of the
delivery of Welsh language clinical
consultation”**

**Aneurin Bevan University Health Board
Action Plan for 2019 – 2024**



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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1. Executive summary

In line with Section 44 Welsh Language (Wales) Measure 2011, in particular Standard 110, the Health Board is required to publish a plan for each 5-year period setting out –

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

It is evident from Aneurin Bevan University Health Board's Welsh Language annual report 2019 to the Commissioner's Office that the establishing a baseline of current staff's Welsh language skills has been challenging. This has made our assessment of the organisations capacity to offer Welsh language services difficult. The Electronic Staff Record (ESR) data indicates that only 32.87% of staff have completed their individual assessment of Welsh language competency. Therefore ensuring increased completion of ESR Welsh language competencies is a priority for the Health Board in order to develop metrics to monitor progress and to ascertain an accurate baseline of the workforce's Welsh language skills. The Health Board's Welsh Language Unit has continued to raise staff awareness of the importance of completing their Welsh language competencies through continued staff engagement and communication.

The Welsh Language Unit has also continued to support staff in developing an awareness of Welsh language and culture and the importance of the 'Active Offer' which ensures that patients are offered a Welsh medium service without having to ask for it. This is an integral part of embedding our Values and Behaviours within the organisation. Developing staff confidence in using the Welsh language with the continued provision of Welsh Language Awareness sessions and 'Meet and greet' training sessions is being prioritised. Working in partnership with the local Mentrau Iaith and Coleg Gwent, work is underway to offer further Welsh language courses and awareness sessions, this will include the development of an innovative 'Personal Language Profile' scheme, in 2020. Welsh Language Awareness is delivered on all Corporate Inductions to ensure new staff are fully aware of the importance of the 'Active Offer' and the requirements of the Welsh Language Standards.

Addressing the population need is a key factor in formulating the 5-year plan required by the Welsh Language Standards to demonstrate an increase in our ability to offer clinical consultations through the medium of Welsh. Consequently, the first 3 years of this plan will focus on increasing the offer in the Caerphilly borough, which has the highest percentage of Welsh

speakers in Gwent¹. An evaluation of the actions of the first 3 years in Caerphilly will inform best practice to be rolled out across the other boroughs of Gwent in successive years.

Particular focus will also be given to increase the offer of Welsh clinical consultation in services accessed by the 'vulnerable groups' noted in the 'More than Just Words' Strategy. These groups are:

- Children and young people
- People with learning disabilities
- People with mental health problems
- Older people

SECTION 1: ANNUAL REPORT

2. Introduction and background

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

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

The Measure also:

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

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

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

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

¹ According to the 2011 Census 11.2% of people living in Caerphilly are Welsh speaking; 9.9% in Monmouthshire; 9.8% in Torfaen; 9.3% Newport and 7.8% in Blaenau Gwent.

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

3. Our approach to ensuring an increase in the offer of delivering Welsh language clinical consultations

The Health Board vision is that by 2024, our capacity to offer Welsh language clinical consultations to our service users in Gwent shall be comparable with the linguistic needs of the communities we serve.

Our priorities for increasing the offer of delivering Welsh language clinical consultations for the first 12 months are:

- Developing this corporate 5-year Welsh language plan, setting out the extent to which we are able to offer to carry out a clinical consultation in Welsh and the actions we intend to take to increase our ability to offer to carry out a clinical consultation through the medium of Welsh.
- Gaining a better understanding of the linguistic needs of the communities we serve.
- Keeping the resources of the Welsh Language Unit under review in order to ensure effective support for the workforce.
- Identify the number of Welsh speaking staff currently employed by the Health Board that are confident to offer a clinical consultation in Welsh.

We will identify our progress against the following measures:

- Governance arrangements in place to support monitoring the implementation of the Welsh Language Standards.
- Increasing the number of staff completing their Welsh Language Competencies via ESR.
- Improving the Welsh language resources and training offer available to staff.
- Making the most of the Welsh Language skills within the workforce.
- Increasing staff awareness of the Welsh language, its culture and the positive impact this has on effective patient experience.

This document aims to provide a baseline for where Aneurin Bevan University Health Board is; sets out the progress we have made against each of our priorities and describes the outcomes against which progress can be monitored.

4. Outcome 1

Establish a clear baseline of staff Welsh language skills

Progress against this outcome will be measured by the following indicators:

- **Measure 1:** Compliance rate for completion of individual Welsh Language Competencies on ESR.
- **Measure 2:** Uptake of Welsh Language training offer.

5. Outcome 2

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

Progress against this outcome will be measured by the following indicators:

- **Measure 3:** Number of active offer posters displayed by divisions.
- **Measure 4:** Number of staff undertaking Welsh Language Awareness training.
- **Measure 5:** Translation service referral rate.

6. Outcome 3

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

Progress against this outcome will be measured by the following indicators:

- **Measure 6:** Number of service users requesting Welsh language consultations.
- **Measure 7:** Patient and carer feedback.

7. Outcome 4

Investment in additional resource to increase the offer of Welsh language clinical consultation

Progress against this outcome will be measured by the following indicators:

- **Measure 8:** Number of procured translators added to system.
- **Measure 2:** Uptake of Welsh Language training offer.
- **Measure 4:** Number of staff undertaking Welsh Language Awareness training.

- **Measure 5:** Translation service referral rate.

SECTION 2 - ACTION PLAN AND PRIORITIES FOR 2019 - 2024

The Health Board is required to produce and publish a plan to identify, monitor and evaluate action needed within timescales. The Health Board's Executive Lead is the responsible role for Welsh language. Progress is reported formally to the Board via established governance arrangements, which include a Strategic Welsh Language Group, the Executive Team and the People and Culture Committee. Reporting of progress to the Board will be published on our website as required after a 3 and 5 year period.

Having reviewed our progress against our annual report to the Welsh Language Commissioner's Office produced in 2019, we have updated our action plan to ensure that it will enable us to better respond to the challenges identified by our review. This will ensure that the organisation is in a position to meet the requirements of Standard 110.

8. Development of an Aneurin Bevan University Health Board Action Plan for Standard 110 (2019 – 2024)

Following our assessment of progress against priorities we have reviewed how service provision may need to change. We have developed actions to be undertaken during the period of this plan and in particular actions and outcomes we want to see happen over the coming 5 year period. Given our current low rate of compliance with ESR Welsh language competencies it has proved difficult to fully assess our current capacity to provide Welsh language clinical consultations without the use of translation services. It has therefore been necessary to include the data collection on ESR as a baseline to measure to monitor progress as an outcome for the early stages of this plan.

9. Priorities for the coming year

This Action Plan sets out to improve outcomes between now and 2024. We have also identified within the plan priorities for 2019 - 2024 that reflect our local challenges. There are to increase the:

- Number of staff completing ESR Welsh language competencies.
- Uptake of Welsh language eLearning.
- Uptake of the Welsh language training offer.
- Uptake of Welsh Language Awareness training with particular focus on the 'vulnerable groups' noted in the More than Just Words Strategy.

The focus of the first 3 years of this plan will be on services provided within the Caerphilly borough, with particular focus on services that support the vulnerable groups identified in the 'More Than Just Words Strategy'. The

Strategy Review published in year 3 will build on best practice and inform identified actions to implement across the remaining boroughs to embed this strategy across the Health Board.

10. Performance measures and management

The Welsh Language Strategic Group has agreed the outcome measures identified in Section 3 with performance measures that will be used to monitor progress.

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SECTION 3 – OUTCOME MEASURES

Year 1 - 2020	Year 2 - 2021	Year 3 - 2022	Year 4 - 2023	Year 5 - 2024
Outcome 1: Establish a clear baseline of staff Welsh language skills				
<p>Actions:</p> <ul style="list-style-type: none"> • Increase communication with staff around Welsh language competencies; • Create reporting mechanism to feedback and compare divisional/departmental compliance; • Feedback compliance through Welsh Language governance arrangements and divisions/departments. 	<p>Actions:</p> <ul style="list-style-type: none"> • Evaluate Year 1 - Compare divisional/departmental progress celebrate and communicate success. 	<p>Actions:</p> <ul style="list-style-type: none"> • Strategy review to evaluate first 3 years - evaluation to inform actions to be rolled out across other counties in year 4; • Publish report on progress; • Ensure published data is analysed at a local level and any potential service improvements are considered and implemented where necessary. 	<p>Actions:</p> <ul style="list-style-type: none"> • Monitor outcome of actions in years 1-3 and consider potential within other counties. 	<p>Actions:</p> <ul style="list-style-type: none"> • Create a profile of staff's Welsh language skills and compare with the linguistic needs of the communities they serve to recognise potential; • Publish strategy review to evaluate 5 year plan – measures to sustain achieved actions over the past 5 year period and actions for the next 5 year period; • Ensure published data is analysed at a local level and any potential service improvements are considered and implemented where necessary.

Year 1 - 2020	Year 2 - 2021	Year 3 - 2022	Year 4 - 2023	Year 5 - 2024
Outcome 2: Action by Health Board divisions and staff will mean that the organisation routinely provides an 'Active Offer' of Welsh to service users and every effort is made to ensure that language choice is ascertained and respected.				
<p>Actions:</p> <ul style="list-style-type: none"> • Increase visibility of Welsh language in clinical areas - distribution of active offer posters across all clinical areas; • Snapshot audits of targeted clinical areas to monitor compliance; • Create and cascade active offer toolkit; • Provision of Welsh Language Awareness Sessions for targeted departments/divisions; • Increase uptake of targeted staff of Welsh language eLearning. 	<p>Actions:</p> <ul style="list-style-type: none"> • Evaluation of snapshot audits conducted during year 1 – set targets to improve compliance; • Evaluate and review toolkit; • Evaluate uptake of Year 1 Welsh Language Awareness sessions for targeted departments/divisions; • Evaluate uptake of Year 1 Welsh language eLearning. 	<p>Actions:</p> <ul style="list-style-type: none"> • Strategy review to evaluate first 3 years - evaluation to inform actions to be rolled out across other counties in year 4; • Publish report on progress; • Ensure published data is analysed at a local level and any potential service improvements are considered and implemented where necessary 	<p>Actions:</p> <ul style="list-style-type: none"> • Establish a formal mechanism for recognition of exceptional contribution to the delivery of the Welsh Language agenda ; • Monitor outcome of actions in years 1-3 and consider potential within other counties. 	<p>Actions:</p> <ul style="list-style-type: none"> • Publish strategy review to evaluate 5-year plan – measures to sustain achieved actions over the past 5 year period and actions for the next 5 year period; • Ensure published data is analysed at a local level and any potential service improvements are considered and implemented where necessary. • Paper to Executive team to establish Welsh Language Awareness sessions on all relevant programmes.

Year 1 - 2020	Year 2 - 2021	Year 3 - 2022	Year 4 - 2023	Year 5 - 2024
Outcome 3: Action by the Health Board's divisions and staff will mean that more service users are offered a Welsh language clinical consultation				
<p>Actions:</p> <ul style="list-style-type: none"> • Establish a Welsh Language Patient Forum in the targeted area to engage with service users; • Engagement with service users to obtain patient experience; • Monitor number of Welsh speaking service users requesting Welsh clinical consultation. 	<p>Actions:</p> <ul style="list-style-type: none"> • Communications Campaign to share patient experiences with health board staff. 	<p>Actions:</p> <ul style="list-style-type: none"> • Strategy review to evaluate first 3 years - evaluation to inform actions to be rolled out across other counties in year 4; • Publish report on progress; • Ensure published data is analysed at a local level and any potential service improvements are considered and implemented where necessary. 	<p>Actions:</p> <ul style="list-style-type: none"> • Monitor outcome of actions in years 1-3 and consider potential within other counties; • Establish Welsh Language Patient Forums across all counties. 	<p>Action:</p> <ul style="list-style-type: none"> • Publish strategy review to evaluate 5 year plan – measures to sustain achieved actions over the past 5 year period and actions for the next 5 year period; • Ensure published data is analysed at a local level and any potential service improvements are considered and implemented where necessary.

Year 1 - 2020	Year 2 - 2021	Year 3 - 2022	Year 4 - 2023	Year 5 - 2024
Outcome 4: Investment in additional resource to increase the offer of Welsh language clinical consultation				
<p>Actions:</p> <ul style="list-style-type: none"> • Procurement of third parties to deliver additional Welsh language courses and Welsh Language awareness sessions (e.g. Coleg Gwent, Menter Iaith, etc); • Procurement of additional translation services to ensure a sufficient bank of translators are available to accommodate an increase in the offer of Welsh clinical consultations. 	<p>Actions:</p> <ul style="list-style-type: none"> • Ensure data from previous year is analysed at a local level and any potential deficit in resources are considered and addressed where necessary. 	<p>Actions:</p> <ul style="list-style-type: none"> • Ensure data from previous year is analysed at a local level and any potential deficit in resources are considered and addressed where necessary. 	<p>Actions:</p> <ul style="list-style-type: none"> • Ensure data from previous year is analysed at a local level and any potential deficit in resources are considered and addressed where necessary. 	<p>Actions:</p> <ul style="list-style-type: none"> • Ensure data from previous year is analysed at a local level and any potential deficit in resources are considered and addressed where necessary.

WELSH LANGUAGE STANDARDS - 31 May 2023

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Current Status

> 95% Compliant	80
> 75% or more compliant	10
> 50% or more compliant	10
< 50% or less compliant	25

Category	No.	Standard	Imposition Date	Current Status	Action
Correspondence	1	If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.	30/05/2019		Ongoing Increased awareness. Continued communication with staff needed via the carousel, intranet and roadshows, to improve position - communicating requirements, offering staff training and signposting to translation services.
	4	When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version. You must comply with standard 4 in every circumstance, except: when you send the same correspondence to several persons, and all of those persons have informed you that they do not wish to receive correspondence in Welsh.	30/05/2019		Working group set-up to support compliance; straplines agreed to support compliance; translation of generic templates of letters and emails continues at pace. Reconfiguration of services during the pandemic has impacted on areas that were previously fully compliant. Continued communication with staff needed (communicating requirements, offering staff training and signposting to translation services), particularly in relation to bilingual email distribution, to improve position.
	5	If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.	30/05/2019		As above.
	6	If you produce a Welsh language version and a corresponding English language version of correspondence, you must not treat the corresponding Welsh language version less favourably than the English language version (for example, if the English version is signed, or if contact details are provided on the English version, then the Welsh version must be treated in the same way).	30/05/2019		Ongoing Straplines agreed to support compliance and being communicated to staff on a regular basis. Further focus on email correspondence is needed to improve position. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	7	You must state - (a) in correspondence, and (b) in publications and notices that invite persons to respond to you or to correspond with you, that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.	30/05/2019		Ongoing Strapline being communicated to staff on a regular basis. Further focus on email correspondence is needed to improve position.
	8	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.	30/05/2019		Ongoing. Good engagement to ensure compliance with Informatics dept., staff awareness sessions and training available. Continued communication with staff needed to improve position - communicating requirements, offering staff tailored training and signposting to resources. Mystery Shopping activities underway to monitor compliance. Current focus by Commissioner's Office on telephony services.
	9	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.	30/11/2019		ABUHB do not currently have sufficient Welsh speaking staff to provide Welsh language services systematically and Welsh language services are currently only provided opportunistically.
	10	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/11/2019		Ongoing All Switchboard call handlers have been given basic Welsh Language training, with several call handlers identified to undertake further training. Materials being cascaded to raise staff awareness.
	11	When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less favourably than the English language.	30/05/2019		Complete & Ongoing. All corporate websites and advertising material should be bilingual. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.

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Category	No.	Standard	Imposition Date	Current Status	Action
Telephony	12	If you offer a Welsh language service on your main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service must be the same as for the corresponding English language service.	30/05/2019		Complete. The same numbers are used for both Welsh and English services.
	13	When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.	30/11/2019		Ongoing. Rolling programme of staff communication and engagement ongoing; strapline agreed.
	14	If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.	30/05/2019		Ongoing. Both languages have same key performance indicators. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	15	Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.	30/05/2019		Complete. Main telephone call centre operate 24hr service, therefore no automated message exists.
	16	When there is no Welsh language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.	30/11/2019		Current Welsh language capacity within the workforce, as well as varying shift patterns within certain services, makes compliance against this Standard problematic. The main telephone lines are operational 24 hrs, and therefore an automated message cannot be operationalised. Flow chart produced to aid staff in handling Welsh language calls, although it does not ensure compliance with Standard 16.
	17	If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/11/2019		Ongoing Compliant in areas where there is sufficient staffing capability. Continued communication with staff needed via the carousel, intranet and roadshows, to maintain position. A drop-down column has been added to the staff Directory for staff to self certify their Welsh language proficiency, allowing call operatives to identify Welsh speaking staff within services and Divisions to whom they can forward calls.
	18	When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.	30/05/2019		Ongoing. Position has improved but is still not systematic. Welsh Language Unit working in partnership with Communication Department to produce materials and cascade information whilst continuing to deliver tailored staff training etc. Staff have been issued with standard bilingual greetings. All leaders, managers and staff are supporting cultural change, audit & monitoring underway via Mystery Shopping activities. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'. Welsh Language Unit looking to procure resources to aid staff in confidently answering calls in Welsh.
19	When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh. You must comply with standard 19 in every circumstance, except: *where it is necessary for a member of staff who does not speak Welsh to provide a service on a specific subject matter; and * where no Welsh speaking member of staff is available to provide a service on that specific subject matter. The requirement under standard 19 to ask A whether A wishes to receive telephone calls from you in Welsh and to keep a record of A's wish applies each time a telephone call is made to A for the first time in relation to the specific matter of the call ("the matter in hand"); The requirement under standard 19 to conduct telephone calls made to A from then onwards in Welsh applies in relation to every call which involves the matter in hand.	30/11/2019		Ongoing. The complexity of the technology systems is a major barrier in supporting the implementation of this standard. All Wales solution, NHS Wales Informatics are working on achieving this standard throughout Wales. ABUHB do ask all patients and log patients language of choice through both Unified and Integrated Assessments as part of the Social Services and Well-being Act requirements. Further assessment is required throughout the organisation to understand the realistic baseline of this standard.	

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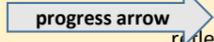
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Category	No.	Standard	Imposition Date	Current Status	Action
	20	Any automated telephone systems that you have must provide the complete automated service in Welsh.	30/11/2019	100%	Compliant, and Ongoing.
Internal Meetings	21	If you invite one person only ("P") to a meeting - (a) you must ask P whether P wishes to use the Welsh language at the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose, and (b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	30/05/2019	25%	Corporate Branding guidelines being updated to include standard wording for letters intended for individuals invited to meetings, seeking their wishes in terms of language the meeting is conducted in. This is not yet operationalised systematically across the Board and further, reoccurring communication with staff is needed to raise awareness of these requirements and improve position. The Welsh Language Unit, in collaboration with Procurement, have identified further Translators and Interpreters registered on their national Welsh Language Interpretation and Translation Framework that can be added to our internal framework that can facilitate bilingual meetings upon request; information will be cascaded to staff and available on Intranet once agreed.
	22	If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh language at the meeting.	30/05/2019	25%	As above.
	22A	If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	30/05/2019	25%	As above.
	22CH	If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	30/05/2019	25%	As above.
In-Patients	23	You must ask an in-patient ("A") on the first day of A's in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.	30/05/2019	75%	Ongoing. This is an existing requirement of creating an individual care plan for patients, recording of patients' language of need is a mandatory field in the Unified Assessment Document and is currently being documented in health records by nursing staff. However, implementation is not systematic and further communication with Inpatient services is required to improve position. Welsh Language and Inpatient Policy devised and is available for all staff.
	23A	If the in-patient ("A") informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.	30/05/2019	75%	Ongoing. Currently an existing requirement as part of the delivery of an individual's care plan and is being documented in health records by nursing staff, however there is currently no systematic process for cascading information regarding language choice. Audit of Scheduled and Unscheduled Care Wards RGH, GUH & NHH conducted in Spring '21 supported this - staff were systematically recording language choice in patient's records but unclear on the process of communicating language choice with colleagues. Welsh Language Unit currently devising a "Language Choice" toolkit to be piloted on selected wards, Summer 2021. If effective, toolkit will be rolled out across Inpatient areas. Patient magnets have been procured to communicate patients' linguistic needs.

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Category	No.	Standard	Imposition Date	Current Status	Action
	24	You must produce and publish a policy on how to establish whether an in-patient ("A") wishes to use the Welsh language during A's inpatient admission if A is unable to inform you that A wishes to use the Welsh language to communicate with you during an in-patient admission.	30/05/2019		Policy created by Welsh Language Unit. Magnet's to note Welsh language preference are on order.
Case Conferences	25	If you invite an individual ("A"), to a case conference which will be held 5 or more working days after the invitation is sent- (a) you must ask A whether A wishes to use the Welsh language at the case conference, and inform A that, you will conduct the conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh for that purpose, and (b) if A has informed you that A wishes to use the Welsh language at the case conference, you must conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh.	30/05/2019		Ongoing. Strapline has been agreed and is being communicated to all staff. Evidence of good practice on a local level, however further communication is needed via the intranet and carousel to improve position.
Public Meetings, Events & Publicity	26	If you arrange a meeting that is open to the public and at which public participation is allowed you must state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh language at the meeting.	30/05/2019		Ongoing. All advertising material is produced bilingually and therefore, under the More Than Just Words strategy, an 'active offer' has been offered and individuals have been made aware that they are welcome to the Welsh Language during the meeting
	27	When you send invitations to a meeting that you arrange which is open to the public and at which public participation is allowed, you must send the invitations in Welsh.	30/05/2019		Ongoing, as above.
	28	If you invite persons to speak at a meeting that you arrange which is open to the public and at which public participation is allowed, you must - (a) ask each person invited to speak whether he or she wishes to use the Welsh language, and (b) if that person (or at least one of those persons) has informed you that he or she wishes to use the Welsh language at the meeting, provide a simultaneous or consecutive translation service from Welsh to English for that purpose (unless you conduct the meeting in Welsh without a translation service).	30/05/2019		Ongoing, as above. The Welsh Language Unit, in collaboration with Procurement, have identified further Translators and Interpreters registered on their national Welsh Language Interpretation and Translation Framework that can be added to our internal framework that can facilitate bilingual meetings upon request; information will be cascaded to staff and available on Intranet once agreed. Internal Snr Translator now employed by AB, improving confidence in compliance.
	29	If you arrange a meeting that is open to the public and at which public participation is allowed, you must ensure that a simultaneous translation service from Welsh to English is available at the meeting, and you must orally inform those present in Welsh - (a) that they are welcome to use the Welsh language, and (b) that a simultaneous translation service is available.	30/05/2019		Ongoing practice within the Health Board. Provision has been extended to improve position through the identification of further Translators and Interpreters registered on Procurement's national Welsh Language Interpretation and Translation Framework that can be added to our internal framework that can facilitate bilingual meetings upon request.
	30	If you produce and display any written material at a meeting that you arrange which is open to the public, you must ensure that the material is displayed in Welsh, and you must not treat any Welsh language text less favourably than the English language text.	30/05/2019		Ongoing. Position improved by the increased awareness regarding the translation process demonstrated by Health Board staff, however further awareness is needed via further communication campaigns and the dissemination of supporting materials to ensure that this is systematically operationalised. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	31	If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language (for example, in the way the event is advertised or publicised).	30/05/2019		Ongoing, as above. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'

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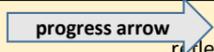
Current Status

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Category	No.	Standard	Imposition Date	Current Status	Action
	32	If you organise a public event, or fund at least 50% of a public event, you must ensure that the Welsh language is treated no less favourably than the English language at the event (for example, in relation to services offered to persons attending the event, in relation to signs you produce and display at the event and in relation to audio announcements made at the event).	30/05/2019	50%	Ongoing, as above. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	33	Any publicity or advertising material that you produce must be produced in Welsh, and if you produce the material in Welsh and in English, you must not treat the Welsh language version less favourably than you treat the English language version.	30/05/2019	75%	Ongoing. Position improved by the increased awareness regarding the translation process demonstrated by Health Board staff, however further awareness is needed via further communication campaigns and the dissemination of supporting materials to ensure that this is systematically operationalised. Information available on the Intranet; signposting to translation services.
	34	Any material that you produce and display in public must be displayed in Welsh, and you must not treat any Welsh language version of the material less favourably than the English language version.	30/05/2019	78%	Ongoing, as above. 3 year rolling programme of 360+ patient leaflets underway; all being added to the Website and Intranet upon reviewing and translation. This figure will incrementally rise to 100% as all leaflets become due for review on the three yearly cycle. Any brand new leaflets are automatically translated. In the last review (June 2020) 78% (466 out of a total 600 leaflets) had been translated. Review due in June 2023. Each division empowered to lead this work themselves using own cost code. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'
Documents & Forms	36	If you produce a form that is to be completed by an individual, you must produce it in Welsh.	30/05/2019	75%	Ongoing. Position improved by the increased awareness regarding the translation process demonstrated by Health Board staff, however further awareness is needed via further communication campaigns and the dissemination of supporting materials to ensure that this is systematically operationalised. Information available on the Intranet; signposting to Bilingual Cardiff/translation services. However, further scoping exercise needed to understand volume of work that requires translating, working group being set-up to undertake this exercise.
	37	If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh - (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.	30/05/2019	75%	Ongoing. Position improved by the increased awareness regarding the translation process demonstrated by Health Board staff, however further awareness is needed via further communication campaigns and the dissemination of supporting materials to ensure that this is systematically operationalised. Information available on the Intranet; signposting to Bilingual Cardiff/translation services.
	38	If you produce a document or a form in Welsh and in English you must - (a) not treat any Welsh language version less favourably than you treat the English language version (whether separate versions or not); (b) not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and (c) ensure that the English language version clearly states that the document or form is also available in Welsh.	30/05/2019	75%	Ongoing, as above. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'

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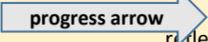
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Category	No.	Standard	Imposition Date	Current Status	Action
Websites & online resoures	39	You must ensure that - (a) the text of each page of your website is available in Welsh, (b) every Welsh language page on your website is fully functional, and (c) the Welsh language is not treated less favourably than the English language on your website.	30/11/2020	90%	Ongoing. Mura system operates fully bilingually, however content on Welsh language pages must be proofread and formatted before publication. Ensuring full compliance remains problematic given the limited capacity within the Comms Team (which only has one Welsh Language Comms Officer), as well as dynamic nature of the website. 2021 audit of website has highlighted which documents/links work and which need updating. Continued co-operation between Welsh Language Unit and Comms Team to best ensure compliance, although is not systematic as of yet. Method of it being so currently being developed.
	40	You must ensure that - (a) the text of the homepage of your website is available in Welsh, (b) any Welsh language text on your homepage (or, where relevant, your Welsh language homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your website.	30/05/2019	100%	Compliant, ongoing. Welsh Language Comissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	41	You must ensure that when you publish a new page on your website or amend a page - (a) the text of that page is available in Welsh, (b) any Welsh language version of that page is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to that page.	30/05/2019	80%	Ongoing. Welsh Language Comissioner's office has produced draft Code of Practice to define term 'no less favourably'. Continued co-operation between Welsh Language Unit and Comms Team to best ensure compliance, although is not systematic as of yet. Method of it being so currently being developed.
	42	If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.	30/05/2019	100%	Compliant, ongoing. Welsh language button is visible on every page to indicate that content is available bilingually.
	43	You must provide the interface and menus on every page of your website in Welsh.	30/11/2020	100%	Compliant, ongoing. Welsh language button is visible on every page to indicate that content is available bilingually.
Apps & Social Media	44	All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.	30/05/2019	100%	Compliant, ongoing. It is understood that at present, ABUHB have not published any apps. Any apps used are used nationally and published by external organisations. Ongiong scoping will be required to ensure position is maintained.
	45	When you use social media you must not treat the Welsh language less favourably than the English language. You must comply with standard 45 in the following circumstances: * when using social media on your corporate and departmental accounts	30/05/2019	90%	Compliant, ongoing. Welsh Language Comms Officer in post; Welsh medium social media accounts established to release content simultaneously alongisde Englsih medium accounts. Additional translation service 'Bla' have been procured in the short term to support Comms Team with translation (cost absorbed by Welsh Language budget), however a long term solution will be needed to ensure full compliance.
	46	If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).	30/05/2019	100%	Compliant, ongoing.

