People & Culture Committee

Thu 14 April 2022, 09:30 - 12:30

Microsoft Teams

Agenda

09:30 - 09:45
15 min

1. Preliminary Matters

1.1. Apologies for Absence

Verbal *Chair*

1.2. Declarations of Interest

Verbal *Chair*

1.3. Minutes of previous meeting held on the 3rd November 2021

Attachment *Chair*

1.3 People & Culture Committee Minutes 3rd November 2021 (Chair approved).pdf (9 pages)

1.4. Action Log- April 2022

Attachment *Chair*

1.4 P&CC Action Log April 22.pdf (2 pages)

09:45 - 10:05
20 min

2. Committee Governance

2.1. Committee Terms of Reference 2022/23

Attachment *Head of Corporate Services, Risk and Assurance*

2.1 Terms of Reference.pdf (12 pages)

2.2. Committee Priorities 2022/23

Presentation *Head of Corporate Services, Risk and Assurance*

10:05 - 11:40
95 min

3. Assurance Reporting

3.1. Report from the Director of Workforce and OD, to include an overview of Employee Relations Matters

Attachment *Director of Workforce & OD*

3.1 WOD Director Report.pdf (9 pages)

3.2. People First Update

Attachment *Deputy Director of Workforce & OD*

3.2 People First Update.pdf (9 pages)

3.2.1. COMFORT BREAK - 10 MINUTES

3.3. Equality Impact Assessment

Attachment *Head of Organisational Development*

- 3.3 Equality Impact Assessment.pdf (6 pages)
- 3.3a Equality Impact Assessment- revised template.pdf (14 pages)
- 3.3b Equality Impact Assessment Process.pdf (1 pages)
- 3.3c Procedure for Socio-Economic Impact Assessment.pdf (22 pages)

3.4. Agile Working Update

Attachment *Assistant Workforce Director*

- 3.4 Agile Update.pdf (6 pages)
- 3.4a Agile Working Appendices - Copy.pdf (2 pages)

3.5. Committee Risk Report

Attachment *Deputy Director of Workforce & OD*

- 3.5 Committee Risk Report.pdf (4 pages)
- 3.5a Committee Risk Report Appendices.pdf (10 pages)
- 3.5b Appendix 2 - Local WOD Risk Register.pdf (1 pages)

11:40 - 11:55
15 min

4. For Information

4.1. Audit Wales Report, Taking Care of the Carers and ABUHB's Management Reponse

Attachment *Director of Workforce & OD*

- 4.1 Audit Wales Report, Taking Care of the Carers Cover Report.pdf (4 pages)
- 4.1a Audit Wales- Taking Care of the Carers.pdf (29 pages)
- 4.1b Management Response.pdf (8 pages)

11:55 - 12:00
5 min

5. Other Matters

5.1. Date of the next meeting is Tuesday 12th July 2022 at 09:30am on Microsoft Teams

Minutes of the People and Culture Committee held on Wednesday 3rd November 2021 at 09:30am via Microsoft Teams

Present:

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

In Attendance:

Glyn Jones	-	Interim Chief Executive
Kathryn Bourne	-	Head of Specialist Medical & Dental Workforce & Job Evaluation
Cathy Brooks	-	Head of Workforce Planning
Peter Brown	-	Assistant Director of Workforce & OD
Julie Chappelle	-	Assistant Workforce Director
Stephen Edwards (for James Calvert)	-	Deputy Medical Director
Richard Howells	-	Board Secretary
Adrian Neal	-	Consultant Clinical Psychologist
Sarah Simmonds	-	Director of Workforce & OD
Debra Wood Lawson	-	Assistant Director of Workforce & OD

Apologies:

James Calvert	-	Medical Director

PCC 0311/01	**Welcome and Introductions**
	The Chair welcomed members and guests to the meeting.
PCC 0311/02	**Apologies for Absence**
	Apologies for absence were noted.
PCC 0311/03	**Declarations of Interest**
	There were no Declarations of Interest declared.

PCC 0311/04	**Minutes of previous meeting held on 8th July 2021** **Amendment:** The Quality Impact Assessment to be shared with the committee members To read: The Equality Impact Assessment to be shared with the committee members
PCC 0311/05	**Action Log** The Committee was content that all actions had been completed or included in the agenda.
PCC 0311/06	**Report from Director of Workforce & OD** Sarah Simmonds provided an overview of the Workforce and OD activities, priorities and plans for period from 8th July 2021. The main highlights of the report were the challenges to the workforce presented by the continuing pandemic whilst recovering services and forecasted winter pressures. Recruitment to support the plans was underway with a number of additional staff recruited to different services and with a positive response to taking recruitment into the communities we serve, for example, using advertising on the side of the bus. Apprenticeships were progressing well with over 40 placements. Kickstart placements were challenging with some reluctance for some people to come forward after being unemployed for some time. The Health Board is working with the Department for Works and Pensions to help individuals with their placement. The compliance rate for PADR's was discussed and challenges around time and commitment to undertake the PADR being exacerbated by the system pressures. The importance of the value of the PADR to staff was highlighted. The Strategic PADR Group had recently met to discuss a way forward to improve PADR uptake.

	It was noted that the next issue of hydration bottles intended as a token of thanks to staff will also be extended to those non-ABUHB staff who are working as part of the healthcare team to deliver services. It was confirmed that the transfer date for medical staff to voluntarily move to the new specialty doctor's contract had been extended to 30th November. At present 70 had accepted the new contract 4 had declined and approximately 50 were yet to provide a decision. The date had been extended to accommodate discussion about pay scales. These had now concluded which made it favourable to transfer. **Decision:** The Committee noted the report.
PCC 0311/07	**Workforce Planning**
	Cathy Brooks presented an interesting overview of the modelling approach to workforce planning and the complexities faced by the Health Board when predicting future recruitment and staffing needs. The presentation provided powerful metrics showing the changes in workforce over the past few years and the predicted changes over the next few years. It was noted that the strategic modelling analysis and design was based on predictive patient outcomes and service needs. It also included the demography of current staff and behaviours, with approximately 90% of staff living with the ABUHB geographical area. The analysis showed that it was expected that approximately 70% of staff would continue to be employed by the Health Board in five years. However, it was also predicted that staff roles would change due to changes to the aging population requiring different types of care, new technology undertaking some processes currently undertaken by staff and expertise would also change the requirements over this time. The plans would also be taking into account new requirements such as, agile working, and staff wellbeing. This provided opportunities to improve staff role development and retention and for the service to do things differently, including potential redeployment.

	The metrics also showed the levels of reliance on bank and agency staff and the potential gaps in service provision based on service needs. The Committee discussed the potential short-term requirements and was informed that the Health Board can utilise the local option framework devised by Welsh Government which allows for services to suspended if there are exceptional circumstances. An example of this was highlighted as the recent concern over midwifery services staffing. The Committee noted that appropriate communication to staff and the ability to listen to staff was important to ensure management of expectations and understanding. **Decision:** The Committee noted the good work undertaken to produce the model.
	Action: PowerPoint presentation to be distributed to members. Secretariat
PCC 0311/08	**Talent and Succession Planning**
	Sarah Simmonds introduced Dr Peter Brown as new Assistant Director of Workforce and OD (replacing Sue Ball). Peter provided a briefing of the activities across the Health Board. It was acknowledged that the Talent identification and Succession Planning were separate but linked aspects to the Health Boards workforce plans and role development. The development of these function was highlighted as important to the future of the Health Board. Talent was concerned with identifying and engaging staff, attracting external people and retaining staff within the organisation. Succession planning encompassed developing our own staff to sustain the future of our organisation. The Health Board was using the leadership framework to identify and develop staff.

	The work included encouraging managers to identify staff with potential for development across all skill sets and to empower staff to recognise their own abilities and capabilities for development. It is intended to provide clarity across the development pathways. It was noted that some development pathways have limited availability and that it was important that those not offered a place for particular pathway at a point in time were not lost or forgotten and were supported with the potential to be able to be placed on future pathways. HEIW was identified as the lead role to develop and attract Tier 1 and Tier 2 management (CEO and Executive Director level) whilst the Health Board was seen as the lead for all staff below Tier 2. Work was being undertaken to assist Health Care Support Workers (HCSW) to transition across into clinical roles. **Decision:** The Committee noted the work being undertaken and was pleased to see development of leadership skills across all roles.
PCC 0311/09	**Consultant Job Planning Update**
	Stephen Edwards provided an update on the actions to meet the Internal Audit report recommendations (2019) for consultant job planning. It was reported that the payment of commitment awards had been approved by the Executive Team. Due to the system pressures and responding to COVID-19 this payment was agreed as automatically re-instated up to June 2021. All requests for commitment awards were provided to Stephen Edwards for confirmation. Outcome metrics provided one way in which to monitor the value. **Decision:** The progress was noted and that the action plan was delivering improvements in quality and future proofing. The compliance with the recommendations

	had been reported through the Audit, Finance and Risk (AFR) Committee. **Action:** The AFR Committee to be informed that updates will be monitored by the People & Culture Committee as part of its remit. Secretariat
PCC 0311/10	**Workforce Dashboards**
	Debra Wood Lawson provided an update on the latest Workforce Dashboard. It was noted that: - Overall absence had decreased. - Staff medical exclusions had reduced to 53 from 114 – although it was acknowledged that this would fluctuate. - There were 4 staff suspended. - The demand of Staff Wellbeing and Occupational Health support had increased, demonstrating the pressures staff may be experiencing and the improved awareness of the services. It was reported that the dashboard is currently under review and an example of future dashboard was provided. The Committee recognised that the data reporting was evolving and requested that risks and their management were also reflected in the dashboard. Understanding the progress with mitigating the top 3 or 5 risks was considered useful. **Decision:** The Committee noted the review and believed that the visual representation of the data within the dashboard was an improvement to allow quicker understanding. **Action:** Include risks within the new dashboard. Dashboard to be provided to the Board for information as part of the Committee Board report. Debra Wood Lawson
PCC 0311/11	**Equality Impact Assessment**

	Sarah Simmonds presented a proposal to review the Equality Impact Assessment (EqIA) process. The Executive Team had also discussed the way in which EqIA's are undertaken and believed that a change in approach to include broad decision making from a population health perspective was an improvement on the process and would allow for a better-informed assessment, considering all people (and not simply those with protected characteristics) and comply with statutory requirements. **Decision:** The Committee supported the proposal of the revised approach **Action:** Further information on progress to be provided at the next meeting. Sarah Simmonds
PCC 0311/12	**Agile Working Update**
	Julie Chappelle updated the Committee on the work of the Agile Delivery Board. It was reported that the Agile Delivery Board had reviewed its Terms of Reference and membership to facilitate a focus on delivery of its work plans and to align with Estates and Planning. It was reported that travel expenses had decreased significantly over the past two years. The Board had undertaken two staff surveys and the results were used as part of its space utilisation and mapping exercise. The surveys also identified that staff liked to have a protected space for their department or profession and needed an area for confidential conversations. A third staff survey is due to be undertaken. The results will be collated against the first two surveys to assess the opportunities and challenges in implementing agile working practices.

	The future work plan was provided to the Committee for reference. **Decision:** The Committee noted the work undertaken and acknowledged the issues and priorities which affected progress. **Action:** Work plan progress and links with the estate's strategy and planning to a future meeting. Julie Chappelle
PCC 0311/13	**Risk Register**
	Debra Wood Lawson updated the Committee on the W+OD Divisional Risks. These focussed on workforce availability and resilience. All risks were linked to the Corporate Risk Profiles. It was acknowledged that some risks will continue and that these may not be completely mitigated. **Decision:** The Committee noted the risk register for assurance
PCC 0311/14	**Items of Board consideration**
	• Workforce dashboard example to be provided to the Board for information as part of the Committee Board report. • Staff wellbeing and potential stress concerns to be included in the Board report.
PCC 0311/15	**Date of next meeting:** 09:30 Tuesday 14th April 2022
	Note of Thanks
	The Committee Members and attendees wished to thank Pippa for her hard work in Chairing the Committee and felt that it had developed into a valuable and important mechanism for the Health

	Board. They wished her well in her future role as Vice Chair. The Committee also welcomed Louise as the new Chair.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

People & Culture Committee
April 2022 Action Sheet

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

Agreed Actions Key:

Overdue	Not yet due	Due	Transferred	Complete

Action Ref	Action Description	Due date	Lead	Progress	Status
PCC 0807/08	Refresh of the 'Strategic People Plan' to be shared with the Health Board over the coming month.	**March 2022**	**Workforce & OD**	People Plan will be updated in line with the timescales of IMTP submission to Welsh Government.	**Due**
PCC 0807/08	The committee requested site of the Primary Care Evaluation Report. To be shared with the committee.	**April 2022**	**Sarah Simmonds**	Evaluation report will be submitted at the end of the Primary Care and Transformation programme on 31 March 2022.	**Due**
PCC 0311/10	**Workforce Dashboards** Include risks within the new dashboard. Dashboard to be provided to the Board for information as part of the Committee Board report.	**July 2022**	**Debra Wood-Lawson**	It was subsequently agreed that the dashboard will be shared when it is more fully developed. This will then be shared as part of the People and Culture Committee and will be included in a future	**Not yet Due**

				Committee Board report- DWL 07/12/2021 Added to FWP for July 2022	

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 Standings 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.

Aneurin Bevan University Health Board

Director of Workforce & OD Report

Executive Summary

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

This report covers the period since the last Committee meeting on 03 November 2021.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	✓
Executive Sponsor: Sarah Simmonds, Director of Workforce & OD	
Report Author: Workforce & OD Senior Team	
Report Received consideration and supported by:	

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

Date of the Report: 04 April 2022
Supplementary Papers Attached:

Purpose of the Report

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

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

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

Highlights

PEOPLE PLAN UPDATE

Following extensive discussion and consultation with various staff groups, e.g. Trade Union Partnership Forum, staff side, the Local Negotiating Committee, General Managers and as part of a Board Development session, the People Plan is now being finalised for formal Health Board approval and will be launched in May. To accompany the Plan, there will be a supporting delivery and monitoring framework which will be presented on a quarterly basis to the Committee as part of the overall Governance and Reporting Arrangements.

The People Plan sets out our 3-year ambition and focuses on 3 core objectives:

- **Objective 1 – Staff Health and Wellbeing –** supporting staff to feel healthy, engaged, and proud to work for the Health Board. Feeling that they are included, engaged, and have a sense of belonging.

- **Objective 2 – Employer of Choice –** building on the reputation that the Health Board is a great place to train, work and grow.

- **Objective 3 - Workforce Sustainability and Transformation -** ensuring that we have the right workforce models that embed innovative thinking.

The Plan also brings to life staff stories on their career journey, as well as a set of commitments for the Health Board, managers and individuals all of which will be widely communicated when the People Plan is formally launched.

WINTER/SERVICE PRESSURES

The demand across sites and staffing pressures have been significant over the period. To support system, a Workforce and OD (WOD) Hub was established to focus on actions associated with staff deployment, offers of mutual aid, training, fast track recruitment and workforce data to support balancing the risks across the system. The competing demands also coincided with the Government's decision on the timetable and targets for the COVID booster rollout programme to help mitigate the impact of the Omicron variant.

The WOD Hub supported key actions to ensure:

- Staffing options in place to resource the additional beds needed over the period.
- Achieved the additional 220 vaccinators and administrative staff needed each day to support booster vaccinations in December via recruitment, redeployment or additional hours.
- Site hubs were also established and met daily during December/January to provide a mechanism to pro-actively manage safe levels of staffing across sites. This included deployment of staff to deal with increasing levels of staff absence.
- Administration and coordination of additional admin support for wards/services.
- Set up and coordination of a medical staffing rota for weekend support to the site managers.

- Partnership working with Universities and NWSSP to set up a process that enabled Junior Doctors in training to be redeployed or work additional hours.
- Communicate and coordinate a 'call to arms' to current employed staff and those that have recently left the organisation.
- Support and facilitated increased training requirements for the additional staff recruited or redeployed to support the COVID booster programme.
- Liaise with ICT to support and book admin staff onto urgent patient access system training (e.g., CWS).
- Be a direct link with all WOD departments to ensure urgent actions were undertaken.

RECRUITMENT

In the previous report to the Committee, the recruitment actions to support winter and systems pressures were described. Some of the headlines in terms of delivery are as follows:

- Recruited an additional 222 WTE Registered Nurses in the last 12 months.
- Recruited an additional 455 WTE HCSW in the last 12 months.
- Recruited an additional 1884 Bank workers (Nursing, Immunisation, ACS, Facilities, Clerical, Midwifery/HV, ODP, OT, AHP) in the last 12 months.
- Engagement with student streamlining schemes (nursing, AHP's and PA's) to showcase opportunities within the Health Board and encourage first preference choices. It is anticipated that student streamlining will deliver an additional 133 nurses and 10 Midwives by May 2022.
- Appointed an additional 50 international nurses to join the Health Board from April 2022.
- Progressed with a safer medical staffing plan to recruit an additional 21 doctors. To date, 16 doctors have been recruited to support the eLGH medical rotas to support patient safety and service demands.
- Facilitated a variety of recruitment engagement events including bespoke nursing events in ED, Surgery and Primary Care.
- Customised recruitment video for Mental Health services in development.
- Engagement with colleges to attract health and social care students.
- Currently piloting an improved ad-hoc locum process for doctors to fulfil additional shifts with reduced bureaucracy and faster start dates.
- Launch of NHS Jobs 3 which improves the candidate application experience and digital display of adverts.

Apprenticeships and Kick Start Scheme

- Recruited 28 apprentices to undertake an apprenticeship and an NVQ qualification in health care, administration, or facilities.
- Apprenticeship engagement event held in February.
- The apprenticeship scheme will be an annual programme with a second advert published in the summer of 2022.

- The programme is currently under evaluation to consider improvements/ enhancements for the next cohort.
- 12 Kickstart placements have been supported across the Health Board.
- Initial discussions with Restart, an employability scheme supporting job seekers to secure long term employment. This has resulted in 2 appointments in Health Records with a view to further expand opportunities across the Health Board and widen access to underrepresented groups.

WELLBEING

Staff Health and Wellbeing continues to be a key objective for the Health Board and the People Plan and it is essential that we help staff to feel supported, healthy, engaged, and proud to work for us and is front and centre of the People Plan.

- *Wellbeing Centre of Excellence* - As a further extension to support to staff, the Health Board has moved closer to the development of a Wellbeing Centre of Excellence (WCoE) model with £1.4 million being secured to renovate and create the Wellbeing Centre. The building work has begun and completion is expected in autumn 2022. As a result of end of year monies, a further £27,000 has been spent on furnishing for the centre. This 'Centre' will lead the way in NHS Wales and supports the priority placed on Employee Engagement and Well-being within 'A Healthier Wales'.

  The remaining step to realise the WCoE, is to secure the pump prime funding from Welsh Government. Following the failed bid in September 2021, a revised bid has been developed and support secured from the Deputy Health Minister. Resubmission is anticipated to take place in April 2022.

- *Wellbeing Surveys*- The November / December 2021 survey repeated the six pillar Employee Experience factor questions (i.e.: control, belonging, fairness, feeling valued, purpose and feeling cared for) on average up to 45% of responders reported difficulties in across all areas.

  The emerging trends from survey data (now a data set of 15,000 individual responses) include a slow but progressive worsening of how staff feel they are coping, with <35% indicating significant problems, as well <40% reporting fatigue levels that are difficult to manage and recover from. The top three biggest stressors include: excessive workload demand, chronic business, and limited opportunity to interact with colleagues meaningfully. This is a similar set of results to those in other NHS Wales organisations and the recently published 2021 NHS England Survey gives some indication of the level of staff engagement, poor wellbeing, and possible burnout we are currently experiencing.

  In response to the reduction in wellbeing scores across from several key surveys, in a collaboration between Organisational Development and the Wellbeing Team, the Executive Team sponsored the design and launch of the innovative #PeopleFirst project. The next sixth survey is due to be launched on 25 April 2022.

- *Wellbeing demand* - Demand within the Employee Well-being Psychological Service has experienced a linear increase in self-referrals since 2017 (312 referrals) to this year (Est. 575). The demand for team / system support has however grown more dramatically with a threefold increase per month on average. To address the increase

in demand the staffing level for the service was increased permanently to 7.4WTE which allowed the creation of a pathway model.

- *Psychological Trauma Pathway*- The Psychological Trauma pathway, the first of its kind in Wales, has now been evaluated after a full year of operation and is showing excellent clinical outcomes for the 59 members of staff who have been treated for PTSD, including a 93% recover rate. This is especially promising in comparison to data in from comparable services in NHS England. Other Health Board Well-being services are showing interest replicating the ABUHB model.

EQUALITY, DIVERSITY, AND INCLUSION (EDI)

Since starting in post in September 2021, the new Equality Diversity and Inclusion Specialist has been working to embed EDI in many areas of the Health Board and establish areas of support. Some examples of recent activity during the period includes:

- The Health Board has met its legal obligations by publishing its Gender Pay Report and Annual Equality report, both are now available bilingually on the Health Board website.
- The Health Board has been piloting a new Equality Impact Assessment process which provides an integrated approach that is more robust and aligned with the values of the Health Board.
- In November 2021, the Health Board held its first Menopause Café, open to all staff regardless of age or gender. Since opening its café doors, over 100 staff have signed up to be a member. In addition, there has been facilitation of menopause cafés with ethnic minority women's charity, Women Connect First, British Deaf Association Cymru and Wales Council for Voluntary Action.
- January 2022 saw the establishment of several staff networks in the Health Board, which will complement the Health Board's Equality Advisory groups. The network groups are:
    - Enable@ABUHB – Supporting staff with a disability and/or impairment and allies.
    - Voices@ABUHB – Supporting black, Asian and Minority Ethnic staff, including religious groups and allies.
    - Pride@ABUHB – Supporting LGBTQ+ staff and allies.
    - Neurodiversity@ABUHB – supporting neurodivergent staff and allies.
- The Health Board has signed the pledge to commit to the Zero Racism Wales Policy to create a zero racist Wales by 2030.
- Towards the end of 2021, the Health Board re-joined the Disability Confidence accreditation process and moved through levels 1 and 2.
- From November 2021, a monthly competition was established for staff to enter a draw to win an EDI focused children's book. Each month's competition is aligned to calendar event, such as Diwali, Disability or LGBTQ+ History Month or events such as International Women's Day.
- Looking at the intersectionality of experiences between equality areas and the Welsh four events were held in March to highlight the common experiences and barriers Welsh speakers face.

