People & Culture Committee

Wed 09 November 2022, 09:30 - 12:30

Virtual Via MS Teams

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Dilys Jouvenat, Chair

1.2. Apologies for Absence

Dilys Jouvenat, Chair

For Noting

1.3. Declarations of Interest

Dilys Jouvenat, Chair

For Noting

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2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 10 August 2022

Dilys Jouvenat, Chair

For Approval

📄 2.1.1 Unconfirmed Minutes PC Committee 10 August 2022 - Final Draft.pdf (15 pages)

2.1.2. Committee Self Effectiveness Outcome and Improvement Plan

George Galletly, Director of Corporate Governance

For Approval

📄 2.1.2 Outcome of Committee Self Effectiveness Survey PC Committee 9 November 2022.pdf (4 pages)
📄 2.1.2b CTM IM Scrutiny Toolkitv7(inc all-Wales additions) APPROVED 23.2.22.pdf (21 pages)

2.1.3. Amendment to the Standing Orders - Revised Committee Terms of Reference

George Galletly, Director of Corporate Governance

For Approval

📄 2.1.3a Revised Terms of Reference - Schedule 3.5 PCC ToR - Cover Paper.pdf (2 pages)
📄 2.1.3b Revised Terms of Reference - Schedule 3.5 PCC ToR.pdf (10 pages)

2.1.4. Alternative Pension Payment Contributions for Medical and Dental Staff Policy

Karen Wright, Assistant Director of Policy, Governance and Compliance

For Approval

📄 2.1.4a Alternative Payment Policy M&D Staff P&C Committee.pdf (3 pages)

- 2.1.4b Pension Contribution Alternative Payment Policy P&C Committee 9 November 2022.pdf (18 pages)

2.1.5. Industrial Injury Policy

Karen Wright, Assistant Director of Policy, Governance and Compliance

For Approval

- 2.1.5a Industrial Injury Policy Cover Report P&C Committee 9 November 2022.pdf (3 pages)
- 2.1.5b Industrial Injury Benefit Policy Review updated PC Committee 9 November 2022.pdf (17 pages)

2.1.6. Committee Ratification of Chairs Action - Nursing & Midwifery Rostering Policy

Karen Wright, Assistant Director of Policy, Governance and Compliance

Ratification of Chairs Action

- 2.1.6a Ratification of Chairs Action Nursing & Midwifery Rostering Policy PC Committee 9 November 2022.pdf (3 pages)
- 2.1.6b CTM Nursing Midwifery Rostering Policy final PC Committee 9 November 2022.pdf (14 pages)

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3. MAIN AGENDA

3.1. Action Log

Dilys Jouvenat, Chair

- 3.1 Action Log PC Committee 9 November 2022 v1.pdf (9 pages)

3.1.1. Matters Arising Otherwise Not Contained within the Action Log

Dilys Jouvenat, Chair

3.2. Governance

3.2.1. Organisational Risk Register

George Galletly, Director of Corporate Governance

- 3.2.1a -Organisational Risk Register September 22 - P&C November Cover Paper.pdf (4 pages)
- 3.2.1b-Master Organisational Risk Register - Final September 2022 - P&C Nov Assigned Risks.pdf (3 pages)

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4. INSPIRING PEOPLE

4.1. Equality, Diversity & Inclusion

Not Applicable

A full report will be received at the next meeting to reflect the National Work on the Anti Racism Plan, Equality Impact Assessments and other key areas of development in this area.