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Signage	47	When you - (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.	30/05/2019		Ongoing All permanent signage compliant. Temporary sign database on intranet has been revised by Welsh Language Officer, Signage and Temporary Notices Policy has been approved and uploaded onto staff intranet. Issues with temporary signage increases the risk of non-compliance and has been highlighted during 2022 meeting with Compliance Officer at the Commissioner's Office. Further communication needed via intranet and carousel to raise awareness. Welsh Language Unit have staff on working groups to ensure Welsh is central to developing new signage.
	48	When you - (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	30/05/2019		Ongoing, as above.
	49	You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.	30/05/2019		Ongoing. Staff are aware of the requirement of using centralised translation service, this message is communicated regularly via the intranet and carousel to maintain compliance. Robust translation service in place to ensure this.
Reception Services	50	Any reception service you make available in English at your reception must also be available in Welsh, and any person who requires a Welsh language reception service at your reception must not be treated less favourably than a person who requires an English language reception service.	30/11/2019		Ongoing. Difficult to provide assurances due to number of reception desk interactions per day and lack of complaints received by public if a service in Welsh wasn't provided. Staff have been given resources, such as lanyards and badges, which indicate if they are confident in providing a Welsh language service. Commissioner's Office have confirmed they are conducting their own mystery shopping currently, therefore assurance has been noted as low. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	52	You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.	30/11/2019		Ongoing. All reception desks have been provided resources which state that Welsh services are available, following mystery shopping exercise. Another exercise will be undertaken to ensure these have been put in place.
	53	You must ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that.	30/05/2019		Ongoing. 'Iaith Gwaith' badges/lanyards distributed and signage being displayed in all reception areas where appropriate. Requirement is communicated to staff via intranet and carousel on a regular basis to maintain position and are requestable. Welsh Language Unit are currently contacting all Welsh-speaking staff to ascertain if they have the resources noted.
	54	Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English language version.	30/05/2019		Previously, all documents that relate to the provision of grants are available in Welsh but we will continue to monitor. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.

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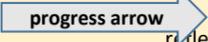
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< 50% or less compliant	25

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Grants	55	When you invite applications for a grant, you must - (a) state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English; and (b) not treat applications for a grant submitted in Welsh less favourably than applications submitted in English (including, amongst other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).	30/05/2019		As above.
	56	When you inform an applicant of your decision in relation to an application for a grant, you must do so in Welsh if the application was submitted in Welsh.	30/05/2019		No instances of this have occurred but will monitor and provide advice if instance were to occur.
Tenders for Contract	57	Any invitations to tender for a contract that you publish must be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and you must not treat a Welsh language version of any invitation less favourably than an English language version.	30/05/2019		Ongoing, all Wales solution.
	58	When you publish invitations to tender for a contract, you must - (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions).	30/05/2019		As above.
	59	When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.	30/05/2019		Ongoing.
Promoting Welsh Language Services	60	You must promote any Welsh language service that you provide, and advertise that service in Welsh.	30/05/2019		Compliant. Services who can provide services bilingually are encouraged to advertise the service bilingually.
	61	If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.	30/05/2019		Ongoing, as above. Strapline has been devised and disseminated for use.
Corporate Identity	62	When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English language.	30/05/2019		Compliant and ongoing. Welsh Language Commissioner's office has produced draft Code of Practice to define term 'no less favourably'.
Welsh Training Offer (patients)	63	If you offer an education course to one or more individuals, you must - (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.	30/05/2019		Not currently systematically undertaken. Assessment tool being devised collaboratively. Further targeted dissemination of this tool across relevant services is required to improve position.
Public Address Systems	64	When you announce a recorded message over a public address system, you must make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	30/05/2019		Ongoing; all public address systems in new sites are bilingual.
	65	When you know that a primary care provider is willing to provide a primary care service or part of a primary care service through the medium of Welsh, you must designate and maintain a page on your website (in Welsh) containing that information.	30/05/2019		Compliant & Ongoing; continuous audit conducted by Primary Care Division undertaken.
	66	You must - a) provide an English to Welsh translation service for use by a primary care provider to enable it to obtain Welsh language translations of signs or notices displayed in connection with its primary care service, and b) encourage the use of the translation service provided by you in accordance with this standard.	30/05/2019		Compliant & Ongoing. The Health Board signposts Primary Care providers to translators and provide Welsh translations for signage and notices. Translation cost code established within the Primary Care Division to support translation.

WELSH LANGUAGE STANDARDS - 31 May 2023

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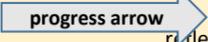
Current Status

> 95% Compliant	80
> 75% or more compliant	10
> 50% or more compliant	10
< 50% or less compliant	25

Category	No.	Standard	Imposition Date	Current Status	Action
Primary Care	67	You must - (a) make available to a primary care provider a badge for it or its staff to wear to convey that they are able to speak Welsh, and (b) promote to a primary care provider the wearing of the badge.	30/05/2019		Compliant & Ongoing. Merchandise being cascaded through NCN Managers and CPD sessions.
	68	You must provide training courses, information or hold events so that a primary care provider can develop - (a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and (b) an understanding of how the Welsh language can be used in the workplace.	30/05/2019		Compliant & Ongoing. Welsh Language Awareness provided routinely on all CPD sessions facilitated by Primary Care. Tailored training provided by Welsh Language Unit upon request.
Policy making	69	When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019		Compliant & Ongoing. Equality Impact Assessment includes Welsh Language considerations; representation from Welsh Language Unit at all Workforce Policy Group meetings.
	70	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019		Ongoing, as above.
	71	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019		Ongoing, as above.
	72	When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019		Ongoing, as above.
	73	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30/05/2019		Ongoing, as above.
	74	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019		Ongoing, as above.
	75	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019		Ongoing, as above.

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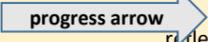
Current Status

> 95% Compliant	80
> 75% or more compliant	10
> 50% or more compliant	10
< 50% or less compliant	25

Category	No.	Standard	Imposition Date	Current Status	Action
	76	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019	100%	Ongoing, as above.
	77	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on - (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019	100%	Ongoing, as above.
	78	You must publish a policy on providing a primary care service which requires you to take the following into account when you make decisions in relation to providing a primary care service - (a) what effects, if any (and whether positive or negative), the decision would have on - (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (b) how that decision could be taken or implemented so that it would have positive effects, or increased positive effects, on - (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; and (c) how the decision could be taken or implemented so that it would not have adverse effects, or so that it would have decreased adverse effects on - (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.	30/11/2019	100%	Compliant. Policy written in collaboration with Primary Care Division, Cwm Taf UHB and Cardiff & Vale UHB. Policy approved by Policy Group, submitted for Executive Team sign off. Once approved will be disseminated to staff and placed on intranet.
	78A	On the expiry of 5 years after publishing the policy in accordance with standard 78 (whether or not revisions have been made to that policy) and on the expiry of each subsequent period of 5 years you must - (a) assess to what extent you have complied with the policy; and (b) publish that assessment on your website within 6 months of the end of the period.	30/11/2019	100%	Compliant & ongoing.
Use of Welsh internally	79	You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet.	30/05/2019	100%	Compliant. Policy approved, disseminated to staff and placed on intranet.
	80	When you offer a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.	30/11/2019	100%	Compliant. All-Wales solution established via TRAC.
	81	You must ask each employee ("A") whether A wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh - (a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives; (ch) any documents that outline or record A's career plan; (d) any forms that record and authorise annual leave; (dd) any forms that record and authorise absences from work; (e) any forms that record and authorise flexible working hours. You must comply with standard 81 in every circumstance by 30 November 2019, except: * when the activity is carried out through the use of the Electronic Staff Record (ESR). You must comply with standard 81 in every circumstance by 30 November 2020	30/11/2019	50%	Ongoing. PADR available bilingually; annual leave recorded via ESR and therefore is not within the parameters of this Standard; forms identified in standards have been scoped and translation underway. Work to date does not include Medical and Dental process or Terms of Engagement Bank Recruitment.

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> 50% or more compliant	10
< 50% or less compliant	25

Category	No.	Standard	Imposition Date	Current Status	Action
	82	If you publish any of the following, you must publish it in Welsh - (a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; (c) a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work; (dd) a policy relating to working conditions; (e) a policy relating to work patterns.	30/05/2019	100%	Compliant. All policies translated on an all-Wales basis, localised and published on staff intranet.
Staff Complaints & Disiplinary	83	You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may - (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; and you must also inform each member of staff of that right.	30/05/2019	75%	In progress. Strapline devised to add to all relevant policies and intranet pages, work underway to review and amend accordingly.
	84	If you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh or, if necessary, with the assistance of a simultaneous or consecutive translation service from Welsh to English.	30/05/2019	100%	Compliant. HR are aware of the requirements and interpretation services will be used, where necessary to support implementation.
	85	When you inform a member of staff (A) of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A - (a) made the complaint in Welsh, (b) responded in Welsh to a complaint about A, (c) asked for a meeting about the complaint to be conducted in Welsh, or (ch) asked to use the Welsh language at a meeting about the complaint.	30/05/2019	100%	Compliant. HR are aware of the requirements and translation services will be used to translate documentation in order to support implementation.
	86	You must - (a) allow and state in any document that you have which sets out your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.	30/05/2019	100%	Ongoing. Strapline devised to add to all relevant policies and intranet pages, work underway to review and amend accordingly.
	87	If you organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.	30/05/2019	100%	Compliant. HR are aware of the requirements and interpretation services will be used, where necessary to support implementation.
	88	When you inform a member of staff ("A") of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A - (a) responded to allegations made against A in Welsh, (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure.	30/05/2019	100%	Compliant. HR are aware of the requirements and translation services will be used to translate documentation in order to support implementation.
Computer Software	89	You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).	30/05/2019	100%	Compliant & ongoing. Information regarding software is avaiable via the Welsh Language intranet page. IT Team can operationalise upon request.

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Current Status

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> 75% or more compliant	10
> 50% or more compliant	10
< 50% or less compliant	25

Category	No.	Standard	Imposition Date	Current Status	Action
Intranet	90	You must ensure that - (a) the text of each page of your intranet is available in Welsh, (b) every Welsh language page on your intranet is fully functional, and (c) the Welsh language is treated no less favourably than the English language on your intranet. You must comply with standard 90 in relation to pages on your intranet that relate to the matters within the following operational standards: * the use of the Welsh language within your internal administration * complaints made by staff * disciplining staff * developing skills through planning and training the workforce; and * recruiting and appointing	30/11/2020		Ongoing. Work to be undertaken to ensure compliance given the advent of new Pulse-site from Cascade.
	91	You must ensure that - (a) the text of the homepage of your intranet is available in Welsh, (b) any Welsh language text on your intranet's homepage (or, where relevant, your Welsh language intranet homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your intranet.	30/05/2019		Compliant.
	93	If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page.	30/05/2019		Compliant, and ongoing.
	94	You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh	30/05/2019		Ongoing; Welsh Language Intranet page continually being reviewed and updated.
	95	You must provide the interface and menus on your intranet pages in Welsh. You must comply with standard 95 in relation to the following: *any page or homepage on your intranet that is available in Welsh in accordance with standards 90 and/or 91; * any page you designate and maintain on your intranet in accordance with standard 94.	30/11/2020		In progress; interfaces of specified pages currently being audited by the WLU. Translation to be undertaken once project has been scoped.
	96	You must assess the Welsh language skills of your employees.	30/05/2019		Ongoing; Mandation of Welsh Language competencies on ESR 26.04.21; WL Skills matrix devised to provide clarity around levels; Microsoft Form for staff to submit for Welsh Language Unit to update WL ability of staff on ESR.
	97	You must provide opportunities for training in Welsh in the following areas, if you provide such training in English - (a) recruitment and interviewing; (b) performance management; (c) complaints and disciplinary procedures; (ch) induction; (d) dealing with the public; and (dd) health and safety.	30/05/2019		Limited capacity to provide sessions internally through the medium of Welsh; option of 'Welsh' speaking table at all conferences, events and training being considered (facilitated by the WLU); external providers have been scoped and who can provide training in specific subject matters and will provided upon request however further scoping of our current training offer is needed to fully assess capacity.
	98	You must provide opportunities for training in Welsh on using Welsh effectively in - (a) meetings; (b) interviews; and (c) complaints and disciplinary procedures	30/05/2019		Expansion of the WLU has improved position as the Team will be on hand to support, however capacity remains limited, as above.

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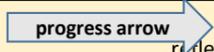
Current Status

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> 75% or more compliant	10
> 50% or more compliant	10
< 50% or less compliant	25

Category	No.	Standard	Imposition Date	Current Status	Action
Staff Welsh Language Skills	99	You must provide opportunities during working hours - (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers.	30/05/2019		Ongoing. Optional training is available for all staff to undertake, paid for by the Health Board. Mandatory Welsh Language Awareness course to be undertaken by all staff.
	100	You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.	30/05/2019		Ongoing, as above.
	101	You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.	30/05/2019		Ongoing, as above.
	102	You must provide training courses so that your employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.	30/05/2019		Ongoing, as above.
	103	When you provide information to new employees (for example by means of an induction process), you must provide information for the purpose of raising their awareness of the Welsh language.	30/05/2019		In progress, Welsh Language Awareness a part of all inductions
	104	You must provide - (a) wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages.	30/05/2019		Compliant and ongoing, although no assurances that this is taken up by all staff.
	105	You must - (a) make available to members of staff who are able to speak Welsh a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff.	30/05/2019		Compliant an ongoing, although no assurances that this is taken up by all staff..
	106	When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply - (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30/05/2019		compliant and ongoing Bilingual Skills Strategy in place to help staff define if Welsh is Essential, Desirable or Not Required. Strategy can be considered successful given the increase in number of Welsh Desirable and Essential advertised.
	106A	If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh	30/11/2019	All Wales challenge	Advertising the post in Welsh has so far been challenging to implement due to a number of factors. Welsh Language Unit collect monthly data to provide snapshot of compliance which show compliance is very low. Comissioner's Office is currently focusing on recruitment therefore corporate risk is high. Progress is being made, with developments in translation services aiding, but currently an issue for the Health Board.
	107	When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.	30/05/2019		Compliant, TRAC process has been updated which now states that applications in Welsh are welcomed.

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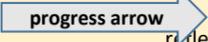
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< 50% or less compliant	25

Category	No.	Standard	Imposition Date	Current Status	Action
Recruitment & Workforce Planning	107A	If you publish - (a) application forms for posts; (b) material that explains your procedure for applying for posts; (c) information about your interview process, or about other assessment methods when applying for posts; or (ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.	30/11/2019		Comissioner's Office has highlighted one document that has been unavailable in Welsh on all roles, but believe it has been rectified. Otherwise, all documents readily available. Welsh Language Comissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	107B	You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).	30/05/2019		Compliant through all Wales solution, TRAC.
	108	You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.	30/05/2019		Compliant through all Wales solution, TRAC.
	109	When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.	30/05/2019		Compliant
Clinical Consultations	110	You must publish a plan for each 5 year period setting out - (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions that you have detailed in (b).	30/11/2019		Compliant.
	110A	Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5 year period you must - (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.	30/11/2019		Ongoing.3 year review to be approved for publication.
Workplace signage	111	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs),or (b) publish or display a notice in your workplace; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.	30/05/2019		Ongoing. Generally operationalised systematically; Welsh Language Unit have staff on working groups to ensure Welsh is central to developing new signage. Temporary sigange remains a significant risk and has been highlighted by Comissioner's Office as risk. Welsh Language Comissioner's office has produced draft Code of Practice to define term 'no less favourably'.
	112	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs); or (b) publish or display a notice in your workplace; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	30/05/2019		Ongoing, as above.
	113	You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.	30/05/2019		Compliant and ongoing, procured translation services to provide translations. Roll out of automated translation services will aidgoing forward.
Workplace recorded announcements	114	When you make a recorded announcement in the workplace using audio equipment, that announcement must be made in Welsh, and if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	30/05/2019		Compliant and ongoing, all new sites have operationalised bilingual automed recordings.

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Category	No.	Standard	Imposition Date	Current Status	Action
Recordkeeping	115	You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards.	30/05/2019		In progress; WLU maintain a database of WL complaints received, and are reported during quarterly Strategic Group.
	116	You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.	30/05/2019		Ongoing; in-roads in keeping a record of staff language ability but currently unrealistic to re-evalaute on yearly basis. We will continue to monitor and review any feasible plans to do so.
	117	You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where - (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary	30/05/2019		Compliant and ongoing; information available via Shared Services.
Publicising the Standards	118	You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.	30/05/2019		Compliant and ongoing.
Standards Complaints Procedure	119	You must - (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and (b) publish a document that records that procedure on your website.	30/05/2019		Compliant and ongoing.
Standard Annual Reporting	120	1) You must produce a report (an "annual report"), in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year. (2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to) - (a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115); (b) the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116); (c) the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where - (i) Welsh language skills were essential; (ii) Welsh language skills needed to be learnt when appointed to the post; (iii) Welsh language skills were desirable; or (iv) Welsh language skills were not necessary. (3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates. (4) You must ensure that a current copy of your annual report is available on your website.	30/05/2019		Compliant and ongoing. All reports to be signed off at the Welsh Language Strategic Group. Welsh Language Unit will produce an annual report regarding compliance and make available on the website.
Information for Commissioner	121	You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making standards or the operational standards with which you are under a duty to comply.	30/05/2019		Compliant and ongoing; Welsh Language Unit engaged with Commissioner.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Anti-Racist Action Plan
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
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper provides the People and Culture Committee with an update on how the Health Board is responding to the requirements of the Welsh Government's Anti-racist Wales Action Plan.

As part of its vision to be an anti-racist nation by 2030, Welsh Government launched its Anti-racist Wales Action Plan in June 2022. The Plan is a call to action for public bodies to collectively make a meaningful difference to the lives of Black, Asian and Minority Ethnic people by tackling racism.

The Plan cites 21 health specific actions and 6 additional actions for all public bodies.

The Anti-Racist Wales action plan was reviewed and endorsed by the Executive Committee on 10 November 2022 and by the Board on 30 November 2022.

The People & Culture Committee is asked to note progress to date and take assurance that reasonable measures are in place to progress the health specific actions within Welsh Government's Anti-Racist Wales Action Plan.

Cefndir / Background

In 1968, the Race Relations Act extended the prohibition of discrimination 'on the ground of colour, race, ethnic or national origin' to the fields of employment. Presenting the Bill to Parliament, the then Home Secretary, Jim Callaghan, said, 'The

House has rarely faced an issue of greater social significance for our country and our children.'

Yet, in 2020, 51 years on, the NHS Staff Survey in England showed that people from ethnic minority groups face continued discrimination and higher levels of bullying, harassment or abuse from other staff compared with white staff. NHS staff were also subjected to racism by patients and other members of the public during their work with predictable consequences for their health and wellbeing.

The NHS has one of the most ethnically diverse workforces in the public sector (Race Disparity Unit 2019). However, year after year, ethnic minority staff report worse experiences in terms of their lives and careers, when compared with white staff (WRES Implementation Team 2020).

Following calls by the Wales Race Forum and other grassroots organisations, in early 2020, the Welsh Government started work on an action plan for race equality. Almost immediately, this work was halted by the COVID-19 pandemic. The disproportionate impact of the pandemic on Black, Asian and Minority Ethnic people further highlighted the systemic racism and inequalities faced by minority ethnic people both in Wales and beyond.

During the summer of 2020, work on a new Race Equality Action Plan (REAP) resumed with a consultation between March 2021 – June 2021.

Following the consultation, a review of evidence, and as a result of the work of the Welsh Government Black, Asian and Minority Ethnic COVID-19 Advisory Group and the socio-economic subgroup, the REAP developed into the final Anti-racist Wales Action Plan.

The Anti-Racist Wales Action Plan represents a bold policy initiative, that lays down a challenge for both Welsh Government and the Welsh public sector.

Delivering on this ambitious vision requires concerted and carefully thought-through actions and Public Bodies are required to establish a very clear set of priorities and metrics to ensure accountability for achieving measurable race equality improvements.

The Recommendations supported by the Executive Committee on 10 November 2022, included:

- Identifying an Executive Committee Champion for Race as well as the wider Equality areas.
- Supporting the development of an organisational Anti-racist Implementation plan that aligns with the current Strategic Equality Objectives, IMTP, People Plan and other strategic key documents.
- Supporting resources for both staff and public engagement and co-production of the Implementation Plan, so that it makes a real difference to the lives of ethnic minority staff, patients, and the wider community. This involves releasing staff to attend engagement forums and the co-production of an Engagement Plan with the Corporate Communications Team.

Asesiad / Assessment

If Aneurin Bevan University Health Board is to truly achieve its aspiration of better patient care for all, it must improve outcomes for Black, Asian and Minority Ethnic staff.

Reviewing the current state of delivery, gaps are opening up between aspiration and execution. While work in delivering against the Anti-Racist Wales Action Plan has been slowed by changes in the Equality, Diversity, and Inclusion (EDI) personnel and decreasing membership of the Race Advisory Group, it is vital that the Health Board regains momentum.

The potential risks to implementation include:

- a lack of staff awareness of issues faced by Black, Asian and minority ethnic people.
- a lack of funding to achieve some of the actions set out by Welsh Government due to not having a dedicated budget; and
- a delay by Welsh Government in the launch of the Strategic Progress Measurement Framework that will postpone the development of internal reporting mechanisms as the framework will be the main reporting tool that will provide the Welsh Government's strategic performance measures.

Links to existing Health Board plans

The Health Board has already been working towards its agreed equality objectives within the 2020-2024 Strategic Equality Plan (SEP) and these objectives have been embedded into the People Plan.

There are overlaps of approach and themes within the Health Board's current SEP and the Anti-Racist Wales Action Plan and it is anticipated that actions could be absorbed into ongoing SEP workstreams when reviewing the SEP in 2024.

Synergy in approach

The Anti-Racist Wales Action Plan's outcome-orientated approach and emphasis on co-production sit well with the Health Board's aim to deliver people-centred services and work towards setting clear outcome-focused actions within the SEP. Community empowerment and participation in decision-making are also important themes within the Anti-Racist Wales Action Plan and align well with the Health Board's approach to building community engagement.

Progress to date and next steps

As supported by the Executive Team and Board, a draft implementation plan has been developed in response to the Anti-racist Wales Action Plan, **Appendix 1**. This plan outlines how the Health Board will promote race equality and address race disparity throughout its services and across its workforce.

Activities in the plan will complement the actions being driven by departments and individuals across the organisation to ensure that race equality becomes a core

priority and embedded in everything the Health Board does. The joint co-ordination of the work will ensure that the EDI Specialist, the Race Advisory Group, and Voices Network are able to drive the strategic direction in relation to the plan's commitments. This will ensure all opportunities are being explored, that work is progressing in a timely manner in accordance with the corresponding project plan, that advice and guidance is given to those delivering the work, and that partners can be identified where they can add value and assist in achieving the Health Board's aims.