- Working with Informatics, the SignLive service has been piloted in 8 service areas. The pilot has also been supported by offering staff a 2-hour basic BSL class. 100 spaces were filled in three days.

CYMRAEG: CYMRAEG GWAITH/WORKING WELSH

Work continues to improve the data held on the Welsh language competencies of staff. Staff are required to self-certify their Welsh language competencies via the Electronic Staff Register (ESR). We are pleased to report a 10% increase (61.08%) in organisational compliance during 2021/22.

Steady progress has been made in implementing the revised Bilingual Skills Strategy. During the reporting period, the Health Board has demonstrated a steady increase in the number of new and vacant posts advertised with Welsh language skills as a requirement, with the number of *Welsh Essential* posts doubling and the number of posts advertised as *Welsh needs to be learnt* increasing sixfold. Additionally, the importance of the 'Active Offer' principle is now promoted during the Performance, Appraisal and Development Review (PADR) process.

Recognising that the Welsh language offers an educational, cultural, and employment advantage to our staff, we continue to invest in the linguistic skills of our workforce, actively promoting a suite of accredited and informal Welsh language training packages. We also continue to provide opportunities for Welsh speaking staff to use their language internally through the PartnerIAITH Welsh speakers/new speaker's network. Monthly virtual events are being hosted, including informal 'Clybiau Clonc' (Chat Clubs), one-to-one support sessions, and workshops.

We are always working to improve the status of the Welsh language in Gwent and as a Health Board. Recently the Welsh Language Unit (WLU) has worked collaboratively with Careers Wales, local businesses, employers, and alumni to produce bilingual content, including a series of short vlogs and video interviews, that will be shared with schools and colleges both locally and nationally. The WLU has also engaged with several Welsh and English medium schools across Gwent, facilitating face-to-face careers sessions and taking part in Careers Wales virtual events. These opportunities allow us to promote the importance of Welsh medium health and social care provision, the benefits of bilingualism as a valuable employment skill, and to promote the Health Board as the employer of choice.

PRIMARY CARE TRANSFORMATION

The Workforce & OD Transformation programme and its funding come to an end on 31 March 2022 which also saw the end of several workstreams. Both the Managing Transformation modules (MTM) and the VP GO Challenge have ended successfully; 93% of MTM course participants would recommend to a colleague if we were to offer this training again. 52 teams participated in the VP GO challenge taking 125,502,218 steps, covering 62,751 miles; 97% logged onto VP GO daily with 64% socially connected with a colleague.

Ongoing workstreams being taken into the upcoming Regional Integrated Fund (RIF) programme include a number of team development sessions, collaboration with HEIW on beta testing the PMAT Practice Managers training tool and creation of animations to support on boarding of staff, training and standardisation of care throughout Gwent.

The introduction of the new Welsh Government funding stream through RIF means that there is a new opportunity to work more broadly on transformation with partners across health and social care so that collectively we provide a seamless, preventative models of care at local, regional and national level. Whilst the new RIF programme is being mapped out, during this interim period it will be supported by a Programme Manager, Business Partner, Transformation Practitioner, Workforce Planner, part-time Assistant Psychologist and a Kick-start Administrator.

NEW SPECIALITY DOCTOR CONTRACT UPDATE

A New Speciality Doctor contract and new Specialist contract came into effect for all new employees as of 01 April 2021 with a transition period for existing eligible Speciality Doctors (SD) and Associate Specialists (AS) who wished to transfer to the new contracts. The original time scales associated with Transition have been amended by the Welsh Government. All aspects of the first phase of implementation including payment of any areas must be completed by May 2022 to secure Welsh Government funding. The Health Board has made good progress and is on track to complete this within the time frame.

PENSIONS FLEXIBILITY POLICY

Following extensive discussions locally and nationally, the Health Board has adopted a policy which will support staff, subject to an annual allowance and/or lifetime allowance charge, to opt out of the NHS Pension Scheme and receive an alternative payment which will be the net equivalent of the employer's pension contribution. This is often referred to as "recycling" pension contributions and is based on the model policy developed with support from Trades Unions including BMA colleagues in Wales and refers to specific eligibility requirements. The approved policy and process has been communicated to staff via the intranet and takes effect from 01 April 2022.

KEY PERFORMANCE INDICATORS

Overall Staff Absence

The Health Board's sickness absence rate for 2021/2022 reduced slightly to 6.30% when compared to 2020/21 where absence rates were 6.47%. Sickness absence began to increase in August 2021 reaching a peak in January 2022 at 7.44% (919 wte), February has seen a reduction at 6.49%, however March is likely to exceed this percentage due to the increased prevalence of community COVID-19 transmission rates.

Over the past 5 years, the average working days lost per individual has increased slightly year on year. In 2020/2021 the average sickness days lost was 16 per individual employee, which increased to 17.2 days in 2021/22. Over the same period 25,598 days were lost due to staff having to be medically excluded which is much lower than 2020/21 which was 94,038 days.

PADR Compliance

The current PADR % compliance figures for the Health Board is 58.44% which is an increase of 2.12% since February 2021.

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Assignment Count	12,872	12,952	13,022	13,084	13,126	13,167	13,271	13,235	13,244	13,166	13,202	13,221	13,315
Reviews Completed	7,250	7,472	7,860	7,910	7,854	7,686	7,548	7,623	7,696	7,778	7,794	7,663	7,781
Reviews Completed %	**56.32**	**57.69**	**60.36**	**60.46**	**59.84**	**58.37**	**56.88**	**57.60**	**58.11**	**59.08**	**59.04**	**57.96**	**58.44**

It is recognised that the pandemic has had an impact on PADR performance due to staff redeployments, system pressures and multi-faceted pressures on our workforce. However, the importance of PADR as a meaningful discussion with staff remains a critical mechanism to support wellbeing and retention and we are seeing compliance starting to increase in some divisions. Work is ongoing to increase compliance and auditing of the PADRs that have been undertaken.

Overview of Employee Relations Matters

The approach to managing formal employee relations matters will be reviewed over the coming months to re-enforce the importance of informal resolution and recognising the impact of a formal process.

Sickness Meetings	Disciplinary (exc fast track)	Fast Track	Disciplinary Appeals	Informal Resolution	Formal Resolution (Grievance)	Formal Resolution Appeals	Stage 3 Grievance Appeals	Capability	Raising Concerns
105	22	3	0	0	15	4	1	1	1

Suspension from work is always a last resort and suspensions are reviewed regularly to determine whether the risk in returning to work remains high. There are three staff who have been suspended from work for longer than four months due to the serious nature of the allegation/s and the risk of compounding the allegation, interfering with the investigation or patient/staff safety. The Crown Prosecution Service (CPS) are involved with two out of the three staff suspended.

Assessment and Conclusion

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

Recommendation

The Committee is asked to note this report for information.

Supporting Assessment and Additional Information

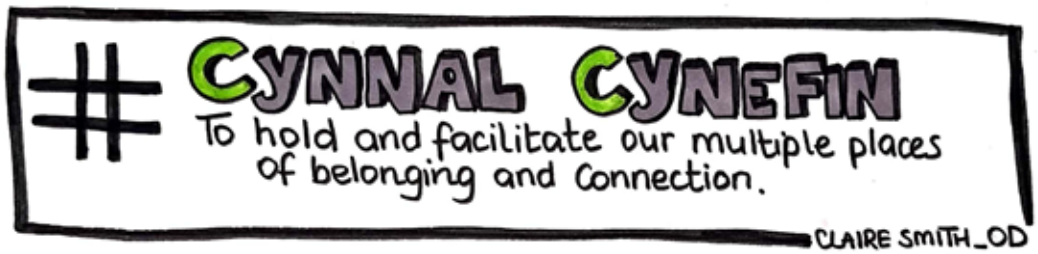
Risk Assessment (including links to Risk Register)	There are no specific risks associated with this report. However, it provides a further opportunity to bring to the attention of the Board activities undertaken by the Workforce & OD Team that might not be reported to the Committee in other ways.
Financial Assessment, including Value for Money	There are no direct financial implications of this report.

Supporting Assessment and Additional Information	
Quality, Safety and Patient Experience Assessment	There are no direct quality, patient safety and experience issues relating to this report.
Equality and Diversity Impact Assessment (including child impact assessment)	An EQIA has not been undertaken on this report.
Health and Care Standards	There is no direct relationship with the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link with the IMTP and Corporate Objectives.
The Well-being of Future Generations (Wales) Act 2015 – **5 ways of working**	The range of activities outlined in the report will contribute into the Health Board's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.
Glossary of New Terms	No new terms have been identified.
Public Interest	This report is written for the public domain.

Aneurin Bevan University Health Board

#PeopleFirst Staff Engagement and Reconnection: Phase 1 and 2 Report

Executive Summary



Purpose of this report.
The purpose of this report is to provide a summary of the first two phases (out of five) of this project and the plan for the third phase of this project.

Purpose of this project.
This project is in response to several staff surveys from the past 2 years which describe ~33% staff who are significantly disengaged from the organisation. The aim of the re-engagement project is to enhance the staff connection with their work, their colleagues, and the organisation to contribute towards maximising peoples experience and performance at work so that they feel more effective and more purposeful.

Key Points:
- Phase one: communication.
  - We have created an external website, social media accounts, publicised the project through the staff newsletter and communicated through professional groups.
- Phase two: Executive Engagement
  - Working with Executives and General Managers to walk wards across our sites
  - 6 sites visited, total of 25 engagement sessions
  - 143 issues raised during session and 200+ people engaged
  - Following exec debrief of phase 2, Phase 2 will continue with 1 Exec walk around per week until 01 September 2022.

Next Steps/Recommendations:
- The next stage is Phase 3 with Divisional Engagement (April to December 2022)
- The project team will work with Divisional leadership teams to appreciate their needs and communicate the issues with the workforce of their division
- We will work with Divisional leaders to understand how best to support and facilitate change within their local teams.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	✓

Receive the Report for Assurance/Compliance			
Note the Report for Information Only			
Executive Sponsor: Sarah Simmonds, Executive Director of Workforce & OD			
Report Author: Dr Peter Brown, Assistant Director of Workforce & OD; Dr Adrian Neal, Consultant Clinical Psychologist			
Report Received consideration and supported by:			
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: 30 March 2022			
Supplementary Papers Attached: None			

Purpose of the Report

In September 2021 an SBAR was presented to the Executive Board describing the organisation's response to three key surveys conducted in the past year with i) medical professionals (Medical Engagement Scale), ii) the Royal College of Physicians for Junior Doctors and iii) general workforce wellbeing survey.

The surveys described a range of outcomes, most notably that in the region of 33% of all staff were feeling significantly disengaged from the organisation, undervalued, psychologically unsafe, and unable to sustain the current demands of their work. They also reported feeling increasingly fatigued and less able to cope. These results are perhaps not surprising given the challenges we have faced as an organisation during the pandemic, though some of these issues predate Covid-19.

As a Health Board, we identified four high level and complex challenges which have contributed, in part, to the survey outcomes, including:

1. In some clinical areas across the Health Board, we have hard to recruit to posts which impact directly on service delivery and patient care.
2. Increased workload demands and staff shortages are consistently cited as the biggest cause of unhelpful stress and contributors to growing fatigue, and poor morale.
3. A significant volume of staff feel disengaged from and/or untrusting of the organisation and would be less willing to report concerns. They feel they are not cared about, valued, and have lost their sense of purpose; morale is also very low. They lack autonomy to be effective and have low confidence that anything will change.
4. A high sense of hopelessness.

Accordingly, in a collaboration between Organisational Development and the Wellbeing Team, the Executive Board sponsored the design and launch of the innovative #PeopleFirst project. This project is designed deliberately to begin the staff re-engagement process to enhance staff reconnection with their work, their colleagues, and the organisation to contribute towards maximising peoples experience and performance at work so that, they feel more effective and purposeful.

The purpose of this report is to provide a summary of the first two phases of this project and the plan for the third phase of this project. This report has previously been shared with the Executive Board, Trade Union Partnership Forum, and other professional groups (General Managers, Therapies and Health Services Professional Leads).

Background and Context

The #PeopleFirst project has introduced the narrative of #CynnalCynefin, a Welsh phrase whose metaphorical interpretation is *'to hold and facilitate our multiple places of belonging and connection'* and summarises the ambitions of the project, i.e.: how can we meaningfully reconnect our people with their roles, their local senior colleagues, and the organisation to have an experience of work which is healthy and meaningful.

The team designed a five-phase project, and this interim report summarises phases one and two. All elements of the project are shown below in Table 1 for reference.

Table 1. Phases, actions, and ambitions of the #PeopleFirst project

Phase	Action	Ambition	Completed
1	Crafted direct communications	Raise awareness of the survey scores. Publicise ABUHB starting a project to address the issues. Launch a communications campaign.	Yes
2	Executive Team engagement with General Manager support to listen to staff in group sessions and walking the floor.	Raise awareness of issues within the Executive team. Connect the executive with staff. Problem solving issues which emerge.	Yes
3	To support and develop the connections between local Senior management and their teams.	Strengthen the psychological contract between senior leaders and divisions / their teams.	Start 01 April 2022
4	Similar to phase 3 but cascade the project ambition to local teams.	Empower local issues and solutions to emerge.	TBC
5	Develop and deploy engagement and training resources for teams. Collaborate with stakeholders including ABCi.	Embed the approach and support leaders to bring the best out of their teams. This may run parallel to other phases and align with other development programmes i.e., Leadership development, Triumvirate development.	TBC

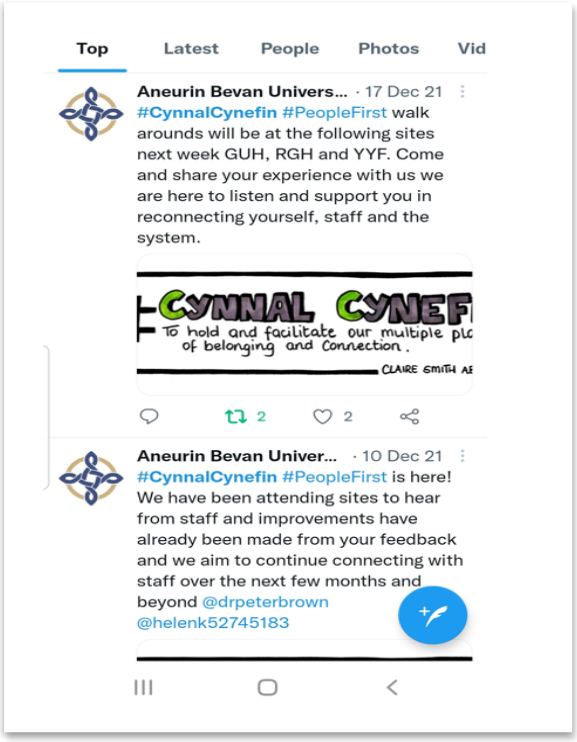
PHASE 1:
The first phase of the project was to craft deliberate communications across multiple channels. Phase 1 continues throughout the course of this project.

By working with the Communications Team, we have produced several key resources:

- Intranet carousel banner
- Logo
- Fortnightly updates to the ABUHB staff newsletter
- Social media presence (Facebook, Twitter, Instagram)
- External website presence (meaning staff without access to computers can access resources from their smartphones)
- Intranet website
- Contributed to team newsletters (e.g., Medical Newsletter)

- Utilised Eventbrite for staff bookings

An example screen shot from the ABUHB twitter feed is shown below.



PHASE 2:
Our second phase had several ambitions including i) reconnecting the Executive Team with the workforce by demonstrating that the issues staff have raised through the surveys have been heard, ii) raising, classifying and problem-solving issues iii) creating a renewed sense of understanding of the issues and context of the coal face for the project team and the executives.

Executive engagement sessions comprised two methodologies, the first, a simple face-to-face opportunity to share experiences of working during the pandemic, the second methodology was an adjustment to the first whereby executives and members of the team would walk (with permission) to multiple locations within the hospital sites and engage directly with staff. Both were based on a research-informed methodology[1].

A summary of data from Phase 2 is provided below.

- 24: Total number of Executive sessions
  - Chepstow = 1
  - YYF = 5
  - GUH = 4
  - NHH = 4
  - RGH = 6
  - YAB = 4
  - Online (proposed for end February)
- 143: Issues raised by staff

[1] Methodology used known as Anecdote Circles from complexity science.

Assessment and Conclusion

ISSUES RAISED:

All stories of issues captured during sessions were logged, themed, and coded for the complexity[2] of the problem, the wellbeing anchor[3] it relates to as well as the geographical site. Figure 1 below shows the relative (percentage) distribution of the issues raised separated by their tagged Wellbeing Anchor. Figure 2 shows the relative (percentage) distribution of the issues raised separated by their issue complexity.

Interestingly, with regard the wellbeing anchor, *sense of control, fairness, cared for, and valued* (in addition to the *physical environment*) comprise the highest relative responses.

In addition, when looking at the complexity of the issues raised using our theoretical framework, the vast proportion of issues raised have a solution which raises the question of 'what is stopping or blocking these known solutions?'. It is also noteworthy that there are many complex issues which are of course difficult, have no right answer and a new method of engaging the staff is required.

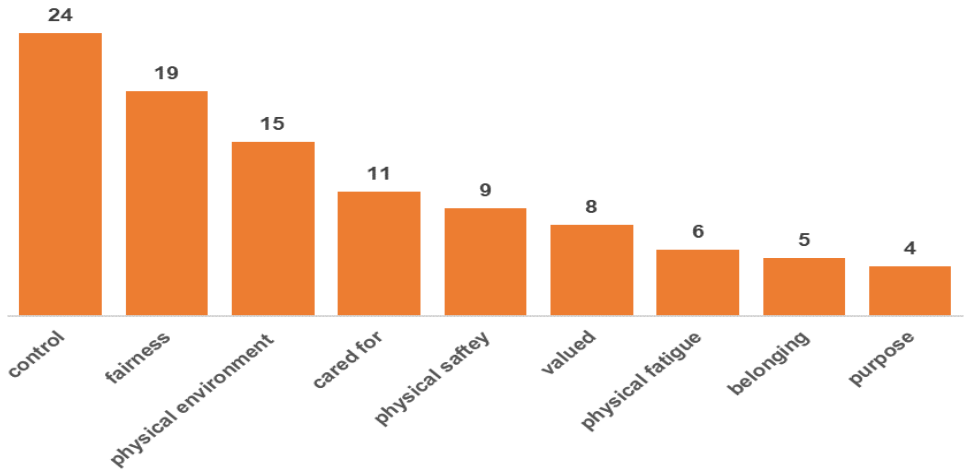


Figure 1. Relative (%) distribution of issues when tagged by Wellbeing anchors

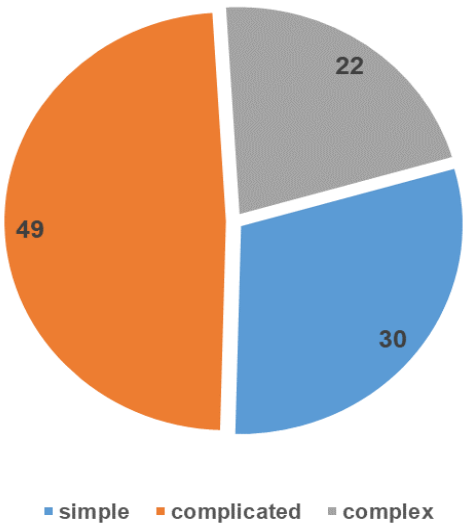


Figure 2. Relative (%) distribution of issues when tagged by Complexity

[2] In complexity science Simple = one right answer; Complicated = known right answer but various ways to get there; complex = no right answer only emergent options to pursue.

[3] In accordance with the Staff Wellbeing Survey.

ISSUE SOLUTIONS:

Of the 143 issues which were raised:

- 58 (41%) have not been addressed as of yet
- 50 (35%) are ongoing and in the process of solution
- 21 (14%) have been escalated to senior management teams
- 14 (10%) have been completed and closed

Stories

We have collected several anecdotes directly from staff throughout this project. A few excerpts are highlighted below.

"Thank you for listening to me, I just want to do a good job, have space to offload, be able to speak to patients privately, then relax at home knowing I've made a difference"

Senior Oncology Nurse, GUH

"Thank you for a brilliant meeting, I finally feel heard"

Intensive Care Nurse, NHH

"Thank you everybody for taking the time to acknowledge my concerns. I am extremely passionate about my patients and role, and feel their safety is paramount and always will be"

Ward Sister, NHH

"I can't believe it, you came and listened to us then actually did something about the issues. For once I feel like the Health Board actually cares"

Senior Dietician, GUH

"I knew it was bad, but I didn't realise it was this bad"

Senior Leader

"Very effective and helpful as a way to engage with colleagues at a very personal level, that breaks down hierarchical barriers that can often get in the way of honest conversations. It has been powerful and moving, which only confirms how important it is that we take positive action."

Senior Leader

"It's made my life easier"

Senior Medical Leader

"We had to use water from the toilet sink to drink, wash up, after your visit we now have access to fresh delivered water and a new kitchen and facilities are being built to support our health and wellbeing, it's been a huge positive change"

Admin Staff, RGH

There has been a huge variety of stories shared and issues raised, which have been gathered throughout phase 2 of this project. As shown in Figure 2, many of these are *simple* in that they can be solved relatively easily. *Simple* problems typically have a single answer which is repeatable, and solutions are considered 'best practice'. *Complicated*

problems have a known right answer but there are often multiple different acceptable ways of getting there, where help and support is often required by experts or from analysis of key data sets.

Despite the number of problems with known answers, there are relatively few *complex* issues (so far) emerging from phase 2 of #PeopleFirst. However, despite this, *complex* problems - sometimes referred to as wicked problems - are difficult to resolve. They have no known right answer and have multiple competing potential answers (or hypothesis of what could be the right cause of action) and we only truly know what would have worked best in retrospect. Despite this, the project team are skilled in dissecting and working with complex issues. The table below provides some examples of the stories of issues which have been tagged as different problem types.

Table 2. Staff issues raised, tagged by problem type

Problem	Issue narrative	Solution
Simple	Lack of cleaning products for domestic staff	Reported to facilities, domestic staff now consulted on a regular basis to order equipment
Simple	Patients become aggressive at outpatients due to covid requirements to enter	Security moved to outpatients and improved communications sent to patients beforehand.
Complicated	Desks in ward corridors inappropriate for desk work leading to time off work for clinical staff due to injury	H&S evaluated and analysed the site with DSE recommendations
Complicated	Palliative care have difficulty in speaking to patients and family	Space analysis completed with modifications to the clinical space made
Complex	Agile working spaces	Escalated to Executive Team
Complex	Some skills mix is inadequate to meet the needs of patients causing risks to patient safety, stress, and demoralisation to staff	Escalated to Executive Team for resetting of the thresholds of acceptability and escalation.