For Discussion/Noting

4.2. CAMHS: Progress on Culture Transformation and Improvement Work - Presentation

Ana Llewellyn, Care Group Nurse Director /Lisa Davies, Clinical Service Group Manager - CAMHS

For Discussion/Noting

- 4.2 CAMHS Progress on Culture Transformation & Improvement Work PCC 9 November 2022.pdf (18 pages)

4.3. Pathology: Progress on Culture Transformation and Improvement Work - Presentation

Fiona Thomas, Interim Clinical Service Group Manager, Pathology

for Discussion/Noting

📄 4.3 Pathology - Progress on Culture Transformation and Improvement Work - P&C Committee 09-11-22.pdf (13 pages)

4.4. Employee Relations Report

Karen Wright, Assistant Director of Policy, Governance and Compliance

For Discussion/Noting

📄 4.4 Employee Relations Report PC Committee 9 November 2022 v2.pdf (7 pages)

4.5. Leadership and Management Development Progress Report

Nick Carter, Senior Learning and Organisational Development Manager

For Discussion/Noting

📄 4.5 Leadership & Management Update PC Committee 9 November 2022.pdf (5 pages)
📄 4.5.1 Leadership Community Summary.pdf (1 pages)
📄 4.5.2 Leadership and Management Programmes Evaluation Report.pdf (17 pages)

4.6. Workforce Metrics

Hywel Daniel, Executive Director for People

For Discussion/Noting

📄 4.6 Workforce Metrics PC Committee 9th November 2022.pdf (8 pages)

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5. SUSTAINING OUR FUTURE

5.1. Nursing Workforce Update

Helen Watkins, Deputy Director for People

For Discussion/Noting

📄 5.1 Nursing Workforce Update Final.pdf (8 pages)

5.2. Medical Staffing Value & Efficiency Progess Report

Dom Hurford, Executive Medical Director

For Discussion/Noting

📄 5.2 Medical Workforce & Efficiency PC Committee 9 November 2022.pdf (9 pages)

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6. OTHER MATTERS

6.1. Committee Highlight Report to Board

Dilys Jouvenat, Chair

6.2. Forward Work Plan

Dilys Jouvenat, Chair

📄 6.2 Forward work Plan PC Committee 9 November 2022 v1.pdf (2 pages)

6.3. Any Other Urgent Business

Dilys Jouvenat, Chair

6.4. How did we do today?

Dilys Jouvenat, Chair

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7. DATE AND TIME OF NEXT MEETING

Wednesday 8 February 2023 at 9:30 am

People & Culture Committee
Held on 10 August 2022 at 10:00 am
as a Virtual Meeting via MS Teams

Present:

Dilys Jouvenat	-	Independent Member (Chair)
Lynda Thomas	-	Independent Member
Mel Jehu	-	Independent Member
Nicola Milligan	-	Independent Member

In attendance

Hywel Daniel	-	Executive Director for People
Greg Padmore-Dix	-	Executive Director of Nursing & Midwifery
Helen Watkins	-	Deputy Director for People
Michelle Hurley-Tyers	-	Assistant Director of OD & Wellbeing
Clare Wright	-	Strategic Lead for Wellbeing
Cally Hamblyn	-	Assistant Director of Governance & Risk
Rhiannon Ellis	-	Equalities, Diversity & Inclusion Practitioner (in Part for Agenda Item 4.1)
Raja Biswas	-	Consultant Physician (in part for Agenda Item 4.1)
Ben Screen	-	Welsh Language Services Manager (in part for Agenda Item 3.1.1)
Kathrine Davies	-	Corporate Governance Manager (Secretariat)

08.22.1   PRELIMINARY MATTERS

08.22.2   Welcome & Introductions

The Chair welcomed everyone to the meeting including Ben Screen, Welsh Language Services Manager, Rhiannon Ellis, Equalities, Diversity & Inclusion Practitioner and Raja Biswas, Consultant Physician.

08.22.3   Apologies for Absence

Apologies for absence were received from Georgina Galletly, Director of Governance, Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business, Karen Wright, Assistant Director of Policy, Governance & Compliance and Sharon Nash, Head of Organisational Development.

08.22.4   **Declarations of Interest**
No declarations of interest were received.