To address the gaps in delivery identified, a detailed project plan is being drafted that will accompany the overarching implementation plan. The project plan will be an internal working document that will be regularly reviewed and monitored. It will cover a number of key areas of activity, clearly identify outputs and timescales.

Effective implementation of the organisational plan will ensure services and policies are more inclusive and consider the specific needs of Black, Asian and Minority Ethnic people. Moreover, there will be improved recruitment, retention, support, and inclusivity of Black, Asian and minority ethnic staff.

This plan does not just support staff from an ethnic diverse background. By making Aneurin Bevan University Health Board fairer, it will support other protected groups in the Equality Act 2010 which includes people of different ages, disabled people, people who are changing their gender, pregnant women and mothers, people who believe in a religion or have no religion, and people from LGBTQ+ communities.

In April 2023, Race Equality First were commissioned to provide Cultural Awareness training to the Board. Co-created by Race Equality First and faith experts, the training provided Board members with an opportunity to gain valuable knowledge and understanding about a range of cultural and religious practices and explore their influence on the services provided to Black, Asian and Minority Ethnic communities. As supported by the Executive Team and from the awareness training, the next steps will include:

- The appointment of an Executive Race Equality Champion and an Executive sponsor for each staff diversity network.
- Identifying an equality objective for each Board member as part of their development plan.
- Exploring learning and development opportunities for Board members offered by equalities organisations and Academi Wales.

The greatest resource that the NHS has is its staff. The Health Board recognises that, with appropriate resource and support, staff networks are in a key position to use their human capital (e.g., their skills, knowledge, experience, and education), and influence (e.g., resource, creativity, and connections) to lead a social movement of change and innovation.

The promotion of the Health Board's Voices Staff Network will continue via the EDI newsletters and on the intranet pages. The National Staff Network Day, held on 10 May 2023, was used as platform to celebrate, and promote the Health Board's Staff Diversity Networks and encourage more staff to join.

The Health Board are committed to supporting the development of the networks, as these are a valuable resource for engagement and feedback on shaping and progressing the Race Equality workstream.

Work is underway to develop a framework for each network to ensure their growth and sustainability. This includes the nomination of a Chair and Vice Chair, development of Terms of Reference, and annual action plans that will feed into the overarching implantation plan and SEP. This highlights the broader need for 'T-shaped' collaborations towards Race Equality implementation plans, where skills can speak at depth across difference. Next steps will involve listening exercises among stakeholders to optimise accountable implementation of the plan and build traction beyond silos.

A successful trial of Active Bystander training and Cultural Awareness training was delivered in 2021 - 2022. Following participant's reflections on the value of the training in raising awareness of contemporary race equality issues and the experiences of Black, Asian, and Ethnic Minority staff in the workplace and as service users, further work is required to explore how this training programme can be upscaled and delivered to all Health Board staff. More broadly, recognising that Cultural competence is a key aspect of providing both quality and safe care, the Health Board will refresh its Equalities Training - moving away from 'tick box EDI Training'.

The Health Board was successful in its bid into the Welsh Government Culture, Heritage, and Sport fund for the 'Seen' project. The Seen Project is about representation throughout the Health Board asking staff whether *'when you look at the art displayed on the walls and around our hospital sites do you see yourself reflected there?'* For many staff and patients from Black, Asian and Minority Ethnic communities the answer is no. Therefore, in February 2023, staff were invited to nominate Black, Asian and Minority Ethnic icons in healthcare, with an affiliation to the Gwent locality. A stakeholder panel has since selected ten icons that will be represented in pieces of art that will be displayed in ten locations throughout the Health Board.

Ten artists from Black, Asian, and Minority Ethnic backgrounds have been shortlisted to undertake the commissioned pieces and are meeting with their designated 'icon' and/or their families to begin the design process. The final pieces will be completed by the end of June 2023, with an exhibit planned for October 2023, in line with Black History Month.

To engage with Health Board staff, all artists will take part in a workshop with staff to present their artwork, the medium they use and the aims of the project. An additional community-based workshop, facilitated in collaboration with Race Council Cymru and one of the commissioned artists, will also be held to produce a piece of art with local school children that will also form part of the final exhibit.

This project will support visibility, recruitment and retention and create a legacy of representation for the Health Board.

As part of the Health Board's work to address ongoing objectives from the implementation plan, as well as the recommendations from the SEP, data sources and access mechanisms for minority ethnic employment data are being improved.

In May 2023, the Health Board published its first Ethnicity Pay Gap Report. Ethnicity pay gap analysis is a tool to help identify where actions will have the biggest impact in driving sustainable change in the diversity of an organisation. This data set will be collated alongside workforce demography and local population needs assessments to establish an evidence-base to further inform the Health Board's implementation plan moving forward.

Whilst it is anticipated that areas of work will align with the Health Board's existing and planned approach to EDI, it is noted that this area of work is rapidly expanding and becoming increasingly complex. Delivery of the actions set out in the plan will require an organisation-wide commitment, a renewed assurance to implementing equality policies and practices that support patients and staff, and visible leadership.

Argymhelliad / Recommendation

The People & Culture Committee is asked to note progress to date and take assurance that reasonable measures are in place to progress the health specific actions within Welsh Government's Anti-Racist Wales Action Plan.

Amarion: (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):	1.1 Health Promotion, Protection and Improvement 3.2 Communicating Effectively 4.1 Dignified Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Getting it right first time for children and young people
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership to reduce all hate crime Improve the wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Anti-racist Wales Action Plan Black, Asian and Minority Ethnic Advisory Group report Chief Medical Officer for Wales' special edition annual report 2019 – 2020: protecting our health. Workforce Race Equality Standard data reporting – 2019 Ethnic Diversity of public sector workforces
Rhestr Termau: Glossary of Terms:	EDI - Equality, Diversity and Inclusion REAP - Race Equality Action Plan (REAP) SSP - Strategic Equality Plan (SEP)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

Aneurin Bevan University Health Board Implementation of Welsh Government Anti-racism Plan for Wales



Aneurin Bevan University Health Board - Anti-Racist action plan

In March 2020 the Welsh Government made a commitment to creating a meaningful change in the lives of black and ethnic minority people by producing a Race Equality Action Plan. Following an extensive public engagement period, which included;

- Evidence Review: Welsh Government commissioned the Wales Centre for Public Policy at Cardiff University to carry out a rapid evidence review of reports and research in relation to race equality.
- Face-to-face meetings: Welsh Government held a series of meetings with grassroots organisations and individuals.
- Policy-themed events: Several events were held to bring together different partners working on the evidence base, involving academics, activists, and individuals with expertise and lived experience. These had a profound impact on how the actions were shaped.

The final plan was published in July 2022 and supported a vision that Wales is to become Anti-racist by 2030 and where everyone is treated as an equal citizen.

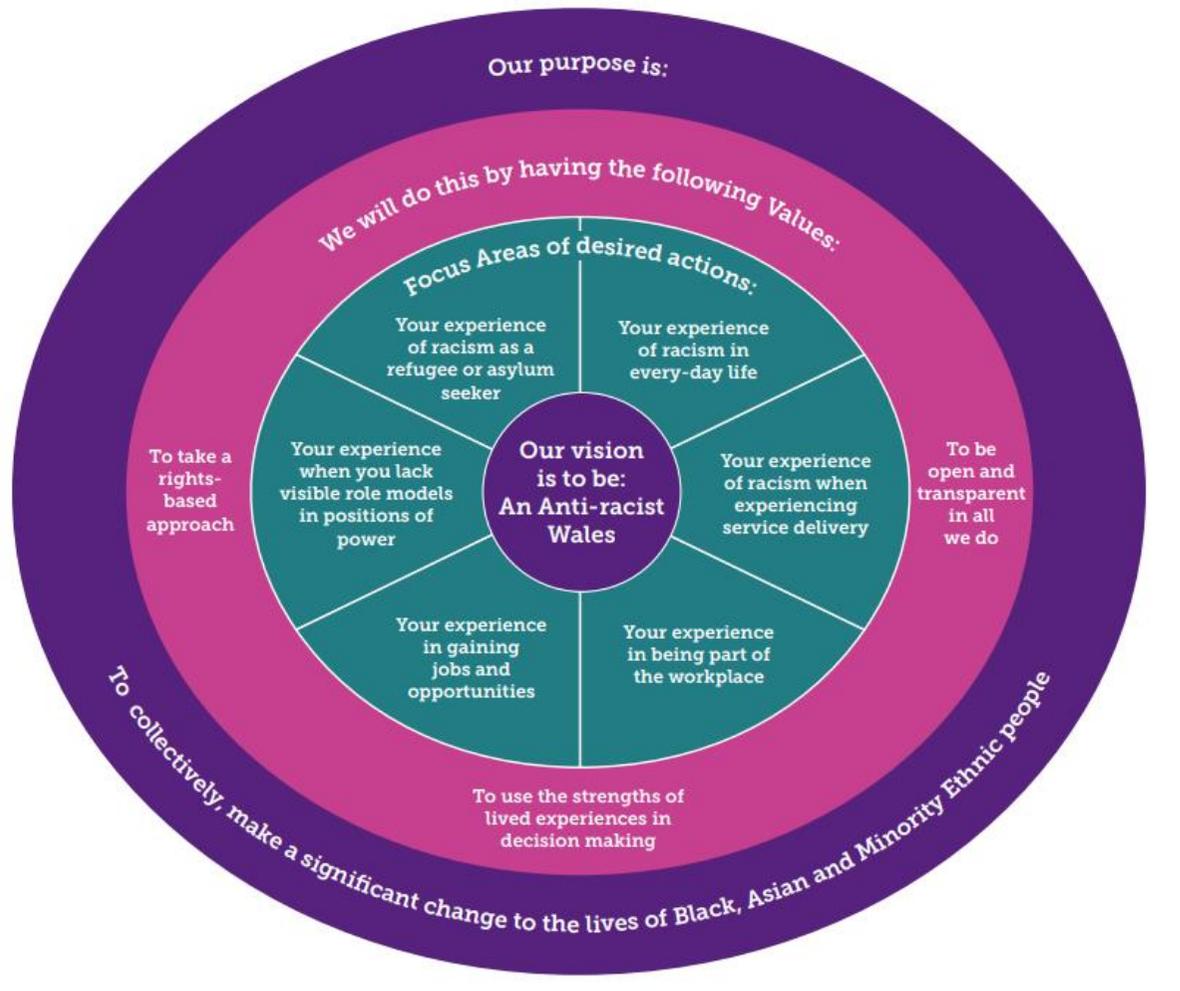
Aneurin Bevan University Health Board's response to the action plan was to invite its staff and patients to engage on the development of its own integrated action plan, to progress work to ensure it aligns with the Welsh Government priorities to be an Anti-racist nation by 2030. As such this document has been created to set the foundations of this work and for the actions identified and agreed to form the basis of the Health Board's Strategic Equality Objectives and Action Plan for 2024-28, incorporating the additional areas under the upcoming Welsh Government LGBTQ+ action plan and Disability Action plan.

As one of the largest and most diverse employers in Wales, the NHS is a key provider of essential services. We recognise our staff must be able to work in safe, inclusive environments, confident of support to meet their potential, and of visible ally-ship. Black, Asian and Minority Ethnic people make a very much valued contribution to the success of the NHS at all levels, and to the wider society in Wales. This, in turn, will provide Black, Asian, and Minority Ethnic citizens with access to services suitable to their needs, and will help address historic health inequalities, without fear of racism.

It is intended that the actions in the plan will ensure that we make active steps to achieve the goal to be an anti-racist nation by 2030.

Vision, purpose & values

This action plan builds on the existing work and action plan that was developed and published by our Race Advisory Group, as well as the Health Board's current Strategic Equality Objectives, the People Plan and IMTP.



We have structured the plan around the five goals and priorities in the Welsh Government's Anti-racist Wales Action Plan (ARWAP).

This plan will continue to develop following wider engagement and further recommendations and evidence is identified. Recognising the need for links and intersectionality with existing plans and the publishing of the Welsh Government LGBTQ+ Action Plan and work of the recently established Welsh Government Disability Task group.



Priority action 1: Require anti-racist leadership at all levels by direction. All NHS Boards, Trusts, and Special Authorities to report demonstrable progress in driving anti-racism at all levels.

Goal: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.

ARWAP Action	Health Board Activity	Output	Progress	By When	Health Board linked documents
All NHS Health Boards to Appoint 'Executive Equality Champions' and 'Cultural Ambassadors'.	Health Board to appoint an Exec Equality Champion as well as 'Equality Champions' and 'Cultural Ambassadors' in the Exec Team and within Workforce & OD team, looking at intersectionality.	Executive Race Equality Champion identified and Workforce & OD champions to be identified.	Paper and presentation at November Exec Team to identify lead.	Welsh Government – September 2023	ARWAP People Plan
			Workforce & OD team invited to nominate themselves for Equality Champion leads.	January 2023	People Plan
Implementing a leadership and progression pipeline plan for Black, Asian and Minority Ethnic staff.	Embed within the Health Board People Plan programme	Evidenced within pipeline plans		Welsh Government September 2023	ARWAP

ARWAP Action	Health Board Activity	Output	Progress	By When	Health Board linked documents
Providing Ethnic Minority Networks appropriate levels of resource and access to the Board	Embed Voices@ Health Board network within the People Strategy and Agree protected time for network management groups to enable effective planning and influence.	Increase membership of network and introduce drafted Staff Network Guidance which includes requests for protected time.	Voices@ Health Board was established in Jan 2022. The membership is growing, recognising the need to include information on the networks in Induction as well as existing comms and support.	July 2022	ARWAP People Plan
	Develop plan to support further development of an additional Staff network for Overseas and Ethnic Minority Staff.	Creation of additional support and critical friend to the Board.		December 2023	People Plan
	Report progress via Annual Report	Evidence of staff engagement and coproduction.	Equality actions included in Health Board's Annual Equality report	December 2023	ARWAP People Plan
	People Plan action to develop a leadership and progression plan for Black, Asian, and Minority Ethnic staff.	Intersectionality and cultural competence identified within leadership and development areas of work and a measured increase of black, Asian and minority ethnic people in bands 8a +	Built into existing plans	December 2023	ARWAP People Plan IMTP
Board members to implement and report progress against personal objectives to	Personal Objectives to meet the vision of an anti-racist Wales to be identified for all Board members and aligned to	Report detailing objectives and progress		Welsh Government December 2022	ARWAP

ARWAP Action	Health Board Activity	Output	Progress	By When	Health Board linked documents
meet vision of anti-racist Wales.	the portfolios set out in this plan				
All NHS Board members will undertake an anti-racist education programme and implement and report progress against personal objectives (for all Board members) to meet vision of an anti-racist Wales.	Develop an evolving equality curriculum for Board members that can be linked to their personal objectives. Welsh Government potentially developing Anti-racist training package	Evidence of attendance	Training arranged for December Board Development Session. (Postponed until March 2023)	Welsh Government – December 2022 Awaiting update	ARWAP People Plan IMTP Strategic Equality Objectives 2020-24 Health Board Workforce Race Equality Action Plan 2021-2024
	Anti-racist training session to be provided by Race Equality First to the Board as part of their board development. Potential to sign up Exec team and Board to Diverse Cymru Cultural Competence Accreditation which would support ongoing awareness and training and embed anti-racist practice in strategic decision making.	Evidence of attendance.	Ongoing Cultural competence training included in scheme as well as review of governance process through anti-racist lens	By March 2023 Exec Team to agree and fund Health Board April/May 2023	
	Demonstrate proactive support for the British Medical Association (BMA) Charter for Medical	Data analysis of proportional numbers of cases, creation of baseline data.	Request for data/information to be made.	July 2023	

ARWAP Action	Health Board Activity	Output	Progress	By When	Health Board linked documents
	Schools to Prevent and Address Racial Harassment’.				Equality Action Plan 2021-2024
	Undertake an awareness raising campaign to increase organisational understanding that Anti-racism concerns taking conscious and deliberate actions intended to provide equal opportunities for all people on both an individual and a systemic level	<p>Include in message from Chair and CEO</p> <p>Compile intranet resource</p> <p>Raise awareness at Board Development Session</p>		April/May 2023	ARWAP
	Health Board to develop its own reverse mentoring scheme as a means of supporting the development of senior leaders and others.	Senior Leaders to have an improved insight to the day to day racism and discrimination faced by staff and identify strategies and actions to change the culture.	Draft handbook and scheme developed.	Scheme to be launched in October 2023 as part of Black History Month	<p>Health Board Workforce Race Equality Action Plan 2021-2024</p> <p>People Plan</p>



Priority action 2: Commission an independent audit of all existing workforce policies and procedures

Goal: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practices.

ARWAP Action	ARWAP Activity	Output	Progress	By When	Health Board Linked Documents
Completed Independent Audit of current workforce policies with recommendations to strengthen anti-racist principles. This will specifically include policies around grievances, complaints and use of Non-Disclosure Agreements.	Health Board Workforce and OD division has registered with Diverse Cymru’s Cultural Accreditation Scheme as a step to ensure that its workforce policies and procedures are developed and reviewed through an anti-racist lens. Ensure Black, Asian and Minority Ethnic representation within groups established to oversee	Ensure that staff network are included in the activity of the scheme to provide a key opportunity to create better understanding and awareness of potential negative impact of polices that are not reviewed though an anti-racist viewpoint. Attendance data including in Equality reporting process.	Workforce & OD department has registered for scheme and received workbook.	Welsh Government December 2022 Welsh Government has commissioned support via Diverse Cymru so outcomes will be identified over next 12 months.	ARWAP

ARWAP Action	ARWAP Activity	Output	Progress	By When	Health Board Linked Documents
	Adopt key principles and recommendations for use of local policy review and design processes when published following All Wales Audit.				
Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes.	The Health Board will support the roll out of education programmes developed and ensure training is prioritized in Health Board education plans. Scope training opportunities and increase access to a wider range of staff.	Wider understanding of anti-racist actions and potential reduction of cases of discrimination for staff and patients.		Welsh Government December 2023	ARWAP Health Board Workforce Race Equality Action Plan 2021-2024
Each NHS organisation will commit to their involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and minority ethnic background.	Await further information from Academi Wales who are leading on the recruitment and matching of participants to NHS bodies.	Facilitated aspiring board member's participation		Welsh Government December 2022	ARWAP IMTP People Plan

ARWAP Action	ARWAP Activity	Output	Progress	By When	Health Board Linked Documents
	Work with Health and Safety colleagues in the first instance to review support for staff who have experienced a racist incident. Utilise a coaching/mentoring approach to ensure the review is co-produced by those who have 'lived experience' of racism.		Actions Identified in Health Board Workforce Race Equality Action Plan 2021-2024	March 2024	Health Board Workforce Race Equality Action Plan 2021-2024
Ensure all Health Board workforce commissioned programmes provide evidence of anti-racist principles and reflect objectives regarding differential attainment, widening access and under-representation of Black, Asian and Minority Ethnic people in NHS Wales.	Health Board to develop and include anti-racist principles into current and revised People Plan.				
	EQIA's need to be undertaken on new programmes developed.	Opportunities to strengthen anti-racist principles identified.		Welsh Government September 2023	ARWAP IMTP People Plan
	Embed within the programme Talent Management Framework, leadership and management development framework, and Education and Learning strategies.				
	Seen Project – to increase Black, Asian and Ethnic Minority visibility using	Staff nominate Black, Asian and Minority Ethnic Icons from health	Staff are invited to nominate icon, closing date 28 Feb 2023.	Art to be displayed October 2023	ARWAP Art Health Strategy People Plan

ARWAP Action	ARWAP Activity	Output	Progress	By When	Health Board Linked Documents
	art throughout the Health Board. Funded by Anti-racist Wales Culture, Heritage and Sport Grant.	who are connected to Gwent. Linking with schools and college to support future NHS recruitment and celebration of the achievements of ethnic minority staff.			
	Project to look at the career progression of qualified nurses over 15 years, identifying potential haps in the experiences of band 5 ethnic minority nurses compared to their white band 5 nurse colleagues	Insight into potential cultural racism and the barriers ethnic minority staff might face in career progression.	Request for data over past 15 years has been submitted.	March 2024	ARWAP People Plan
	Identify funding to roll out further Active Bystander training.	Provide tools to challenge discrimination.	Currently 200+ staff have attended.	June 2023	ARWAP People Plan
	Promote staff stories to raise awareness of lived experience via Health Board Staff Networks and these to be a standing item on Exec Team meetings to continue awareness and education.	Ongoing awareness		June 2023 to start	ARWAP



Priority action 3: Improve workforce data quality & introduce a Workforce Race Equality Standard (WRES)

Goal: Data in relation to race, ethnicity, and intersectional disadvantage will be routinely collated, shared, and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients.

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
Implemented Welsh WRES to include data about NHS Black, Asian, and Minority Ethnic workforce career progression, leadership representation, discrimination, and bullying. Implementation of systemic monitoring of concerns of workforce discrimination and bullying raised by staff	Improve Health Board workforce data quality and implement the Workforce Race Equality Standard (WRES) to provide an evidence base to make and measure targeted structural change.	Race Pay Audit to create baseline to measure progress	Completed	Race Pay Audit to be published March 2023	ARWAP People Plan IMTP

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
through the Joint Executive Team process.					
	Work to increase the Declaration rates of equality information held in ESR. Encourage staff to share their equality monitoring information and reinforce this at staff induction, through equality mandatory training and a prompt on the ESR Portal homepage.	Currently included in Annual Monitoring report, but need for quarterly updates to People & Culture Committee			
	Implement the Workforce Race Equality Standard (WRES)	Better understanding and monitoring of diversity in the workplace to enable positive action projects to be identified.		Welsh Government September 2023	AWARP People Plan
	Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff. Engaging with staff networks to gain a better understand the barriers to raising a concern – which supports ally ship, and anti-racism and intersectional discrimination.	Staff more engaged and supported.		December 2023	ARWAP People Plan
	Use schedule of 'virtual drop in' sessions as one way of	Build connection between general	CEO currently running drop in sessions. This can	April 2023 onwards	Actions Identified in Health Board

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
	<p>helping to identify the factors preventing compliance and how this can be increased.</p>	<p>workforce and senior managers and leaders, to have a better understanding of daily challenges faced by Black, Asian and Minority Ethnic staff</p>	<p>expand to give opportunities for Black, Asian and Minority Ethnic staff sessions.</p>		<p>Workforce Race Equality Action Plan 2021-2024</p>
	<p>Design and develop a communications plan to raise awareness of the importance and relevance of completing the data.</p> <p>The NHS in Wales will use workforce data and intelligence, including from Health Education and Improvement Wales' centre of excellence, to address concerns of discrimination and bullying raised by staff, including information such as staff survey results, lived experience and commissioned, independent interviews on the lived experiences of ethnic minority staff. This will be monitored jointly through the Joint Executive Team process.</p>	<p>Increase in confidence in ESR system and a more accurate picture of the diversity within the Health Board.</p>		<p>March 2024</p>	<p>Actions Identified in Health Board Workforce Race Equality Action Plan 2021-2024</p>



Priority action 4. The Maternity and Neonatal Safety Programme, co-designed and developed with Black, Asian and Minority Ethnic People

Goal: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic People

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
The Maternity and Neonatal Safety Programme, co-designed and developed with Black, Asian and Minority Ethnic People and stakeholders will detail and implement specific changes to maternity services that will improve the outcome and experiences of Black, Asian and Minority Ethnic people who experience health inequalities.	Health Board Maternity Service User Group (BABI) to expand representation of their Volunteer Project, funded by Safer Beginnings to reach more women and non-binary people from diverse communities and provide support. Complete level 1 of Diverse Cymru's Cultural Competence Accreditation Scheme,	Provide opportunity for patients to feel more supported and staff to gain a better understanding of the cultural diversity of its patients, including religious and spiritual needs.	Babi programme well established and promoted on social media etc. Funding for Volunteer project limited.	January 2023	ARWAP

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
	<p>including the provision of cultural competence training.</p> <p>Look at ways to improve access to antenatal and maternity services, for those in who are homeless, refugees or seeking sanctuary. Working with community teams, public health to risk assess and actively seek to meet needs.</p>				



Priority action 5: Establish a dedicated working group on health inequalities to address barriers in accessing services and make recommendations to improve. Goal: Black Asian and Minority Ethnic people will have confidence that action is being taken to address Health inequalities and their voice is shaping Decisions which affect them.