In addition to the issues raised within the initial phases of the project, we also formally acknowledge feedback from other sources. In the recent Patient Quality, Safety and Outcomes Committee the Chair noted the pressures that staff were working within and the associated workforce and staff well-being issues this creates.

The Executive Director for Nursing also raised the issue of the additional significant pressure and impact upon staff during external inspections at such a difficult and challenging time with system pressures and the pandemic. It is issues like these which the PeopleFirst project will aim to address through its latter stage interventions (see below) by working with teams to understand what they need to have in place to be successful and what are the key issues stopping this. In addition, the Health Board holds staff wellbeing in the highest light with a dedicated internal clinical psychology resource with moderate, acute and trauma-focused mental health pathways developed and deployed to support staff during difficult times. Ultimately, despite these pressures, through this project, the Wellbeing Team and other Workforce & OD interventions, we aim to improve our staff working experiences.

NEXT STEPS: PHASE 3+

Unforeseen outcomes:
One of the key unforeseen outcomes, which is worthy of acknowledgement, is the emotional impact that phase 2 has had upon both the project and the Executive Team. We have seen that regular exposure to the lived experiences of those working directly with patients on our wards and in our hospitals has resonated both personally and professionally. This we feel is not only appropriate, but essential to the #PeopleFirst philosophy in that we need to maintain our empathy even when we cannot resolve the problem and are left feeling the associated discomfort.

This experience and the demands it placed on those facilitating the process is important to both recognise and manage as we move in to phase 3, where we will be focusing on reconnecting senior local leaders and the Executive Team. In this phase it is vital we maintain empathy, acceptance of the complex nature of many of the challenges and acknowledge our own discomfort. To do so will strengthen the process, giving it added integrity to empowering those local leaders to in turn do the same with their people.

Methodology for the next phase:
Phase 3 will have a significant interaction with our local General Mangers (GMs) and other senior leaders within the Health Board. As we move towards phase 3 with an estimated start date of April 2022 (dependent on system pressures), it is important to recognise that change is not easy, and behaviour and culture change is often slow. Indeed, there will be a time where we may all feel a little uneasy but holding the tension between hearing their stories and responding to try and solve problems being raised is critical to empower local teams to begin their journey of growth and recovery.

Specifically phase 3 will comprise the following steps:

1. Engaging with GMs on an individual level to communicate the outcomes of phase 1 and 2.
2. Project teamwork with each GM and their respective senior leadership teams and facilitate their bespoke #PeopleFirst session to raise and hear the issues facing them.
3. Bring the GMs together to form an action learning group, community of practice and consider their issues collectively.
4. With the GMs, address their challenges raised and begin to promote successes.
5. Work with GMs and their senior teams to co-create an engagement method for each of their teams.
6. Empower GMs and their senior teams to facilitate their own #PeopleFirst sessions, supported (not driven) by the project team.
7. Capture the narrative of the people at the coal face to determine the current mood, beliefs, and values of what a healthy working day looks like for our people and begin to map the possible next steps and interventions to begin the shift of culture change.
8. Begin to monitor and define the culture and psychological climate of the divisions and communicate this current state to the Executive Team and the GMs.
9. Begin to design phase 4 and 5 in collaboration with partners including ABCi and HEIW.

Recommendation
The #PeopleFirst project has been a huge success so far and momentum is growing across the Health Board to make a difference. We thank the Executive Team for their engagement and continued support with the work thus far. As we move into the next phases of this project, we will be continuing the Executive sessions (one per week between now and 01 September). We will also be working closely with senior managers in the Primary and Secondary Care settings. The People & Culture Committee and partners will continue to be updated on progress.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The key risks to this project is the resource of the project. With no dedicated resource but a key action within the People Plan, as an OD function we will need to consider how we resource this project sufficiently. We also need to be considerate to the pressures of the health and care system to work closely with senior teams and maximise culture change.
Financial Assessment, including Value for Money	No financial implications at this time. All previous issues resolved were funded from the Environmental Fund.
Quality, Safety and Patient Experience Assessment	Improving the environment and team dynamics will have a direct bearing on patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	Any actions are and will be Equality Impact assessed.
Health and Care Standards	This report contributes to the good governance elements of the Standards with reference to STANDARD 7 Staff & Resources
Link to Integrated Medium Term Plan/Corporate Objectives	This project is a key action within the WOD People Plan and is linked to the Workforce and Financial Framework in the Integrated Medium Term Plan.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Sustainability of service provision through our staff is prime consideration.
	Integration – Working closely with internal partners
	Involvement – As above
	Collaboration – Actions and deliverables are worked in partnership with Nursing, Workforce and Finance.
	Prevention – any potential issues and challenges will be assessed prior to implementation
Glossary of New Terms	n/a

Aneurin Bevan University Health Board

REVIEW OF EQUALITY IMPACT ASSESSMENT (EQIA) PROCESS

Executive Summary

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

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

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

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

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Ceri Harris, Equality, Diversity and Inclusion Specialist

Report Received consideration and supported by:

Executive Team		**Committee of the Board [Committee Name]**	

Date of the Report: 30 March 2022

Supplementary Papers Attached:

Draft EQIA template, draft EQIA guidance, draft EQIA assessment process

Purpose of the Report

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

Within the revised EQIA template, there is a section on the Socio-Economic Duty, looking at key decisions. Attached is also a draft template to support the undertaking of a Socio-Economic Impact Assessment to support the holistic approach.

ABUHB EQIA Template revised 20

EQIA Assessment Process.docx

Draft%20Aneurin%20Bevan%20guide%

Background and Context

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

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

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

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

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

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

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

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

b. may involve such other persons as the authority considers appropriate;

c. may consult such persons as the authority considers appropriate.

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

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

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

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

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

c) monitoring the impact of its policies and practices on its ability to comply with that duty; and
d) publishing reports in respect of any assessment that:
e) is referred to in sub-paragraph (a) or (b); and
f) shows that the impact or likely impact (as the case may be) on the authority's ability to comply.'

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

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

Assessment and Conclusion

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

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

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

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

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

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

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

Recommendation
The People and Culture Committee are asked to review and approve the draft guidance, template and process which will ensure a more robust EQIA process is used in the Health Board. This revised EQIA approach will include several points of evaluation, it is hoped that the committee will support the timeline for the establishment of the EQIA Group and full implementation to begin in April 2022. This revised approach will be supported by communication to all managers and policy developers.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The proposed changes will provide a robust EQIA process, minimising risk to the Health Board.

<table>
<tr><th colspan="2">Supporting Assessment and Additional Information</th></tr>
<tr><td>Financial Assessment, including Value for Money</td><td>Finance representation on the EQIA Committee will help identify and manage any risks, ensuring value for money is built into the process.</td></tr>
<tr><td>Quality, Safety and Patient Experience Assessment</td><td>The EQIA process will support identifying risks on the quality, safety and patient experience – including patient and user feedback</td></tr>
<tr><td>Equality and Diversity Impact Assessment (including child impact assessment)</td><td>The focus of this report is the need to put a more robust EQIA process in the Health Board.</td></tr>
<tr><td>Health and Care Standards</td><td>
<table>
<tr><th>Theme</th><th>Standards</th></tr>
<tr><td>Staying Healthy</td><td>• Health Promotion, Protection and Improvement</td></tr>
<tr><td>Safe Care</td><td>• Managing Risk and Promoting Health and Safety
• Safeguarding Children and Safeguarding Adults at Risk</td></tr>
<tr><td>Effective Care</td><td>• Safe and Clinically Effective Care
• Communicating Effectively
• Quality Improvement, Research and Innovation
• Information Governance and Communications Technology
• Record Keeping</td></tr>
<tr><td>Dignified Care</td><td>• Dignified Care
• Patient Information</td></tr>
<tr><td>Individual Care</td><td>• Planning Care to Promote Independence
• Peoples Rights
• Listening and Learning from Feedback</td></tr>
</table>
</td></tr>
<tr><td>Link to Integrated Medium Term Plan/Corporate Objectives</td><td>Links to IMTP objectives regarding service delivery and workforce planning.</td></tr>
<tr><td rowspan="3">The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</td><td>Long Term – The Integrated EQIA process includes the Principles and 5 ways of working, ensuring this is at the heart of decision making and policy writing from the start.</td></tr>
<tr><td>Integration – the EQIA process includes the need to provide evidence of engagement with both internal and external partners.</td></tr>
<tr><td>Involvement – One of the key elements of the EQIA process is the inclusion of evidence, data etc. to demonstrate involvement of people with an interest in the service change/development and this reflects the diversity of our population.</td></tr>
</table>

Supporting Assessment and Additional Information	
	Collaboration – the EQIA process includes the need to provide evidence of engagement with both internal and external partners.
	Prevention – the main purpose of an EQIA is to identify any negative impact to a person or group from the outset and make changes then to minimise or remove any negative impact. Where this is not possible to explain the reasoning and evidence as needed.
Glossary of New Terms	**EDI –** Equality, Diversity and Inclusion **EQIA –** Equality Impact Assessment
Public Interest	Public Interest

Integrated Impact Assessment **Ref no:**		
Name of the policy, service, scheme or project:		
Service Area		
Preparation		
The purpose and aims of the policy, procedure, strategy or decision required Please include: • the overall objective or purpose • the stated aims (including who the intended beneficiaries are • a broad description of how this will be achieved • the measure of success will be • the time frame for achieving this • a brief description of how the purpose/aims of the policy are relevant to equality and intended beneficiaries.		
Who is the Executive Sponsor?		**Sarah Simmonds - Director of Workforce & Organisational Development**
We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy. • What steps will you take to engage and consult with stakeholders, (internally and externally)? • How will people with protected characteristics be involved in developing the policy, procedure, strategy and or decision from the start?		

• Outline how proposals have/will be communicated? • What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?	
Does the policy assist services or staff in meeting their most basic needs such as: • Improved Health • Fair recruitment etc.	
Who and how many (if known) may be affected by the policy?	
In review of the Well-being of Future Generations Act Which Well-being Goals does this contribute to and how? Please select from drop down box, if multiple, please list. If none, how will it be adapted to contribute to one?	**A Healthier Wales**
Evidenced used/considered Your decisions must be based on robust evidence. What evidence base have you used in support? Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience-based research, not just quantitative data and statistics. Please list the source of this evidence: • Identify and include numbers of staff, broken down by protected characteristics and other relevant information • What research or other data is available locally or nationally that could inform the assessment	

of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/procedures /strategies or decisions have impacted on different equality groups (including any positive impact)? Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?	
Does this policy/area of work impact on the Armed Forces Covenant? The new Duty requires the NHS to consciously consider the Armed Forces Community when developing policy and making decisions in the specified policy areas, taking the three principles set out below into consideration. 1. Recognizing the unique obligations of, and sacrifices made by, the Armed Forces. 2. That it is desirable to remove disadvantages arising for service people from membership, or former membership, of the Armed Forces. 3. That special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.	
Who is involved in undertaking the EQIA	

Equality Duties, Sustainable Development Principles

Does the policy/procedure, strategy, e-learning, guidance etc. meet • Public Sector & specific duties - Equality Act 2010 • Welsh Language Standards (2011) • Sustainable Development Principles?	Protected Characteristics									Additional		Sustainable				
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage/ civil Partnerships	Welsh Language	Carers	Long Term	Collaboration	Involvement	Prevention	Integration
To eliminate discrimination and harassment																
Promote equality of opportunity																
Promote good relations and positive attitudes																
Encourage participation in public life																
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?																

Key	
✓	Yes
x	No
-	Neutral

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	**Yes**	**No**	**N/A**
Article 2: The Right to Life			
Article 3: the right not to be tortured or treated in a inhumane or degrading way			
Article 5: The right to liberty			
Article 6: the right to a fair trial			
Article 8: the right to respect for private and family life			
Article 9: Freedom of thought, conscience, and religion			
Article 14: prohibition of discrimination			

Measuring the Impact

Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.	
Protected Characteristics & Other Areas	**Impact – operational & financial**
• **Race** • **Sex** • **Disability** • **Sexual orientation** • **Religion belief & non belief** • **Age** • **Gender Identity** • **Pregnancy & maternity** • **Marriage & civil partnership** • **Carers**	
Welsh Measures	Please show how the proposal addresses the core objectives of the Welsh Language Measure 2011.
Ensure an environment that enables patients to choose to live and receive services through the medium of Welsh	
Encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh	
Encourage new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales	
Act as a catalyst for cultural awareness, understanding, activity and integration	
NOTE: As you complete this tool you will be asked for **evidence to support your views**. 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. The tool should allow you to identify whether any changes resulting from the implementation of the recommendation will have a positive or negative effect on the Welsh language. Data sources include for example: • *Welsh Language Standards requirements for the department / service* • *Welsh Language skills data for staff* • *Welsh Language skills data for service users* • *Welsh medium recruitment* • *Welsh medium training provision* • *Welsh medium administrative provision*	

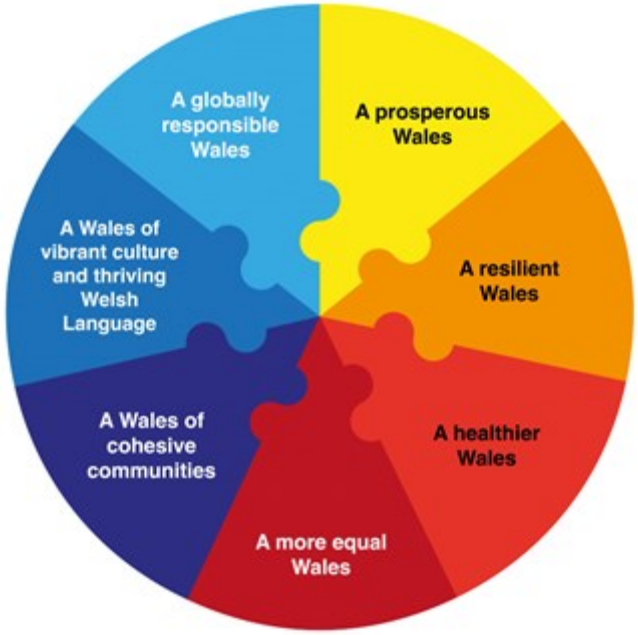
Welsh Language Impact Assessment *In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.*				Describe why it will have a positive/negative or negligible impact on the Welsh language.	What evidence do you have to support this view?	What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?
Will the proposal be delivered bilingually (Welsh & English)? e.g. *Will the proposal increase or decrease the opportunities for people to receive information or access information in Welsh?*	Yes	No				
Will the proposal have an effect on opportunities for persons to use the Welsh language? e.g. *Will the proposal alter the linguistic nature of the department?* *What opportunities does the proposal provide to develop Welsh language skills within the department?*	Yes	No	No impact/ Negligible			
Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh? e.g. *Will the proposal ensure that people can access services*	Increase	Reduce	No impact/ Negligible			

in their preferred language, Welsh or English? *Will the proposal increase or reduce the opportunity for persons to use the Welsh language within the workplace?* *Will the proposal impact on the number of Welsh speaking staff within the service?* *Will the proposal increase or reduce the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh?*						
Will the proposal treat the Welsh language no less favourably than the English language? e.g. *How will the proposal ensure that Welsh speakers receive services to the same standard as those who access the same services through the medium of English?*	Yes	No	No impact/ Negligible			

Wellbeing Goals

How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the Well-being of Future Generations (Wales) Act 2015?

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.



Sustainable Development Principles

Balancing short term with long term needs

Cydweithio  Collaboration Working together to deliver aims and objectives.	
Cynnwys  Involvement Involving those with an interest and seeking their views	
Atal  Prevention Putting resources into preventing problems occurring or getting worse	

Integreiddio  Integration Considering impact on all wellbeing goals together and on other bodies	
Socio-economic Impact	**Impact – Operational & Financial**
The Socio-economic Duty came into force in Wales on 31 March 2021. It improves decision making and helps those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing. If this policy/decision etc is a Strategic Decision, it will also need to go through a specific Socio-economic Assessment	Additional Assessment NOT needed
How does the policy/procedure, strategy, e-learning, guidance etc. ensure transparent and effective measures to address the inequality of outcome that result from socio-economic disadvantage? Examples of inequality of outcome might include for example, education attainment, employment and earning potential, health and mental health access to services and goods, opportunity to participate in public life, housing.	

Positive Action	Impact – Operational & Financial
If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful? Positive action is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face.	

Outcome report

Equality Impact Assessment: Recommendations Please list below any recommendations for action that you plan to take as a result of this impact assessment					
Action Required		Potential Outcomes	**Time-scale**	**Lead Officer**	**Resource implications**
1					
2					
3					
4					

Risk Assessment based on above recommendations – if policy is approved in original format refer to grading in Annex 1

Recommendation	**Likelihood**	**Impact**	**Risk Grading**
1			

Reputation and compromise position	**Monitoring Arrangements**
Training and dissemination of policy	

Is the policy etc. lawful?	**Yes** ☐		**No** ☐	**Review date**
Does the EQIA group support the policy be adopted?	**Yes** ☐		**No** ☐	
Signed on behalf of Trust Equal Impact Assessment Group			Signed Lead Officer	
Date:			Date:	

Annex 1

	Impact, Consequence score (severity levels) and examples				
	1	**2**	**3**	**4**	**5**
	Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
Statutory duty	No or minimal impact or breach of guidance/statutory duty Potential for public concern Informal complaint Risk of claim remote	Breech of statutory legislation Formal complaint Local media coverage – short term reduction in public confidence Failure to meet internal standards Claims less than £10,000 Elements of public expectations not being met	Single breech in statutory duty Challenging external recommendations Local media interest Claims between £10,000 and £100,000 Formal complaint expected Impacts on small number of the population	Multiple breeches in statutory duty Legal action certain between £100,000 and £1million Multiple complaints expected National media interest	Multiple breeches in statutory duty Legal action certain amounting to over £1million National media interest Zero compliance with legislation Impacts on large percentage of the population Gross failure to meet national standards

LIKELIHOOD DESCRIPTION	
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

EQUALITY IMPACT ASSESSMENT PROCESS

POLICY FOR THE MANAGEMENT OF POLICIES

Service Delivery Change

Policy/Service Delivery Lead to book to attend EQIA meeting from scheduale on the Intranet.

Policy/ Service Delivery Lead completes front page of EQIA template prior to meeting.

Together the Policy/Service Delivery Lead and EQIA Committee members undertake EQIA.

Documentation sent to EQIA Committee a week prior to meeting for infomation.

Policy/Service Delivery Lead send documentation to EDI Specialist a week prior to the meeting.

Recommendations are give a timeline for completion and added to EQIA Database. Review dates agreed.

Completed EQIA is agreed and signed off by Policy/Service Lead and EQIA Committee.

Completed EQIA is attached to future Board Papers as evidence of completion and published bilingually.

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

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Version: 1

PROCEDURE FOR SOCIO-ECONOMIC IMPACT ASSESSMENT

Content Table

1.0 Introduction/Overview

Aneurin Bevan University Health Board (the Health Board or 'ABUHB')has a statutory duty to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, in force from 5th April 2011.

The Equality Act 2010 seeks to provide legal protection from unfair treatment for people who have 'protected characteristics'. Furthermore, the Well-being of Future Generations (Wales) Act 2015 and Social Services and Wellbeing (Wales) Act 2014 provide opportunities to advance equality in an integrated way. Despite the 2010 Act coming into force on 8 April 2010, Part 1 – the Public Sector duty regarding socio-economic inequalities, lay dormant on the statute book, as neither the UK Government, nor the devolved legislatures, elected to commence it. However, Welsh Ministers have now elected to commence Sections 1 to 3 of the 2010 Act in Wales – the Socio-economic Duty.

The statutory requirement enforces a legal responsibility on any relevant body to have due regard to the need to reduce inequality of outcomes (resulting from socio-economic disadvantage) when making strategic decisions.

2.0 Policy Statement

When making strategic decisions, e.g. priorities or objective setting, the Health Board is legally obligated by the Duty to consider how the decisions will contribute to reducing inequalities associated with socio-economic disadvantage.

The Health Board must be able to evidence the strategic decision has due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage.

3.0 Aims/Purpose

The aim of the Duty is to encourage better decision making, ensuring more equal outcomes. This document sets out the procedure to be followed by authors to evidence due regard to the Socio-economic Duty and enable the Health Board to demonstrate how it has discharged its Duty.

A template to guide Socio Economic Impact Assessment is included in **Appendix 2.**

4.0 Objectives

This procedure enables the Health Board to evidence how it is meeting the statutory requirement by providing a clear audit trail for all decisions made under the 2010 Act by considering:

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?

2. What are the voices of people and communities telling us? (Including those with lived experience of socio-economic disadvantage).

3. What does the evidence suggest about the decision's actual or likely impacts regarding inequalities of outcome as a result of socio-economic disadvantage?

4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?

5. What does our impact assessment tell us about gender, race, disability and other protected characteristics that we may need to factor into our decisions alongside those suffering socio-economic disadvantage?

6. What existing evidence do we have about the proposal being developed, including what could be done differently?

5.0 Scope

This procedure applies to strategic decision making.

The Duty applies to new strategic decisions and requires the Health Board to review previous strategic decisions. This includes the full range of functions for which the Health Board is responsible, including those carried out in partnership with other organisations.

6.0 Roles and Responsibilities

The responsibility for application of this procedure, including any actions that arise from the impact assessment rests with the originator(s) of the particular strategic proposal and/or work-stream.

The approval of strategic priorities, setting objectives, new or amended strategies and other strategic proposals including business cases and service improvement plans, for example, will only be given approval subject to the provision of relevant evidence that a Socio- economic Duty Impact Assessment has been undertaken. This is a requirement included in the Board or Committee paper cover sheet.

Board and Committee Members, and those with delegated strategic decision making responsibility, should confirm and evidence -

- Due regard has been given to the Duty
- They are satisfied that the evidence and likely impact has been understood

- Consideration of whether the policy or decision can be changed to reduce inequality of outcome as a result of socio-economic disadvantage has been undertaken.

7.0 Key terms

7.1 Decisions of a Strategic Nature

Generally, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions.

The Duty applies to new strategic decisions and a review of previous strategic decisions. The following list provides a sample of strategic decisions (please note – this is not an exhaustive list)

- Strategic directive and intent
- Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- Changes to and development of public services
- Strategic financial planning
- Major procurement and commissioning decisions
- Strategic policy development.