08.22.5   **CONSENT AGENDA**
The Chair explained that to ensure a focus on business critical activity and discussions CTMUHB was continuing to use the consent agenda process. This enabled questions on any of the items under the Consent Agenda to be invited in advance of the meeting which were then put to the relevant officer lead.

The Chair asked if anyone wished to comment further on the consent agenda items or move any of the items to the main agenda for discussion. There were no such requests.

ITEMS FOR APPROVAL

08.22.6   **Minutes of the People & Culture Committee held 11 May 2022**
A question had been raised in advance of the meeting which was as follows:

Question: In relation to the Freedom to Speak Up Guardian, is there any update and has it been considered by the Executive Team.

Response: There is currently an National piece of work being undertaken on Freedom to Speak with input from colleagues from the Royal College of Nursing (RCN) and the British Medical Association (BMA) and the report and their recommendations were due to be received within the next two weeks. There is a paper ready to be received by the Executive Team that contains a number of options, however, they were waiting for the National report to be released first. Following this an investment bid would be put into the Intergrated Medium Term Plan (IMTP) for 2023-24.

Resolution: The minutes were **RECEIVED** and **CONFIRMED** as an accurate record.

Annual Leave Policy
Resolution: The Policy was **APPROVED.**

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Re-deployment Policy

Resolution: The Policy was **APPROVED.**

Maternity, Paternity, Adoption and Surrogacy Policy

A question had been received in advance of the meeting with regard to the Policy which was as follows:

Question:

In section 22 on Surrogacy 22.2 (pages 11/12) it refers to having to adopt through a recognised agency to get the adoption leave if having a child via a surrogacy arrangement, how would staff who may have an arrangement with a family member and thus don't need to go through a formal adoption agency be covered by the policy?

Response:

There does appear to be an omission, should one or both of the child's intended parents be genetically related. In which case they would be required to apply for a parental order (as opposed to an adoption order) within 6 months of the child's birth, to be entitled to receive surrogacy rights, leave and pay.

The revised section will read:

"Will an employee for whom a surrogate parent gives birth to a child be entitled to paid maternity leave?"

No, the employee will not be entitled to receive either maternity leave or statutory maternity pay, as these benefits are available only to employees who give birth to a child. The intended parent(s) may however, be entitled to apply for other types of family leave.

*If the child is **not** genetically related to the intended parent(s) and they are approved via an adoption agency, they may be entitled to adoption leave and pay, should they meet the qualifying adoption criteria.*

*If the child **is** genetically related to one or both of the intended parents, they must apply for a parental order, to become the legal parent of the child within 6 months of the child's birth, to be entitled to receive surrogacy rights, leave and pay. They must also meet the qualifying adoption criteria.*

Resolution: The Policy was **APPROVED** subject to the above amendments.

Recruitment & Retention of Disabled Staff Policy
Resolution: The Policy was **APPROVED.**

Appeals Procedure when not Detailed in the Relevant HR Policy or Procedure
Resolution: The Policy was **APPROVED.**

Pension Contributions Alternative Payment Policy
A questions was raised in advance of the meeting with regards to the Policy which was as follows:

Question:
The Policy mentions approved at the Workforce Policy Review Group, is this correct as in April 2022 it was only mentioned under Any Other Business with a consultation to be sent for two weeks but no record to my knowledge of approval?

It also mentions approved by the Local Partnership Forum (LPF) however, in the June meeting of the LPF the Executive Director for People was made aware that Trade Union members present had not had discussions regarding the policy prior to it coming to LPF. This was raised in an email by the Chair of Trade Union Partners to the Executive Director for People on the 14 June 2022 who acknowledged the need for a discussion. This discussion has not taken place to date. Can we approve at People & Culture Committee as it does not appear to have gone through a full process as stated on the cover papers which says it had been approved by Workforce Policy Review group and LPF?