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
Establish a dedicated working group on health inequalities to address barriers to in accessing services and make recommendations to improve.	Link to the work in Public Health and Marmot Principles	EDI lead to sit on the group and input into the work going forward.	Marmot region identified and EDI lead included in the report.	Welsh Government December 2023	ARWAP Marmot Region IMTP
	Roll out the Insight service from Language Line/ WITS, using technology to enable access to interpreter via IT equipment and mobile phones in the community.	Provide community language support for approx. 200 languages instantly to support the existing process for telephone and face to face interpretation provision.	Currently available as part of the Ukraine Resettlement plans.	June 2023	ARWAP IMTP

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
Ensure our COVID-19 recovery plans are fully inclusive and targeted to address known health inequalities in access to care and service provision.	Health Board recovery plans are inclusive of, and target known health inequalities. Ensure all strategic plans are informed by robust and live EQIA and recognise the Socio-economic duty.	Building on the principle of no one gets left behind from Welsh Government, Inclusion is a key part of recovery plans.	EQIA developed to look at the Long Covid services.	Welsh Government September 2023	IMTP Healthcare Standards
	Enhanced Psychological Pathway in Cancer Services – Covid recovery bid includes the development of culturally competent services and engagement with Black, Asian and Minority Ethnic community.	Increase in numbers of patients accessing support.	Project plan in place and engagement and co-production work has begun. This includes the establishment of a project board including representation from diverse communities.	March 25	ARWAP IMTP
	Ensure the Long COVID-19 Service are fully inclusive and targeted to address known health inequalities in access to care and service provision.	Improve take up of Long Covid service from people from ethnic minority backgrounds.		Reviewed annually	ARWAP
	Improve community engagement and ongoing communication with Black, Asian and ethnic minority people around	Equality consideration evidenced.		December 2023	ARWAP IMTP

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
	<p>health improvement, and wellbeing.</p> <p>Embedding equality considerations within all engagement activity with the public as well as monitoring requirements into engagement processes</p>	Equality monitoring report produced			
<p>“Time to change Wales” will develop and deliver an anti-racist mental health and anti-stigma programme which is co-designed with people with lived experiences and from Black, Asian and Minority Ethnic People.</p>	<p>Health Board to undertake a literature review to ensure that all literature, comms and imagery is inclusive and represents the population of Gwent.</p>	<p>Adopted and promoted the programme on mental health and anti-stigma when published</p>		<p>Welsh Government March 2023</p>	<p>ARWAP IMTP</p>
	<p>Ensure that resources are available to staff across the Health Board to meet the spiritual and cultural needs of patients and carers</p>	<p>Improved awareness of chaplaincy service</p>	<p>Faith and Spirituality information and guidance is available on Intranet.</p> <p>Information on religious events included in EDI newsletters.</p>	<p>Reviewed in June 2023</p>	<p>ARWAP</p>
<p>Work with community organisations and the third sector to ensure the needs of Black, Asian and Minority Ethnic people are</p>	<p>Build on current engagement, reviewing to ensure that all voices and experience have an opportunity to engage.</p>	<p>EqIA and Socio - economic Impact Assessments have informed strategic development and service planning.</p>		<p>September 2023</p>	<p>ARWAP IMTP</p>

ARWAP action	Health Board Activity	Output	Progress	By When	Health Board linked documents
<p>considered when developing:</p> <ul style="list-style-type: none"> • New strategies for Mental Health • Proposals to address the unmet needs of asylum seekers, refugees and migrants. • Proposals to reduce health inequalities amongst, Gypsy, Roma and Traveller communities. 	<p>Ensure that the Health Board includes stakeholder and community feedback within EQIA processes</p>				
<p>Work with representatives of ethnic minority communities to promote the Putting Things Right (PTR) concerns and complaints procedure, in addition to revising the guidance to include information on how to respond to complaints about racism in the provision of NHS services. System in place to monitor whether Black, Asian and Minority Ethnic People are using the process.</p>	<p>Promote 'Putting things right, concerns and complaints procedure' with Black, Asian and ethnic minority communities</p>	<p>Translation service promoted with Black, Asian and ethnic minority communities.</p> <p>Revised guidance</p>		<p>Welsh Government December 2023</p>	<p>ARWAP</p>
	<p>Review findings from the Gypsy, Roma and Travellers Health needs assessment and Implement recommendations arising from Gypsy, Roma and Travellers</p>	<p>Improve experiences of patients from Gypsy, Roma and Traveller</p>		<p>December 2023</p>	



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance on Undergraduate Educational Commissioning 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Cathy Brooks, Head of Workforce Planning

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Educational commissioning is part of the requirement of the Aneurin Bevan University Health Board's IMTP submission and is submitted directly to Health Education and Improvement Wales (HEIW).

As part of the annual planning process each year, the Health Board is required to submit educational commissioning numbers. An assessment has been undertaken by Divisional Clinical Leads and verified by Corporate Nursing, Therapies and Health Science and Workforce and Organisational Development.

The numbers within this report reflect the numbers required to commence training in 2024 who will complete their training predominantly in 2027. HEIW will undertake an assessment before making recommendations for funding and placement numbers later in 2023.

The paper was presented and agreed at the Executive Committee meeting on 16 February 2023. The People and Culture Committee is asked to note the content of the paper for information.

Cefndir / Background

The assessment of educational commissioning is required for the Health Board's IMTP as part of the annual planning process. Services assess their potential future workforce requirements and the workforce demographics to ensure there is a

sufficient pipeline of new graduates for the future, based on a set of workforce planning assumptions. This process cannot be a perfect predictor of requirements because the timeframes set within the IMTP/annual planning and financial planning processes are too short to support the assessment of new graduate trainees with a lead in time for training of 4-5 years. This report describes the assumptions underpinning the numbers requested and outlines the potential risks.

The Health Board has sought to increase its educational commissioning numbers each year, **Appendix 1**. Whilst the nationally agreed educational commissioning figures have also increased the resultant graduate placements are less than the number of requested by the Health Board, **Appendix 2**. Whilst this is a factor in current staff vacancies there are further external drivers that will always impact on availability of graduates in 2027, which is the predominate output year for new graduates within this year's IMTP. Some of these factors are outside of the control of the Health Board, for example, where undergraduates are recruited from and where they choose to live. The placements that we receive can also vary between universities and we understand that different universities have different attrition rates in terms of employment in Wales.

Asesiad / Assessment

This year's educational commissioning mostly assumes a training pipeline that moderately replaces turnover and retirements and any agreed anticipated service expansion or extension of Nurse Staffing Levels Act (Wales) 2016. It also takes account of a number of anticipated service improvement plans. Whilst not all of the service improvement schemes have funding streams, failure to anticipate training requirements may impact on the resources available should these schemes be approved e.g., Mental Health and Learning Disability SISU.

Recommendations within this plan are based on:

- Workforce needs and challenges identified through divisional plans.
- Wider workforce intelligence – age profile, turnover, retirement ages. Recent demand and supply modelling for HEIW (registered nursing).
- Capacity within the system to support training/student/trainees.
- Reflections on graduate recruitment in 2022.

There are a number of risks with all workforce training assessments:

- Future requirements for graduates are dependent on understanding long term service requirements and service expansion.
- The final agreed training numbers commissioned by HEIW are often less than Health Board's request.
- The attrition of students may not be a constant over the next 5 years if there are changes to bursaries or changes to university providers and student placements. Student Streamlining recruitment processes do not assure organisations will recruit the number of new graduates they have commissioned as the graduates have a choice of Health Board employers. Some students may opt out of the bursary and streamlining scheme and as such may choose to work outside of the NHS and Wales. We understand that Cardiff University has a

lower participation rate of nurses taking up employment than the University of South Wales for this very reason.

- Changes to staffing legislation, particularly in relation to any extensions to the Nurse Staffing Levels (Wales) Act 2016, cannot be predicted or if they will be staged.
- The impacts on changes to pension regulations and how they will impact on turnover is yet unknown. Therefore, retirement age has been based on previous years trends.
- The overlap of new graduates from increasing flexible training routes creates challenges with workforce predictions - (diploma routes, Open University, full time study, part time study, return to practice).

Nursing and Midwifery

The key assumptions underpinning the Nursing and Midwifery figures are:

- The average age of retirement for adult nursing is 58 years and mental health and family services nursing is 57 years, with a number of nurses still under Mental Health Officer Status. Based on HEIW modelling undertaken recently, the following assessments were made around supply and demand:

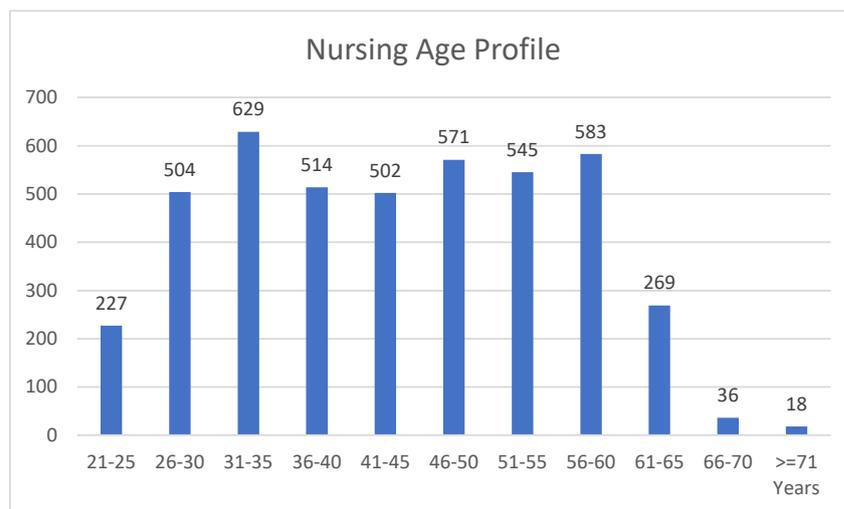
	Demand				Supply	
	<i>Assumed vacancies WTE 2022</i>	Estimated vacancies 2027	Predicted leavers 2027 WTE	Predicted retirements 2027/28 WTE	Number vacancies filled by non-new graduates (external, retire and return, flexi routes)	Possible streamlining
Adult Nursing	-285	- 345 (depending on future overseas recruitment)	149	74	142 (pending overseas recruitment)	100
Mental Health Nursing	<i>Circa - 50</i>	+ 27	27	16	41	25
LD Nursing	-4	+10	3	1	5	4
Children's Nursing	-76		42	18	48	24

Note - Mental Health assumed SISU and MH Safe Staffing implemented

- Retire and return make up 30WTE adult nursing, 12WTE for Childrens Nursing, 1WTE for Learning Disabilities (LD) and 13WTE for Mental Health
- General external recruitment has been factored into the requirements for new graduates.
- Educational commissioning numbers assume current levels of part time ratios (55%) unless indications that this has changed.

- Turnover based on future trajectory for each area of nursing and midwifery considering the unusual pattern of turnover. The turnover for nursing is currently 10.2% which has increased over the past year. This means that for adult nursing we lose circa 20WTE each month, children’s nursing 5WTE, Mental Health 3WTE and LD less than 1WTE each month. Between 30% and 50% of our leavers are due to retirements of reasons for staff leaving.
- Generally, we successfully manage to recruit to all our turnover, so the demand and supply ratio is quite stable. This has been partly facilitated by the growth in graduates over the past 3 years. However, the growth in demand for nursing resources has created additional vacancies.
- The numbers of Health Board staff undertaken part time training each year as part of a “grow our own” approach is on average 25 staff each year across all branches of nursing. We would anticipate that this number to increase by 5 each year.
- Nursing is an ageing workforce (Figure 1). The age profile of nursing is more evident in certain areas such as Mental Health, LD, Adult Nursing and Health Visiting. This is reflected in the educational commissioning figure assessments. Detailed age profiles are included in **Appendix 3**.

Figure 1.



Adult Nursing

The educational commissioning requirements and placement of students for each respective year of graduation are shown in **Appendix 1**. The annual nursing placement plans agreed by HEIW provide healthcare student allocation to the Health Board as shown in **Appendix 2**. Assessment of educational commissioning versus student placements agreed by HEIW demonstrates a differential negative gap in placement numbers.

A recent assessment of vacancies undertaken for HEIW indicated that there were circa 285WTE vacancies in the field of adult nursing. A further increase in training places is required to at least the maximum training capacity, mindful that large increases are not likely to be able to be supported due to university provider capacity and realistic fill rate of students. Consideration has been given to support the requirements of graduates for Independent Practices and Nursing Homes for which we are required to commission on their behalf.

On assessment of future workforce gaps for adult nursing, increasing educational commissioning numbers alone will not support ongoing anticipated large vacancies in the field of adult nursing. As well as ongoing overseas recruitment, other workforce modernisation approaches such as increasing the numbers of Assistant Practitioners and maximising the contribution of other roles will need to be considered as well as the mix of other professions such as ODP's and Physician Associates as more blended models emerge and skills attainment changes with new training programmes. Service improvements such as cohorting of patients and optimising ward configurations may also support vacancies in adult nursing.

Mental Health and LD

The possible demand impacts on Mental Health nursing services include the development of the SISU in 2028 and possible further roll out of the of Nurse Staffing Levels (Wales) Act 2016. These 2 schemes may increase vacancies by circa 90WTE before 2027. There has been incremental increase in numbers requested over the past 2 years to support the ageing profile of this workforce as well as these anticipated service changes and this has been reciprocated in terms of increased student placements. This will have a positive impact on vacancies next year and the following year. Continuing to commission high numbers of graduate places as well as flexible training routes, may result in possible oversupply of graduates in this field by 2027.

Children's Nursing and Health Visiting/School Nursing

There are no known changes to service plans requiring any large changes in workforce for Children's Nursing, there are vacancies generated following recent implementation of Safe Staffing in Health Visiting. The age profile is relatively young compared to other fields of nursing. There are difficulties in assessing training numbers as Children's Nursing is one of the career pathways for other areas of nursing such as Health visiting and School Nursing. Therefore, the assessment is to maintain numbers based on retirements and turnover.

The table below highlights the undergraduate educational commissioning figures proposed for this year's IMTP submission and academic intake year of 2024/25.

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissions
Bachelor of Nursing (B.N.) Adult (based on 2 yearly intakes)	3 years	2027	280	40 for nursing homes and primary care	<ul style="list-style-type: none"> • Turnover and retirements • Increase to support possible ongoing vacancie • Nursing homes and primary care
Bachelor of Nursing (B.N.) Adult – part time	4 years	2028	25		<ul style="list-style-type: none"> • Internal progression to support HCSW strategy. Increase to support flexibl training pathways

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissions
Bachelor of Nursing (B.N.) Child	3 years	2027	37		<ul style="list-style-type: none"> • Previous commissioning numbers have not filled vacancies • Increase of off ward nursing roles for which paediatrics is the feeder. • There has been an increase in Health Visitors (HCWP), some of which are recruited from children's nurses
Bachelor of Nursing (B.N.) Mental Health	3 years	2027	75		<ul style="list-style-type: none"> • Turnover and retirements • Additional resources for SISU (circa 40 WTE) • Impacts on Nurse Staffing Levels (Wales) Act 2016 (circa 50 WTE)
Bachelor of Nursing (B.N.) Mental Health (part time)	4 years	2028	9		<ul style="list-style-type: none"> • As above
Bachelor of Nursing (B.N.) Learning Disability	3 years	2027	5		<ul style="list-style-type: none"> • Turnover and retirements
Bachelor of Nursing (B.N.) Learning Disabilities (Part-time)	4 years	2027	5		<ul style="list-style-type: none"> • Turnover and retirements
B.Sc. Midwifery	3 years	2027	30		<ul style="list-style-type: none"> • Turnover and retirements
Health Visiting (Full-time)	1 year	2025	11		<ul style="list-style-type: none"> • Turnover and retirements
Health Nursing (Part-time)	2 years	2026	6		<ul style="list-style-type: none"> • Turnover and retirements • Increase in internal training career pathways
School Nursing (Full-time including modules)	1 year	2025	2		<ul style="list-style-type: none"> • Turnover and retirements
School Nursing (Part-time including modules)	2 years	2026	3		<ul style="list-style-type: none"> • Turnover and retirements • Increase in internal training career pathways
Return to practice	6 months	2025	4		<ul style="list-style-type: none"> • Based on previous uptake of this re-training route

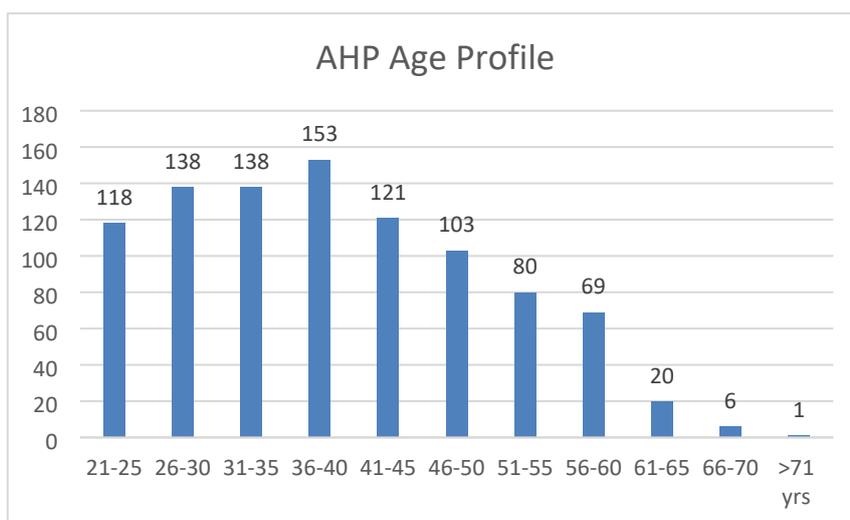
Allied Health Professionals (AHPs) and Health Care Scientists

The current iteration of Divisional plans does not predict any real expansion in these professional roles for 2027 other than interim increases associated with medium to long term developments such as SISU.

Educational commissioning numbers have increased 4 years ago between 11% and 43 %. They have remained stable over the past 4 years. This is still a shortfall in final agreed educational commissioning numbers nationally to the numbers requested by Health Boards between 8% and 41%. Psychology experiencing nearly a 56% deficit in training numbers with the average being 35% less than requested in organisational IMTPs. As commissions are higher now than they were 4 years ago this means there will be high numbers of AHPs in training and places further pressures on the placements. The placement matrix for each AHP speciality is included in **Appendix 2**.

The Age profile of therapies (Figure 2) is lower than the average peak age profile of nursing. The mean peak age is between 35-40 years but is higher in Dietetics and Psychology. Detailed age profile assessments are included in **Appendix 3**.

Figure 2



The turnover for Allied Health Professionals (AHP) is 15% but this turnover rate is skewed by the rotations in areas such as Physiotherapy.

The key assumptions underpinning the figures are:

- The average age of retirement for AHP retirements is 58- 59 years.
- The average age of retirement for Healthcare Scientists is 59 years.
- Educational commissioning numbers assume current levels of part time ratios.
- Possible implications of service developments (SISU)
- Assessment of partner organisation requirements

Turnover assumed at future trajectory for each AHP and Healthcare Science profession.

Detailed supply and demand forecasting has not been undertaken for this group of staff as required by HEIW. This will require further clarity around funded establishments and support for this work.

The educational commissioning assessments undertaken by the respective services indicate the following educational commissioning requirements for Allied Health Professionals and Health Care Scientists for academic intake 2024/25:

For Academic Intake 2024/2025					
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
ALLIED HEALTH PROFESSIONALS					
B.Sc. Diagnostic Radiography	3 years	2027	10	0	• Turnover and retirements
B.Sc. Human Nutrition and Dietetics	3 years	2027	8	0	• Turnover and retirements
PG Diploma Dietetics	2 years	2026	0	0	• Turnover and retirements
PG Diploma Clinical Photography	2 years	2026	1	0	• Clinical Photography & Medical Illustration service development.
B.Sc. Occupational Therapy	3 years	2027	12	2	• Turnover and retirements, SISU expansion plans
B.Sc. Occupational Therapy (Part time)	4 Years	2028	2	1	• Turnover and retirements
PG Diploma Occupational Therapy	2 years	2026	4	0	• Turnover and retirements
BSc ODP	3 years	2027	10	0	• Turnover and retirements, limitations of training capacity
B.Sc. Physiotherapy	3 years	2027	20	3	• Turnover and retirements • Additional 10 WTE is to meet the changing needs of the
B.Sc. Physiotherapy (Part time)	4 years	2028	3	0	• Support service improvements, retirement, and turnover

PG Diploma Physiotherapy	2 years	2026	3		• Flexi route to support turnover and retirements
B.Sc. Podiatry	3 years	2027	3	1	• Turnover and retirements
PhD Clinical Psychology Doctorate	3 years	2027	15	0	• Turnover and retirements, increase in part time staff, service improvements
B.Sc. Speech & Language Therapy	3 years	2027	5		• Turnover and retirements
B.Sc. Speech & Language Therapy – Welsh Language	3 years	2027	2		• Welsh Lang Act & RCSLT/ ALN to treat in first language

Turnover for Health Care Scientists average turnover is 11.2%. The age profile for this group of staff is included in **Appendix 3**.

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Reason for commissioning
HEALTHCARE SCIENTIST					
Physiological Science - PTP					
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	3 years	2027	3	N/A	• Turnover and retirements
B.Sc. (Hons) Healthcare Science - Audiology	3 years	2027	2	N/A	• Turnover and retirements • Required to support development and growth of audiology services, extension of role (e.g., first point of contact audiology in primary care)
HE Cert in Audiological Practice	2 years	2026	1	N/A	• Increase in skill mix to support service models. Internal training opportunities
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	3 years	2027	1	N/A	• Turnover and retirement
B.Sc. (Hons) Healthcare Science - Neurophysiology	3 years	2027	0		• Small workforce of 4 staff and commissioned one place last year and previous year
Life Science - PTP					
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,	3 years	2027	2	N/A	• Turnover and retirements
B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection	3 years	2027	1	N/A	• Turnover and retirements

Physician Associates

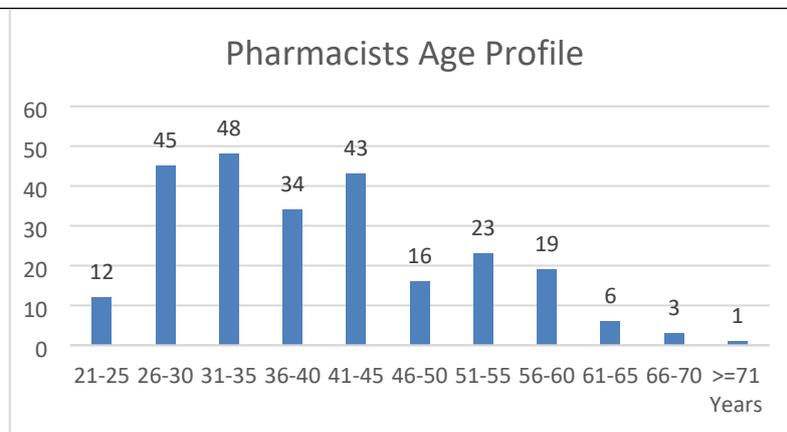
Physicians' Associates (PAs) have increased in numbers across Wales and the past few years the number of educational commissioning requests for PAs has remained at 4. There is currently a student streamlining recruitment process in place and as a result the Health Board will need to recruit the number of posts that are eventually agreed through the national process. Other than one possible additional post in general surgery, there are no indications in the IMTP for expanding the role. Further work is being undertaken to assess the role and how it can support service sustainability. This work may not be completed prior to the submission. In terms of turnover, this is relatively low with 1- 2 posts being post each year. Therefore, based on turnover and known service expansion, the proposal is to commission 4.

Pharmacists

The pharmacy age profile is relatively young, however there is ageing Pharmacy Technician workforce. In terms of turnover the service loses approx. 11WTE posts each year. Circa 20 vacancies exist in the service due to vacancies and additional investment by the Health Board. Changes to multiple training programmes over the year and restrictions on places where students can be placed has resulted in careful consideration of capacity to train this workforce. Changes to concurrent changes to a number of Pharmacy courses and curriculums has meant students require more supervision and support than before. Implementing new programmes is time consuming to plan and manage. The number of Pharmacy Supervisors has not increased to compensate, partly due to vacancies at band 7 and above. This has impacted on capacity to increase student numbers but has ensured that students continue to receive quality training and supervision when on placement within the Health Board.

The Pharmacy Technician numbers have been increased in line with the business case for the Primary Care Academy that will allow the service to re-explore the multi-sector trainee posts as a method of increasing training capacity. In accordance with HEIW training requirements and placements, the Health Board is unable to be more flexible with training placements, which would ease pressure on the service.

In terms of the Pharmacist Foundation Trainees, the service has increased the numbers by 50% this year. The service is being asked to re-look at the figures for 2024-25 (which have already been commissioned) and there may be an option to increase the number of trainees especially in view of the agreement to increase Pharmacy provision in the Emergency Department. This would increase supervision capacity and would enable the service to accommodate more trainees. However, for this IMTP, this will be the year that trainees will need to complete non-medical prescribing (NMP) for the foundation year, and we are commissioning without understanding what the programme will look like. The service has needed to consider current training capacity for all its training pathways when deciding on the figures presented. The service has also considered the impact that the new clinical undergraduates programme will have and the need to accommodate 4 years' worth of placements by this education cycle. The service will continue to review this in line with staffing levels and investments and understanding of the new training programmes.



Risk Assessment

The numbers have been agreed by Service Leads and Assistant Clinical Directors and validated against known workforce intelligence.

Along with other recruitment options, the number of educational commissioning numbers will meet turnover and retirements anticipated in 2027. When basing educational commissioning numbers on turnover of all bands of leavers, there is always the risk of oversupply. This is because not all posts are filled by newly qualified graduates and a number of posts are always filled by applicants from other Health Boards/Trusts. In addition to this there are unknown impacts on retirements with changing pension regulations as well.

Consideration has been given to the training numbers of paediatric graduates who also feed the supply for Health Visiting and School Health Nursing training programs.

Mental Health nursing has included an increase for new service developments which is anticipated to be completed in 2027/28 and the assessed impacts of the Nurse Staffing Levels Act (Wales) 2016. There was a large increase in training numbers last year in addition to the number of vacancies reducing, therefore by 2027/28 there is a potential risk of oversupply in this field. This is more likely for Learning and Disabilities which increased considerably last year.

Our projection of workforce requirements is based on known future service provision. A number of the Clinical Futures service transformation schemes may have a large impact on the future configuration of our workforce. A number of these are in the early stages of development and as such the workforce requirements have not yet been fully explored.

The appetite for students to take up careers within the NHS may also have been exasperated by current industrial relations and pay disputes within the public sector. As student placements have increased in some training fields by 50% over the past 5 years, there is an underlying concern that there is a diminishing pool of Welsh students willing to undertake university education in these fields. For example, not all branches of nursing were successful in filling their places in 2022.