Further examples of strategic decisions is included in **Appendix 3.**

7.2 Due Regard

Due Regard means to give weight to a particular issue in proportion to its relevance. This is an established legal concept in equality law and is well understood in relation to the public sector Equality Duty.

7.3 Socio- Economic Disadvantage

This is defined as living in less favourable social and economic circumstances than others in the same society. Socio-economic disadvantage can be disproportionate in both communities of interest and communities of place, leading to further inequality of outcome, which can be further exacerbated when considering intersectionality.

7.4 Communities of interest

Those who share one or more of the protected characteristics listed in the Equality Act 2010 can be considered communities of interest. This also includes groups of people who share an experience, for example, people who have experienced homelessness, the health and social care system or a local service. Accordingly, it is likely that people will reflect several communities of interest. Those who share an identity can similarly be communities of interest, for example, lone parents or carers.

7.5 Communities of place

People who are linked together because of where they reside, work, visit or otherwise spend a substantial portion of their time.

7.6 Intersectionality

Intersectionality is about understanding the way in which characteristics such as gender, race or class, can interact and produce unique and often multiple experience and disadvantage in specific situation. One single form of discrimination cannot and should not be understood in isolation from one another. A truly intersectional approach ensures that this does not happen.

Socio-economic disadvantage doesn't respect urban and rural boundaries, disadvantage can be exacerbated by many factors of daily life. Poverty is often hidden in smaller communities where the cost of living and accessibility of transport, education and employment can impact more negatively on rural populations. In general, areas that are built-up or urban have a higher proportion of people in material deprivation than other areas.

7.7 Inequalities of Outcome

Inequality of outcome relates to any measurable differences in outcome between those who have experienced socio-economic disadvantage and the rest of the population.

7.0 Meeting the Duty when Commissioning and Procuring Services

As only specified public bodies are subject to the duty, the duty remains with the Health Board. Therefore, the requirement to meet the duty does not pass to a third party through procurement, commissioning or outsourcing. However, in circumstances where the procurement activity itself is considered to engage the Duty, the Health Board must consider how such arrangements reduce inequalities of outcome caused by socio-economic disadvantage.

8.0 Meeting the Duty when Working in Partnership

When a specified body works in partnership with bodies not covered by the duty, the duty only applies to the specified body. For example, local well-being plans under Part 4 of the Well-being of Future Generations (Wales) Act 2015 are developed and owned by a range of partners, however those public bodies subject to the duty i.e. the Health Board should ensure that it is discharging its duty though consideration of how the elements of the plan we have responsibility for will reduce inequalities of outcome caused by socio-economic disadvantage. All public bodies in Wales are encouraged to support the spirit of the duty.

10.0 Resources

An intranet resource to guide authors through the process has been set up (insert link)

Guidance has been published by Welsh Government and is available from https://gov.wales/socio-economic-duty this includes:

- A More Equal Wales: the Socio-economic Duty Examples of inequalities of outcome due to socio-economic disadvantage and COVID-19 A More Equal Wales: The Socio-economic Duty | GOV.WALES
- Socio-economic Duty: scrutiny framework Socio-economic Duty: scrutiny framework | GOV.WALES
- Tool to help decision makers meet their duty to have ‘due regard’ to the Socio-economic Duty

11.0 Training and Further Information

Training videos and webinars have been published by Welsh Government and are available from https://gov.wales/socio-economic-duty

An overview of Socio- economic Duty Impact Assessment is included within the wider Equality Impact Assessment training at the Health Board.

Support on applying the process is available from Head of Planning and the Equality Lead.

12.0 Review

This procedure will be reviewed and evaluated after the first year.

13.0 Reference

- A More Equal Wales Preparing for the commencement of the Socio-economic Duty: Non-Statutory Guidance. Welsh Government 2020

14.0 Appendices

- **Appendix 1:** Case Study
- **Appendix 2:** Socio Economic Impact Assessment (SEIA) Template
- **Appendix 3:** Examples of Strategic Decisions.

Appendix 1 Case Study Example

The Impact of the Socio-economic Duty – Developing Travel Plan

The Health Board Travel Plan is being refreshed, as the previous was created for 2017-2021. Travel Plans are the Government's recommended method to widen travel choice, to promote more sustainable travel choices and to reduce single occupancy car travel.

The Health Board Travel Plan, which will include strategic and practical measures designed to influence travel for patients, donors, volunteers, visitors and staff, supports the Health Board's wider sustainability strategy and which is fully aligned with planning for any new premises.

Before the socio-economic duty

The Health Board thinks about the type of travel needs required and how to make it suitable for the range of services and treatments delivered by our staff, patients, their families as well as hosted organisations. It also spends time considering how to make sure that the travel options are innovative and reflect changing needs. Meeting the needs of a variety of people, including clear signage; wheelchair accessibility and facilities, suitable car parking and public transport.

After the socio-economic duty

The Health Board also takes time to think about the inequalities caused by socio-economic disadvantage. They review relevant research and sources of evidence including the Welsh Index of Multiple Deprivation and material deprivation and low income statistics for the local population. They look at other indicators such as access to social benefits, public transport usage. Recognising that time and cost of travel needs impacts on a person's quality of life. i.e time commuting verses work life balance and caring responsibilities.

The Health Board undertakes internal engagement and take positive action to ensure that this is targeted to include those with lived experience of socio-economic disadvantage, engagement is sustained through meetings, newsletters and surveys.

With regards any new premises or buildings, there should be ambitions to ensure it is well serviced by public transport. The Travel Plan will consider and review and refresh

to include targets to reduce single use occupancy travel by car. Further develop alternative options and choices for transport and travel modes for patients, volunteers, staff, visitors and their representatives. The development of a travel and transport plan that considers what more can be done to manage congestion and provide relief on car parking pressures. The Health Board seeks to ensure a reduction in the number of journeys and time taken for travel includes changes to staff working practices and the use of alternatives to travel [e.g. Microsoft Teams]. These extensive changes will invariably minimise any potential environmental impacts of all transport options. Moreover, we need to consider the socio-economic barriers which may impact the plan.

The socio-economic duty has not changed the overall decision but it has identified opportunities where the Health Board has considered how the proposal might help reduce the inequalities associated with socio-economic disadvantage.

Appendix 2 – Socio Economic Impact Assessment

SOCIO ECONOMIC IMPACT ASSESSMENT TEMPLATE

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resources please see https://gov.wales/more-equal-wales-socio-economic-duty

Public health data is available here insert link.
ONS Link
Local Authorities PHE's

Support on applying the process is available from the Head of Planning and the Equality Lead.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

Policy / Strategy / Proposal/Procedure Title	
Lead Manager	
Approval Committee	
Date form completed	
What are the aims and objectives of the policy/strategy/proposal?	

STAGE 1: PLANNING					
Is the decision a strategic decision? See definition	YES / No	Please provide a brief explanation of your answer			
Have you identified key stakeholders groups? Please detail below	Yes / No	**Can you identify relevant communities of interest?** See guidance Please detail below	Yes / No	**Can you identify relevant communities of place?** See guidance Please detail below	Yes / No
STAGE 2: EVIDENCE					
What evidence have you considered about socio-economic disadvantage and inequalities of outcome in relation to this decision?					
Have you engaged with those affected by the Policy / Strategy Proposal / Policy?					

What engagement with people living with socio economic disadvantage will be / has been undertaken?	
How has / will this influence your work/guide your policy/proposal, or change your recommendations?	

Stage 3: ASSESSMENT AND IMPROVEMENT

What are the main socio economic impacts of the proposal?
Consider evidence from both research and any engagement already carried out.
Who is being affected? Refer to data and evidence as relevant.
Are some communities of interest or communities of place more affected by disadvantage than others?

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain these areas include:

- Education
- Work
- Living standards
- Health
- Justice and personal security
- Participation

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regards to each of these areas, evidence is provided below and issues for consideration suggested.

Education	**In Practice**	
A literature review by the Centre for Research in Early Childhood (CREC) finds that evidence they examined indicates that in the UK, especially, parents' socio-economic status continues to be the primary predictor of which children prosper in adult life. They report that the magnitude of early childhood inequality in the UK is well-documented; some estimates suggest that half the attainment gaps for pupils are already present at the start of primary school. Using Millennium Cohort study data, this research shows large gaps exist in the UK for vocabulary tests between children aged 4 and 5 from families with middle incomes and those from families with lowest fifth of incomes. *Data for Wales also shows pupils eligible for free school meals and children in care have poorer educational outcomes in schools on average with the gap widening as pupils get older.*	*Overall school children in Wales attain scores in reading, science and mathematics below those in England, Scotland and most other developed countries.* *Since schools closed during lockdown, children from better-off families have been spending 30 per cent more time on home learning than poorer children* *How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?* *Think about how careers support at ANEURIN BEVAN UNIVERSITY NHS HEALTH BOARD and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.*	

Health There *is a clear social gradient in terms of health outcomes as documented by the Marmot Review (2010 and 2020 update). It makes it clear that health is closely linked to the conditions in which people are born, grow, live, work and to age and inequities in power, money and resources (i.e. the social determinants of health).* *Indeed, data for Wales shows that adults and children living in the poorest areas are having poorer health outcomes. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.* *There is reasonable evidence that people in poverty or living in deprived neighbourhoods have a higher risk of addiction and mental illness and it's also known that many patients struggle financially and socially*.	**In Practice** *How does your proposal take account of the expected health outcomes of the local population?* *What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage?* *Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.* *What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?*	
Living Standards	**In Practice**	

3% of all people in Wales were living in relative income poverty between 2016-17 and 2018-19. This figure has remained relatively stable for the past 16 time periods. At 23%, the figure is slightly lower than last year's. Children were the age group most likely to be in relative income poverty (at 28%) and this has been true for some time. *11% of children living in Wales between 2016-17 and 2018-19 were in material deprivation and low income households.*	*How does your proposal take account of the impact of poverty and deprivation?* *Can you identify which groups are disproportionately impacted by poverty e.g. disabled people? Think about the UK-wide reforms to social security and the impact on the poorest in society, particularly women, disabled people, ethnic minorities and lone parents in Wales. How have the needs of people with caring responsibilities been considered? What is the incidence of rough sleeping and levels of homelessness?* *Twice as many people expect their financial situation to get worse as those who expect it to get better, with this rising to three times in the bottom income quintile, and more than three times for single parents.* *Think about the availability and accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.* *As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?*	

Work *When considering all children in Wales, the likelihood of being in relative income poverty is much greater, and the gap is increasing for those living in a workless household compared to living in a working household (where at least one of the adults was in work).*	***In* Practice** *Although a small health organisation, the Health Board provides opportunities for people to access work, INCLUDE SCHEME IE APPRENTICESHIP* *Think about how careers support including apprenticeships and volunteer work placements can be promoted to support those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training and other seldom-heard groups.* *Think about people in terms of their income and employment status, consider the impact on the availability and accessibility of work, paid and unpaid employment, wage levels, job security and working conditions.* *What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.*	

	How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? *As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?*	
Justice and Personal Security *The National Survey for Wales (2018-19) shows that people who were not in material deprivation were found to be more likely to feel safe in their local area, compared with those who were in material deprivation.* *Research by the University of Bristol shows that, notwithstanding some significant methodological limitations, existing analyses in the UK and internationally have consistently found vulnerability to domestic violence and abuse to be associated with low income, economic strain, and benefit receipt. This association is underpinned by a complex set of relationships and interdependencies.*	**In Practice** *How does your proposal take account of local crime rates and exposure to crime? What are the hate crime statistics?* *Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.* *How can your proposal promote and protect people's rights and increase their access to justice and personal security?*	

Participation *The National Survey for Wales (NSW) shows that in 2018-19, 87% of households had access to the internet. Household internet access varies by WIMD levels of area deprivation. In 2018-19, 92% of households in the least deprived areas had internet access, compared to 83% of households in the most deprived areas. The NSW also shows households in social housing were less likely to have internet access (75% of such households) than those in private rented (90%) or owner occupied (89%) accommodation. Those in employment were more likely to have internet access at home (96%) than those who were unemployed (84%) or economically inactive (78%).*	**In Practice** *How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal?* *Covid-19 has shone a spotlight on a digital divide and highlights the effects of digital exclusion on those in poverty, with some feeling isolated and forgotten about.* *Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities. How can your proposal increase participation for people who experience socio-economic disadvantage?*	

What actions will you undertake to minimise any adverse impacts identified during this Socio Economic Duty Impact Assessment?			
Impacts Identified	**Mitigating Action to be Taken**	**Action Owner**	**Monitoring Arrangements**

STAGE 4: STRATEGIC DECISION MAKERS		
Who signed-off this SED Impact Assessment	**Signatory** As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Head of Corporate Governance.	
	Board or Sub Committee:	
Approval and Review	**Approval Date:**	
	Review Date:	

Appendix 3 – Examples of Strategic Decisions

Type of Decision Includes but is not limited to:	**Equality Impact Assessment Required**	**Socio Economic Duty Impact Assessment Required**
Strategic policy development.Strategic directive and intent, For example decisions made at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions	X	X
Health Board Wide Plans.Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	X	X
Business Case/Capital Involvement/Options Appraisal required	X	X
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)		
Changes to and development of public services, Closure of Services	X	X
Decisions affecting service users, employees or the wider community including (de)commissioning or revising services	X	X
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	X	X
Financial Planning	X	X
Divisional policies and procedures affecting staff	X	
New policies, procedures or practices that affect service delivery	X	
Large Scale Public Events	X	
Major procurement and commissioning decisions	X	X
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	X	X

Aneurin Bevan University Health Board

Update on Agile Working

Executive Summary

This paper provides the People & Culture Committee with an update of the work delivered through the Agile Delivery Board.

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

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

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

Report Received consideration and supported by:

Executive Team		**Committee of the Board [Committee Name]**	

Date of the Report: 24 March 2022

Supplementary Papers Attached:

Appendix 1 – Agile Programme Plan

Purpose of the Report

This paper provides the People & Culture Committee with an update of the work delivered through the Agile Delivery Board.

Background and Context

In the previous report to the Committee in November 2021, agile concepts were outlined including the key drivers for agile working for the Health Board. The Covid-19 pandemic has driven innovation and an increase in agile work opportunities and behaviours at an unprecedented rate. These changes and innovation have been continually reviewed to assure service safety and sustainability, as well as setting best practice standards to support our staff and patients in effective and efficient ways. Agreed through the Agile Delivery Board, agile working is described below:

The Agile Concept is:

Based on service needs, providing a variety of options for employees on where, and how they want to work. It means offering mixed-use spaces with a variety of services, workspaces, and environments. More modern agile workspaces are not just about working

from home, hot desking and sharing office space, but changing the cultural mind-set and ensuring working environments support break-out spaces to encourage communication, providing areas for impromptu meetings and collaborative work.

Key benefits and drivers for Agile Working for the Health Board:

- *Utilise Health Board property in preference to Lease property - better value.*
- *Utilise available capital for long term benefit instead of annual revenue spend.*
- *Vacate substandard current Health Board owned accommodation as a precursor to supporting the Estates Strategy and rationalisation of older estate where there is no future use envisaged.*
- *Opportunities to centralise staff into fewer buildings.*
- *Maximise the use of buildings that are good environments to work in that have good IT connectivity, parking and promote staff wellbeing and retention.*
- *Reduced claims on travel expenses.*
- *Reduced carbon footprint/emissions on both fuel and building utilities.*
- *Improved staff well-being, morale, and productivity/efficiency.*
- *Supporting of the Socio-economic Duty 31 March 2021.*
- *Supporting the Welsh Government endorsement of agile working including allowing people to work nearer to where they live and work together in their local community.*

Assessment and Conclusion

Work Delivered:

Over the period November 2021 to March 2022 the progress on agile working is outlined below:

- Programme plan updated to reflect key interdependencies of IT, Estates, LGH configuration plans, Llanfrechfa Grange and GUH plans.
- Programme Manager appointed to support programme management of the Agile Programme Plan and key deliverables.
- Agreement to increase Workforce and OD capacity to support roll out of the programme plan.
- Agile Framework – Interactive guidance for staff and managers has been developed and approved by the Agile Delivery Board. Once an equality impact assessment has been undertaken, the framework will be implemented and embedded in the necessary organisational processes once these have been identified and mapped in April 2022.
- Mapping of staff across St Woolos has been completed to support the assessment of re-accommodation of accommodation requirements on the RGH site and other sites.
- Costings acquired to support the development of blocks 4 and 5 on the RGH site. Further work is being undertaken to assess of other possible capital options for this space.
- Agile Working/Home Working Policy drafted to reflect statutory health and safety requirements and staff wellbeing and management arrangements. This Policy

develops the commitment by the Health Board to support homeworking or agile working arrangements to deliver value both for staff and the organisation. It sets out the steps to be taken to support staff working from home or agilely, including agreeing the homeworking or agile working arrangements, assessing potential risks and the need to maintain contact and involvement. The policy also refers to the arrangements for staff to claim tax relief in line with HMRC guidance to support working from home expenses. Staff impacted would also realise savings in home to work mileage expenses.

- HMRC guidance is continuing to help and support people affected by the pandemic. Employees who have not received the working from home expenses payment direct from their employer can apply to receive the tax relief from HMRC. Eligible customers can claim tax relief based on the rate at which they pay tax. For example, if an employed worker pays the 20% basic rate of tax and claims tax relief on £6 a week, they will receive £1.20 a week in tax relief (20% of £6 a week) towards the cost of their household bills. Higher rate taxpayers would receive £2.40 a week (40% of £6 a week). Over the course of the year, this could mean customers can reduce the tax they pay by £62.40 or £124.80 respectively. The HMRC will accept backdated claims for up to 4 years. Eligible employees can apply directly via GOV.UK.
- Minimum standards for agile working accommodation have been drafted. This will enable a standardised approach to the development of our agile working accommodation ensuring it meets statutory requirements, promotes staff wellbeing, and incorporates the feedback from previous agile working in July 2021 which we expect to be approved before May 2022.
- Mapping of blocks 9 and 10 at the RGH has been completed and proposals to support agile working will be presented to the divisional teams.
- Through agile working, circa 40 staff been able to be relocated either within the footprint of Grange House or the portacabins with a loss off most of the ground floor office space in Grange House.
- Plans are being progressed for the remainder of Grange House and a plan to support service engagement is progressing and meetings with services to discuss options.
- Trial of desk booking system commenced in Mamhilad with agile working proposals with a full assessment in April 2022.
- Level 3 agile and wellbeing space proposals and principles of working at Grange University Hospital (GUH) in the agile spaces have been circulated to staff side and services. Proposals will be presented to staff in the GUH newsletter w/c 28th March. This will release space on level 2 to support several concerns raised by staff of facilities on the GUH site.
- Workforce & OD have reviewed their agile space requirements in the portacabins at LGH and have developed proposals to support the reduction in desk spaces, more hot desking space and more team working space.
- Staff concerns in relation to how the Health Board can support agile working at the GUH have been listened to. An additional 19 mobile phones, 39 laptops, 4 headsets, 11 webcams and 3 Dictaphones have been purchased and the number of side rooms with larger monitors has increased.
- Technology - Roll out of MS Teams, Phase 2 of Office 365, and deployment of Share Point to replace X Drive.

- Meetings conducted with local authority partners to appreciate their agile estates plan, share good practice, and discuss options and opportunities to support shared agile working spaces across organisational boundaries.
- National Agile group established by ABUHB to share good practice and All Wales Solutions reporting to the WOD Directors.

Delivering the Change – Work in Progress:

There is comprehensive programme plan to support agile working, ***Appendix 1*** and the following actions are included in the next stages of the programme plan.

- Assess agile working requirements for St Woolos and Grange House and develop proposals aligned to the estates and capital plans ensuring meet with agile principles.
- Finalisation of proposals for administration on RGH site and capital costs for options around blocks 3 and blocks 4.
- Development of proposals for blocks 1 and 2 at the RGH.
- Commence implementation of block 9 and block 10 staff moves.
- Implement Agile/Hybrid Framework to be issued to the organisation.
- Agree homeworking policy and minimum standards to be issued.
- Review agile space proposals in GUH.
- Assessment of community premises and accommodation requirements.
- Development of organisational change plans to support workforce transition where required.
- Review of Workforce & OD Policies in line with agile working principles.
- Introduction of ABUHB Agile intranet page and development of a Facilities intranet pages and the existing "Going Green" pages. This will include information and advice as well as some wider sustainability/climate change type resources for staff.

Good Practice

Some examples of agile working are outlined below:

- Previous surveys have shown that 30% of staff are working regularly in agile/hybrid way.
- Several challenges and barriers to agile working have been worked through which has enabled more teams to work agile e.g., Learning Disabilities.
- The recent changes in Grange House have resulted in several services adopting a more agile working approach. The Performance, Tissue Viability, Safeguarding and Quality and Safety teams are now working in a more agile way, resulting in a reduction in office accommodation.
- Teams continue to maximise technology to reduce meetings across the organisation resulting in a reduction in travel.
- Increase in general hot desking space in YYF to support staff drop ins and staff who may choose to work more locally to their homes. This will be extended to all our main sites.

- The general policy of replacing desktops with laptops is supporting agile working in teams previously bound to working in specific locations.
- Training courses continue to be reviewed which support agile working that build on the change in delivery due to Covid restrictions such as the use of webinars, teams etc.

Benefits

The table below outlines the travel along with the mileage claimed by staff over the past 3 years. Since the start of the pandemic there has been a year-on-year reduction in mileage claimed and costs. The staff change of bases and excess mileage protection resulting from the staff moves to the Grange University Hospital would have increased travel costs from November 2021. For this reason, the excess mileage and associated costs have been separated so that the baseline travel costs without excess mileage can be compared. Based on this assessment, there has been a 44% reduction in costs and a 46% reduction in mileage claimed since 2019/20.

	Miles	Costs of Miles	Excess Miles	Cost of Excess miles & lump sums	Cost and miles minus the excess	
2019/20	6,066,616	£2,480,623	123,311	£34,625	£2,445,998	5,943,305
2020/21	4,290,965	£1,983,834	280,182	£317,350	£1,666,484	4,010,783
2021/22	3,578,442	£1,768,480	340,454	£398,037	£1,370,443	3,237,988
				Difference between 2019/20 and 2021/22	£1,075,555	2,705,317
				Reduction of	**44%**	**46%**

Recommendation
The Committee are asked to note the update provided.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Service sustainability
Financial Assessment	Linked to the Workforce and Financial Framework in the Integrated Medium Term Plan and the overarching workforce and efficiency agenda.
Quality, Safety and Patient Experience Assessment	Any actions will be balanced against quality and patient safety to ensure no adverse impact.
Equality and Diversity Impact Assessment (including child impact assessment)	Any actions are and will be Equality Impact assessed.
Health and Care Standards	The programmes and developments outlined in this paper meet STANDARD 7 Staff & Resources.