Response:
The concerns raised are quite correct in that there was an agreement to take this away for further discussion. The Policy has been to the Local Medical Council who are using the policy for medical staff and has been signed off by the Executive Leadership Group for use for senior medical staff. However, there is further to to do in relation to Agenda for Change lower band staff and this will be undertaken with further discussions held with our Local Partnership Forum Trade Union colleagues.

Resolution: The Policy was **APPROVED** for use for Senior Medical Staff and would be further reviewed for lower band

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Agenda for Change Staff via the Local Partnership Forum with trade union colleagues.

Committee Annual Report 2021-22 & Self Effectiveness Survey Outcome

The Chair advised that due to limited responses received with the Self Effectiveness Survey it would be deferred to the next meeting and prompted members to undertake the survey by the 24th August.

Resolution: The Annual Report for 2021-22 was **APPROVED.**

Action: To defer the Committee Self Effectiveness Survey to the next meeting with the survey to be completed by Members by the 24th August 2022.

08.22.7

ITEMS FOR NOTING

Final Internal Audit Report – Overtime and Additional Hours

Resolution: The Report was **NOTED.**

08.22.8

MAIN AGENDA

Action Log:

The following updates were received on the Action Log.

- 05.22.16 – "Workforce Metrics Report - To review the conditional and unconditional letters and the barriers causing delays in shortlisting." H. Daniel advised that NHS Wales Shared Services Partnership were implementing a change with regards to the letters from September 2022 which would be one letter of appointment if the person meets all the conditions rather than the previous unconditional and conditional letter and this would be a transformative step from a Managers point of view in eliminating the time gap between these stages.

- M. Jehu referred to the Action Log and provided an example as the CAMHS Action and the Action on the staff Staff Survey that mentioned thank you card – both had been closed and he queried whether there should be more indepth information contained on the Action Log so that Members were aware of what had been actually done to close down the Action. C. Hamblyn advised that for assurance puposes all the information that the team hold is kept so that it could be checked back and responded to if needed. She advised that if any Member felt that further assurance was required prior to any action being closed then they can ask that it remain open until sufficient infomration had been received. The Action Log could also be included on the main agenda if Members so wished. The action update in relation to CAMHS would be checked by the team outside of the meeting and shared with Members. H. Daniel, in response to the action on the Survey advised that for assurance purposes, the outcome of the Survey had generated a whole programme of work and the Committee would receive regular updates in relation to Employee Wellbeing and Experience.

Resolution: The Action Log and updates were **NOTED.**

Action: Circulate information relating to the CAMHS Action.

GOVERNANCE

08.22.9 **Welsh Language Standards Annual Report 2021-22**
Ben Screen presented the report which provided the Committee with an update on the work undertaken by the Welsh Language Team in relation to the Welsh Language Standards for the period 2021-22.

L. Thomas commented that it was pleasing to see all the good work being undertaken and queried what were the biggest challenges in offering flexibility in Welsh. B. Screen advised that the main challenge was ensuring there was a process in place for staff. He advised that the aim was to establish a group, however, the organisation should acknowledge the positive progress to date. L. Thomas offered her support as the Welsh Language Champion.

M. Jehu queried if there was a Welsh Language version of the report. B. Screen confirmed there was and would share this with the Committee.

H. Daniel thanked B. Screen for the work undertaken by the team and advised that he had provided some excellent leadership. Members of the Committee would hear a lot more about the further plans for Welsh language in relation to Welsh language culture and creating more of a Welsh language atmosphere within the organisation.

D. Jouvenat commented on the complaints performance noting that only a small number had been received.

Resolution: The Committee **APPROVED** the Welsh Language Standards Annual Report for 2021-22.

Action: Welsh version of the report to be shared with Members.

08.22.10

Organisational Risk Register
C. Hamblyn presented the report, which provided the latest iteration of the Risk Register containing matters with a score of 15 or above which had been assigned to the Committee for scrutiny.