The changing population demographics would signal some risks around possible graduate fill rates in the future. Census data (2021) shows a drop of 11% in population between the ages of 15-19 years which would be school leavers typically seeking opportunities for further education in the next 1 to 3 years. Generally, there is an overall decrease of 4% in the population under 19 years. With reference to the

House of Commons Library (2023), report; whilst undergraduate applications are at an all-time high for full time education, with higher education rates among UK 18 years peaking at 38.2% in 2021, it dropped back to 37.5% in 2022. It was identified the high numbers in 2020 and 2021 were driven by an increased number of 18 years in the population and higher application rates in this age group.

Argymhelliad / Recommendation

The People and Culture Committee is asked to note the content of the paper for information.

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

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Link to CR002
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. 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:	
Rhestr Termau: Glossary of Terms:	AHP - Allied Health Professionals HEIW - Health Education and Improvement Wales IMTP - Integrated Medium-Term Plan LD - Learning Disabilities NMP - Non-Medical Prescribing PAs - Physicians' Associates WTE - Whole Time Equivalent

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Service Clinical Leads and educational supervisors, have been involved in the submission of educational commissioning numbers along with Assistant Director of Therapies and Assistant Director of Nursing, Head of Pharmacy, Lead Physician Associate.
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Choose an item.

Appendix 1 - ABUHB Educational Trends

IMTP commissioning - BSc courses from 2016 - 2021							
Staff group	Course	IMTP year					2022/23
		2016/17	2017/18	2018/19	2019/20	2020/21	
Nursing & Midwifery							
	Bachelor of Nursing (B.N.) Adult	180	240	238	275	294	285
	Bachelor of Nursing (B.N.) Child	35	36	21	32	35	31
	Bachelor of Nursing (B.N.) Mental Health	48	63	40	45	65	79
	Bachelor of Nursing (B.N.) Learning Disability	6	8	5	4	15	5
	BSc Midwifery Direct Entry	23	30	25	26	29	24
	Health Visiting (Full-time)	20	20	20	12	6	14
	Health Nursing (Part-time)				8	14	6
	School Nursing (Full-time)	3	3	2	2	6	
	School Nursing (Part-time)			1	1		1
Healthcare Scientist							
Physiological Science - PTP	BSc (Hons) Healthcare Science - Cardiac Physiology	5	7	4	5	2	3
	BSc (Hons) Healthcare Science - Audiology	2	2	2	2	2	2
	BSc (Hons) Healthcare Science - Respiratory and Sleep Science	1			1		1
	BSc (Hons) Healthcare Science - Neurophysiology				1		2
Life Science - PTP	BSc (Hons) Healthcare Science - Biomedical Science - Blood, Infection, Cellular and Genetics	8					
	BSc (Hons) Healthcare Science - Biomedical Science - Blood		2	2	2	4	2
	BSc (Hons) Healthcare Science - Biomedical Science - Infection			1	1		1
Allied Health Professions							
	BSc Diagnostic Radiography	28	38	25	27	25	10
	BSc Human Nutrition - Dietician	10	11	11	4	9	6
	BSc Occupational Therapy	25	20	15	15	14	6

IMTP commissioning - BSc courses from 2016 - 2021							
Staff group	Course	IMTP year					2022/23
		2016/17	2017/18	2018/19	2019/20	2020/21	
	BSc Occupational Therapy (Part time)			4	4	7	4
	BSc Physiotherapy	38	49	27	30	25	31
	BSc Podiatry	5	3	3	5	4	2
	BSc Orthoptist	1	2	1	1	1	
	BSc Speech & Language Therapy	11	11	9	10	9	5
	BSc ODP	5	10	8	7	8	20
	Physicians Associates	8	6	6	4	4	4
Pharmacy							
	Pre-registration Pharmacy Technician						7
	Pharmacy Clinical Services Professional BTEC Level 4						5
	Post-registration Foundation pharmacists						6
	GP Pharmacist Transition Programme						3
	Trainee Pharmacist (Foundation Training Programme)						9
	MSc Pharmaceutical Technology and Quality Assurance						1
	Chartered Institute of Procurement and Supply Level 4 – Foundation Diploma						1
	Chartered Institute of Procurement and Supply Level 5 – Advanced Diploma						1
	Chartered Institute of Procurement and Supply Level 6 – Professional Diploma						1

2019/20, 2020/21, 2021/22 & 2022/23 ANEURIN BEVAN PLACEMENT PLANS

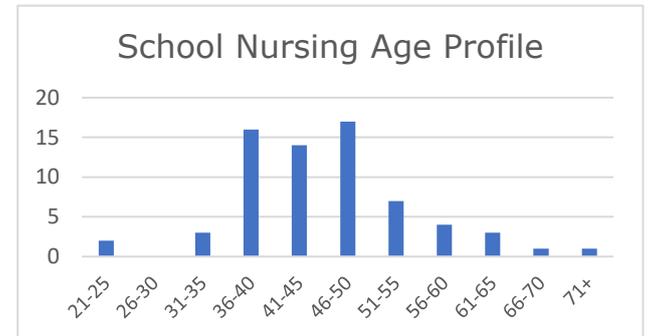
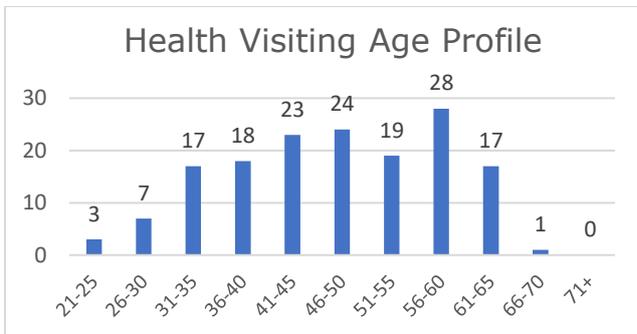
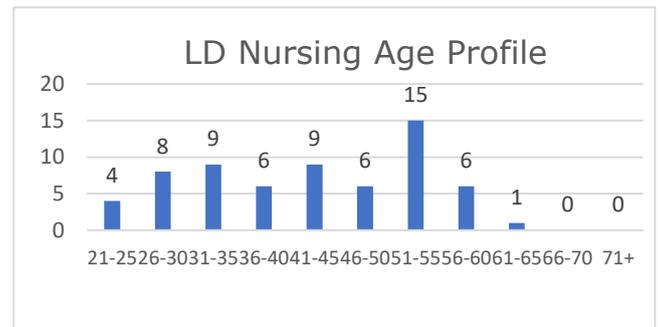
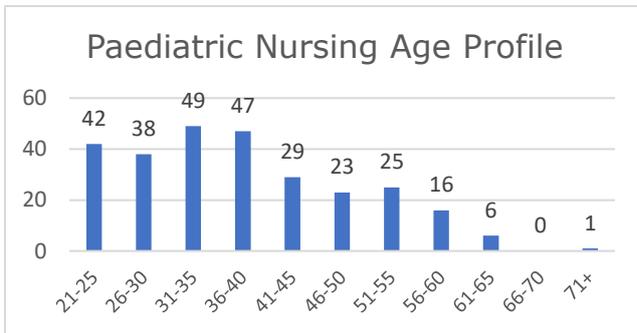
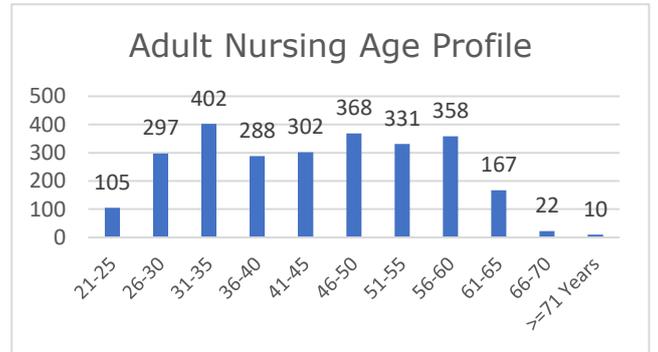
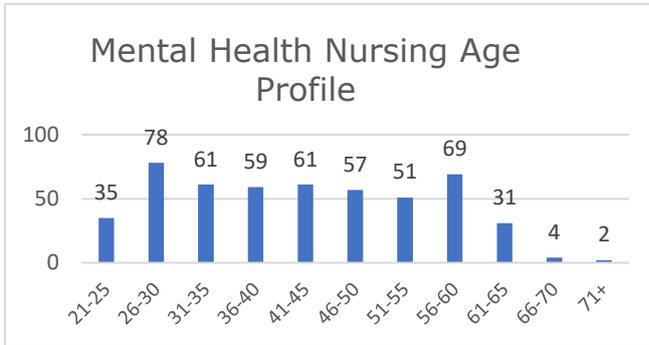
COMMISSIONED COURSE	UNIVERSITY	2019/20 Aneurin Bevan	2020/21 Aneurin Bevan	2021/22 Aneurin Bevan	2022/23 Aneurin Bevan
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	BANGOR				
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	CARDIFF	84	52	70	155
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	SWANSEA				
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	USW	94	149	149	68
	Total	178	201	219	223
Bachelor of Nursing (B.N.) Child	BANGOR				
Bachelor of Nursing (B.N.) Child	CARDIFF	17	18	18	13
Bachelor of Nursing (B.N.) Child	SWANSEA				
Bachelor of Nursing (B.N.) Child	USW	17	5	8	14
	Total	34	23	26	27
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	BANGOR				
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	CARDIFF	29	35	38	38
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	SWANSEA				
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	USW	24	15	20	20
	Total	53	50	58	58
Bachelor of Nursing (B.N.) LD	BANGOR				
Bachelor of Nursing (B.N.) LD	USW	11	12	12	19
	Total	11	12	12	19
Nursing p/t (Disciplines to be confirmed)	OU	5	6	1	
Midwifery	BANGOR				
Midwifery	CARDIFF	11	20	10	15
Midwifery	SWANSEA				
Midwifery	USW	10	9	19	5
	Total	21	29	29	20
Physiotherapy	CARDIFF	29	23	25	17
Physiotherapy	USW				5
PG Dip Physiotherapy	CARDIFF				5
PG Dip Physiotherapy	BANGOR				
Physiotherapy	GLYNDWR				
	Total	29	23	25	27
Occupational Therapy	GLYNDWR				
Occupational Therapy (p/t)	GLYNDWR				
Occupational Therapy	USW				5
Occupational Therapy	CARDIFF	17	12	17	14
PG Dip Occupational Therapy	CARDIFF	3	4	5	8
	Total	20	16	22	27
Diagnostic Radiography	BANGOR				
Diagnostic Radiography	CARDIFF	22	27	26	27
Therapeutic Radiography	CARDIFF				
	Total	22	27	26	27
Radiography Assistant Practitioner - Diagnostic	CARDIFF	2	3		

2019/20, 2020/21, 2021/22 & 2022/23 ANEURIN BEVAN PLACEMENT PLANS

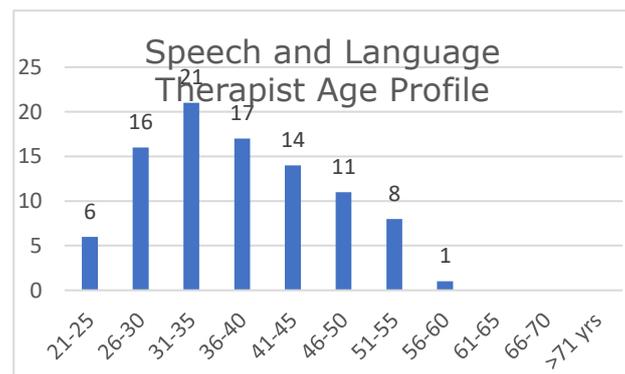
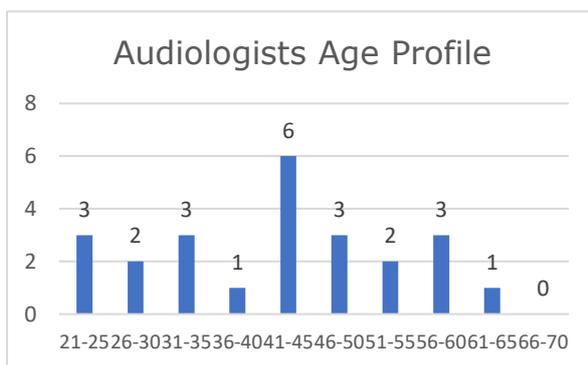
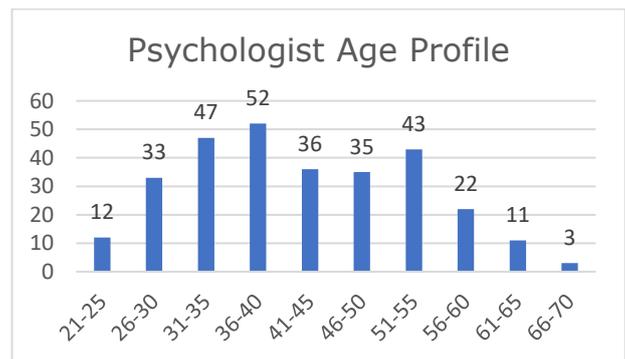
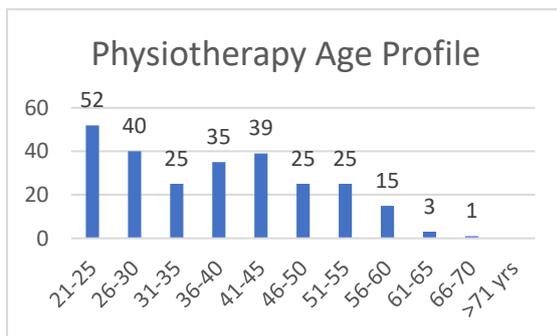
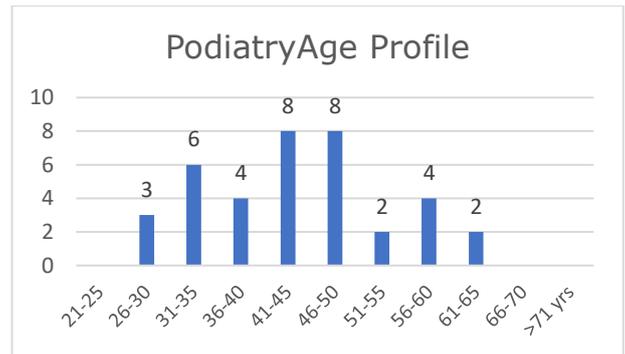
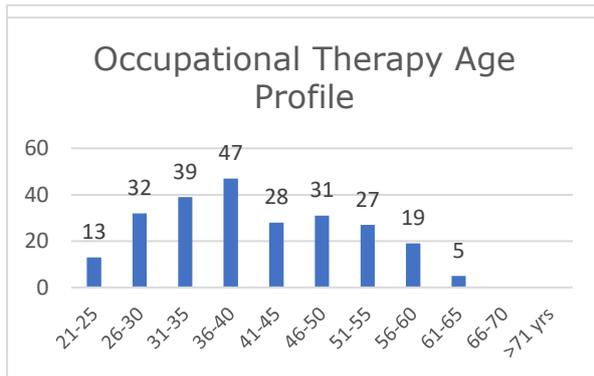
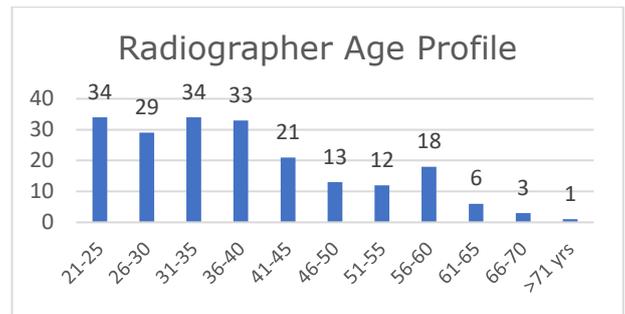
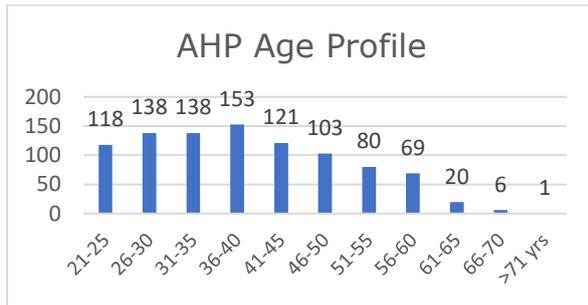
COMMISSIONED COURSE	UNIVERSITY	2019/20 Aneurin Bevan	2020/21 Aneurin Bevan	2021/22 Aneurin Bevan	2022/23 Aneurin Bevan
ODP	CARDIFF	9	6	9	9
ODP	USW				6
B.Sc. Human Nutrition and Dietetics	CARDIFF MET	8	5	8	5
PGDip Dietetics	CARDIFF MET	2	3		3
B.Sc. Podiatry	CARDIFF MET	4	4	5	5
Speech and Language Therapy	CARDIFF MET	9	10	9	6
Speech and Language Therapy - Welsh Language	CARDIFF MET				
Clinical Photography	CARDIFF	1	1	1	
Clinical Psychology	BANGOR				
Clinical Psychology	CARDIFF	4	2	4	4
Healthcare Scientists - Cardiac Physiology	SWANSEA	4	5	3	4
Healthcare Scientists - Audiology	SWANSEA	2	1	2	2
HE Cert in Audiological Practice	SWANSEA		3	2	1
Healthcare Scientists - Respiratory and Sleep	SWANSEA		1		
Healthcare Scientists - Neurophysiology	SWANSEA		1		
Healthcare Scientists - Nuclear Medicine	SWANSEA				
Healthcare Scientists - Radiotherapy Physics	SWANSEA				
Healthcare Science - Biomedical Science - Blood	CARDIFF MET	2	2	4	2
Healthcare Science - Biomedical Science - Infection	CARDIFF MET		1		
Healthcare Science - Biomed Science - Cellular	CARDIFF MET	1			1
Healthcare Science - Biomed Science - Genetics	CARDIFF MET				
Physicians Associates	BANGOR				
Physicians Associates	SWANSEA		4	5	4
	Total	0	4	5	4
Ambulance Paramedics - EMT conversion	SWANSEA				
B.Sc Paramedicine	SWANSEA		2		
	Total	0	2	0	0

Appendix 3 - Age Profiles

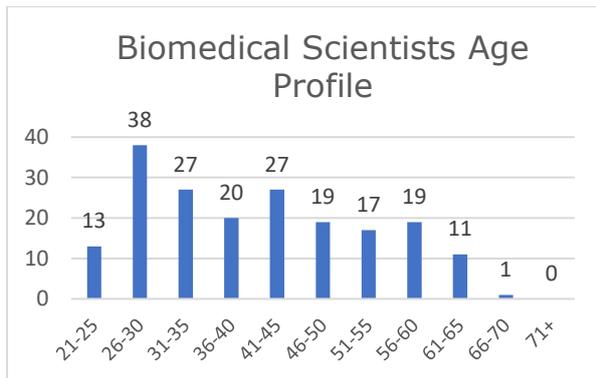
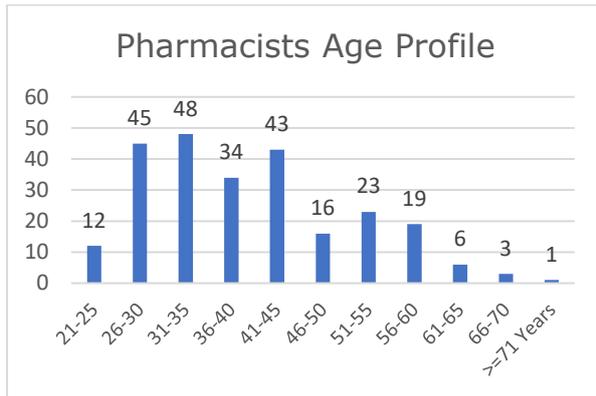
Nursing



Allied Health Professionals



Pharmacy



DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Statutory and Mandatory Training
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; Matthew Bidgood Senior Organisational Development Practitioner.

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Every NHS employee has access to their Electronic Staff Record (ESR), so that they can manage their personal information. ESR also holds their training record which enables them to carry it from one organisation to another. Recording and monitoring staff training and achievements can help employers to assess the organisation's training compliance in terms of Statutory and Mandatory training (StaM). Welsh Government sets a national target of 85% compliance within NHS Wales. Currently (as of April 2023), the Health Board's compliance as an organisation sits at 79% versus an average of 79% across NHS Wales.

Key definitions:

Statutory training is that which the Health Board is legally required to provide as defined in law, or where a statutory body has instructed organisations to provide training on the basis of legislation.

Mandatory training is determined either by Welsh Government or the Health Board for the safe and efficient running of the organisation depending on their context, needs and strategic intent.

Statutory and Mandatory (StaM) training provides a base level of knowledge across a series of topics for all employees across NHS Wales, in order to keep individuals, colleagues and patients safe. StaM is provided and completed through ESR across Wales, with each Health Board locally owning responsibility for staff compliance. There is a centralised provision of online courses and at a local level, each NHS Wales organisation is responsible for setting the access rights, monitoring progress and ensuring that statutory and mandatory training is available, up to date and accessible for staff members. The modules, classes and learner pathways are administered via Oracle Learning Management (OLM).

The Director of Workforce and Organisational Development commissioned a review of the organisational approach for StaM provision. This paper will provide:

- An update on the current organisational position.
- Clarity on the StaM training requirements.
- Proposal as to how StaM requirements are determined organisationally.

This paper was considered at the Executive Committee on 01 June 2023 which supported the implementation of a governance group with the objective of determining the organisational StaM requirements, monitoring compliance, considering any new additions to StaM training and to focus on increasing compliance through a number of measures including ease of access to training and clarity of requirements by professional/staff group.

The People & Culture Committee is asked to note the content of the paper for information.

Cefndir / Background

The Health Board's Statutory and Mandatory training is largely set by Welsh Government and comprises of e-learning and some classroom modules. There is a national team within NHS Wales Shared Services Partnership (NWSSP) who provide the content and platform, with each NHS organisation responsible for local implementation.

Within Aneurin Bevan University Health Board, Workforce and Organisational Development facilitate StaM systems. When determining which training forms part of StaM there are three elements, each of which is detailed further in the report:

1. Training is which the Health Board is legally required to provide as defined in law, or where a statutory body has instructed organisations to provide training on the basis of legislation.
2. Training set by Welsh Government/National agreement
3. Training set by the Health Board

To support colleagues, there is a dedicated [Share Point page](#) designed to assist and sign-post common queries, alongside an OD queries inbox where employees across the organisation can submit ESR core learning related queries. This inbox typically receives around 125 queries per week and is monitored by four members of the OD



team on a rota basis and then forwarded on to our OD band 4 role to action as described below (ABB.ODQueries@wales.nhs.uk).

StaM modules apply to all staff, with additional modules for specific staff groups and roles as detailed below.

The Core Skills Training Framework (CSTF) published by [Digital Learning Wales](#), comprises the StaM subjects that are applicable to all members of staff, regardless of staff group or role. These subjects are either statutory or mandatory in nature and stipulated by Welsh Government. The current CSTF training modules that all employees across Wales must complete are:

NB: - safeguarding adults & children is a combined course.

Training	Group	Renewal time
NHS CSTF Equality, Diversity and Human Rights	All Staff	3 Years
NHS CSTF Fire Safety	All Staff	3 Years
NHS CSTF Health, Safety and Welfare	All Staff	3 Years
NHS CSTF Information Governance (Wales)	All Staff	2 Years
NHS CSTF Infection Prevention and Control - Level 1	All Staff	3 Years
NHS CSTF Moving and Handling - Level 1	All Staff	2 Years
NHS CSTF Resuscitation - Level 1	All Staff	3 Years
NHS CSTF Safeguarding Adults - Level 1	All Staff	3 Years
NHS CSTF Safeguarding Children - Level 1	All Staff	3 Years
NHS CSTF Violence and Aggression (Wales) - Module A	All Staff	One off
NHS LANG NHS Wales Welsh Language Awareness Certification (more than just words).	All Staff	One off
NHS Paul Ridd Learning Disability Awareness	All Staff	One off

There are a total of 11 core learning modules which take approximately 8-10 hours to complete, dependent upon learner pace (inc. moving and handling which is a 3-hour course).

Currently the StaM core learning courses within ESR for colleagues across the Health Board need updating, to remove a course that is no longer required (Covid risk assessment) and add a relatively new course which is required (Paul Ridd Disability



Awareness). This updated information is periodically communicated from Welsh Government to Digital Learning Wales and into each NHS Wales organisation via the nominated Digital Learning Lead. The Health Board's nominated lead is within Organisation Development who undertakes the following tasks:

- Correct statutory and mandatory training requirements for all staff within ESR.
- Explore (in conjunction with subject matter experts) the establishment of the best method to identify and update ESR learner profiles, ensuring that the correct learning modules are contained within each learner profile.
- Update and monitor learning profiles of Health Board employees, outside of the core skills requirements e.g., role specific requirements.

The role of the Digital Learning Lead is crucial as they are the organisational expert in administration, problem-solving and reporting from ESR's training modules, which include:

- Creating courses, offerings and classes.
- Establishing, recording and maintain learning pathways.
- Recording learner attendance/non-attendance.
- Creation, application and reporting of competencies
- NHS Wales eLearning
- Offer advice/training and support to users of the systems as required.

Training set by the Health Board

The Health Board have limited the number of organisational mandated training. Historically, the Director of Workforce and OD approved this training on an exceptional basis i.e., 'Welsh Language proficiency' which is a one-time requirement for all staff to record their Welsh language proficiency within ESR and doesn't require any learning modules to be undertaken. It is therefore, recommended that this is retained to support Welsh Language Standards.