Link to Integrated Medium Term Plan/Corporate Objectives	Linked to the Workforce and Financial Framework in the Integrated Medium Term Plan and the overarching workforce and efficiency agenda.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Sustainability of service provision through our staff is prime consideration.
	Integration – Working closely with internal partners
	Involvement – As above
	Collaboration – Actions and deliverables are worked in partnership with Nursing, Workforce and Finance.
	Prevention – any potential issues and challenges will be assessed prior to implementation
Glossary of New Terms	N/A

People & Culture Committee

Thursday 14th April

Agenda item; 3.4a Appendix 1 – Agile Programme Plan

Agile Programme Plan 2021/2022

A high level overview of activity and deliverables planned in 2021/22 (as of December 2021)

Workstream	2021 Oct-21	Nov-21	Dec-21	2022 Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Agile Programme Structure	Staff survey analysis		Develop new TOR proposal	Benefit measures agreed; Agree reporting structure; Development of risk log	Programme Manager appointed	Programme planning for 2022; 2022 programme plan finalised	Report for Audit Committee; People & Culture Committee					
	MONTHLY REPORTING TO LEADERSHIP BOARD											
Workstreams	**Key Actions**											
Workforce & OD	Development of plans to support agile working and workforce impacts from capital projects (STW.LGH.e'LGH)											
	Assessment of workforce agile working opportunities from divisional assessments											
	Assessment of agile working opportunities with local authorities and local partners					Assess the need to consult and OCP requirements						
	Review and upate and agree Agile Framework					Roll out agile working framework/embed in business processes						
	Scope and Reivew polices with agile principles and engagement principles of meetings with staff etc- e.g flexible working through Trade Unions and LNC					Develop a blended training and learning approach to implement Agile Working						
	Scope and Reivew min standards for agile, staff wellbeing for site reconfiguration					Equality Impact Assessment form aligned with staff and agile space moves						
	Development of Intranet site/FAQ/newsletters											
	Regular drum of agile working communications and spreading of good practice through local roadshows											
	Ongoing engagement with staff and Trade Unions and LNC											
Estates	**Detailed Project Plan Work up detailed plans to include:** Estates closures; Map End of lease property; Re-provision of hubs and different working places; Opportunities for storage solutions - need timescales; Opportunities for booking systems - need timescales; Detailed Project Plan			Detailed analysis of agile assessments and mapping dependancies with Estates and IT workstreams	Equality Impact Assessment							
	Assessment of agile working opportunities with local authorities and local partners											
IT	Undertake capability audit; Based on Estates plans develop a plan to ensure technology is fit for Agile Working; Develop a project plan; Roll out / Delivery project											
Grange House - LGH site	Interim arrangements for staff displaced through the development of Grange House, Centre of excellence for Employee wellbeing											
	Pre engagement with Staff and Staff side											
				Grange House longer term plan > Develop functionality of Grange House based on service requirements (Staff Surveys etc) > Assess space requirements for Agile & Wellbeing > Assess impact on staff moves and any variation to contracts > Agree staff engagement plan & OCP timeline			Develop staff consultation	Implement Moves			
	Further planning is required on the "Alders House" development & the "Gym" Business Case for Capital costs											
St Woolos & Royal Gwent	Digitilisation of Health Records - Completed			> Final scoping planned by the end of March with proposals subject to consultation and Approval			> Once clinical services are finalised we can then develop a Agile site plan for the RGH					
	Scoping admin services for Blocks 9+10				> Scoping admin services on St Woolos Site	> Scoping the admininistration for clinical service on RGH Site						
				> Pre Assessment clinics - Enabling Works at RGH to facilitate moves > Chest Clinic Initial plans developed - needs a full proposal developed, reviewed & agreed		**Solution still to be found for the following:-** > Non patient facing / Administration Services > Cardiac Rehabilitation > Therapy Out-patient Services > Lymphadema Services					
	> Relocation of Research & Development - Completed				> Neurophysiology Proposal Submitted							
	Capital requirements - Scope of blocks 4 and 5 initially & Sign off						Capital requirements	Capital requirements	Capital requirements			
Interdependant workstreams	ELGH's - Reconfiguration of Services, Mapping the Workforce & develop Agile Plans						Assess the need to consult and OCP requirements (timescales depending on impacts and workstream timescales					
	Lease Premises - Value for Money						Agree format of pre-engagement roadshows					
	Out-patients Agile working, impact assessments & space requirements											
	Primary Care Agile / Estates, need to assess Agile opportunities & the impact on Estates / Staff											
	Mental Health Agile / Estates, need to assess Agile opportunities & the impact on Estates / Staff											
	Ongoing engagement with staff and Trade Unions and LNC											
Communication	Identify lead		Development of staff engagement plan			Monthly Engagement Event	Monthly Engagement Event	Monthly Engagement Event	Monthly Engagement Event	Monthly Engagement Event		
				Develop a blended training and learning approach to implement Agile Working								

Aneurin Bevan University Health Board

Workforce & Organisational Development
Divisional Risk Register

Executive Summary

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

Workforce & OD risks for 2020/2021 have been identified and reported via Health Board's the Corporate Risk Register. The Workforce and OD Division apply a continuous risk management approach to anticipate, mitigate, and manage the risks to achieving the Health Board's strategic Workforce & OD objectives and priorities.

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

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

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

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

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Debra Wood Lawson, Deputy Director of Workforce & OD; Cathy Brooks, Head of Workforce Planning

Date of the Report: 31 March 2022

Supplementary Papers Attached:

Appendix 1 - Workforce & OD Corporate Risk Register

Appendix 2 – Workforce & OD Local Risk Register

Purpose of the Report

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

Background and Context

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

The purpose of a Risk Register will be to:

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

Assessment

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

- Recruitment, retention and sustaining
- Staff Well-being
- Welsh Language Standards

All risks have been updated to reflect the actions to support the new People Plan. The recruitment and retention risk has been reframed and updated to reflect the Cessation of the Coronovirus Act 2022 and the extension of the Pension Scheme Regulations. Actions plans have been updated to ensure alignment with relevant resourcing challenges across the Health Board and alignment with government legislation or Covid guidance.

The local risk registers include risks, but not limited to:

- Winter and covid surge plans
- Staff sickness
- Training and Education
- Staff shielding and medical exclusion

It is proposed that given that staff shielding is no longer a requirement, this risk and medical exclusion is now merged with the sickness absence risk.

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

Recommendation
The Committee are asked to review and comment on the latest Workforce & OD Corporate and Local Risk Registers.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Reporting arrangements will ensure linkages with the Corporate Risk Register.
Financial Assessment, including Value for Money	Identifying and managing risks will support an approach of value for money and prudent principles relation to workforce & OD interventions.
Quality, Safety and Patient Experience Assessment	Effective oversight and management of risk will support safe staffing provision and have a direct impact on improving quality and safety and therefore the overall staff and patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessment screening indicates no negative impact and will enhance equality, diversity, and inclusion by a transparent assessment of risks.

Health and Care Standards	This report contributes to the good governance elements of the Standards with particular reference to the workforce standard.
Link to Integrated Medium Term Plan/Corporate Objectives	Providing an appropriate governance to support a workforce to deliver safe, quality care.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Supports effective risk management feeding to policy development and arrangements for governance contributes to a positive impact on staff well-being, patient care and the wider population.
	Integration – Opportunities to work with local and national partners.
	Involvement – To work with Trade Unions to take account of the diversity of the membership, staff and population served to ensure policy and service change is equitable.
	Collaboration – Collaboration with external partners continues to support consistency of approach across NHS Wales organisations
	Prevention – Supports positive wellbeing and the prevention of absence and ill health.
Glossary of New Terms	n/a
Public Interest	Report has been written for the public domain.

People & Culture Committee

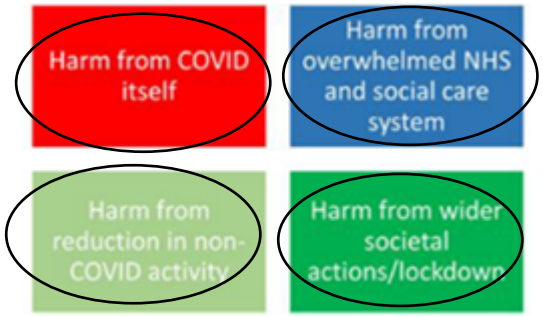
Thursday 14th April

Agenda Item: 3.6a Appendix 1 – Workforce & OD Corporate Risk Register

<table>
<tr><th colspan="2">Applicable Strategic Priorities – IMTP plan 2022/23</th><th colspan="3">Risk Description, Appetite and Decision</th></tr>
<tr><td colspan="2">• Enabler risk and links to all strategic priorities</td><td colspan="3">TREAT

CRR002 (March-2017) –
Threat Event: Failure to recruit, retain and sustain redeployment of staff across all disciplines and specialities to critical areas, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards</td></tr>
<tr><td>High Level Themes</td><td>• Patient Outcomes and Experience
• Population Health
• Quality and Safety
• Reputational
• Public confidence
• Finance
• Workforce</td><td>Risk Appetite</td><td colspan="2">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.</td></tr>
<tr><td>Committee Assurance</td><td>Internal Controls – Policies/Procedures</td><td colspan="3">Risk Score</td></tr>
<tr><td>People and Culture Committee</td><td>• Monitoring Framework to support roll out People Plan
• Workforce Dashboard to track appointments against plan
• RN Supply and Demand Tracker to review nursing vacancies, turnover and demand.
• Recruitment plan to support winter
• Mass vaccination programme updates reporting to Mass Vaccination Board and Executive Team.
• Redeployment Principles and Risk Assessment.
• Workforce and OD hub to support winter pressures
• Management of attendance through Sickness Absence Policy
• Health care Standards - Section 7 staffing and resources
• Nurse Staffing Levels (Wales) Act 201625b/25c</td><td>Inherent Risk level before any controls/mitigations implemented, in its initial state.</td><td>Current Risk level after initial controls/mitigations have been implemented.</td><td>Target Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.</td></tr>
</table>

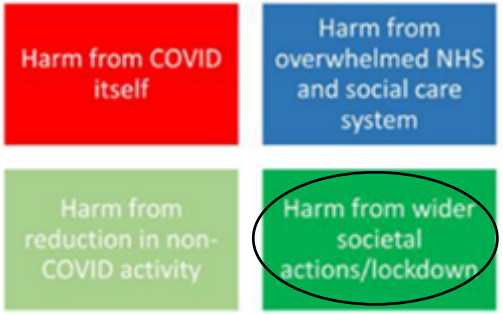
	• Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP • Agile Working Delivery Board • Measurements of Wellbeing &" People First-Staff Engagement" Strategies						
Action Plan ***SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.***	**Due Date**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**
		5	5	4	5	3	5
• Workforce projections, plans and scenarios take account of increased absence and workforce availability based on previous trends • Continue to align workforce modelling to bed plans • Aligning resources to bed plan and recovery plans to demonstrate staffing across sites • Continue to review overarching deployment plan, reviewed staffing models for ward areas, increasing supply through agency block booking. • Agree Bank worker pay incentives and enhanced overtime rates to encourage additional hours from all staff groups. • Recruitment plans underway for winter period • Continuing support for staff who are absent and self-isolating to support well-being and a safe return to work • Utilise European Gateway and BAPIO for medical recruitment aligned to safe staffing review in Medicine Specialties. • Personal Development Planning for staff members, including opportunities post TTP • Application of recovery rates of pay for Medical and Dental and Agenda for Change staff to support additional activity • 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. • Continued implementation of new roles such as Physician Associates and Associate Practitioner (Nursing) to support workforce skills gaps in line with Annual Plan • Registered Nurse Recruitment Programme of events with Train, Work, Live and RCN • Specific recruitment programmes for COVID surge and mass vaccination responding to the increase in demand for staff as a result of COVID pandemic. Extend fixed term contract extensions for TTP/mass vaccination • Development of Hybrid Medical Roles to work across Specialities • Introduction of new Specialist Grade role to support Senior Medical vacancies • Including review of benefits of COVID support roles. Opportunities to provide new roles to support clinical teams, e.g., volunteer activity co-ordinators, roster creators, ward assistants • Increase apprenticeship and work experience routes, including DWP Kick Start Scheme, with a focus on widening access for minority ethnic group and people with protected characteristics.	Mar-22	**25**		**20**		**15**	

• Working with partners in Gwent on a system wide HCSW Strategy and a joint approach to apprenticeships. • People First Staff Engagement Framework in place to support retention and Staff Well-being medium and long term plan to support retention including well-being staff surveys, peer support, increase in psychology support through investment in the service to support stage 2 of the Well-being Centre of Excellence and the development and piloting of a Trauma Step Care Model is enabling individual and team needs to be assessed and supported. • Workforce planning guidance in place to assess turnover, retirements and succession planning to inform educational commissioning requirements. • Continue to monitor safe staffing levels (periodically) as part of the Safer Staffing act section 25 reported via Executive Director of Nursing • Securing mutual aid where possible • Coronavirus Act 2022 staff who been registered in any register by virtue of the act have been allowed to continue to practice in this capacity until March 2022. The 10 staff have been informed of the requirement to join the permanent register. • The extension of the NHS Pension Scheme regulations will remain until 31st of October 2022. This will allow staff to return to work immediately after retirement and continue their existing working commitments, or increase them, while still receiving their full pension benefits.		
Trend since last reporting period		**Executive Owner: Director of Workforce and Organisational Development**
Mapping Against 4 Harms of COVID		**Update**
		**March 22:** • Significant work undertaken in relation to recruitment and retention i.e. Staff Retention Framework and winter workforce plans developed and being reviewed against bed plans and demand for appropriate action. Currently recruiting to Resource bank for winter planning and mass vaccination • 25 sessions of People First staff Engagement Strategy completed, planning on phase 3 engaging with Triumvirates in process. • Programme of equality events rolled out to support retention • Expanded number of agencies we are working with to increase supply of agency resources • 28 apprentices recruited and 14 Kickstart placements • 33 newly qualified USW/Cardiff university students (March Cohort) are in the process of joining ABUHB. • 26 flexi degree nursing routes qualifying June 2022. • 1236 band staff recruited across all professions 2021- 2022 in addition to 674 for mass vaccination • Since December the number of additional staff available through bank, agency or overtime has increased from 570 WTE to 658 WTE. This has reduced the number of unfilled shifts • Since December the number of additional staff available through bank, agency or overtime has increased from 550 WTE to 678 WTE

	• Ongoing discussions with student streamlining (e.g., nursing, AHP's and PA's) programmes to promote opportunities within ABUHB. Showcasing events have been arranged for Welsh student nurses through March and April. • Interviews to recruit international nurses are progressing with agreement to recruit 50 nurses for ABUHB with anticipated start dates in the Spring. • The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years including adult and mental health nursing, healthcare science, Allied Health Professionals Clinical Psychology Increase 19% and small Healthcare professions. This will increase the number of graduates coming out of training in 2022 and beyond. • HEIW are Increasing the capacity of training through creating more spaces for training the future primary care workforce • In Wales the number of F1 and F2 doctors will increase by 60 in 2022. • Actively working with local authorities to promote joint recruitment activities • Fast track COVID recruitment process for staff returners applied and will be considered as a tool to be applied more broadly for recruitment • Absence reducing with "hot spot" areas identified and plans in place to support • Recruited an additional 8 doctors as part of the safer medical staffing review with further interviews planned to recruit a further 13. • Engagement with universities to promote adhoc paid working opportunities for medical and nursing students. • The Mass Vaccination Programme continues to review the workforce required to deliver the COVID-19 vaccinations with a view to implementing a more sustainable model integrated into other roles and flexibility with other core roles. • Continuing to review opportunities to increase HCSW through introducing staff through capacity in new roles developed to support initial Covid response such as patient care assistants, ward assistants and roster coordinators for future service winter demands. • New Specialist Grade available for recruitment and progressing with the transition of current Speciality Doctors to the new contract. • Enhanced overtime rates continued until March 2022 • The new People Plan and supporting actions to delivery and Employer of Choice Model with a strengthened Nursing and HCSW recruitment and retention strategy. • There has been a continued focus on creating capacity through reviewing skill mix, developing existing and creating new advanced and extended roles in Radiology and reporting, Pharmacy with medicines management, Mental Health Wellbeing Practitioners, Physicians Associates in Anaesthetics, and other medical specialities • Extension of the NHS Pension Scheme regulations will remain until 31st October 2022. This will continue to allow staff to return to work immediately after retirement and continue or increase their existing working commitments, while still receiving their full pension benefits. • Extension of bank incentives until 8th May 2022 with a new revised pay awards approach being developed and proposed subject to approval.

<table>
<tr><th colspan="2">Applicable Strategic Priorities – IMTP plan 2022/23</th><th colspan="3">Risk Description, Appetite and Decision</th></tr>
<tr><td colspan="2">• Enabler risk and links to all strategic priorities</td><td colspan="3">TREAT
CRR0021–
Threat Event: Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice.</td></tr>
<tr><td>High Level Themes</td><td>• Patient Outcomes and Experience
• Population Health
• Quality and Safety
• Reputational
• Public confidence
• Finance
• Workforce</td><td>Risk Appetite</td><td colspan="2">Risk appetite in this area is low in the interests of compliance with the Welsh Language Act.</td></tr>
<tr><td>Committee Assurance</td><td>Internal Controls – Policies/Procedures</td><td colspan="3">Risk Score 12</td></tr>
<tr><td>People and Culture Committee</td><td>• Monitoring Framework to support roll out People Plan
• A Welsh Language Strategic Group is in place and divisional operational groups are being established to mainstream the implementation of the standards. These will replace the working groups that were looking at specific standards.
• Detailed action plan for the implementation of the standards to mitigate this risk. Monitored through the Welsh Language Strategic Group.
Close liaison with the Office of the Welsh Language Commissioner and Welsh Language leads in Welsh Government.
• Additional funding agreed by the Executive Team to support implementation.
• Welsh Language Standards awareness activities have been held across the Health Board, these including roadshows, training sessions, attendance at team and departmental meetings, one to ones with all Executive Directors, attendance at Health Board events such as conferences,</td><td>Inherent 12</td><td>Current - 12</td><td>Target -8.</td></tr>
</table>

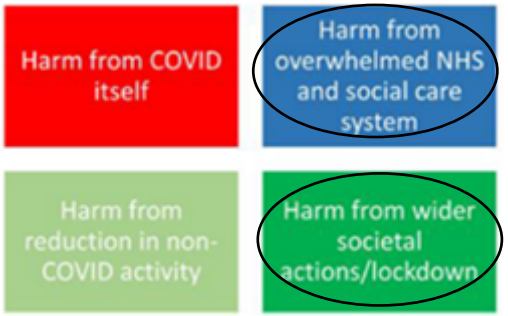
	community events, joint community and staff language awareness training. • A series of Protocols and Guidelines have been developed and approved to meet the requirements of the Standards. • Working collaboratively with other Health Boards and Public Sector bodies to learn lessons, share best practice and develop all Wales challenges. • Continual revision and updating of the Welsh Language homepage with useful links and additional resources for staff. • Continued communication and engagement activities through a series of Frequently Asked Questions, national and local Welsh Language campaigns and the Partnerlaith network • New arrangements and a SLA being agreed with BCUHB for translation services due to concerns raised regarding the quality of the current external provider.						
Action Plan ***SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.***	**Due Date**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**
		3	4	3	4	2	4
• Develop a Welsh Language Strategy for the Health Board, centred on the needs of the local population, and providing a clear vision for the implementation of the Standards. We will continue to embed the 'Active Offer' principle and developing our Partner IAITH network to support our Welsh speaking staff to maximise their linguistic skills. • Deliver a Welsh Language recruitment training scheme • Introduce a revised Welsh Language Awareness training package • Develop a robust and sustainable internal translation service • Systematic review of Workforce & OD policies and frameworks to mainstream the Welsh language in key policies and initiatives. • Promote specific activities provided through the medium of Welsh so that Welsh speakers may choose to use them. • Develop guidelines for agencies, contractors, and providers stating the requirements regarding the use of the Welsh language in every business arrangement with the Health Board • Redevelopment of Health Board's Language Skills Strategy and assessment matrix for assessing Welsh Language skills for vacant posts. • Provision of Welsh Language Mentor activities to ensure that performance, efficiencies and economies of scale are realised • Develop a suite of written and digital resources for clinicians to raise awareness of the importance of the 'active offer' principle	Mar-22	**12**		**12**		**8**	

• 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. • Publish Review to evaluate 5-year Welsh language Clinical Consultation plan • Publish strategy review to evaluate 5-year Welsh language Clinical Consultation plan – measures to sustain achieved actions over the past 5-year period and actions for the next 5-year period				
Trend since last reporting period		**Executive Owner: Director of Workforce and Organisational Development**		
Mapping Against 4 Harms of COVID		**Update**		
		**March 22:** • Welsh Language 5-year plan and Bilingual Skills Strategy agreed by Strategic Group. • Recruitment of 1 WTE Welsh Language Officer and 2 WTE Welsh Language Support Officers. • Internal auditing processes established - undertaken quarterly and reported to Strategic Group. • Mandating Welsh Language Competencies on ESR – 10% increase in overall compliance during 2021/22. • Workshops delivered to recruiting managers to support the implementation of the Bilingual Skills Strategy. • Working collaboratively with Recruitment colleagues to populate a local level library of translated Job Descriptions. • A suite of digital accredited and informal Welsh language training packages have been scoped and are being offered to staff. • Welsh Language Translation arrangements will be changed and a SLA is in the process of being agreed with BCUHB • Translation of standard entry level JD's and establishment of a working group to undertake a comprehensive assessment and process for extensive translation. • 5 animation reels have been commissioned to share key messages regarding the Standards with staff. • The 'Active Offer' principle is now promoted during the PADR process. • Further development of the PartnerIAITH Welsh speakers/new speaker's network to include monthly virtual events, informal 'Clybiau Clonc' (Chat clubs), one-to-one support sessions, and workshops. • Continued communication and engagement activities through national campaigns (e.g., St David's Day, Dydd Miwsig Cymru, Diwrnod Shwmae, etc.). • Audit undertaken within the Primary Care Division to populate the corporate website with data regarding services available through the medium of Welsh. • Pilots underway with managed GP practices to improve their provision of an 'Active Offer'. • Research project was undertaken capturing Welsh speaking patient experience. • Audits were carried out across all Mass Vaccination Centres in Gwent to improve position against the Standards, this included the training of all staff. • Collaborative working with Careers Wales, local businesses, employers, and alumni to produce bilingual content, including a series of short vlogs and video interviews, that will be shared with schools and colleges both locally and nationally. • Face-to-face workshops conducted with Welsh language secondary school students.		