N. Milligan drew attention to risk 1133 and suggested that the mitigating action should be reviewed as the risk has remained stagnant for a significant period of time. N Milligan also referred to risks 4106 and 4157 and requested more information in relation to retention. C. Hamblyn advised that she would raise the mitigating action on risk 1133 with the risk owner outside of the meeting. With regard to the risks 4106 and 4157 in relation to retention G. Dix, advised that this had been raised at the last Professional Forum meeting and that Becky Gammon had agreed to work with the Employee Experience Team to take this activity forward. He advised that a Task and Finish group had been established and extended an invite to N. Milligan to join if she so wished. N. Milligan confirmed that she would be happy to do so.

H. Daniel, in responding to the query on Risk 1133 advised that it was a challenging issue, however, the work on medical workforce expenditure was receiving positive outcomes and the patchwork data was in place from the internal Locum APP which provided information agency expenditure.

N. Milligan thanked H. Daniel for the update and advised that this would be the type of information that she would expect to see in the mitigation section of risk 1133

Resolution: The Committee reviewed the Risk Register and **NOTED** the report.

Action: To further review the mitigating action for Datix Risk ID 1133 and revert back to the Committee with an update outside the meeting.

INSPIRING PEOPLE

08.22.11

Equality, Diversity & Inclusion – Black, Asian & Minority Ethnic (BAME) Story
M. Hurley-Tyers, R. Ellis and R. Biswas presented the story, following which detailed discussion took place as outlined below;

N. Milligan advised that she had received reflections from Trade Union members where they had experienced innapropriate use of language and descriptors and also felt that they were being treated differently. She advised that on the survey 84.4% of SAS doctors advised that no actions had been taken when they had raised discrimination and queried how they were going to build trust and confidence and supporting staff when they come forward and what policies were they using. R. Biswas advised that there was apprehension of whether you would be affected when raising discrimination and it causes staff to lose confidence in the structure if they did not get a response. He advised that the Executive Team were fully on Board and did reassure staff about this. He went on to add that staff need to be involved in every stage of the process and communication was key even if there was nothing to report. R. Biswas advised that the Network was trying to make the electronic Discrimination Reporting System (DRS) more accessible for staff and find out where the hotspot areas were in different departments. It was hoped that the DRS report would be completed within six months and this would be shared with the Committee.

R. Ellis recognised that cultural change does not happen overnight, the data was concerning, however, the work the Network were undertaking with the DRS was a positive way forward. In terms of the wider equity, diversity and inclusion and in response to the All Wales anti-racism the Health Board

was looking to launch an anti racism charter with senior leadership ownership and visibility, which would explore the use of the language used around race and discrimination. It was noted that the outcomes from this activity would be brought to the Committee.

R. Ellis also advised that they were launching a reverse mentoring programme in October 2022 which was allowing open dialogue and this was a feature of the long term plan in this area.

L. Thomas commented that this had been a fascinating conversation and felt reassured about the work being undertaken and the strong leadership at the networks. She informed Members of the work that had been undertaken at Macmillan and advised that there was software available where you could add to the bottom of an email on how to pronounce individuals names which could also support the Welsh language activity.

M. Jehu thanked R. Biswas and the network, recognising the fantastic activity being taken forward and advised that the network was really important for staff particularly as the Health Board was the biggest employer of ethnic communities in the area. He added that it was important to ensure that senior leaders actively lead by example with this activity. He offered his support and recommended the Health Board consider how it could support membership at the network through backfilling roles. R. Ellis thanked M. Jehu and advised that they would appreciate the link and support recognising his wealth of experience in this area.

R. Ellis advised that they were looking to establish an Allyship Network and Framework which would help to drive the inclusion agenda forward and would bring this back to the Committee once it had been launched. M. Hurley-Tyers suggested that the team revert back to a future Committee meeting with an update on the inclusion agenda activity.