NHS LANG Writing Welsh	All Staff	One off
NHS LANG Listening/Speaking Welsh	All Staff	One off
NHS LANG Reading Welsh	All Staff	One off

Additional and Role Specific Learning

In addition to the above courses, there are training requirements that will need to be undertaken that are both staff group specific (e.g., nursing and midwifery) and role specific (e.g., paediatric nurse). This training is determined by the subject matter experts of that particular field and their professional registrations e.g., intercollegiate safeguarding guidance from RCN.

Every member of staff within the Health Board has an ESR 'position' and StaM training requirements are determined by this ESR position. An ESR position may



include only one member of staff, or it may include large numbers of staff. The ESR position is made up of several "facts" including the position number; the position title; the occupation code; and the area of work. It broadly defines who the member of staff is and the role that they do. For example:

10019554|Registered Nurse Band 6|N6L|Neonatal Intensive Care
or
10311641|Catering Staff Band 2|H2R|Catering

All staff covered by an ESR position should have identical roles and it is felt that this way of grouping staff presents the best options for identifying training requirements that are applicable to certain roles. ESR will only add the StaM courses for the particular staffing group (e.g. admin & clerical, nursing & midwifery) and not for the particular role (e.g. paediatric nurse) which would require specific additional training for that role i.e., safeguarding children level 3 which is for 'all clinical staff who work with children, young people and/or their parents/carers and/or any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns'. Discussions have begun with colleagues, primarily in Safeguarding team, to explore specific training requirements (in conjunction with subject matter experts) to establish the best method available to identify and update ESR learner profiles to ensure the correct learning modules are contained within each learner profile.

Requests for additional core learning

Commonly, the OD team will receive requests from colleagues within the Health Board to mandate a particular training module for a particular group of staff which is often for good reasons. Recognising that there needs to be organisational governance in place to determine management of StaM requirements (adding or removing training) the intention is to form a multi-disciplinary group to manage this. This would be our Core Learning Committee (CLC).

The CLC would comprise of subject matter expert representatives from each of the Executive Committee's professional portfolios e.g., health and safety, safeguarding, Welsh language, information governance etc whilst ensuring that each of the core learning subjects was covered.

Early thinking on process suggests that requests will be received in report format submitted to the Core Learning Lead, outlining why the learning should be mandatory and how often it would need to be refreshed. The professional representative requesting would attend CLC and explain why they feel the course should be mandatory. The group would examine and discuss requests collectively and either permit or decline submissions. The Executive Committee would ratify any decisions with regular updates to People and Culture Committee. Terms of reference for this group would need to be established including criteria for the adoption of any new e-learning courses and the role for the organisational lead for StaM, which is held by the Director of Workforce and OD.



Asesiad / Assessment

StaM provides the essential learning requirements that help keep the Health Board and its staff safe. A governance group, namely the proposed CLC, would determine organisational StaM requirements, monitoring and focus on increasing compliance.

The following risks have been identified:

Risk	Mitigation
<p>Unable to meet Welsh Government core skills compliance targets due to lack of proactive management.</p>	<ul style="list-style-type: none"> Proposed CLC governance and decision-making. Knowledge development proposed within OD team. Email account available for employee queries. Develop SharePoint & ESR HUB to signpost answers to queries/self-manage. Alternative methods of delivery of training available for staff e.g., paper based/face to face support.
<p>Core Skills Training Framework (CSTF) is there to keep everyone safe and compliant, not sufficiently managed or maintained currently; ESR cases/ tribunal risk where training deficiency is stated.</p>	<ul style="list-style-type: none"> Proposed CLC governance and decision-making. Support the appropriate teams at AB (e.g., Safeguarding, Health & Safety) to contribute to the CLC. OD monitoring, correcting and maintaining learning profiles for our employees.
<p>OD continues to hold the totality of StaM without identifying and supporting appropriate MDT (e.g., unable to provide learning reports to subject matter experts).</p>	<ul style="list-style-type: none"> Formation of governance in CLC.

Argymhelliad / Recommendation

The People & Culture Committee is asked to note the content of the paper for information.

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 2.7 Safeguarding Children and Safeguarding Adults at Risk 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
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:	CLC - Core Learning Committee CSTF – Core Skills Training Framework ESR – Electronic Staff Record OD – Organisational Development OLM – Oracle Learning Management NWSSP - NHS Wales Shared Services Partnership StaM – Statutory and Mandatory Training
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital Learning Wales

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.



	<p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>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</p> <p>Choose an item.</p>



DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
CYFARFOD O: MEETING OF:	People and Culture Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	HEIW Targeted Visit February 2023 – Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Calvert, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Education in the Medicine Division was placed in enhanced monitoring by HEIW in 2022. During February 2023, Health Education & Improvement Wales (HEIW) undertook visits to Medicine at GUH, RGH and NHH. The visits were routine and follow on from its last visit in July 2022.

The following document summarises recommendations made in two reports provided by HEIW: one reviewing NHH only and the second reviewing the Grange University and Royal Gwent hospitals – the full reports are available as Appendix 1.

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

The Health Board response was provided to HEIW on 15th May 2023.

Cefndir / Background & Context

A Targeted Visit is a component of the HEIW quality framework. Its purpose is to identify areas which are working well and those that potentially require intervention. The evidence that forms the outcomes report is considered in relation to GMC standards and assists in enabling HEIW and the Health Board to work in partnership to support the provision of high-quality medical education and training. HEIW visits all teaching Health Boards in Wales.

The visits to GUH, RGH and NHH were part of a series of visits to monitor progress against previous actions and recommendation within medicine in relation to the service reconfiguration.

Following the opening of GUH and the resulting disruption to all aspects of the Health Board's educational offer, all Divisions were subject to scrutiny via a series of "partnership working" meetings between December 2021 and September 2022. Following the final meeting it was agreed that the situation had improved significantly but that focussed work was still needed in Medicine. However, it was felt that this could be managed through the standard assurance mechanisms. Hence a recommendation was made that Medicine at ABUHB should be subject to "enhanced monitoring". Prior to this ABUHB was the only Health Board in Wales not to have had at least one service in enhanced monitoring.

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

Asesiad / Assessment

HEIW Reports

HEIW recognised that positive progress has been made at all three sites through the improvements undertaken by the Health Board. HEIW provided 16 recommendations over the two reports against areas which it believes required further attention. The reports also provided a number of areas in which the Health Board had improved, or processes were working well. The HEIW reports acknowledged that:

- Trainees felt that they had a positive experience.
- Trainees were well-supported, with clinical supervision available.
- The working environment was friendly.
- Trainees received induction with the experience at NHH being better than that at RGH and GUH. (Trainers are undertaking a project to improve the overall induction process).
- ACAT's (a work-based assessment completed by all doctors in training) were challenging to complete but access to these and other assessments had improved since the last visit (July 2022). The Health Board is aware of the importance of these assessments and is working to improve access.
- Access to clinics varied depending upon the specialty and hospital in which the trainee was based. The opportunities were greater at NHH and RGH than at GUH where a number of trainees did not have access to clinics due to the nature of the hospital and had to visit other hospital sites to gain this development and experience.
- Providing development and educational time was also a challenge although everyone recognised and understood the constraints and high workload experienced by staff.
- The high level of consultant and nursing vacancies and the impact that this had on trainees was a consistent theme raised during the visit.
- Although there was progress from the last visit, the step-up and step-down process continued to be identified as an area for improvement with communication and transfer of responsibility for patients identified as the main concern.

- A quality improvement project is underway to improve the processes for transfers, with the formation of a clinical communication group to assist.
- Management of deteriorating patients had improved, and effective resuscitation procedures had been put into place with appropriate training conducted.
- Some trainees at GUH reported that there was an expectation that they would rotate between GUH and NHH to broaden their exposure but that this did not happen.
- The trainees indicated that they did not have access to on-call rotas which would help mitigate some communication issues about who was on-call and when etc.
- The report highlighted that it was felt that GUH lacked a sense of community compared to other sites and it was less common to informally speak to colleagues.

The reports provided balanced views from trainees and trainers expressing opinions about their experiences. We will be working with HEIW to ensure that its recommendations are progressed.

Argymhelliad / Recommendation

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

A progress report will be provided following HEIW's next visit scheduled for September 2023.

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

Appendix 1: HEIW Targeted Visit Report – Medicine

- (i) Nevill Hall Hospital, 16th February 2023
- (ii) The Grange University Hospital and Royal Gwent Hospital, 21st February 2023

Appendix 2: Response Action Matrix against each HEIW recommendation

Each recommendation is placed within a thematic category (Operational, Training & Education or Workforce) to highlight the area of concern which it reflects.

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
Operational						
GUH/RGH 1	Management of General Internal Medicine Patients	The Health Board should ensure that there is a better process for the acceptance and management of general internal medicine patients at the Grange University Hospital site.	Andy Bagwell (Dep Med Director of Operations) & Paul Mizen (Asst Med Dir Clinical Futures) & Phil Campbell (DD for Unscheduled Care)	James Calvert (Medical Director)	GUH	<p>Progress & Plan incl key dates:</p> <p>Where a patient is identified as “GIM” and require admission they are admitted to an available inpatient bed on the relevant site and will be looked after by the specialty team within that ward. It is acknowledged that there are at times challenges with stepping up GIM patients and improvements to GIM processes are being made with senior leader’s involved ensuring acceptance and adherence to proposals.</p> <hr/> <p>Date: End of April 2023 Data audit (by site) of patients denominated GIM with consultant physician stakeholder group led by MD (representative of all medical sub-specialty groups)</p> <hr/> <p>Date: May 26th 2023 Senior Clinical Leadership Forum to include Audit data, Data modelling, Workforce modelling (all HCP groups)</p> <hr/> <p>Date: June 23rd 2023 Senior Clinical Leadership Forum Finalisation of approach and determine communications to wider HB including any OCP</p>

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
NHH 2	MIU Protocols	<p>The Health Board needs to ensure that there is more consistent use of the Minor Injuries Unit Standard Operating Procedures for emergency patients.</p> <p><i>e.g. Medical SpR still being called to inappropriate cases. Teams not always aware of SOPs (Standard Operating Procedure).</i></p>	<p>Paul Mizen (Asst Med Dir Clinical Futures) (Protocol) & Rachel Rouse (Asst Med Dir Education - Team Training plan)</p>	James Calvert (Medical Director)	NHH	<p>Progress & Plan incl key dates:</p> <p>QI project on improving understanding of SOP is continuing. This includes a number of simulation sessions for the team on the implementation of the SOP. First session planned to train faculty on 28/4/23.</p> <p>Asst Med Dir Clinical Futures is speaking at Grand Rounds to improve understanding.</p> <hr/> <p>Date: 28/4/23 – Simulation exercise for faculty</p>
GUH/RGH 7	Step Up	<p>The Health Board needs to take further steps to make the process of transferring patients to the Grange University Hospital site less burdensome.</p> <p><i>e.g. The process was identified as inconsistent and time consuming – especially within normal working hours). Delays in contacting person accepting, reluctance of teams to accept, lack of adherence to cons to cons handover.</i></p>	<p>Andy Bagwell (Dep Med Director of Operations) & Paul Mizen (Asst Med Dir Clinical Futures)</p>	James Calvert (Medical Director)	All	<p>Progress & Plan incl key dates:</p> <p>The challenge for the flow centre has been exacerbated by the need to change the device of communication between sites (from Vocera to bleep system as per previous HEIW visit). Improved communications through flow centre meetings potentially addresses some of the communication challenges.</p> <p>The medical leadership team will reinforce the mandated consultant to consultant referral.</p> <p>(In the medium term an entirely new e:system for communications will be introduced. There is a working group led by ICT with significant junior and senior clinical input establishing the specifications for the new system).</p> <hr/> <p>Date: 31/05/2023</p> <p>Each specialty will hold one (1) Vocera device for use solely by the Flow Centre. This removes the need to contact Switchboard and wait for a bleep. This therefore, helps to streamline the process.</p>

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
						Weekly: Flow Centre performance will be monitored at weekly Systems Leadership Group (SLG) meetings.
NHH/RGH /GUH 1	Step Down	The Health Board should undertake further work to improve communication for step downs to ensure effective patient management. <i>e.g. lack of clarity when planned transfers have taken place and patient arrived, lack of medical handover on transfer</i>	Andy Bagwell (Dep Med Director of Operations) & Paul Mizen (Asst Med Dir Clinical Futures)	James Calvert, (Medical Director)	All	Progress & Plan incl key dates: A detailed questionnaire / survey is to be progressed to capture the detail of issues, concerns and successes as feedback from trainees has delivered a different consensus. The following was identified as areas to concentrate attention. <ul style="list-style-type: none"> — Patients to arrive with clerking and drug chart complete. — Delivered by clinical teams and ops teams collaborating to check all necessary done. — Achieved by a pre-transfer checklist.
Training and Education						
NHH 6	Staffing Levels	The Health Board must ensure that consultant job plans include adequate support for training, as well as consideration of travel time between sites.	Rachel Rouse (Asst Med Dir Education) Linda Coe	James Calvert, (Medical Director)		Progress & Plan incl key dates: Medical Education will continue to monitor trainers and triangulate information with outcomes of GMC trainer survey. AMD for Education will liaise with Med Dir to ensure an appropriate tariff is implemented for educational activity.

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
		<i>Note: This recommendation can be merged with rec. GUH/RGH 6</i>	(Head of Medical Education) (Oversight) Divisional Director (Implementation)			Date: June 2023 - SPA guidance to be confirmed with BMA. Full implementation of job planning e:system by Q1 2024. (The MD fully supports transparent re-imbursement for the educational supervisor role. E:systems will allow assurance that this is delivered consistently in job plans.)
NHH 7	Clinic Access	Trainees should be enabled to use their educational development time (EDT) and to continue to access the skills lab and simulation training. <i>e.g. All trainees to have timetabled clinics to attend.</i> <i>Note: *EDT is not clinic access – this recommendation also includes specific reference to attend clinic.</i>	Rachel Rouse (Asst Med Dir Education) Linda Coe (Head of Medical Education) (Oversight) Divisional Director (Implementation)	James Calvert, (Medical Director)	All	Progress & Plan incl key dates: Medical Education has contacted all departments to establish how EDT is timetabled and to provide further information on how EDT should be utilised. This information has been collated and EDT is now timetabled into trainees' schedule. The department will continue to monitor how the timetabling develops. Medical Education is facilitating QI sessions alongside ABCi to provide trainees the opportunity to participate in QI projects. <hr/> Date: Complete
GUH/RGH 2	Trainee Feedback	The Health Board should take steps to introduce the facility for trainees to receive feedback after clerking patients.	Rachel Rouse (Asst Med Dir Education) Linda Coe (Head of Medical Education) (Oversight) Divisional Director (Implementation)	James Calvert, (Medical Director)	All	Progress & Plan incl key dates: Medical Education will continue to monitor trainees and triangulate information with outcomes of GMC trainee survey. Divisions will be developing their routes to provide feedback. <hr/> Date: Ongoing via Quality Faculty

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
GUH/RGH 3	ACATs	<p>The Health Board should take steps to ensure that the process for completing ACATs is less burdensome for trainees and trainers and take place in their working hours and job plans.</p> <p><i>Note: Junior Doctors are surveying how ACATS is done elsewhere. Junior Doctor Educational Forum established – 2 x meetings held.</i></p>	<p>Rachel Rouse (Asst Med Dir Education)</p> <p>Linda Coe (Head of Medical Education) (Oversight)</p> <p>Divisional Director (Implementation)</p>	James Calvert, (Medical Director)	All	<p>Progress & Plan incl key dates:</p> <p>A QI project to establish similar ways of working to other organisations to complete ACATs has been proposed to the trainee body. The outcomes will be shared with the Division direct to facilitate change.</p>
GUH/RGH 4	Clinical Supervision	<p>The Health Board and HEIW need to improve the clarity of the process for consultants to become named clinical supervisors and improve their ability to perform that role.</p> <p><i>Note: The ability to undertake the role is dependent on job planning, the service structure and requirement for multiple site working.</i></p>	<p>Rachel Rouse (Asst Med Dir Education)</p> <p>Linda Coe (Head of Medical Education) (Oversight)</p> <p>Phil Campbell Division Director (Implementation)</p>	James Calvert, (Medical Director)	Org	<p>Progress & Plan incl key dates:</p> <p>It is acknowledged that this can be challenging with the number of vacancies and locum consultants but the Health Board is working to resolve this and appoint to substantive posts.</p> <p>Discussions will place during the Job Planning process to clarify the number of trainees and ensure capacity is available at Directorate and individual level to support the trainee and the Clinical Supervisor.</p> <p>The Faculty Lead for Trainers will continue to work with HEIW in developing the concept of the Named Clinical Supervisor via the Trainer Recognition Group.</p> <p>Arrangements are being made to meet with College Tutors to provide additional support.</p> <hr/> <p>Date: ongoing</p>
GUH/RGH 5	Guidelines and Curriculum	HEIW should ensure that changes to guidelines and the curriculum should be made available and	Linda Coe (Head of Medical Education)	James Calvert, (Medical Director)	Org	<p>Progress & Plan incl key dates:</p> <p>Medical Education will continue to ensure that all changes are circulated to all trainees and trainers.</p>

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
		easily accessible to all trainees and trainers. <i>e.g. HEIW opportunities for development of educational supervisors to be more widely advertised.</i>	HEIW			Medical Education is introducing a new online platform (Padlet) to provide easy access to information for induction purposes. <hr/> Date: August 2023 (Padlet)
Workforce						
GUH/RGH 6	Consultant Job Plans	The Health Board should ensure that all consultants across the Health Board have job plans that reflect their workload and ensure adequate time for training. Note: this recommendation may be merged with Rec NHH 6. Responses will be the same.	Steve Edwards (Dep Med Dir Professional Standards) Divisional Director	James Calvert, (Medical Director)	Org	Progress & Plan incl key dates: See response to Rec NHH 6 and GUH 4.
GUH/RGH 8	Rotas	The Health Board should take steps to make the medical on-call rotas more widely available and staff should be able to communicate directly with colleagues. Note: The issue was queried regarding communication between medical staff across the HB for General Internal Medicine (predominantly). Clinicians were often unclear who was on call for GIM (even if they were) and a rota wasn't clearly or easily accessible.	Phil Campbell (Divisional Dir Medical Specialties) Tracy Morgan (General Mgr Medicine)	James Calvert, (Medical Director)	Org	Progress & Plan incl key dates: The on-call rotas are now shared with all of the relevant medical teams via email. The Health Board will benchmark with other HB's to ensure good practice is introduced and maintained. <hr/> Date: Complete

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
		<p>There were plans discussed on the day that should have improved this already, but in addition, many of the senior clinicians thought it would be easier and better if they could contact each other directly, rather than having to go via switchboard.</p> <p>The first step would be to know who was on call and then presumably clear lines of (consented) communication could be established.</p>				
NHH 3	Staffing Levels (Consultant)	The Health Board should ensure that there is ongoing work to support the improvement of consultant staff levels.	<p>Tracy Morgan (Gen Mgr Medicine)</p> <p>Nicola Mather (Workforce Business Partner)</p>	<p>James Calvert, (Medical Director)</p> <p>Sarah Simmonds (Director Workforce & OD)</p>	Org	<p>Progress & Plan incl key dates:</p> <p>It is acknowledged that the NHS faces major challenges to recruitment. The Health Board is developing hybrid roles and introducing elements of work flexibility in an attempt to attract candidates.</p> <p>Service reviews and succession planning events are being undertaken in an effort to support an increase in speciality resources. The reviews will develop a programme of work to target recruitment and provide robust succession plans.</p> <p>There is ongoing support for 'middle grade' development to maximise opportunities provided through the SAS contract reform and supporting alternative routes for Drs to achieve Consultant status through CESR.</p> <p>The HB is ensuring there is a robust and clearly defined consultant leadership model in Medicine and supports Clinical Directors attendance at Clinical Directors leadership and Development programmes e.g. CDx</p>

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
						<p>Date: Q2: Initial review and succession planning events.</p> <p>June 2023: Recruitment for Assistant Divisional Director GUH and Associate Divisional Director for Medicine Management</p> <p>Recruitment improvement is an ongoing and evolving process.</p>
NHH 4	Staffing Levels (Nursing)	The Health Board should ensure that there is ongoing work to fill nursing vacancies.	<p>Tracy Morgan (Gen Mgr Medicine)</p> <p>Nicola Mather (Workforce Business Partner)</p>	<p>Jennifer Winslade (Director Nursing)</p> <p>Sarah Simmonds (Director Workforce & OD)</p>	Org	<p>Progress & Plan incl key dates:</p> <p>The HB has recently concluded an extensive piece of work designed to improve nursing recruitment and retention. Recruitment events for Medicine took place earlier this year with successful recruitment in Medicine to 68 Health Care Support Workers and 4 Registrants. The new recruits commenced in March and April 2023.</p> <p>The Health board has undertaken three targeted retention events based on workforce intelligence and data – proactive listening events with tailored action plans as required. Further events to be scheduled as required.</p> <p>The local actions are underpinned by a Health Board Nursing Workforce Strategy which includes plans for sustained and ongoing recruitment streams including Nursing Cadets, Assistant Practitioners, annual overseas nursing recruitment, streamlining and apprentices. This is an ongoing planned recruitment process with most having annual intakes.</p> <p>Recruitment challenges remain across the UK as a whole, but we aim to achieve top quartile performance.</p> <p>Internal drivers include a need to assure safe staffing levels and to minimise use of variable pay.</p>

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
						<p>Date: Nursing Workforce Strategy complete.</p> <p>May 2023: Targeted Endoscopy Nurse recruitment event.</p> <p>Recruitment improvement is a continuing and evolving process.</p> <p>Ongoing: Recruitment plan to maintain current staffing levels supported through local and central recruitment events.</p>
NHH 5	Staffing Levels (PA's & NP's)	The Health Board should take steps to further expand the non-medical workforce e.g. Physician Associates & Nurse Practitioners	<p>Tracy Morgan (Gen Mgr Medicine)</p> <p>Nicola Mather (Workforce Business Partner)</p> <p>David Taylor (Prof Lead Physician Associate) Corporate Nursing</p>	<p>James Calvert, (Medical Director)</p> <p>Jennifer Winslade (Director Nursing)</p> <p>Sarah Simmonds (Director Workforce & OD)</p>	Org	<p>Progress & Plan incl key dates:</p> <p>Senior leadership and executive stakeholder showcase held Friday 31st March to re-emphasise the importance of inclusion of Medical Associate Professionals (MAPs) into Divisional IMTPs.</p> <p>The programme has sponsorship and oversight from the Director of Operations and Medical Director and Divisions are tasked to submit their workforce plans for MAPs to meet the All-Wales recruitment for 2023 commissioning numbers.</p> <p>ABUHB consistently meets its commissioning numbers, since the start of the programme in 2018, and remain the largest employer of PAs in Wales.</p> <p>ABHB has appointed a Professional Lead PA to oversee this process and offer assurances on the development and associated clinical governance.</p> <p>The key challenge remains to ensure that posts are proactively included in workforce planning. The HB is raising the profile of PAs and anticipate a higher number in novel areas as a result. Quarterly reviews will include questions about considering PA's as part of redesign work and progress made.</p>

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
						<p>As part of the 'safer staffing' initiative, the Health Board is seeking additional posts to add another level of safety and resilience to the MDT at inpatient areas (within both core hours and out of hours). MAPs will also have a role in bolstering safety at inpatient areas when various tiers of doctors are on call at the front door.</p> <p>The Health Board is developing KPIs to measure the impact and return of investment on MAPs, alongside HEIW across Wales. This will strengthen the business cases for MAPs and inclusion in IMTP plans.</p> <hr/> <p>Date: Quarterly review – IMTP plan, service models etc.</p>
GUH 9	Morale & Wellbeing	<p>The Health Board needs to ensure that further effort is made to improve morale and generate a sense of community on the GUH site.</p> <p><i>e.g. Consultants and trainees identified lack of social space at GUH</i></p>	<p>Adrian Neal (Consultant Clinical Psychologist - Employee Wellbeing)</p> <p>Cathy Brooks (Head of Workforce Planning)</p> <p>Daniel Madge (Senior Education and Development Manager Workforce & OD)</p>	<p>James Calvert, (Medical Director)</p> <p>Sarah Simmonds (Director Workforce & OD)</p>	GUH	<p>Progress & Plan incl key dates:</p> <p>The HB acknowledges that this is challenging across the whole of its services and is attempting to address these through its People Plan. This identifies staff wellbeing as one of its top strategic priorities for improvement.</p> <p>The HB has attempted to maximise and continues to review its provision of social and wellbeing areas at GUH. It has added a café on the ground floor, repurposed areas into hot desking and wellbeing spaces on Floor 3 and areas at the end of each corridor. There are rest facilities on site for staff who may be working overnight and for post shift rest. GUH, as with other hospitals, has a dedicated drs mess and a post graduate student common room.</p> <p>The HB also encourages different ways for staff to improve their sense of wellbeing with outside the building facilities such as, visiting the hospital walled garden.</p> <p>However, we recognise that this isn't simply about providing a good physical environment but also allowing staff access to different services to assist with improving</p>

Report Rec Ref	Theme	Concern	Oversight Responsible	Exec Responsible	Site(s)	Progress Status
						<p>their wellbeing, such as, Occupational Health and Wellbeing Support as well as providing 24 hour access to food and hydration. All of which are provided at the GUH site.</p> <p>Shwartz Rounds are in use and this is believed will engender a sense of community (as well as ensuring all voices are heard) within the teams.</p> <p>The HB is continually monitoring its progress and commitment to the BMA Charter and sees working with all staff groups as key to improvements throughout. The way we work and progress against the Charter is reported to the LNC and to NHS Employers.</p> <p>A Leadership Fellow (Aug 23-24) has been assigned to the Wellbeing Service. The role will investigate the experience of trainee Drs and assist in identifying and developing initiatives to address three areas that might improve their experience of work.</p> <p>Stage one of the project Scoping is underway.</p> <hr/> <p>Date: May 2023 – Wellbeing Centre open at Llanfrechfa Grange</p> <hr/> <p>Date: Aug 2023 (start) – Leadership Fellow</p>

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Failure to meet the required standards of training could ultimately result in medical trainees being removed from some Health Board sites which would be a grossly detrimental impact on staffing levels and patient care.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 6. Individual care 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Workforce and Culture Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Appendix 1: HEIW Targeted Visit Report – Medicine (iii) Nevill Hall Hospital, 16 th February 2023 (iv) The Grange University Hospital and Royal Gwent Hospital, 21 st February 2023 Appendix 2: Response Action Matrix against each HEIW recommendation
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

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



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NHS
WALES

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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

HEIW TARGETED VISIT REPORT

Medicine

Nevill Hall Hospital

Aneurin Bevan University Health Board

16th February 2023





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WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

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Section One: Visit Remit

Health Board	Aneurin Bevan University Health Board	Site	Nevill Hall Hospital
Visit Date	16 th February 2023	Risk Rating (Pre visit)	12
Specialty	Medicine	Grade(s)	Foundation, Core, GP & ST
Visit Panel	<ul style="list-style-type: none"> Malcolm Gajraj, Director of Quality Management (Chair) Inder Singh, Deputy Head of School/Training Programme Director Helen Fowles, Foundation Programme Director Ulfin Rethnam, Faculty Lead Garon Skyrme, Quality Officer Steve Hodgson, Lay Representative 		
LEP Representatives	<ul style="list-style-type: none"> Rachel Rouse, AMD James Calvert, Medical Director Linda Coe, Head of Medical Education Judith James, Medical Education Manager Juliette O'Brien, Operation Site Lead for Unscheduled Care Tracy Morgan, General Manager for Medicine 		
Evidence Considered	<ul style="list-style-type: none"> Action Plan Evidence Timeline GMC National Training Survey Results 		
Trainees Present	1 x Foundation 2 x IMT 1x ST	Trainers Present	2 x Trainers
Status Summary	<ul style="list-style-type: none"> The last visit to this department was undertaken in July 2022. Training in Medicine across the Health Board is in Enhanced Monitoring status with the GMC 		

Visit Background

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

The visits to Nevill Hall Hospital, were originally arranged to gather feedback from trainees and trainers within Medicine in relation to the acute service reconfiguration in the Aneurin Bevan University Health Board, and the possible impact on the training environment. There was a decline in the GMC National Training Survey results from 2021 to 2022, with several indicators becoming below outliers from 2021 to 2022, including, overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, workload, handover, induction, adequate experience, feedback, and rota design.