<table>
<tr><th colspan="2">Applicable Strategic Priorities – IMTP plan 2022/23</th><th colspan="3">Risk Description, Appetite and Decision</th></tr>
<tr><td colspan="2">• Enabler risk and links to all strategic priorities</td><td colspan="3">TREAT

CRR0025–
Threat Event: Lack of mental and psychological staff preparedness will have a negative impact on absenteeism and could result in long term sickness with PTSD & other forms of emotional traumatisation. High work-related industrial injury claims and compensation payouts.</td></tr>
<tr><td>High Level Themes</td><td>• Patient Outcomes and Experience
• Population Health
• Quality and Safety
• Reputational
• Public confidence
• Finance
• Workforce</td><td>Risk Appetite</td><td colspan="2">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.</td></tr>
<tr><td>Committee Assurance</td><td>Internal Controls – Policies/Procedures</td><td colspan="3">Risk Score 12</td></tr>
<tr><td>People and Culture Committee</td><td>• Monitoring Framework to support roll out People Plan
• Monitoring of absence, reasons for absence and trends in referrals to occupational health and employee wellbeing service through Workforce and Wellbeing Dashboard.
• Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with monthly summary of Well-being and Occupational Health activity.
• Staff well-being tools, wellbeing website and Covid-19 Wellbeing Plan available on the Intranet with a range of resources and clear signposting to support.
• Well-being website has been "soft" launched and access is being promoted through the actions in the Covid-19 Pathways Implementation staffing plan and on all well-being communications.
• Quarterly staff well-being surveys for staff in progress</td><td>Inherent 12</td><td>Current - 12</td><td>Target -8.</td></tr>
</table>

	• Ministerial Measure 24 -Demonstrate an annual improvement in the overall staff engagement score Ministerial measure 25: Demonstrate an annual improvement in the % of staff who report that their line manager takes a positive interest in their health and well-being • Ministerial Measure No 27: Demonstrate a 12-month reduction trend in the % of sickness absence rate of staff						
Action Plan ***SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.***	**Due Date**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**
		3	4	3	4	2	4
• Consider scale up collaborative opportunities for the region such as access to the Wellbeing Centre of Excellence • Working with University partners on participation and development of local and national research projects aligned to WBCoE. • Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). • Further develop the longitudinal study with university partners to evaluate the impact of the WBCoE. • Implement and progress new integrated psychological wellbeing roles and peer support networks within services. • Identify, training and develop Respect and Resolution advocates (similar to mental health first aiders) • Develop an evidenced based medium to long term Strategy for staff with chronic fatigue and mental health issues • Train Mediators so there is team and organisational resilience and network • Establishment of new bilingual Health and Wellbeing AB Pulse page on the intranet with library of resources for staff wellbeing • Wellbeing initiatives to drive tangible wellbeing • Scope, design and deliver prog of activity 'Healthy working day' • Enhance our financial wellbeing offer. • Seek to become and accredited living wage employer. • Monitoring delivery of the PeopleFirst project through ET reports, KPI sickness metrics underpinned by People Plan delivery framework • Further bid for Welsh Government funding for the WBCoE is being finalised	Mar-22	**12**		**12**		**8**	
Trend since last reporting period		**Executive Owner: Director of Workforce and Organisational Development**					

Mapping Against 4 Harms of COVID		**Update**
		**March 22:** • High visibility of psychologists and support from the chaplaincy service with bespoke interventions where required. • The development of a stepped care Trauma Pathway and Peer Support Network have been established. • Continue availability of "safe space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • Implement Well-being Centre of Excellence capital programme agreed, and work has commenced, due to be complete July 2022 • The Executive Team have approved permanent funding for roles to support the Well-being Centre of Excellence previously funded via Charitable Funds. • Occupational Health and the Well-being service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid • Reviewed occupational health provision and consider options to improve sustainability within the service, paper drafted • Further work to understand increase in non-Covid related absence, particularly stress and anxiety. • The Employee Well-being Service have reviewed their waiting list model and changed from 'time of referral' to a 'clinical need' based model following initial clinical assessment. • Continue availability of "safe space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • In September 2021 an SBAR was presented to the Executive Board describing the organisation's response to three key surveys conducted in the past year with i) medical professionals (Medical Engagement Scale), ii) the Royal College of Physicians for Junior Doctors and iii) general workforce wellbeing survey. • Identified four high level and complex challenges which have contributed, in part, to the survey outcomes and development which underpinned the 5 phases of the PeopleFirst project - CynnalCynefin, a Welsh phrase whose metaphorical interpretation is 'to hold and facilitate our multiple places of belonging and connection' and summarises the ambition of the project, i.e.: how can we meaningfully reconnect our people with their roles, their local senior colleagues, and the organisation to have an experience of work which is healthy and meaningful. • The Executive Board sponsored the design and launch of the innovative #PeopleFirst project which was grounded in two key research-informed theoretical frameworks of i) complex adaptive systems1 and ii) Three Motivations System model2. • Phase 1 has resulted in production of a number of key resources: intranet, logo, newsletter, social media presence • Phase 2 has resulted in 24 executive engagement sessions across the Health Board premises and online giving staff the opportunity to 143 issues raised with plans to address these.

[1] Snowden, 2022
[2] Gilbert, 2009

People & Culture Committee; Agenda Item 3.6b. Workforce & OD Divisional Risk Register
30 March 2022

Risk Identifier						Risk Description			Risk Scoring									Risk Action Plan					
									Inherent Risk			Current Risk Level						Target Expected Risk Level					
Linked to Corporate Risk Register No. (CRR)	High Level Theme	Organisational Priority	Date	Executive Lead	Assuring Group/Lead Committee	Risk Description	Cause	Effect	Likelihood	Impact	Risk level	Key Current Controls and Assurances	Likelihood	Impact	Risk level	Trend	Risk Appetite level and Risk Decision	Action Plan	Due date	Likelihood	Impact	Risk level	Progress	RAG Status (on/off track)
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisational Development	People and Culture Committee Executive Team	Insufficient workforce to manage surge/winter requirements - **Recommendation to merge with corporate risk log CR002 following winter period**	As a consequence of COVID/Winter pressures significant increase in capacity requirements against a backdrop of a high vacancy factor (in some key staff groups). Increased staff sickness absence rates, as well as staff absence due to sickness or self isolation requirements, which will be informed by Welsh Government Policy. Impacts of McCloud remedy relating to pensions may impact on retirement trends and workforce planning	An inability to safely staff the surge capacity required to meet patient needs.	4	5	**20**	• A mass recruitment effort of substantive, temporary and fixed term staff, volunteers and Students (Medical, Nursing and Therapies). • Workforce projections in Annual Plan take account of increased absence. • Workforce dashboard produced to track appointments against plan and retirements and turnover • Daily site hub meetings and workforce meetings and twice weekly senior leadership meetings • Opportunities to provide new roles to support clinical teams, e.g. volunteer activity co-ordinators, roster creators, ward assistants • Robust and supportive management of staff who are sick or self-isolating by WOD • Bank worker pay incentives and enhanced overtime rates have been agreed and to encourage additional hours from all staff groups. • Mass vaccination programme updates reporting to Mass Vaccination Board and Executive Team. Bank worker pay incentives and enhanced overtime rates have been agreed and to encourage additional hours from all staff groups. A mass recruitment effort of substantive, temporary and fixed term staff, volunteers and Students (Medical, Nursing and Therapies). • Workforce projections in Annual Plan take account of increased absence. • Workforce dashboard produced to track appointments against plan and retirements and turnover and Executive Team. Bank worker pay incentives and enhanced overtime rates have been agreed and to encourage additional hours from all staff groups. A mass recruitment effort of substantive, temporary and fixed term staff, volunteers and Students (Medical, Nursing and Therapies). • HUB SITREP reporting • Maximise use of current Retinue and Patchwork systems for medical staffing•□ • Since December the number of additional staff available through bank, agency or overtime has increased from 550 WTE to 678 WTE.	3	5	**15**	⇔		• Aligning resources to bed plan and review of site map to demonstrate staffing across sites. • Progress at pace urgent actions detailed in COVID Pathways implementation staffing action plan: overarching deployment plan, reviewed staffing models for ward areas, increasing supply through agency block booking and implementing staff bubbles for green areas. • Agreed to extend mass vaccination fixed term contracts to end March 2022. • Continuing support for staff who are absent and self-isolating to support well-being and a safe return to work. • Recruit additional HCSW and recruitment for apprenticeships and Kick Start programmes. • Utilise European Gateway and BAPIO for medical recruitment. • Identify ex-employees that were trained in Covid immunisation • Scope external resources to support mass vaccination through SEDG, volunteers universities and government bodies • Development of refreshed training for COVID immunisation. • Further contact to all staff who have recently retired and left. • Utilise the Mass Vaccination recruitment webpages to their full potential • Contact all bank staff that haven't worked lately to support. • Set up urgent extraordinary meeting with Staff side to inform them of the urgency and plans of deployment for Mass Vaccination. • Scope potential support from Mutual Aid (Local Authorities/Leisure Centres.		2	5	**10**	• Significant work undertaken in relation to recruitment and retention i.e. Staff Retention Framework and robust site surge plans in place if necessary. Surge and winter workforce plans developed and being reviewed against bed plans and demand for appropriate action. Currently recruiting to Resource bank for winter planning. Expanded working agencies and block booking of agency. • Engaging European Gateway and BAPIO for medical recruitment (see coproate risk). • Training of Fire and Rescue Staff to act as immunisers under a MOU/SLA arrangement.t • 25 local authority staff released to support booking function for mass vaccination. • Development of refreshed training for COVID immunisation • Contacted to all staff who have recently retired and left • Updated the mass vaccination recruitment webpages to optimise their full potential. • Contacted all bank staff that haven't worked lately to support Mass Vaccination. • Weekly urgent extraordinary meetings with with Staff side established to inform them of the urgency and plans of deployment for Mass Vaccination. •100 offers of support from government bodies to support mass vaccination. • Emailed additional 55+ active hospital volunteers for support mass vaccination. • Updated the vaccination reculitment webpages to masimise their full potential. • Email sent out to the 84 volunteers that are recorded as completed the Mass Vacc training and are low risk to ask for further support. • Emailed the Age Cymru Gwent (Robins) Leads for support • 26 ABUHB volunteers have been active in MVC to over	
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisational Development	People and Culture Committee Executive Team	The staff overall absence rate rises above the assumed level in the approved workforce plan.	Covid19 is a new virus and its disease progression and the new variants are still being understood. The vulnerable staff groups are increasing based on research and emerging evidence. In addition, absence is caused by the requirement to isolate which could increase overall absence depending on Welsh Government Policy.	Inability to safely staff the surge/winter capacity. Increased pressure on existing staff whose resilience is already compromised. An over-reliance on temporary staff which may impact on quality and safety. Non-compliance with the European Working Time Directive.	5	4	**20**	• Monitoring of absence, reasons for absence and trends in referrals to occupational health and employee wellbeing service through Workforce and Wellbeing Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with monthly summary of Well-being and Occupational Health activity. • Daily dashboard report on Medical exclusion, covid sickness and non covid sickness report and incorporated in organisational performance metrics	3	4	**12**	⇔		• Continue daily analysis of the Workforce Absence Dashboard to assess sickness rates and the validity of the allocated uplift. Monitor "hot spot" areas and identify any patterns where wellbeing or OD support may be required to improve absence rates of teams. • Further work to understand increase in non-Covid related absence, particularly stress and anxiety. • Continue to monitor any changes to national COVID guidance and the associated impact on absence. • Detailed Covid-19 Workforce risk assessment process and guidance has been put in place for Managers and Staff. The workforce team are actively contacting staff who fall into a higher risk category who have not completed their risk assessment to support them to do so and record its completion on ESR prior to having a conversation with their manager about the implications for their working environment and any adjustments that may need to be made to keep them safe in the workplace. • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid.		3	4	**12**	• Targeted hot spot areas and offered local training and policy awareness to managers. • Monitoring of reasons for sickness • Long term sickness targeting with a view to signposting and earlier intervention	
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisational Development	People and Culture Committee	Our workforce, particularly those employed quickly though COVID recruitment campaigns do not have the range of skills and knowledge to effectively undertake their	The requirement for a large number of additional staff to cope with surge capacity. Re-deployment, new recruits and volunteers working in unfamiliar roles and environments.	The requirement for a large number of additional staff to cope with surge capacity. Re-deployment, new recruits and volunteers working in unfamiliar roles and environments.	3	4	**12**	• Centralised training and induction for mass vaccination .	3	4	**12**	⇔		• Consideration of results of a Staff Survey to assess COVID experience has been undertaken. This has enabled the well-being service to target resources to both staff groups and areas where concerns are highlighted within the surveys. • Evaluate training programmes. • Triangulate workforce data with patient and staff experience. • Continue to provide relevant training and induction as required for clinical and non-clinical skills.		2	4	**8**	• All workforce requirements are regularly reviewed and e-learning programmes initiated. • Access to internal training, apprenticeship qualifications. Access to internal training, apprenticeship qualifications. Winter workforce plans being developed in line with service plans.	
NO - Recommendation to merge this with local sickness absence risks	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisational Development	People and Culture Committee	Failure to rapidly identify, assess and protect staff who are in the 'vulnerable groups' category and at severe risk of morbidity and mortality from Covid19	The categories and sub-set of the vulnerable groups are not always identifiable via ESR, so a manual exercise has to be undertaken. Shielding being paused and the requirement to ensure all vulnerable workers are identified and supported to either work from home or return to a place of work which keeps them and others safe.	Avoidable staff exposure to Covid19 and non-compliance to shielding, medical exclusion &/or redeployment.	3	5	**15**	• All Wales COVID-19 Workforce Risk Assessment is available as a mandatory requirement for all staff on ESR. • Workforce team are working closely with divisions to monitor risks assessments for staff who identify as Black Asian and Minority Ethnic. • Monitoring compliance with all Wales COVID-19 Workforce Risk Assessment Tool continues and reported via Workforce Dashboard. • Communication regarding review of workforce adjustments for staff who have returned from shielding and remain high risk has been widely communicated as a result of the increase in cases in both our hospitals and communities. • WOD team are contacting staff who have not completed the risk assessment on ESR, completing the risk assessment with the staff member and providing feedback to line manager to ensure appropriate action is undertaken where required. Staff who are identified as at higher risk can be referred to Occupational Health where a more detailed clinical assessment will be undertaken. • Paper copies of the Covid-19 workforce risk assessment for uploading to ESR have been designed to support staff with limited access to IT.	2	5	**10**	⇔		• Ongoing advice and regular communications provided about the importance of and requirement to complete the COVID workforce risk assessment and review adjustments as appropriate. • Continued monitoring through Workforce dashboard. • WOD team to continue to review and make contact with staff where appropriate to improve completion rate and the implementation of any required protective measures.		1	5	**5**	The COVID Risk Assessment Tool is now on ESR. It has been added to the Compliance Matrix for each employee to complete. In total, 79.12% (79.34% march 2022), 11524 employees have completed the assessment. Of the individuals who have completed the assessment 61 are high or very high risk. Communications renewed on intranet and other channels this week. Action plan to increase awareness in place. Presentations to TUPF and LNC to engage staff side support. User guide circulated with easy to use step by step guide. A trial of paper Covid Assessment has had positive impact in Facilities and Estates Division. This will be considered for other departments with careful consideration to ensuring any assessments are followed up with a managers discussion and meeting Information Governance requirements. The requirement to renew the risk assessment every 6 months has now been replaced with the requirement to renew when personal circumstances change. Contracted all staff who have recently retired and left. • Sheilding has ceased being a Government requirement.	

Aneurin Bevan University Health Board

'Taking Care of the Carers' - How NHS bodies supported staff wellbeing during the COVID-19 pandemic – Management Response

Executive Summary

This paper went to the Audit, Finance and Risk Committee on 03 February 2022 with the management responses to the recommendations contained within the Audit Wales report 'Taking Care of the Carers'. The Committee were asked to discuss and provide views on these management responses. As an outcome, the paper was asked to be shared for information with the People and Culture Committee.

At the end of November 2021, Audit Wales published '*Taking Care of the Carers'* which was a national report **Appendix 1** summarising its findings on the actions NHS bodies in Wales have taken to support staff wellbeing during the pandemic. To accompany the report, a checklist of questions was provided to support Health Boards to assure themselves of their progress for this important area of work.

The report contained recommendations for both NHS bodies and the Welsh Government. As with other Audit Wales reports, the Health Board were asked to consider the recommendations and prepare a management response, to be shared with Audit Wales and Board Committees and included in the audit recommendation tracking processes.

The recommendations arising from the report are:

- Retaining a strong focus on staff wellbeing
- Considering workforce issues in recovery plans
- Evaluating the effectiveness and impact of the staff wellbeing offer
- Enhancing collaborative approaches to supporting staff wellbeing
- Providing continued assurance to boards and committees
- Building on local and national staff engagement arrangements
- Evaluating the national staff wellbeing offer
- Evaluating the All-Wales COVID-19 Workforce Risk Assessment Tool

The Health Board's management responses to the recommendations are provided in **Appendix 2**.

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

Executive Sponsor: Sarah Simmonds, Director of Workforce and OD			
Report Author: Debra Wood-Lawson, Deputy Director of Workforce & OD			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Committee Name]**	Audit, Finance and Risk Committee
Date of the Report: 15 March 2022			

Supplementary Papers Attached:

Appendix 1 – Audit Wales Report

Appendix 2 - Management response to recommendations

Purpose of the Report

This paper provides the People and Culture Committee with the management response to the recommendations contained within the Audit Wales report 'Taking Care of the Carers'.

Background and Context

At the end of November 2021, Audit Wales published '*Taking Care of the Carers'* which was a national report **Appendix 1** summarising its findings on the actions NHS bodies in Wales have taken to support staff wellbeing during the pandemic. To accompany the report, a checklist of questions was provided to support Health Boards to assure themselves of their progress for this important area of work.

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Assessment and Conclusion

Health Board staff at all levels have shown and continue to show tremendous resilience, adaptability, and dedication throughout the pandemic. However, they have also experienced significant physical and mental pressures due to the unprecedented challenges caused by the crisis.

The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic. However, the unprecedented scale and impact of the COVID-19 pandemic brought the importance of supporting staff wellbeing into even sharper focus.

The Health Board along with all other NHS bodies in Wales have placed a strong focus on staff wellbeing throughout the COVID-19 pandemic. At the outset of the crisis, the organisation moved quickly to enhance their existing employee assistance arrangements and to put additional measures in place to support the physical health and mental wellbeing of their staff, as much as possible, during the pandemic.

The wellbeing of our staff continues to be our top priority. The consequences of the pandemic on our staff are evidenced through an increase in fatigue, occupational burnout and psychological health issues. The Health Board will continue to develop its evidence based medium to long term strategy by continuing to:

- Identify and respond to the psychological health needs of our staff by strengthening our current reactive well-being service.
- Developing systematic and proactive ways of supporting teams to identify and address symptomatic causes of poor wellbeing.
- Investing in innovation to both support recovery and creating workplaces where positive employee experience is prioritised.

We will review our current approach through responding to the needs of staff expressed through our regular wellbeing surveys and deep dives. In addition, we will work with services to implement new integrated psychological wellbeing roles, peer support networks as well as evaluating our innovative psychological trauma therapy pathway and strengthening staff networks such as our Menopause Cafes and providing additional support for long covid and those experiencing stress, anxiety and depression, including those absent from work due to poor psychological health.

Recommendation
The People and Culture Committee are asked to accept the report and monitor its implementation on the management response to the recommendations, noting that this went to Audit Committee on 03 February 2022.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The risk of insufficiently supporting and investing in the well-being of our workforce will compromise the delivery of the University Health Boards IMTP and Clinical Future Programme.
Financial Assessment, including Value for Money	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
Quality, Safety and Patient Experience Assessment	The paper recognises the evidence that employee experience shapes patient experience and therefore employee well-being initiatives support the quality, safety and patient experience agenda.
Equality and Diversity Impact Assessment	Any actions are and will be Equality Impact assessed.

(including child impact assessment)	
Health and Care Standards	Positive employee well-being is linked to Standard 7 Staff & Resources
Link to Integrated Medium Term Plan/Corporate Objectives	Employee engagement and well-being is an explicit priority in the Health Board's IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Employee engagement and well-being is an investment in the future ways of working for a sustainable workforce.
	Integration – Working closely with internal partners and staff
	Involvement – As above
	Collaboration – As above
	Prevention – The effective support to improve the experience of our staff and therefore our patient experience
Glossary of New Terms	N/A
Public Interest	There is no reason why the report cannot be published.

Archwilio Cymru
Audit Wales

Taking Care of the Carers?

How NHS bodies supported staff wellbeing during the COVID-19 pandemic

October 2021

This report has been prepared for presentation to the Senedd under section 145A of the Government of Wales Act 1998 and section 61(3) (b) of the Public Audit Wales Act 2004.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities with their own legal functions. Audit Wales is not a legal entity. Consequently, in this Report, we make specific reference to the Auditor General or Wales Audit Office in sections where legal precision is needed.

If you require this publication in an alternative format and/or language, or have any questions about its content, please contact us using the details below. We welcome correspondence in Welsh and English and we will respond in the language you have used. Corresponding in Welsh will not lead to a delay.

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Mae’r ddogfen hon hefyd ar gael yn Gymraeg

Contents

Background

1 This report describes how NHS bodies have supported the wellbeing of their staff during the COVID-19 pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.

2 It is the second of two publications which draw on the findings of our local structured assessment work with the aim of highlighting key themes, identifying future opportunities, and sharing learning. The first report Doing it differently, doing it right? - describes how NHS bodies revised their arrangements to enable them to govern in a lean, agile, and rigorous manner during the pandemic.

Key messages

3 NHS staff at all levels have shown tremendous resilience, adaptability, and dedication throughout the pandemic. However, they have also experienced significant physical and mental pressures due to the unprecedented challenges caused by the crisis.

4 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic. However, the unprecedent scale and impact of the COVID-19 pandemic brought the importance of supporting staff wellbeing into even sharper focus.

5 As a result, all NHS bodies in Wales placed a strong focus on staff wellbeing throughout the COVID-19 pandemic. At the outset of the crisis, each NHS body moved quickly to enhance their existing employee assistance arrangements and to put additional measures in place to support the physical health and mental wellbeing of their staff, as much as possible, during the pandemic. Key actions taken by NHS bodies to protect staff and support their wellbeing included:

- enhancing infection prevention and control measures;
- reconfiguring healthcare settings;
- facilitating access to COVID-19 tests and, more recently, COVID-19 vaccinations;
- creating dedicated rest spaces;
- increasing mental health and psychological wellbeing provision;
- strengthening staff communication and engagement; and
- enabling remote working.

6 All NHS bodies put arrangements in place to roll out the All-Wales COVID-19 Workforce Risk Assessment Tool (the Risk Assessment Tool) as part of their wider efforts to safeguard members of staff at higher risk from COVID-19. Each NHS body promoted the Risk Assessment Tool in a number of ways. However, Risk Assessment Tool completion rates via the Electronic Staff Record (ESR) have varied considerably between individual NHS bodies. All NHS bodies utilised measures from their wider suite of wellbeing arrangements to meet the individual needs of staff at higher risk from COVID-19 as identified by the Risk Assessment Tool.

7 The boards and committees of most NHS bodies maintained good oversight and ensured effective scrutiny of all relevant staff wellbeing risks and issues during the pandemic. However, arrangements for reporting Risk Assessment Tool completion rates and providing assurance on the quality of completed risk assessments could have been strengthened in most NHS bodies.

8 Whilst the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short-term, the longer-term impacts cannot and should not be ignored or underestimated. Surveys and work undertaken by a range of professional bodies highlight the increased stress, exhaustion and burnout experienced by staff, and point to the growing risk to staff of developing longer term physical and psychological problems without ongoing support.

9 A continued focus on providing accessible wellbeing support and maintaining staff engagement, therefore, is going to be needed in the short-term to ensure NHS bodies address the ongoing impact of the pandemic on the physical health and mental wellbeing on their staff.

10 However, the COVID-19 pandemic has also created an opportunity to rethink and transform staff wellbeing for the medium to longer term. Whilst supporting the wellbeing of the NHS workforce is more necessary than ever when the service needs to respond to a crisis, investing appropriately in staff wellbeing on an ongoing basis is equally as important as a healthy, engaged, and motivated workforce is essential to the delivery of safe, high-quality, effective, and efficient health and care services.

The resilience and dedication shown by NHS staff at all levels in the face of the unprecedented challenges and pressures presented by the pandemic has been truly remarkable. It is inevitable, however, that this will have taken a considerable toll on the wellbeing of NHS staff, who now also face the challenges of dealing with the pent-up demand in the system caused by COVID-19. It is assuring to see that NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and have implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures which are expected to be greater this winter than they were last year. Taking care of those who care for others is probably more important now than it has ever been before.

Adrian Crompton
Auditor General for Wales

Recommendations

11 Recommendations arising from this work are detailed in **Exhibits 1** and **2**.

Exhibit 1: recommendations for NHS bodies

Recommendations

Retaining a strong focus on staff wellbeing

R1 NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken to safeguard and support staff identified as being at higher risk from COVID-19.

Considering workforce issues in recovery plans

R2 NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.

Recommendations

Evaluating the effectiveness and impact of the staff wellbeing offer

R3 NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.

Enhancing collaborative approaches to supporting staff wellbeing

R4 NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.

Recommendations

Providing continued assurance to boards and committees

R5 NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.

Building on local and national staff engagement arrangements

R6 NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.

Exhibit 2: recommendations for the Welsh Government

Recommendations

Evaluating the national staff wellbeing offer

R7 The Welsh Government should undertake an evaluation of the national staff wellbeing services and programmes it commissioned during the pandemic in order to assess their impact and cost-effectiveness. In doing so, the Welsh Government should consider which other national services and programmes should be commissioned (either separately or jointly with NHS bodies) to ensure staff continue to be supported throughout the recovery period and beyond.

Evaluating the All-Wales COVID-19 Workforce Risk Assessment Tool

R8 The Welsh Government should undertake a full evaluation of the All-Wales COVID-19 Workforce Risk Assessment Tool to identify the key lessons that can be learnt in terms of its development, roll-out, and effectiveness. In doing so, the Welsh Government should engage with staff at higher risk from COVID-19 to understand their experiences of using the Risk Assessment Tool, particularly in terms of the extent to which it helped them understand their level of risk and to facilitate a conversation with their managers about the steps that should be taken to support and safeguard them during the pandemic.

Introduction

12 NHS bodies in Wales have faced unprecedented challenges and considerable pressures during the COVID-19 pandemic. Throughout this crisis, NHS bodies have had to balance several different, yet important, needs – the need to ensure sufficient capacity to care for people affected by the virus; the need to maintain essential services safely; the need to safeguard the health and wellbeing of their staff; and the need to maintain good governance. In order to respond to these needs effectively, NHS bodies have been required to plan differently, operate differently, manage their resources differently, and govern differently.

13 Our structured assessment work[1] in 2020 was designed and undertaken in the context of the ongoing pandemic. As a result, we were given a unique opportunity to see how NHS bodies have been adapting and responding to the numerous challenges and pressures presented by the COVID-19 crisis.

14 This report is the second of two publications which draw on the findings of our structured assessment work, and more recent evidence gathering to highlight key themes, identify future opportunities, and share learning both within the NHS and across the public sector in Wales more widely.

15 In our first report – Doing it differently, doing it right? – we discussed the importance of maintaining good governance during a crisis and describe how revised arrangements enabled NHS bodies to govern in a lean, agile, and rigorous manner during the pandemic. We also highlighted the key opportunities for embedding learning and new ways of working in a post-pandemic world.

16 In this report, we discuss the importance of supporting staff wellbeing and describe how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19. We consider the key lessons that can be drawn from the experiences of NHS bodies of supporting staff wellbeing during the COVID-19 crisis and conclude by highlighting the key challenges and opportunities for the future.

17 Whilst this report draws on the findings of our structured assessment work, it has also been informed by additional evidence gathered from each NHS body as well as information received from the Welsh Government, the British Medical Association (BMA), and the Royal College of Nursing (RCN) in Wales. Furthermore, as this report draws largely on the findings of our structured assessment work, we haven't engaged directly with NHS staff. Instead, we have referenced the findings from surveys undertaken by BMA Wales and others to provide insights into staff experiences during the pandemic.

1 A structured assessment is undertaken in each NHS body to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2004, to be satisfied they have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. Individual reports are produced for each NHS body, which are available on our website.

Importance of supporting staff wellbeing

18 The workforce is an essential component of the Welsh healthcare system. The NHS in Wales employs around 88,000 full-time equivalent staff (**Exhibit 3**) and staff costs accounted for 50% of total NHS spending in 2020-21[2].

Exhibit 3: NHS staff by staff group (March 2021)[3]

Staff Group	FTE
Medical and dental staff	7,294
Nursing, midwifery, and health visiting staff	36,027
Administration and estates staff	21,380
Scientific, therapeutic, and technical staff	14,947
Health care assistants and other support staff	5,806
Ambulance staff	2,709
Other non-medical staff	96

Source: StatsWales

2 Total NHS spending in 2020-21 was £9.6 billion, of which £4.8 billion was spent on staff costs. (Source: Audit Wales)

3 General Medical and Dental Practitioners are excluded as they are independent NHS contractors.

19 All NHS bodies in Wales have a statutory duty of care to protect the health and safety of their staff and provide a safe and supportive environment in which to work. However, supporting staff wellbeing is also important for several other reasons:

- **patient outcomes** – there is a strong link between negative staff wellbeing and poor patient outcomes. Research shows that negative staff wellbeing and moderate to high levels of burnout are associated with poor patient safety outcomes[4]. The Francis Inquiry Report into the Mid Staffordshire NHS Foundation Trust also highlighted the association between poor staff wellbeing and lower quality of care[5]. Supporting positive wellbeing at work, therefore, enables NHS bodies to maintain higher levels of patient safety, provide better quality of care, and ensure higher patient satisfaction.
- **organisational outcomes** – there are considerable financial costs associated with poor staff wellbeing. According to Health Education England, the cost of poor mental health in the NHS workforce equates to £1,794 - £2,174 per employee per year[6]. Furthermore, the costs associated with staff absenteeism are significant. The Boorman Review calculated the direct cost of reported absence in the NHS across the UK was around £1.7 billion a year and the indirect cost of employing temporary staff to provide cover was estimated to be £1.45 billion a year[7]. Supporting positive wellbeing at work, therefore, enables NHS bodies to reduce the number of working days lost as a result of poor staff wellbeing and achieve greater cost savings.
- **employee outcomes** – a poor experience at work is associated with negative wellbeing which, in turn, leads to lower staff engagement and motivation, greater workplace stress, higher staff turnover, and poorer patient outcomes. Research shows that staff wellbeing is impacted negatively by a workforce that is overstretched due to absences and vacancies and supplemented by temporary staff[8][9]. Wellbeing is also negatively affected when staff feel undervalued and unsupported in their roles, feel overwhelmed by their workloads, and feel as though they have little control over their work lives[10]. Supporting positive wellbeing at work, therefore, enables NHS bodies to enhance staff engagement and motivation, minimise workplace stress, and retain more of their employees.

4 Hall et al (2016) Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review

5 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)

6 Health Education England (2019) NHS Staff and Learners' Mental Wellbeing Commission

7 NHS Health and Wellbeing Review (2009) Interim Report

8 Rafferty et al (2007) Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records

9 Picker (2018) The risks to care quality and staff wellbeing of an NHS system under pressure

10 West and Coia (2018) Caring for doctors, Caring for patients

How health bodies supported staff wellbeing during the pandemic

20 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic. The results of the 2018 NHS Staff Survey show that 64% of respondents stated they had come to work despite not feeling well enough to perform their duties (compared to 57% in 2016), and 34% stated they had been injured or felt unwell as a result of work-related stress (compared to 28% in 2016). Furthermore, the sickness absence 12-month moving average for the 12 months ending March 2020 was the highest since data started to be collected in 2008.

21 However, the unprecedented scale and impact of the COVID-19 pandemic brought the importance of supporting staff wellbeing into even sharper focus at both a national and local level in order to:

- protect the health of staff by reducing the prevalence of COVID-19 in healthcare settings and minimising their exposure to the virus;
- reduce the risk of staff transmitting the virus to colleagues, patients, family members, and other members of the wider community;
- safeguard vulnerable groups of staff at higher risk from the virus, such as older people, people with underlying health conditions, pregnant women, and people from certain ethnic minority groups;
- support staff to adapt to new ways of working and adjust to different work settings;
- help staff to cope with the challenges, pressures, uncertainties, and stresses associated with the pandemic;
- ensure NHS bodies maintain sufficient staffing levels to sustain essential services and care safely for patients affected by the virus; and
- enable NHS bodies to restart, recover and rebuild services safely, effectively, and efficiently.

22 As a result, all NHS bodies in Wales placed a strong focus on staff wellbeing throughout the crisis in line with their operational plans and Welsh Government guidance[11].

11 WHC/2020/019: Expectations for NHS Health Boards and Trusts to ensure the health and wellbeing of the workforce during the Covid-19 pandemic

23 At the outset of the pandemic, each NHS body moved quickly to plan and deliver local packages of support as part of a wider multi-layered wellbeing offer to staff. The multi-layered offer, which grew and evolved over time, gave staff free access to a range of pan-Wales services and resources, including:

- **SilverCloud** – a digital mental health platform designed to help NHS staff manage feelings of stress, anxiety, and depression.
- **Health for Health Professionals Wales** – a free, confidential service that provides NHS staff, students, and volunteers in Wales with access to various levels of mental health support including self-help, guided self-help, peer support, and virtual face-to-face therapies with accredited specialists.
- **Samaritans Support Line** – a confidential bilingual wellbeing support line for health and social care workers and volunteers in Wales.
- **online wellbeing resources for NHS staff** – Health Education and Improvement Wales (HEIW) worked with key colleagues on the Health and Wellbeing Sub-Group of the national COVID-19 Workforce Cell to curate and make resources and access to specific specialist services available through its Covid-19 Playlist – NHS Wales Staff Wellbeing Covid-19 Resource. The Playlist also signposted staff to the wellbeing resources of their respective Health Boards and Trusts. The Health and Wellbeing Sub-Group has now transitioned into the National Health and Wellbeing Network which receives leadership and programme management support from HEIW.

24 In this section, we briefly describe the measures put in place by NHS bodies in Wales to support staff wellbeing at a local level, including their arrangements for safeguarding staff at higher risk from COVID-19.

Supporting physical and mental wellbeing

25 We found that all NHS bodies enhanced their existing employee assistance programmes and services (such as Occupational Health) and put additional arrangements in place to support the physical health and mental wellbeing of their staff, as much as possible, during the pandemic. For example:

- **enhancing infection prevention and control measures** – all NHS bodies, particularly the Health Boards and relevant Trusts, introduced enhanced infection prevention and control measures such as providing more hand hygiene facilities, supplying personal protective equipment (PPE) in line with national guidance[12], and increasing the frequency of cleaning and decontaminating surfaces, areas, and equipment.

12 The Auditor General for Wales has reported on the provision of PPE in a separate report titled Procuring and Supplying PPE for the COVID-19 Pandemic (April 2021).

- **reconfiguring healthcare settings** – all of the Health Boards and relevant Trusts reconfigured as much of their healthcare settings as possible to segregate COVID-19 and non-COVID-19 care pathways and minimise patient, staff, and visitor movements between areas. However, the design of older buildings made this more challenging in some NHS bodies.
- **facilitating access to COVID-19 tests and COVID-19 vaccinations** – all of the Health Boards and relevant Trusts put arrangements in place to enable frontline staff to access tests for COVID-19 and, more recently, COVID-19 vaccinations in line with JCVI (Joint Committee on Vaccination and Immunisation) guidance[13]. Although some NHS bodies encountered a few challenges facilitating access to COVID-19 testing at the outset of the pandemic due to limited lab capacity, the situation improved gradually over time as lab capacity increased and new rapid-testing technology became more widely available. In terms of vaccinations, overall uptake amongst healthcare workers is extremely high. As of 17 July 2021, 96.3% had received their first dose and 93.2% had received their second dose[14].
- **creating dedicated rest spaces** – most of the Health Boards and relevant Trusts established designated spaces for front-line staff to rest, recuperate, and focus on their welfare. These spaces, which were predominantly based on acute sites, were referred to as 'wellbeing rooms' or 'recharge rooms' in most areas.
- **increasing mental health and psychological wellbeing provision** – all NHS bodies increased the range, availability, and accessibility of their mental health and psychological wellbeing offer to staff. Examples include:
  - providing information and resources to promote self-care, enhance personal resilience, and support staff to adjust to new ways of working;
  - delivering therapeutic programmes, such as mindfulness and arts in health;
  - facilitating access to counselling and talking services to provide support for staff with mental health concerns such as anxiety, stress, and low mood; and
  - investing in specialised provision for members of staff experiencing the adverse effects of trauma and bereavement.

13 The Auditor General for Wales has reported on the provision of COVID-19 testing and the roll-out of COVID-19 vaccinations in two separate reports titled Test, Trace, Protect in Wales: An Overview of Progress to Date (March 2021) and Rollout of the COVID-19 vaccination programme in Wales (June 2021).

14 Source: Public Health Wales Rapid COVID-19 Surveillance

- **strengthening staff communication and engagement** – all NHS bodies strengthened their internal communication arrangements and used a broad range of channels and platforms to convey information and updates to their staff on a regular basis. In addition, all NHS bodies strengthened their staff engagement arrangements during the pandemic. As well as maintaining ongoing engagement with established employment partnerships and staff networks and groups, all NHS bodies surveyed their staff on a regular basis to better understand their needs and experiences as well as to capture their views on various matters, including the effectiveness of the local wellbeing provision.
- **enabling remote working** – all NHS bodies put arrangements in place to support remote working as part of their wider efforts to ensure and maintain physical distancing, for those staff for whom home working was appropriate. Although some NHS bodies encountered a few challenges rolling-out the necessary technology and software required to support remote working at the outset of the pandemic, these were overcome relatively quickly.
- **providing other forms of support** – a range of other support measures were implemented by NHS bodies, such as:
  - rolling out risk assessment tools, such as Stress Risk Assessment Tools and the All-Wales COVID-19 Workforce Risk Assessment Tool (this is discussed in more detail in the next section);
  - providing additional information and support to leaders and managers to enable them to engage, motivate, and support their teams effectively during the pandemic;
  - providing temporary accommodation for front-line staff living with individuals at higher risk from COVID-19; and
  - enhancing Chaplaincy services to ensure staff have access to pastoral support.

Detailed examples of health and wellbeing initiatives introduced by each NHS body during the pandemic are provided in the briefing produced by Welsh NHS Confederation titled Supporting Welsh NHS staff wellbeing throughout COVID-19.

26 The BMA has surveyed its members extensively during the pandemic. Whilst the results are not representative of the NHS workforce as a whole, they do provide useful insights into the experiences of medical staff during the crisis:

- BMA members responding to the surveys felt better protected from coronavirus in their place of work as the pandemic progressed. The proportion of members stating they felt fully protected was 27% (113 of 417) and 37% (100 of 274) in December 2020 and April 2021 respectively. The proportion of members stating they didn't feel protected at all was 11% (47 of 417) and 6% (16 of 274) in December 2020 and April 2021 respectively.
- A considerable number of BMA members responding to the surveys accessed wellbeing support services (provided by either their employer or a third party) during the pandemic – 43% (117 of 407) in May 2020, 38% (120 of 314) in July, and 38% (95 of 253) in August 2020. However, when asked if they knew how to access wellbeing/occupational health support if they required them, 45% (126 of 279) stated in April 2021 they either didn't know how to access these services or weren't aware what services exist.

27 Whilst it has been positive to see so many initiatives being developed and rolled-out during the pandemic, there is evidence to suggest that some staff experienced difficulties navigating their way around the plethora of initiatives to identify the ones that would best meet their needs. In light of this, the Welsh Government recently announced it would be launching a prototype Workforce Wellbeing Conversation Framework Tool to support NHS staff to pro-actively talk openly and honestly with their managers about their ongoing wellbeing needs and to sign-post them to the support available where appropriate[15]. Whilst this is a positive development, NHS bodies should also continue to engage with their staff to better understand their experiences of seeking and accessing support and adapt and improve their arrangements as necessary.

Safeguarding staff at higher risk from COVID-19

28 All NHS bodies put arrangements in place to roll out the All-Wales COVID-19 Workforce Risk Assessment Tool (the Risk Assessment Tool) as part of their wider efforts to safeguard members of staff at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus[16].

15 Written Statement - Minister for Health and Social Services (21 July 2021)

16 The Risk Assessment Tool, which was launched in May 2020, was developed by a multi-disciplinary sub-group reporting to an Expert Advisory Group established by Welsh Government. All NHS bodies were using other risk assessments tools prior to the roll-out of the national tool.

29 The Risk Assessment Tool is based on a large and growing body of data and research which shows that an individual is at higher risk from COVID-19 if they have a combination of the following risk factors:

- they are over the age of 50 (the risk is further increased for those aged over 60 and 70 years old);
- they were born male at birth;
- they are from certain ethnic minority groups;
- they have certain underlying health conditions (the risk very high for the clinically extremely vulnerable);
- they are overweight; and
- their family history makes them more susceptible to COVID-19.

30 The risk assessment process is completed in a number of stages with the aim of encouraging a supportive and honest conversation between a member of staff and their line-manager/employer around the measures that should be put in place to ensure they are adequately safeguarded and supported. The process is summarised in **Exhibit 4**.

31 We found that NHS bodies promoted the Risk Assessment Tool in a number of ways and put a range of measures in place to encourage and support their staff to complete it. The following arrangements and approaches were considered particularly important by NHS bodies:

- **senior management support** – strong and visible support for the Risk Assessment Tool by senior managers was considered important in terms of reassuring staff that the organisation was committed to the risk assessment process and supporting staff at higher risk from COVID-19.
- **utilising workforce data** – analysing and utilising workforce data was considered important in terms of identifying staff potentially at higher risk from COVID-19, planning appropriate packages of support, and facilitating targeted messaging around the importance of completing the risk assessment process. However, several NHS bodies told us they had concerns about the robustness of Electronic Staff Record (ESR) data.
- **support for line-managers** – ongoing information, advice, and support for line-managers, particularly from HR Officers/Business Partners, was considered important not only to help them fully understand their role in the risk assessment process but also to enable them to support their direct reports in a compassionate and supportive manner.

Exhibit 4: COVID-19 workforce risk assessment process

Step 1 – Checking risk	Member of staff completes the Risk Assessment Tool to check which risks apply to them.
Step 2 – Understanding the score	Member of staff calculates their score in order to understand the likely level of risk to them personally (low, high, or very high).
Step 3 – Identifying the right action	Member of staff discusses their score and other relevant factors with their line-manager (especially if they are in the high or very high-risk category) in order to identify the actions they can take personally and/or the support their employer can provide to ensure they are adequately protected.
Step 4 –Taking the right action	Agreed actions are implemented by the member of staff and/or their employer and reviewed on an ongoing basis to ensure they remain relevant and appropriate.

Source: All Wales COVID-19 Workforce Risk Assessment Tool Guidance for Managers and Staff (February 2021)

- **occupational health input** – information, advice, and support from occupational health practitioners was considered important for both line-managers and staff alike. Occupational health input was considered particularly important for members of staff with underlying health conditions who were not required to shield or who were returning to work after a period of shielding to ensure their needs were assessed and addressed appropriately.
- **joint working with staff networks and employment partnerships** – ongoing communication and joint working with established networks, employment partnerships, and individual Trades Unions was considered important for several reasons. Firstly, they were able to use their insights to advise NHS bodies on local approaches to rolling-out the Risk Assessment Tool and supporting staff wellbeing. Secondly, they played an important role in encouraging their members to complete the Risk Assessment Tool. Thirdly, they supported individual members of staff to complete the Risk Assessment Tool and, in some cases, provided advocacy and mediation for and on behalf of their members.

- **identifying staff champions** – identifying and utilising staff champions was considered important to provide encouragement, support, and reassurance to particular groups of staff at higher risk. Indeed, staff champions proved to be particularly important in NHS bodies that did not have the relevant staff networks in place. In these bodies, staff champions were used to reach-out and support individuals and groups of staff that were unaware they were potentially at higher risk as they didn't or couldn't access the relevant information and/or they were sceptical and/or anxious about engaging with the risk assessment process.