In the previous HEIW Visit in July 2022, the following feedback was provided.

- Some departments in Nevill Hall Hospital did not conduct formal inductions, therefore, it took some time for those trainees to better understand their role.

- The IMT trainees did not have Named Clinical Supervisors, therefore, they did not have a local point of contact for educational purposes.
- The junior trainees felt that there was limited support during out of hours, as the registrar was usually working on the take, therefore, they did not want to add additional workload on them by frequently asking them for support.
- Whilst clinics were conducted at Nevill Hall Hospital, the trainees, especially the IMT trainees, struggled to attend them due to them not being part of their rota, staffing issues and limited clinic space.
- Daytime rotas were only distributed a week in advance; this made it difficult to organise learning opportunities.
- Teaching could be attended, with multiple sessions held each week, and grand rounds were considered a good learning opportunity.
- The designated Care of the Elderly block the trainees undertook was considered to have little educational value.
- There were concerns raised regarding a lack of anaesthetic cover at Nevill Hall Hospital and the ability to manage deteriorating patients.
- The environment was reported to be stressed and overall, there was low morale.
- The Minor Injuries Unit was considered to be busy and disorganised, with inappropriate walk-in patients and long referral and wait times before patients could be transported to the Grange University Hospital.
- Staffing issues meant that at times it was difficult to cover wards; however, several Clinical Fellows had been recruited which should help with this issue.

Since the previous visit, the following progress has been indicated by the Health Board.

- A working group involving trainees has been convened to improve the communication process around step-up and step-down. The proposed solution focused around a watchlist with the ability to request and sign-off actions.
- Dedicated simulation training had been put in place at Nevill Hall Hospital. This training focused on the management of deteriorating patients and was open to all grades of doctors and Physician Associates.
- Clearly communicated pathways had been put in place to ensure that rapid transfer and appropriate support were available for inappropriate walk-ins.
- The Transfer Practitioner Service had improved transfers to the Grange University Hospital for patients self-presenting at Minor Injury Units such as the one at Nevill Hall Hospital.

- The Medical Education team had met with the divisional directors and managers and reinforced the importance of workplace-based assessments, direct observation of procedural skills and clinic access. The Faculty Lead for Trainers and Trainees has met with the educational leads to ensure that all Educational and Clinical Supervisors were aware of the requirements.
- The Medical Education team had met with the ID badge team and introduced a new policy for doctors' ID badges. This new arrangement allowed all doctors to access all clinical areas on all Health Board sites, with the exception of Obstetrics and Gynaecology, and Paediatrics.
- As part of the August induction, Datix was advertised more widely, and a handout was provided to trainees describing the purpose of Datix.

Section Two: Summary Findings

Overall, the feedback received during the visit was noted to be a significant improvement on the feedback obtained in previous visits although only a small proportion of the trainees were present.

All of the trainees present were positive about their training experience and would recommend their posts. Overall, the trainees felt well-supported in a friendly environment and were mostly able to achieve their learning objectives.

The trainees received a good induction which had appropriately prepared them for their posts. Effective educational supervision arrangements were in place with personal development plans having been developed, which were well supported by supervisors. Workplace-based assessments were being completed at ample levels, and although Acute Care Assessment Tool (ACAT) assessments were still somewhat difficult to complete, there had been an improvement since the previous visit, and the trainees found it easier to complete them when they were on-call at the Grange University Hospital. The trainees were encouraged to attend teaching, and consultants and nurse practitioners were highly regarded for teaching procedures.

Although there was a good variety of clinics at Nevill Hall Hospital, access varied depending on the department a trainee was based in. Staffing issues, and the fact that clinics were not timetabled for the junior trainees were both contributory factors to clinic access difficulties. The Health Board representatives were aware of the importance of clinic access and were working to improve access, especially for the IMT trainees.

The trainee forum was well attended and allowed for issues to be raised directly to management and medical staffing representation, allowing issues to be identified and dealt with more promptly. The trainees believed workloads were manageable and shared equitably. However, the trainers found it difficult to balance their service and training roles, partly due to having high levels of trainees and staffing issues, which placed further stress on the consultant tier.

Throughout the visit, staffing issues were raised, and recruitment was ongoing throughout the Health Board, with high levels of vacancies for consultants and nurses highlighted by the Health Board representatives.

Although the majority of step-downs were considered appropriate, there were still communication issues, largely associated with doctors not being notified when a patient had arrived, and the lack of detail available in transfer documentation. However, the trainees used patient notes to understand why a patient had been stepped down and what care they needed. The process of transferring patients to an appropriate site had improved when inappropriate transfers or self-presenters did occur. However, trainees found it difficult to follow pathways and registrars were still being called to the Minor Injuries Unit before other pathways had been followed.

The step-up process had also improved, although it worked better when patients were clearly under a speciality compared to General Internal Medicine. Communication was an issue between Nevill Hall Hospital, the flow centre, and those responsible for General Internal Medicine patients at the Grange University Hospital, as it was not always clear who was on call, making it difficult for them to be contacted.

Previously, concerns were raised regarding Nevill Hall Hospital having no anaesthetic cover however this was not raised as a concern during this visit. In addition, the feedback indicated that deteriorating patients could be managed appropriately, and effective resuscitation procedures had been put in place. This was supported by resuscitation simulation training being conducted.

A quality improvement project was being conducted to improve and tighten processes around transfers, and the introduction of transfer practitioners had already improved this. In addition, the Health Board was

paying for a blue light ambulance to improve transfers, and a clinical communication group had been formed to look into appropriate models and improved communication.

Areas Working Well	Areas for Improvement
<ul style="list-style-type: none"> • An effective induction was provided which prepared the trainees well for their post. • Education and Named Clinical Supervisors were supportive and well regarded. • The trainees received good clinical support and supervision. • Ample opportunities for workplace-based assessments. • Good variety of clinics at Nevill Hall Hospital. • Proactive approach to teaching, and on the ward, teaching was of good quality. • Nurse Practitioners were supportive. • Physician Associates were highly regarded. • Inappropriate referrals and self-presenting patients have reduced at Nevill Hall Hospital. • The trainees expressed confidence in their ability to raise concerns and report incidents. • The junior doctor forum ran efficiently, with management and medical staffing representation. • All of the trainees present during the visit would recommend their post for training. 	<ul style="list-style-type: none"> • Some IMT trainees struggled to attend clinics. • The on-call rota at the Grange University Hospital could deplete staffing in department at Nevill Hall Hospital. • Overall, staffing issues contributed to a number of issues, such as ward cover, nursing levels, and consultant stepping down to cover registrar gaps. • Not all trainees were aware of pathways and procedures for inappropriate patients. • Transfer documents for patients who had been stepped down lacked detail. • Difficulties with communication when General Internal Medicine patients were being stepped up to the Grange University Hospital. • Some trainers found it difficult to balance their service commitments and their training role.

Recommendations

The following recommendations were made in response to the findings of the visit process. An update on progress is required by 12th May 2023.

1. The Health Board should undertake further work to improve communication for step downs to ensure effective patient management.

GMC Requirement R1.14

Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

2. The Health Board needs to ensure that there is more consistent use of the Minor Injuries Unit Standard Operating Procedures for emergency patients.

GMC Requirement R1.6

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

3. The Health Board should ensure that there is ongoing work to support the improvement of consultant staffing levels.

GMC Requirement R1.7

Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

4. The Health Board should ensure that there is ongoing work to fill nursing vacancies.

GMC Requirement R1.7

Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

5. The Health Board should take steps to further expand the non-medical workforce, e.g., Physician Associates and Nurse Practitioners.

GMC Requirement R1.7

Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

6. The Health Board must ensure that consultant job plans include adequate support for training, as well as consideration of travel time between sites.

GMC Requirement R2.10

Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.

7. Trainees should be enabled to attend clinic, use their educational development time, and continue to access the skills lab and simulation training.

GMC Requirement R1.16

Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses, and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.

8. HEIW to conduct a review in six months' time, as the specialty as a whole is currently under GMC Enhanced Monitoring, with a separate site visit determined by ongoing evidence.

GMC Requirement R2.6

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

Next Steps

The Health Board is required to submit an action plan to HEIW in response to the recommendations provided with the report by 12th May 2023.

Risk Rating Recommendation

It is recommended that the current risk of twelve, is reduced to nine, given the improvements made, and feedback provided at the visit. A further review of the risk rating will be undertaken at the next visit which will be scheduled for six months' time.

Chair's Signature

Signature:



Date: 6th April 2023.

Appendix One: Trainee & Trainer Meetings

Induction

The feedback indicated that the induction for junior trainees was effective, and the trainees felt satisfied with the process. The programme covered the trainees' roles, how to access systems, and common situations they may face, which helped prepare them well for their posts.

Educational Supervision

All of the trainees at the visit had an Educational and/or Named Clinical Supervisors and had met with them and were content with the support provided. In addition, goals and personal development plans had been established, and the trainees were actively working with their supervisors to achieve them.

Clinical Supervision

The trainees were generally satisfied with the clinical support and supervision they received, particularly during the day. The consultants were approachable, although some trainees were unsure if they could contact them directly. The junior trainees received support from the registrars and were actively encouraged to reach out to them for support. The Nurse Practitioners were also supportive of the junior trainees.

The senior IMT trainees reported a good balance between supervision and independent work, which allowed them to develop their decision-making skills. During on-call shifts, the IMT3 trainees worked alongside a senior registrar, providing an opportunity to work at registrar level with support when needed.

Workplace Based Assessments

Most of the workplace-based assessments were completed without any issues, as there were ample opportunities for the trainees to do so. However, there were still some challenges in completing ACATs, but it was observed that it was easier to get them done while working an on-call at the Grange University Hospital. The registrars who were responsible for clerking at Nevill Hall Hospital were able to complete the ACATs.

Clinics

The variety of clinics at Nevill Hall Hospital was good, but the accessibility to these clinics depended on the department where the trainee was based. For instance, trainees in Respiratory Medicine had good access to clinics. However, in some other departments, attendance was challenging due to staffing issues and clinics not being timetabled for the junior trainees. Some registrars would take the junior trainees to clinics when staffing on the ward permitted it.

Teaching and Training

The trainees had the opportunity to attend high-quality teaching sessions. In Respiratory Medicine, the ward was covered by an experienced Nurse Practitioner to allow the trainees to attend. To improve attendance, some teaching sessions were scheduled earlier in the morning, and trainees of all grades were encouraged to participate and develop their skills.

The consultants were supportive of the trainees leading procedures and provided support where necessary. Trainees in Respiratory Medicine had access to training in endobronchial ultrasound (EBUS), which was highly valued.

Teaching on the ward was also highly regarded by the trainees.

Rota and Leave

The trainees' ability to leave on time was generally good, and workloads were usually shared equitably. However, when there were unfilled rota gaps workload increased, causing some trainees to leave late occasionally.

The on-call rota for the Grange University Hospital often resulted in multiple trainees from the same department being on-call at the same time, leading to depleted ward cover for those departments. The Foundation trainees' on-call shifts were reported to be particularly demanding, but registrars who undertook their on-call activity at Nevill Hall Hospital found their workload to be generally manageable.

Trainees were encouraged to take educational development time; however, this was not yet fully embedded and staffing issues made it difficult. Nonetheless, supervisors tried to be supportive of trainees taking the time.

The registrars responsible for organising the rota appreciated the opportunity to see how well their wards were covered and the level of senior support available. However, there were frequent registrar gaps on the rota, and Clinical Fellows were under pressure to fill them.

Trainers raised concerns about nursing staffing, especially during periods of increased winter pressure. They felt that there were too many wards open to be safely run with the current level of staffing, both medical and non-medical. This had been discussed at a directorate meeting.

Experience

During the visit, the junior trainees stated that they were not aware of any recent inappropriate referrals. However, there had been a small number of self-presenters with conditions not meant to be managed locally (inappropriate self-presenters), which were efficiently managed with the use of transportation to the Grange University Hospital. The trainers confirmed that the frequency of inappropriate self-presenters had decreased, and the Health Board's patient streaming process to appropriate sites was usually effective. However, infrequently there were there were inappropriate patients and on those occasions the trainees were not always aware of where to find flow charts and pathways for patient transportation to other sites.

The trainees were not always informed when patients were stepped down to Nevill Hall Hospital. They usually found out from the nurses and sometimes had to stay late to review the new patients. The trainees were aware of a system to see which patients were going to be stepped down, but it was not frequently accessed. Additionally, there was no way to check when the transfer would take place. The trainees and trainers found that the patient notes were more informative than the transfer documents, which often lacked detail and care plans once the transfer had occurred.

The trainees stated that the step-up process was adequate, but it could be time-consuming for the doctor who handled it. Contacting the relevant teams during step-ups could also be difficult, and it was not always clear if the flow centre or the EPIC consultant (Emergency Physician in Charge) should be contacted. The junior trainees were not involved in the step-up process, which was appropriate for their junior level.

The trainers explained that stepping up general medical patients was more difficult than those in a speciality due to unclear communication lines and a lack of clarity regarding the consultant on call for General Medicine at the Grange University Hospital. However, out-of-hours step-ups were more efficient due to fewer staff.

While the Health Board required consultant-to-consultant transfers for step-ups, consultants at the Grange University Hospital were happy to liaise with junior doctors in some cases where it was clear that a patient needed to be transferred.

The trainees expressed confidence in their ability to raise concerns and report incidents and did not identify any patient safety issues.

Some trainers had a large number of trainees to manage, which made it challenging to balance their service and training responsibilities. This was further compounded when trainers acted down to cover gaps, which further reduced their available time for training. Additionally, due to multisite working, some Educational Supervisors had not met their trainees in person.

The trainees held the Physician Associates in high regard, and they improved continuity on the ward. In addition, Nurse Practitioners were also willing to teach trainees procedures which they appreciated.

The junior doctor forum ran efficiently, with management and medical staffing representation, allowing for direct discussions and the prompt resolution of issues such as rota issues.

The trainees found the atmosphere on the site to be friendly, supportive, and believed that training was well-delivered. All of the trainees present during the visit would recommend the post for training.



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

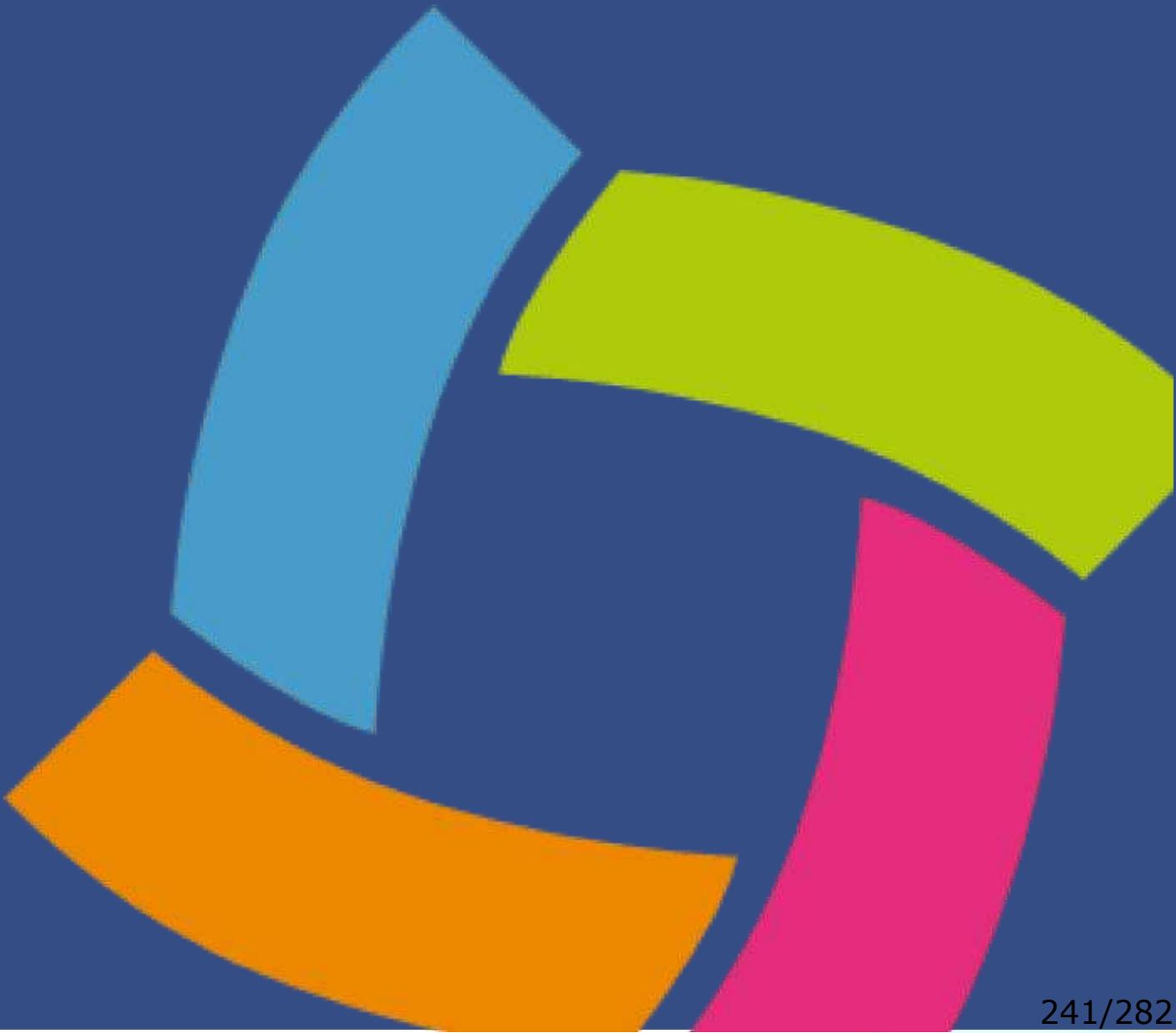
HEIW TARGETED VISIT REPORT

Medicine

The Grange University Hospital and Royal Gwent
Hospital

Aneurin Bevan University Health Board

21st February 2023





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Section One: Visit Remit

Health Board	Aneurin Bevan University Health Board	Site	Grange University Hospital and the Royal Gwent Hospital
Visit Date	21 st February 2023	Risk Rating (Pre visit)	12
Specialty	Medicine	Grade(s)	Foundation, IMG, GP & ST
Visit Panel	<ul style="list-style-type: none"> • Malcolm Gajraj, Director of Quality Management (Chair) • Inder Singh, Deputy Head of School of Medicine • Shridhar Aithal, Training Programme Director • Vimla Victor, Faculty Lead • Ulfyn Rethnam, Faculty Lead • Helen Fowles, Foundation Programme Director • Olwen Williams, RCP Cymru Wales Vice President • Nadine McCauley, Welsh Clinical Leadership Training Fellow • Mandy Martin, Quality Manager • Garon Skyrme, Quality Officer • Malcolm Stammers, Lay Representative 		
LEP Representatives	<ul style="list-style-type: none"> • Linda Coe, Head of Medical Education • Khalid Ali, College Tutor • Sanjeev Vasishta, Assistant Divisional Director • Tracy Morgan, General Manager for Acute Medicine 		
Evidence Considered	<ul style="list-style-type: none"> • Action Plan • Evidence Timeline • GMC National Training Survey Results 		
Trainees Present	2 x Foundation 11 x IMT 2 x ST	Trainers Present	7 x Trainers
Status Summary	<ul style="list-style-type: none"> • The last visit to this department was undertaken in July 2022. • Training in Medicine across the Health Board is in Enhanced Monitoring status with the GMC 		

Visit Background

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

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

The GMC National Training Survey results for the Royal Gwent Hospital show that overall, there has been a decline in results from 2021 to 2022, especially for IMT 1 with clinical supervision, clinical supervision out of hours, reporting systems, workload, teamwork, handover, educational governance,

educational supervision, and feedback all showing as below outliers for 2022, worse than in 2021 when these indicators were mainly average with some showing lower quartile scores. The Grange University Hospital also saw a general decline in results from 2021 to 2022, with Overall Satisfaction, Workload, Supportive environment, Study Leave, Rota Design, Clinical Supervision, Clinical Supervision out of hours, Reporting systems, Teamwork, Handover, Educational Governance, Educational Supervision, and Feedback showing as a below outliers. IMT1 results saw the most significant decline in results, with half of the indicators showing as a below outlier.

In the previous HEIW Visit to the Grange University Hospital in July 2022, the following feedback was provided.

- Overall, the trainees were happy with their educational supervision, however some IMT trainees did not have a Named Clinical Supervisor.
- The trainees did not regular receive feedback after a night shift at the Grange University Hospital.
- Overall access to procedures was relatively limited at the Grange University Hospital.
- Teaching could be accessed by the trainees, and the Grand Rounds could also be attended, which were a good learning opportunity.
- As clinics were not held at the Grange University Hospital, trainees based there were unable to gain clinic experience which was an important part of the curriculum. This was noted to be a particular issue for core trainees. There were issues with trainees accessing them when they were posted at the Grange University Hospital.
- Overall trainee workloads were heavy, and this was associated with high bed occupancy, inadequate staffing levels, both medical and non-medical, and the high acuity of patients at the Grange University Hospital.
- Communication within specialities was variable, and some consultants reportedly did not like to see general medical patients at the Grange University Hospital.
- The number of staff absences on the on-call rota increased workload pressures and resulted in the junior trainees feeling less supported when there were several rota gaps.

At the previous HEIW visit to the Royal Gwent Hospital in July 2022, the following feedback was obtained.

- Not all trainees received a formal induction, and therefore some were unsure of key locations, how to find specific resources such as equipment and who to contact when needed.
- The trainees were able to meet with their supervisors and had good support from them in relation to goals and personal development plans.
- At the Royal Gwent Hospital, clinical supervision during the day was considered to be good by the trainees, however, supervision out of hours was deemed to be less robust.
- Whilst the ST trainees could access clinics and skills sessions, the junior trainees' access to clinic was limited due to the heavy workload on the wards.

- Departmental teaching, regional IMT teaching and Grand Rounds were available to the trainees. However, access could be difficult due to the heavy workload.
- Due to the lower acuity of patients at the Royal Gwent Hospital it was perceived that some learning opportunities were not available.
- There had been occasions when there were inappropriate walk ins or referrals at the Royal Gwent Hospital. On occasion the trainees were still being asked to review these patients, even when they indicated that they could not.

The Health Board has indicated that the following progress had been made prior to the visit.

- A working group involving trainees had been convened to improve the communication process around step-up and step-down transfers. The proposed solution focused around a watchlist with the ability to request and sign-off actions.
- There was weekly simulation training at the Grange University Hospital. This training included a quality improvement project based on the process of the managing the deteriorating patient.
- The Transfer Practitioner Service had improved transfers to the Grange University Hospital for patients self-presenting at Minor Injury Units.
- The Medical Education team had met with the divisional directors and managers to reinforce the importance of workplace-based assessments, direct observation of procedural skills and clinic access. In addition, the Faculty Lead for Trainers and Trainees had met with the educational leads to ensure that all Educational and Clinical Supervisors were aware of the requirements.
- The Medical Education team had met with the ID badge team and introduced a new policy for doctors' ID badges. The new arrangement allowed all doctors to access all clinical areas on all Health Board sites, with the exception of Obstetrics and Gynaecology, and Paediatrics.
- As part of the August induction, Datix had been advertised more widely and a handout was provided to trainees describing the purpose of Datix.