32 Over 62,000 risk assessments were completed via ESR and the Learning@Wales platform across the NHS in Wales between June 2020 and April 2021[17]. Staff had to complete paper versions of the Risk Assessment Tool prior to its roll-out via ESR in June 2020. In October 2020, the Welsh Government asked NHS bodies to request all staff to complete the Risk Assessment Tool via ESR. Completion rates via ESR in individual NHS bodies are shown in **Exhibit 5**.

33 As **Exhibit 5** shows, there is considerable variation in completion rates via ESR. There are several reasons for this:

- completing the Risk Assessment Tool via ESR has not been mandated by all NHS bodies such as Cardiff & Vale and Swansea Bay University Health Boards;
- staff in some NHS bodies that completed the paper-based Risk Assessment Tool when it was first rolled-out in May were not asked to repeat the assessment when it became available in ESR in June 2020;
- some staff are unable to access their ESR as they either work in roles that do not require the use of a computer or they do not have general access to a computer at their place of work;
- most NHS bodies have placed a greater focus on encouraging staff at higher risk to complete the Risk Assessment Tool rather than the workforce as a whole; and
- evidence from the member surveys undertaken by the BMA suggests that some staff were unaware of any risk assessment at their place of work or had been told explicitly they did not need to be assessed[18].

17 58,552 risk assessments have been completed via ESR and 3,770 have been completed via Learning@Wales between 15 June 2020 and 8 April 2021. Individuals that have completed the Risk Assessment Tool more than once via the ESR are counted more than once in the data. (Source: NHS Wales Shared Services Partnership)

18 The BMA asked its members: 'Have you been risk assessed in your place of work to test if you might be at increased risk from contact with Coronavirus patients in your current role?' The proportion that stated they were not aware of any risk assessment in their place of work was 33% (70 of 211) and 35% (61 of 175) in July and August 2020 respectively. The proportion that stated they had been told explicitly they did not need to be assessed was 7% (15 of 211) and 6% (11 of 175) in July and August 2020 respectively.

Exhibit 5: completion rates as recorded in ESR by NHS body

NHS Body	Number of recorded assessments	% of staff with a completed assessment
Aneurin Bevan University Health Board	3,071	24%
Betsi Cadwaladr University Health Board	19,195	52%
Cardiff & Vale University Health Board	857	5%
Cwm Taf Morgannwg University Health Board	15,487	58%
Health Education and Improvement Wales	134	29%
Hywel Dda University Health Board	6,965	48%
Powys Teaching Health Board	1,789	48%
Public Health Wales	1,019	73%
Swansea Bay University Health Board	174	2%
Velindre NHS Trust	6,716	81%
Welsh Ambulance Services Trust	3,145	67%

Source: NHS Wales Shared Services Partnership (15 June 2020 - 8 April 2021)

34 Whilst low completion rates via ESR does not necessarily equate to low use of the tool, it is difficult to know how many staff across the NHS in Wales have actually completed the Risk Assessment Tool due to the variable data collection and monitoring arrangements introduced by NHS bodies when it was launched.

35 We found that all NHS bodies adopted the 'hierarchy of control' approach to protect and support staff at higher risk from COVID-19. Under this approach, NHS bodies identified and utilised the most suitable measures from their wider suite of wellbeing arrangements to meet the individual needs of members of staff as identified through the Risk Assessment Tool.

These measures included:

- **engineering and administrative controls** – all NHS bodies put a range of engineering and administrative controls in place to safeguard staff at higher risk who were unable to work from home because of their role, and to support staff at higher risk returning to the workplace after a period of shielding. These included creating 'COVID-19 secure settings' (areas that posed a lower level of risk) by segregating COVID-19 and non-COVID-19 care pathways; staggering shift start and end times to reduce congestion; recalling staff on a rotational basis to limit the number of people in the workplace; and offering a phased return to the workplace.
- **personal protective equipment (PPE)** – PPE was provided in line with agreed guidelines to reduce or remove any residual risk to staff not eliminated by other measures. As stated in the Auditor General's report titled Procuring and Supplying PPE for the COVID-19 Pandemic, Shared Services, in collaboration with other public services, overcame early challenges to provide health and care bodies with the PPE required by guidance without running out of stock at a national level. However, the report also acknowledges that some frontline staff have reported that they experienced shortages of PPE and some felt they should have had a higher grade of PPE than required by guidance.
- **substitution measures** – working from home was not considered a viable option for all members of staff at higher risk. For some members of staff, such as those living with an abusive partner, working from home could potentially have had a greater negative impact on their overall health and wellbeing. As a result, NHS bodies put arrangements in place to enable and support staff in these situations to work in 'COVID-19 secure settings'. For members of staff unable to perform their normal duties from home due to the nature of the work, NHS bodies put arrangements in place to enable them to work in 'COVID-19 secure settings' or to be redeployed to other suitable roles which they could undertake either from home or in 'COVID-19 secure settings' with additional support, such as retraining.
- **elimination measures** – all NHS bodies put arrangements in place to enable and support the majority of staff at higher risk to work from home, particularly during official periods of shielding. Most staff at higher risk were also supported to continue working from home when shielding periods ended if this was considered appropriate and safe to do so, and if the arrangement worked effectively for both the employer and employee.

36 All NHS bodies also encouraged and supported staff at higher risk to access mental health and psychological wellbeing services to help them adjust to new ways of working and/or manage any anxieties or worries they experienced. Detailed guidance was also provided to line-managers on how to provide effective support to staff at higher risk during the pandemic. As NHS bodies move towards the recovery period, they should continue to engage with staff at higher risk to evaluate the impact of the support and interventions they are providing and amend or improve their arrangements as necessary.

37 We found that there are a number of advantages and disadvantages to the Risk Assessment Tool, as follows:

Advantages of the Risk Assessment Tool

- the tool has ensured consistency, reduced variability, and facilitated the sharing of learning across the NHS;
- the format of the tool is simple, easy to use, and enables staff to focus on the main factors which may place them at greater risk;
- the tool helps managers appreciate the importance of addressing risks to staff in a timely and sensitive manner as well as the importance of being a compassionate and supportive manager;
- the process, if done correctly, provides reassurance to staff and gives assurance to managers and leaders that staff risks are being managed appropriately;
- the tool has galvanised organisations into adopting holistic approaches to managing staff risks; and
- the tool has generated a greater awareness and understanding of the needs of certain groups of staff, particularly those underrepresented within existing organisational structures.

Disadvantages of the Risk Assessment Tool

- the tool has made some staff feel ‘targeted’ or ‘singled out’ for special treatment;
- there have been some concerns about the use of the acronym BAME (Black, Asian, and Minority Ethnic) in the tool because it places a greater emphasis on certain ethnic minority groups (Asian and Black) and exclude others (Mixed, Other and White ethnic minority groups);
- there have been some concerns that the tool’s scoring matrix does not give sufficient weighting to certain risk factors, such as ethnicity and Type 1 diabetes;
- the tool and process have been seen and treated as a ‘tick box exercise’ by a small number of managers and members of staff; that is, the tool was completed to maintain compliance, but no real action was taken in response to the score;

- the tool does not pick-up the whole picture in one place for all staff, particularly those required to complete other risk assessments (eg stress risk assessment); and
- the ongoing development and evolution of the tool has led to a sense of 'risk assessment fatigue' amongst some members of staff.

Maintaining oversight of staff wellbeing arrangements

38 At an operational level, we found that all NHS bodies had staff wellbeing planning cells/groups in place as part of their emergency command and control structures with responsibility for planning and overseeing the delivery of local staff wellbeing provision. These planning cells/groups were tasked with working with other relevant cells/groups, such as those with responsibility for PPE and staff communication and engagement, to ensure a co-ordinated approach to supporting staff wellbeing.

39 These planning cells/groups were also responsible for monitoring COVID-19 workforce related risks and indicators and escalating key concerns and issues to the relevant group(s) within the emergency command structure as appropriate. Whilst the majority of these planning cells/groups monitored similar indicators, such as absence rates due to illness or shielding, we found that only a small number were actively monitoring risk assessment completion rates. Furthermore, we found that only NHS body had arrangements in place at an operational level to assess and monitor the quality of completed risk assessments.

40 At a corporate level, we saw evidence in most NHS bodies of good flows of information to boards and committees to provide assurance and enable effective oversight and scrutiny of all relevant staff wellbeing risks and issues during the pandemic. However, we found there was scope across most NHS bodies to strengthen the arrangements for reporting risk assessment completion rates and providing greater assurances to boards and committees around the quality of completed risk assessments.

41 We found that the crisis generated a greater awareness at board-level in all NHS bodies around the importance of supporting staff wellbeing and, in particular, the importance of understanding and addressing the needs of particular groups of staff. In some NHS bodies, this led to the creation of new staff networks and advisory groups for specific groups of staff which have traditionally been underrepresented within existing corporate structures. However, one Health Board has taken this further by establishing an Advisory Group for staff from ethnic minority groups as a formal sub-group of the board to ensure a stronger voice and involvement within the organisation for black, Asian, and minority ethnic staff. Although the Advisory Group reports formally via the Health Board's Chair, the Advisory Group's Chair and Vice-Chair are invited to attend all board meetings.

Key challenges and opportunities for the future

42 NHS staff at all levels have shown tremendous resilience, adaptability, and dedication throughout the pandemic. However, they have also experienced significant physical and mental pressures due to the unprecedented challenges presented by the crisis, including:

- working longer hours and managing greater workloads;
- operating in rapidly changing, demanding, and intensive environments;
- managing fears, concerns, and anxieties about the risks to their own health as well as the risks to the health of their loved ones;
- seeing patients, colleagues and/or family and friends falling seriously ill or even dying with COVID-19;
- contracting COVID-19, and, for some, managing the longer-term effects of the virus (long-COVID);
- adjusting to new ways of working and, in some cases, adjusting to different roles;
- dealing with the resulting impact of shielding or working from home in terms of feeling isolated and alone and/or feeling guilty about not being able to support colleagues on the front-line; and
- adapting to wider social restrictions and managing their associated impacts, such as delivering home schooling, and providing enhanced care for elderly or vulnerable relatives.

43 The crisis has undoubtedly had a considerable impact on the wellbeing of staff. For example, surveys undertaken by RCN Wales, whilst not representative of the NHS workforce as a whole, highlight the impact of the pandemic on staff wellbeing. The results of the survey undertaken in June 2020, which received 2,011 responses, found:

- 75.9% stated their stress levels had increased since the beginning of the pandemic;
- 58.4% stated that staff morale had worsened since the beginning of the pandemic; and
- 52% stated they either strongly agreed or agreed with the statement ‘I am worried about my mental health’.

44 However, the longer-term impacts cannot and should not be ignored or underestimated. Indeed, the surveys undertaken by the BMA, whilst not representative of the NHS workforce as a whole, point to some of the challenges that remain in relation to staff wellbeing:

- in April 2021, 45% (126 of 279) of members stated they were suffering from depression, anxiety, stress, burnout, emotional distress, or other mental health conditions relating to or made worse by their place of work or study compared with 40% (298 of 735) in April 2020.

- in April 2021, 33% (92 of 279) of members stated their symptoms were worse than before the start of the pandemic compared with 25% (185 of 735) in April 2020.
- in April 2021, 36% (72 of 281) of members stated their current levels of health and wellbeing were slightly worse or much worse compared with that during the first wave between March and May 2020. However, it should be noted that this is an improvement when compared with the results in October and December 2020, namely 43% (205 of 480) and 48% (224 of 467) respectively.
- on a scale of one to five (where 1 equalled very low/negative, and 5 equalled very high/positive), 32% (74 of 229) of members scored their morale as either a 1 or 2 in April 2021. However, it should be noted that this is an improvement when compared with the results in October and December 2020, namely 45% (203 of 454) and 47% (195 of 402) respectively.
- in April 2021, 56% (157 of 282) of members stated their current level of fatigue or exhaustion was higher than normal from working or studying during the pandemic. However, it should be noted that this is an improvement when compared with the results in October and December 2020, namely 60% (286 of 480) and 64% (297 of 467) respectively.

45 Surveys and work undertaken by other professional bodies also highlight the increased stress, exhaustion, and burnout experienced by staff. They also point to the increased risk to staff of developing longer term physical and psychological problems without ongoing support and opportunities for proper rest and recuperation.

46 Trends in sickness absence rates also point to some of the challenges that NHS bodies have faced during the crisis. After a gradual fall during 2015 to 2017, the sickness absence 12-month moving average has been rising and was 6.0% over the last year, mainly due to an increase from the April to June 2020 quarter during the pandemic. For the quarter ending 31 December 2020[19]:

- the sickness absence rate was 6.4%, up 1.3 percentage points compared to the quarter ending 30 September 2020.
- the NHS bodies with the highest sickness rates were Cwm Taf Morgannwg University Health Board at 8.5%, Welsh Ambulance Services NHS Trust at 8.4%, and Swansea Bay University Health Board at 8.3% (compared with 5.6%, 5.9%, and 6.2% respectively for the quarter ending 30 September 2020).

19 Source: StatsWales

- the staff groups with the highest sickness absence rates were the Ambulance staff group at 9.6%, the Healthcare Assistants and Support Workers staff group at 9.2%, and the Nursing, Midwifery and Health Visiting staff group at 8.1% (compared with 6.2%, 7.4%, and 6.5% respectively for the quarter ending 30 September 2020).

47 In the short-term, NHS bodies will face challenges in terms of managing seasonable absences which tend to be higher in the winter months as well as dealing with absences caused by staff requiring to self-isolate by the Test, Trace, Protect Service. However, they will also potentially face future challenges in terms of managing absence rates attributed to the longer-term physical and mental conditions caused by the pandemic unless they maintain and build upon their staff wellbeing arrangements.

48 The COVID-19 pandemic has undoubtedly brought staff wellbeing into sharper focus at both a national and local level. It has also shown that NHS bodies can respond rapidly and effectively to the challenges and pressures presented by a crisis. However, there is no doubt that the NHS workforce in Wales, which was already under pressure prior to the pandemic, is more emotionally and physically exhausted than ever before after the significant and unprecedented efforts of the last 18 months.

49 A continued focus on providing accessible wellbeing support and services and maintaining staff engagement, therefore, is going to be needed in the short-term to ensure NHS bodies address the ongoing impact of the pandemic on the physical health and mental wellbeing on their staff. Without such a focus, there is a risk the impact of the pandemic on the physical and mental health of staff will grow which could, in turn, compromise the ability of NHS bodies to deal effectively with the combined challenges of recovering and restarting services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures which are expected to be greater this winter than they were last year.

50 However, the COVID-19 pandemic has also created an opportunity to rethink and transform staff wellbeing for the medium to longer term. Whilst supporting the wellbeing of the NHS workforce is more necessary than ever when the service needs to respond to a crisis, investing appropriately in staff wellbeing on an ongoing basis is equally as important as a healthy, engaged, and motivated workforce is essential to the delivery of safe, high-quality, effective, and efficient health and care services.

51 We have prepared a checklist to accompany this report which sets out some of the questions NHS Board Members should be asking to obtain assurance that their respective health bodies have effective, efficient, and robust arrangements in place to support the wellbeing of their staff.

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Management Response – Taking Care of the Carers?

Health Body: Aneurin Bevan University Health Board

Completion Date: January 2022

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R1	Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken to safeguard and support staff identified as being at higher risk from COVID-19.	Physical and mental wellbeing is an organisational priority and identified within the Integrated Medium-Term Plan. The Health Board have taken steps to strengthen employee wellbeing capacity and resources to provide a systematic way to support the needs of individuals and teams. Employee Wellbeing requirements are regularly reviewed through quarterly staff surveys which informs our wellbeing provision. The Covid Risk assessment tool continues to be promoted and encouraged widely and is a mandatory requirement within ESR training. Current compliance at 79.88% as at 19.01.2021. Opportunities to increase compliance have been taken with staff who have limited access to online	Completed with ongoing review Ongoing priority	Sarah Simmonds Executive Directors

		devices and support positively engaged through TU and LNC colleagues. Any staff who have not completed the risk assessment or whose circumstances have changed continue to be encouraged to do so. Occupational Health are piloting an Occupational Therapy Service until the end of March 2022 to support staff with post covid syndrome. The work has been supported and funded by the Post COVID Recovery Service and work is ongoing to formalise the service pathway to ensure equitable provision for the whole workforce. A review of this pilot will be conducted in March to identify whether there is scope to expand this service to support our workforce with other underlying ill health conditions.	March 2022	Peter Carr
R2	**Considering workforce issues in recovery plans** NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.	Our recovery workforce plans have been developed and completed based on a realistic approach to assessing workforce availability and supply. The organisation has factored in workforce supply assumptions including high levels of absence rates, taking into account the impact of COVID isolation requirements, including predicted seasonal variations. We continue to assess capacity and supply demands and restraints within our service recovery plans through monitoring vacancies, recruitment, turnover, and anticipated requirements for variable pay. Recovery plans and investment in additional workforce required has been reviewed and assessed at a service level	Completed with ongoing review	Sarah Simmonds

		through a series of demand and capacity meetings and supported by the Recovery Group Chaired by the Assistant Director of Finance. We monitor staff wellbeing through additional metrics such as a regular series of Wellbeing Surveys which are reported to Executive Team and People and Culture Committee. From a psychosocial wellbeing perspective there is no agreed NHS wide definition of 'recovery', as such the Health Board will need to develop its own considering its own unique needs. In addition, we regularly monitor Working Time Directive and support flexible working options for staff as well as advocating agile/hybrid which support staff wellbeing. Our performance issues are an important factor in the Workforce & OD Integrated Medium Term Plan, at a time of acute recruitment challenges for all staff groups. Continuing to respond to the pandemic continues to be a day-to-day reality for our workforce and the services they support, which continues to have a direct impact on recovery plans as we respond to surge and the various requirements such as the Mass Vaccination Programme.	Ongoing priority	Sarah Simmonds

R3	**Evaluating the effectiveness and impact of the staff wellbeing offer** NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.	Evaluation of wellbeing initiatives is carried out as part of routine good practice where practicable. The Employee Psychological Therapy Service outcome data is evaluated as are group interventions such as Schwartz Rounds. 'Deep dive' assessments of wellbeing within teams / wards / departments are becoming increasingly common place. These assessments provide rich baseline data to use to evaluate subsequent interventions though we must be very careful in making assumptions around causality in a complex and highly stressed clinical services where problems will be multifaceted, intertwined and there will always be multiple, equally coherent potential interventions which could be used. Recently developed Trauma Pathway (within the Psychological Therapy Service) has now been evaluated and found to have very positive outcomes and compares well with comparable services in NHS England. The team regularly engage in reviews where what others found helpful is discussed and shared. To support this process a new electronic satisfaction survey has been developed and launched. This survey is for all staff who have receive support from our Psychological Therapy Service - regardless of the specific pathway. Return rates for the satisfaction survey have increased from 19% (old paper-based survey) to over 50% allowing us a much more detailed understanding of the initiatives they have experienced.	Completed with ongoing review	Sarah Simmonds

		A quality assurance framework tool has been developed and piloted with HEIW and will be incorporated into a larger tool as part of an M.Phil. project in collaboration with Cardiff Metropolitan University. In the event of Welsh Government supporting our service development bid there are also plans for Cardiff Metropolitan University to provide external expertise in the system wide evaluation of the Well-being Centre of Excellence. A series of staff well-being surveys are undertaken to assess current need and inform system wide interventions now and in the future.		
R4	**Enhancing collaborative approaches to supporting staff wellbeing** NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.	We continue to be very active in working collaboratively regionally and nationally. The Head of Well-being has chaired the Task & Finish group of the Welsh Government sponsored and recently launched the ESR located 'Wellbeing Conversation Guide'. Employee wellbeing staff are involved in a number of national initiatives, bodies, and work programmes including the 'All Wales Wellbeing Network' and 'Better working relationships Task and Finish group' (as well as the evaluation subgroup). The Head of the Employee Wellbeing service is also involved in the 'One Voice' a NHS (UK) professionals collaborative focused on improved working conditions and wellbeing. This group has	Completed	Sarah Simmonds

		representation from all major professional bodes, including NHS England. The wellbeing service is also involved in national research projects / work streams in collaboration with local academic partners (Cardiff University and Cardiff Metropolitan University). One example of a collaborative work stream is the 'Avoidance of worker harm' programme that has been developed over the past 12 months. The proposed Wellbeing Centre of Excellence has collaborative approaches as an integral component. The Health Board continues to develop this model within current resources and seeks recurring funding opportunities.		
R5	**Providing continued assurance to boards and committees** NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain	Wellbeing and OD plans, outcomes and reviews are regularly reported to Executive Team, People and Culture Committee and Board as required. Existing and proposed initiatives are regularly and openly shared with senior leadership, Trade Unions and professional leads as are evaluations of said initiatives e.g., the newly established trauma pathway, and results of the quarterly wellbeing survey. In addition, see below R6 which describes the #PeopleFirst project. The Board is updated on workforce performance indicators and initiatives through the People & Culture Committee and through an Employee	Completed	Sarah Simmonds

	effective oversight of key workforce performance indicators – this does not happen in all organisations at present.	Wellbeing Dashboard which is regularly shared with performance data. Regular two-way engagement with the Trade Unions and the Local Negotiating Committee which has been an intrinsic part of the Health Board's approach throughout the pandemic to support staff and enabled any concerns raised to be resolved quickly.		
R6	**Building on local and national staff engagement arrangements** NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.	The Health Board has initiated an innovative 12-month engagement programme called "#PeopleFirst, #CynnalCynefin, reconnecting our workforce". The origins are within the values of the Health Board and is a collaborative programme delivered by Wellbeing, OD and the Executive Board. The programme aims to re-connect staff to each other, to managers and senior leaders to empower them to raise and solve local problems locally, raise concerns to a higher level and offer the experience of feeling heard. As of December 2021, the project team have run 6 hospital site-based events, interacted with over 50 staff who have raised over 90 issues which we are working on. The project continues into the new year with cross-executive support. There is an external website in development and a social media comms strategy. https://aneurinbevanwellbeing.co.uk/peoplefirst	December 2022	Sarah Simmonds

		From January 2022, equality-based staff networks will run every month acting as a permanent support system. These groups will feed into the current Advisory Groups on Race and LGBTQ+ with the addition of Disability and Neurodiversity. The aim is that membership of these networks will provide a further safe space for under-represented and marginalised staff to raise concerns. As per the response to R5, the ongoing engagement with Trade Unions and the Local Negotiating Committee supports the Health Board commitment to meaningful engagement with all staff groups.	Completed	Sarah Simmonds

Please indicate below how the Board Members Checklist will be used to inform debate within your organisation