Section Two: Summary Findings

The trainees' feedback had improved since the previous visit, with several recommending the post for training and indicated that they would consider returning as consultants. Overall, the environment was perceived as friendly and supportive.

Although hospital inductions were conducted, and most information helped trainees start their posts, cross-cover working was not covered well, leading to some struggles when working at different sites. This was further compounded by the trainees being provided with a handbook, with sections that did not reflect the trainees' actual experience. However, the trainers were undertaking a project to update the handbook. Some departments provided well-structured and informative inductions, while others did not.

Clinical support and supervision were reported to be good, and the trainees were usually able to contact seniors for support.

Feedback on clerked patients at the Grange University Hospital was not as proactively given as it was at the Royal Gwent Hospital, which was considered a lost learning opportunity. This was not due to unwillingness but associated with time constraints and high workloads.

Not all trainees had Named Clinical Supervisors, and the Health Board representatives were unsure why, as all trainees should have been assigned one.

Despite some difficulties completing Acute Care Assessment Tool assessments (ACATs) due to the post-take being split between multiple consultants, overall, access to them and other types of assessment had improved. However, overall, assessment opportunities at the Royal Gwent Hospital were reported to be more accessible than at the Grange University Hospital.

Although some supervisors encouraged trainees to take their Educational Development Time, staffing issues and a high volume of patients often made it difficult to do so. In addition, there was not a system in place for trainees to evidence they were building up the time to take as a block.

Clinic access had improved, although accessing them was still noted to be difficult in some departments. This was particularly challenging for those based at the Grange University Hospital, as clinics were not undertaken there so the trainees had to travel to other sites. Consequently, ad hoc access was difficult. The Health Board representatives noted that access to clinics and other learning opportunities should improve as more doctors were recruited. Initially, the trainees were informed that they would spend six months at the Grange University Hospital and six months at Nevill Hall Hospital to broaden their exposure to different opportunities at both sites. Whilst this had been the case for some trainees, others had discovered later on that the six-month split would no longer be happening.

The step-up process generally operated well for patients under a speciality. However, there were communication issues if they were being stepped up under General Internal Medicine as it was not always clear who was responsible for those patients or who was on-call, leading to delays in arranging a step-up and reviewing patients. The step-down process was generally shorter than the step-up process, but those at the Royal Gwent Hospital were not always aware of step-downs, leading to occasional delays in patient reviews.

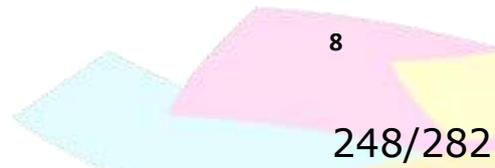
General Internal Medicine at the Grange University Hospital was unstructured resulting in suboptimal cover and training provision. The trainers highlighted that they were not always aware that they were on-call for General Internal Medicine, and the Health Board representatives acknowledged these concerns, continually looking for ways to improve the model.

The trainees indicated that they did not have access to on-call rotas; access could potentially mitigate some communication issues. The Health Board representatives explained that the on-call rota was on the intranet for management to view and would look into making it more widely available to improve communication, especially for those contacting General Internal Medicine at the Grange University Hospital.

The trainers felt that a sense of community at the Grange University Hospital was lacking compared to the other hospital sites in the Health Board before the site opened. Additionally, it was more difficult to communicate with specialities, as it was less common to informally speak to other consultants. The Health Board representatives planned to arrange a monthly medical meeting as a good space for discussion and peer support.

Areas Working Well	Areas for Improvement
<ul style="list-style-type: none"> • Educational and Named Clinical Supervisors were well regarded, and the trainees had good contact with them. • The trainees considered that they had good clinical supervision and support. • Workplace based assessments could be completed, with a good variety of cases available at the Grange University Hospital. • Grand rounds were perceived to be a good learning opportunity. • Access to clinics in some departments was good. • Assessments including ACATs had improved although there could still be some challenges. 	<ul style="list-style-type: none"> • Cross site working was not well covered during inductions. • Departmental induction was inconsistent. • Sections of the handbook that the trainees were provided with were outdated. • Some trainees did not have Named Clinical Supervisors. • The trainees did not regularly receive feedback on patients they had clerked at the Grange University Hospital • Post take ward rounds were not utilised as a learning opportunity. • Some trainees struggled to attend clinics. • Whilst some supervisors encouraged the trainees to take Educational Development Time, the trainees found it difficult to do so. • The on-call rotas for General Internal Medicine were not widely shared. • Step-ups could be time consuming, especially when stepping up general internal medical patients. • Overall, General Internal Medicine at the Grange University Hospital was unstructured and lacked clear lines of responsibility.

	<ul style="list-style-type: none">• Doctors at the Royal Gwent Hospital were not always made aware that stepped down patients had arrived.• There was not a sense of community at the Grange University Hospital.• Trainers found it difficult to balance their training role and service commitments.
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Recommendations

The following recommendations were made in response to the findings of the visit process. An update on progress is required by **12th May 2023**.

1. The Health Board should ensure that there is a better process for the acceptance and management of General Internal Medicine patients at the Grange University Hospital site.

GMC Standard 1.1

The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers, and families.

2. The Health Board should take steps to introduce the facility for trainees to receive feedback after clerking patients.

GMC Requirement R1.5

Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.

3. The Health Board should take steps to ensure that the process for completing ACATs is less burdensome for trainees and trainers and takes place in their working hours and job plans.

GMC Requirement R1.18

Organisations must make sure that assessment is valued, and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.

4. The Health Board and HEIW need to improve the clarity around the process for consultants to become Named Clinical Supervisors and improve their ability to perform that role.

GMC Standard 4.1

Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

5. HEIW should ensure that changes to guidelines and the curriculum should be made available and easily accessible to all trainees and trainers.

GMC Requirement R3.7

Learners must receive timely and accurate information about their curriculum, assessment, and clinical placements.

6. The Health Board should ensure that all consultants across the Health Board have job plans that reflect their workload and ensure adequate time for training.

GMC Requirement R4.2

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

7. The Health Board needs to take further steps to make the process of transferring patients to the Grange University Hospital site less burdensome.

GMC Requirement R1.14

Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

8. The Health Board should take steps to make the medical on-call rotas more widely available and staff should be able communicate directly with colleagues.

GMC Requirement R1.12

- a. Organisations must design rotas to:
 - b. Make sure doctors in training have appropriate clinical supervision.
 - c. Support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK.
 - d. Provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
 - e. Give doctors in training access to educational supervisors.
 - f. Minimise the adverse effects of fatigue and workload.
9. The Health Board needs to ensure that further effort is made to improve morale and generate a sense of community on the Grange University Hospital site.

GMC Requirement R1.17

Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.

10. HEIW to conduct a review visit in six-months.

GMC Requirement R2.6

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

Next Steps

The Health Board is required to submit an action plan to HEIW in response to the recommendations provided with the report by 12th May 2023.

Risk Rating Recommendation

It is recommended that the current risk of twelve, is reduced to nine, given the improvements made, and feedback provided at the visit. A further review of the risk rating will be undertaken at the next visit which will be scheduled for six months' time.

Chair's Signature

Signature:



Date: 6th April 2023.

Induction

The hospital induction provided the junior trainees with a basic understanding of their roles, although some trainees missed this due to starting their posts with on-calls. Additionally, mandatory e-learning modules were not able to be completed in the time given, and cross-site working was not adequately covered, causing confusion when trainees undertook on-calls at different sites with varying systems and processes.

Some departments provided well-structured and informative inductions, although there was a lack of consistency across departments. A handbook was provided to the trainees at the start of their post, but they found that some of the information did not accurately reflect their experiences, such as the lack of a formal morning handover at the Royal Gwent Hospital despite the handbook stating that it took place. In response, the trainees were undertaking a quality improvement project to update the handbook.

Although the trainees were asked for feedback on the induction process, they were not involved in its development.

Educational Supervision

Most trainees had an Educational and/or a Named Clinical Supervisor assigned to them when they began their post. The trainees were satisfied with the level of educational support provided and confirmed that Personal Development Plans had been created. However, a few trainees reported that they did not have a Named Clinical Supervisor, and although the consultants were helpful, they lacked a designated person in the department to contact for educational purposes.

Clinical Supervision

The trainees explained that they were satisfied with the clinical support and supervision they received.

Although the junior trainees received good support from the consultants at the Grange University Hospital, they generally did not receive feedback on patients they had clerked overnight. The trainees felt that this was a missed opportunity for learning. To mitigate this, the ST trainees advised the junior trainees to maintain a list of the patients they had seen and then review them with a senior at a later time to receive feedback.

Workplace-based Assessments

The trainees were able to complete workplace-based assessments at the Grange University Hospital, such as case-based discussions (CBDs). However, whilst improvements had been made, ACATs were still challenging to complete largely due to post-take ward rounds being split amongst several consultants, making it hard for trainees to see five patients they had clerked with the same consultant. Additionally, it was difficult to complete ACATs during the day due to the large number of jobs to be completed after post-take ward rounds, leaving limited time to clerk new patients and undertake assessments. Post-take ward rounds were not able to be utilised as a learning opportunity because of time constraints and large patient numbers.

Completing ACATs at the Royal Gwent Hospital was easier, with more consultant continuity and lower patient acuity. However, many trainees stayed after their shifts to complete them. While the Royal Gwent

Hospital provided ample assessment opportunities, there was not as much case variety as at the Grange University Hospital. The trainers acknowledged the challenges of completing ACATs and confirmed work was underway to improve access to workplace-based assessments.

Teaching

Junior trainee teaching in Acute Medicine was delegated to the registrars, but the ST trainees were not aware of any registrar-level teaching being conducted. However, they felt that much of their teaching needs were met through on-the-job teaching and national teaching programmes. While weekly grand rounds were considered a good learning opportunity and attended by trainees of all grades, trainers noted that attendance at the Grange University Hospital was lower than at other participating sites.

Clinics

Access to clinics varied between different departments, with some such as Respiratory, Stroke, and Gastroenterology having good accessibility, while others had more limited access. However, due to staffing issues and the need to travel to different sites, it was often challenging for trainees at the Grange University Hospital to attend clinics. Some of the ST trainees had to attend clinics in their own time to ensure they were able to access clinics in other specialities.

Rota and Leave

Although some supervisors were proactive and encouraged trainees to take their Educational Development Time, it was often challenging due to staffing issues and high patient volumes. Furthermore, there was not a system in place for trainees to document their accumulated time for a block period.

While trainees could access site-specific rotas, they were unable to access on-call rotas, making it difficult to determine who was on-call at different sites. At the Grange University Hospital, on-call shifts were busy, partially due to the site's unselected take, though the trainees found the shifts generally manageable.

Experience

At the Grange University Hospital, the patient tracking process for specialty patients was generally satisfactory. However, tracking General Internal Medicine patients was more challenging due to unclear lines of responsibility and their status as outliers, making it difficult to locate them at times. Patient tracking issues were further exacerbated during bank holidays, as some patients admitted on a Friday were not reviewed until after the holiday, causing delays in receiving appropriate care.

Although there had been improvements, there were still cases where medical expectant patients were mistakenly taken to the wrong area in the Grange University Hospital. This has led to some patients not being properly placed onto the system, causing delays in their care. The trainees were aware that Datix reports about this had been submitted.

Although a watchlist was implemented for new patients, there were instances where patients who had been placed under a speciality were not transferred onto speciality lists. Consequently, keeping track of them became a challenge. This issue was particularly prevalent among patients categorised as General Internal Medicine, as there was often a lack of clarity regarding who was responsible for them.

The handover process at the Royal Gwent Hospital was generally effective. The evening handover was multidisciplinary and well-structured. However, the morning handover was informal, and the incoming day staff did not receive a debrief, nor were high-risk patients always discussed. Although the trainees on the night shift tried to pass on important information to the daytime staff, this was not always possible. Consequently, the day team did not always have a clear idea of which patients required prioritisation.

The step-up process appeared to be functioning well, with the trainees noting an improvement in the process. The Flow Centre was generally effective, though there were some communication challenges when a patient under General Internal Medicine required stepping up. Whenever patients were stepped up to the Grange University Hospital, the medical registrar on-call was typically notified. However, trainees at the Royal Gwent Hospital found the process to be potentially onerous, with communication between the Flow Centre and the consultants at the Grange University Hospital not always efficient and there could be a significant wait time for beds.

The process of stepping down patients from the Grange University Hospital usually began with the ward manager or nurses in charge after a patient was agreed to be ready for step down. Occasionally, there were instances where the trainees felt pressured to step down patients who were not ready. However, the trainees were confident in explaining why step down was not appropriate in those cases. The high turnover of patients at the hospital and the process of stepping down rather than being discharged led to some missed learning opportunities as they were not able to see the entire patient journey. When patients were stepped down to the Royal Gwent Hospital, the trainees were not always aware that this had taken place and would usually find out when nurses contacted them to request a review of the patient.

Patients who were stepped down were typically moved to the discharge lounge at the Grange University Hospital. Ward rounds were conducted in the discharge lounge and the medical registrar was notified in the event of patient deterioration, so the trainees felt that it was a safe environment for patients. The trainees also felt that the governance structures in place for patient safety were appropriate and that they were knowledgeable about how to raise any concerns.

Initially, the trainees were informed that they would spend six months at the Grange University Hospital and six months at Nevill Hall Hospital to broaden their exposure to different opportunities at both sites. Whilst this had been the case for some trainees, others had discovered later on that the six-month split would no longer be happening, and they would be staying at the Grange University Hospital for the entire twelve months thereby limiting the breadth of exposure particularly to clinics.

The trainers noted that although there had been improved communication between sites, there were still some issues that caused problems when attempting to contact those at the Grange University Hospital, such as not knowing who to contact and being unable to get through when calling consultants. Furthermore, they observed that the Grange University Hospital did not have the same sense of community as the other hospital sites in the Health Board did before the service reconfiguration. Additionally, it was more challenging to communicate with specialities as it was difficult to have informal conversations with other consultants due to cross site working arrangements.

The trainers had noted a positive change since their last visit, particularly with the Medical Directorate who had demonstrated good engagement. They observed improvements at the Royal Gwent Hospital, such as the recruitment of Clinical Fellows to enhance staffing levels and the availability of simulation training for staff.

The trainers found it challenging to deliver aspects of their training role due to the heavy workload. Moreover, finding additional time to dedicate to assessments was difficult due to medical and non-medical staffing shortages.

Some trainees recommended their posts for training and even expressed their desire to return as consultants. However, training in General Internal Medicine at the Grange University Hospital was perceived as suboptimal. The trainers acknowledged that there were issues with the service delivery for General Internal Medicine patients, including the need for greater clarity on which teams are responsible for their care. Additionally, education at the Grange University Hospital was perceived by the trainers to be supported by only a small number of consultants, largely due to the limited office space and time spent on the site.



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Aneurin Bevan
University Health Board

People and Culture Committee

Annual Report for 2022-23

April 2023

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Chair's Foreword

I am pleased to present the People and Culture Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee, which has covered all matters relating to staff and workforce planning and plans to enhance the environment to drive the desired culture throughout the Health Board to deliver safer better healthcare.

I would like to take this opportunity to acknowledge the significant and sustained pressure our staff have experienced during 2022/23 and thank everyone for their ongoing commitment and hard work to ensure the delivery of the highest quality of care to our patients.

Finally, I would like to express my personal appreciation to all who contributed to the people and culture agenda over the last 12-months.

Diolch yn Fawr / Thank you

Louise Wright
Chair
People and Culture Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the People and Culture Committee (referred to throughout this document as 'PCC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The purpose of the PCC is to advise the Board 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 also provides 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
- 1.3 This report describes how the PCC discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023.

2. 2022-23 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for PCC in 2022-23 is attached to this report (see **Appendix 2**).
- 2.2 A Work Programme is designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive

agenda. This gives the PCC flexibility to identify changing priorities or any need for further assurance or information.

3. PCC Committee Meetings and Membership

3.1 During 2022-23, the PCC met three times via Microsoft Teams- April 2022, September 2022 and January 2023. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3.**

3.2 The Committee comprised the following Independent Members:

- Louise Wright (Chair)
- Paul Deneen (Vice Chair)
- Helen Sweetland
- Dafydd Vaughan (from 1.11.22)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

3.3 The Committee's agenda and papers were made public, with the exception of where it was necessary to meet 'in private', which it did on two occasions in 2022-23, to consider feedback from HEIW reviews. Future updates will provided in the core agenda for the meeting.

Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest.

4. PCC Reporting Arrangements

- 4.1 Following each meeting, the PCC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link: [Public Board papers](#)

5. PCC Work Programme: 2022-23

- 5.1 The PCC Work Programme for 2022-23 is set out in **Appendix 2**.

- 5.2 Amongst the key issues considered by the Committee during 2022-23 were the following:

- Regular **Reports from the Director of Workforce and OD**, including overviews of employee relations matters.
- An overview of the **People First Staff Engagement and Reconnection Programme**, including a summary of the first two phases of the plan.
- A **Review of the Equality Impact Assessment (EQIA) Process** (*More than Just a Tick Box Exercise*), including the proposal for the establishment of an integrated EQIA group.
- Regular **Agile Working Updates**, including an overview of the work carried out by the Health Boards Agile Delivery Board.
- Committee Strategic Risk Report, including the **Workforce Divisional Risk Register**, providing an overview of progress against mitigation of risk.
- **Workforce Performance Dashboard** incorporating Key Performance Indicators.
- **Employee Wellbeing Survey Update**, including results from the surveys to help inform programs of work and well-being interventions.
- An overview of the Health Boards compliance with the Welsh Government **More Than Just Words 2022-2027** initiative.
- Assurance on Delivery of Actions and Delivery within **Objective 2- Employer of Choice**, including updates on the **People Plan**.
- An update on the Health Boards **Variable Pay Action Plan**, including an overview of the work delivered through the Agency Reduction Programme Board.
- An overview of the Health Boards **Medical Training Risk Register**, including alignment with the General Medical Council (GMC) set standards, as monitored by Health Education In Wales (HEIW).
- An overview of the Health Boards **Medical Appraisal and Revalidation** process.

The Committee also received external reports, as below; -

- Audit Wales Report, '**Taking Care of the Carers**' and ABUHB Management Response.

6. Self-assessment and Evaluation

- 6.1 The Board has undertaken an overall assessment of its effectiveness during 2022/23 using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance Developmental Reviews.

The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements and has a strong focus on integrated governance and leadership across quality, finance, and operations as well as an emphasis on organisational culture, improvement and system working.

From 2023/24, Committees will undertake a mid-year self-assessment of their effectiveness to inform the Board's end of year assessment.

7. Key Areas of focus in 2023-24

- 7.1 In the year ahead the Committee will continue to focus on
- effective mechanisms in place in respect of improving workforce and organisational development
 - providing the Board with advice and assurance on the robustness of the Health Board's approach, systems and processes for developing workforce strategies and plans.

8. Committee Oversight of Risk

At each Committee meeting during 2022/23 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

There has been an increased synergy between the risk report, the patient outcomes report and Committee agenda items over the year. This was informed by the work of the Audit, Risk and Assurance Committee (ARAC) when in July 2022, the ARA Committee received an

internal audit review on the BAF. The purpose of the review was to “*evaluate the BAF process and supporting arrangements that are embedded within Aneurin Bevan University Health Board governance structure.*” The report concluded a reasonable level of assurance could be taken and made 4 recommendations (2 medium, 2 low) to further develop, embed and strengthen the BAF to ensure Board and Committee business focused on the areas of weakest assurance and highest risk. The findings of the report were used as a baseline to inform the revised approach for 2023/24.

At a further meeting of ARAC in August 2022, a presentation from the Director of Corporate Governance outlined an updated approach to development of the BAF allowing for closer alignment and reporting with the Corporate Risk Register. It was also proposed that enhanced assurance mapping would be included to replicate the Three Lines of Defence Model [The three lines of defence for assurance and reinsurance GGI](#) as highlighted as best practice for evidencing sources of assurance and reassurance through the Good Governance Institute (GGI).

It was agreed that a system of assurance would be developed and would focus on the following:

- **Board Assurance Framework (Risk Based)**
 - Aligned to Corporate Risk Register, focussed on Strategic Risks and Strategic Priorities
- **Assurance Mapping (Process Based)**
 - Organisational assurance mapping to review system-wide internal control.
- **Quality Assurance Framework**
 - To ensure a systematic, continued, and sustained improvement in the quality of care

The first steps to achieving this revised approach to the BAF have been taken and at the March 2023 Board meeting, the Board received the first iteration of the report, complete with assurance mapping and action plans identified to address gaps in assurances. Further development of the presentation of the report is expected to align with a rationalisation of the currently held strategic risks and a revised Risk Management Strategy. This is expected to be presented to the May 2023 Board.

8.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **4** organisational risks that relate to various aspects included in the remit of the People and Culture Committee. A breakdown of the current risks is depicted below:

High	2
Moderate	2
Low	0

A high-level breakdown of the themes are as follows:

- **Impact of absenteeism and long-term sickness**
- **Compliance with Welsh Language Standards**
- **Industrial Action**
- **Recruitment and retention of staff**

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the PCC during 2022-23 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Appendix One- Committee Terms of Reference



People and Culture Committee Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	People and Culture Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board’s standing orders provide that *“The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.

In line with standing orders and the Health Board’s Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

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.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) Culture & Values:

- Oversee a credible process for assessing, measuring and reporting on the "culture of the organisation" on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) Organisational Development & Capacity:

- Seek assurance on the implementation of the Board's Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management
- Seek 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;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances 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.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.

- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members *[one of which should be the Independent Member (Trade Union)]*:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standing Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public 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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;

- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded

and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two- Committee Workplan

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14 th April 2022	13 th September 2022	10 th January 2023	
Preliminary Matters						
Attendance and Apologies	Standing Item	Chair	X	X	X	
Declarations of Interest		All Members	X	X	X	
Minutes of the Previous Meeting		Chair	X	X	X	
Action Log and Matters Arising		Chair	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	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	Standing Item	Director of CG	X	X	X	
Board Assurance Framework – address gaps in assurances related to Workforce	Standing Item (revised BAF to be developed)	Director of CG				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14 th April 2022	13 th September 2022	10 th January 2023	
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	X			
Assurance on Delivery of Actions and Activity within Objective 2 – Employer of Choice (see Appendix 1)	Deep-Dive Annually	Director of WOD			X	
Assurance on Delivery of Actions and Activity within Objective 3 – Workforce Sustainability and Transformation (see Appendix 1)	Deep-Dive Annually	Director of WOD				
Welsh Language						
Assurance on Compliance with the Welsh Language (Wales) Measure 2011	Bi-annually	Director of WOD				
Assurance on Delivery of Welsh Government’s “More Than Just Words” Framework	Annually	Director of WOD		X		
Equality, Diversity & Inclusion						
Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment	Annually	Director of WOD	X		X	
Delivery of Welsh Government’s Race Equality Action Plan for Wales	Annually	Director of WOD				
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	Annually	Director of WOD				
NHS Wales Staff Survey – Results and Action Plan	Every 3-years (TBC)	Director of WOD				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14 th April 2022	13 th September 2022	10 th January 2023	
Staff Wellbeing Survey – Results and Action Plan	Annually	Director of WOD		X		
Assurance on the Development and Delivery of an Agile Working Framework	Twice-yearly	Director of WOD	X		X	
Workforce Planning & Development						
Assurance on Workforce Planning and Education Commissioning Numbers	Annually	Director of WOD				
Annual Assurance Report of Medical Revalidation and Job Planning	Annually	Medical Director			X Being presented at Jan 23 Board	
Annual Assurance Report of Nursing Revalidation	Annually	Director of Nursing				
Workforce Performance Reporting						
Workforce Performance Dashboard incorporating Key Performance Indicators	Standing Item	Director of WOD	X	X	X	
People Plan 2022/25, Quarterly Review	Standing Item	Director of WOD		Q1	Q2&3	
Report from The Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	Standing Item	Director of WOD and DON	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"> Recruitment Selection Process Agile Delivery Review of Bank Office & Temporary Staffing Unit Workforce Planning 	TBC upon completion of audit reports	Director of WOD				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14 th April 2022	13 th September 2022	10 th January 2023	
• Job Evaluation						
External Audit – Audit Wales/HEIW/HIW/CHC						
Receive the External Audit Annual Audit Reports pertinent to the Committee as and when they arise	TBC	Audit Wales				
“Taking Care of Carers” – Management Response and Action Plan	As requested	Director of WOD/Audit Wales	X	X		
To receive the External Inspection reports and recommendations related to Workforce as they arise	As requested	Director of WOD/TBC				

Appendix 3

People and Culture Committee: Attendance at meetings in 2022-23

Meeting dates	14 th April 2022	20 th September 2022	12 th January 2023
INDEPENDENT MEMBERS			
Louise Wright (Chair)	✓	✓	✓
Paul Deneen (Vice Chair)	✓	✓	✓
Helen Sweetland	x <i>(Pippa Britton represented)</i>	✓	x
Dafydd Vaughan			✓
OFFICERS			
Chief Executive (Glyn Jones up to and including August 2022 Nicola Prygodzicz October onwards)	✓	x	x

Director of Workforce and OD	✓	✓	✓
Director of Corporate Governance	x	x	x