H. Daniel noted that they were right at the beginning of the journey and that it was important to be realistic in terms of pace. He advised that there were some very immediate actions that were happening right now such as the data that N. Milligan mentioned and there was a meeting being held to discuss this and take forward some actions. He advised that there was an absolute commitment from all Executive colleagues, and that

they would explore the work undertaken at Macmillan to share learning and would also work with the Independent Members to utilise their expertise at Board level. He thanked R. Biswas, R. Ellis and the team working on the Network who commit their time to do this and offered to have a conversation outside of the Committee in relation to how the Health Board could support the Network members in terms of the time and resource that was required to dedicate to this activity.

D. Jouvenat congratulated the Network on their work to date.

R. Biswas advised that they would be organising an event with the local community in September as there were a number of overseas nurses experiencing issues within the local community and it would provide a good opportunity to support integration. He advised that once this had been arranged he would extend an invitation to Members of the Committee.

Resolution: The Committee **NOTED** the story.

Action: Discussions to be held outside of the Committee in relation to how the Health Board could support the network members in terms of the time and resource that was required to dedicate to this activity.

Action: R. Biswas to share the Network Report on DRS reporting once completed with the Committee.

08.22.12   **People Directorate Operating Model**
H. Watkins gave a presentation to the Committee on the Draft People Deliverables and new Operating Model.

H. Daniel thanked H. Watkins for the work undertaken on this and advised that the 10 priorities that went into the Integrated Medium Term Plan had been reframed to make them clearer and more action focussed. The next step would now be to develop some metrics alongside those priorities.

N. Milligan advised that it was pleasing to see that people were at the heart of the 10 priorities but recognised that there was still quite a way to go to ensure anti racism. She referred to Pathways to Employment and queried why lower band jobs were being advertised internally when they should be going out into the communities. She also mentioned the Coaching and Mentoring for Staff Programme and queried whether staff were

receiving training on coaching. H. Watkins advised that they were trying to bring in new talent through, for example, the Kickstart Programme and they need to think about the right way moving forward on what they want them to achieve. She confirmed that there was support for coaches such as an introduction to coaching and the support to obtain a qualification. N. Milligan, in response, advised that if they were asking managers to sign up to coaching they needed to be mindful that they were also being asked to sign up to the Leadership Programme and therefore an assessment as to capacity to complete both was required.

L. Thomas referred to the emerging people priorities and queried why anti-racism was there. She also suggested whether they should consider adding the word 'Culture' to the Director for People's title and queried whether benchmarking had been undertaken prior to the coaching and whether they knew what the current capabilities were. In response, H. Daniel advised that they would would need to reflect on the anti racism element of the priorities, it had been added due to the Welsh Government anti racism plan to align with that. With regard to adding 'Culture' to the Director title, his worry was that culture would only then be seen as just the Directorates role when it was everyones responsibility. He advised that he would however, give some thought to the comments made.

N. Milligan referred to the Workforce function roles and queried why managers were linking in with Workforce when they should be dealing with managing sickness themselves and not reliant on the Workforce Function. H. Daniel agreed with the comments and advised that if you had good return to work figures it managed down short term sickness. The new Operating Model would hopefully change that and provide an opportunity to recast and reset workforce data.

Resolution: The Committee **NOTED** the presentation.

08.22.13 **Employee Relations Update**
H. Watkins presented the report providing a formal update in respect of ongoing Employment Relation cases and trends within the Health Board for the period April – June 2022.

L. Thomas referred to the work on culture and queried whether this was having an impact on the volume of cases received. H. Watkins advised that the Health Board needed to re-visit its

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approach with regards to employee relation cases, considering the harm to the person and what processes are put into place as the just culture approach developed. She noted that a reduction in the cases going through formal processes would hopefully be seen in future

H. Daniel advised that when you considered the previous history on this when the organisation was the former Cwm Taf UHB they had eight thousand staff with the average ER case figures being around 75. Bridgend had four thousand staff and their figures were around 100. The work done to date had got the current status to around 55 ER cases which was an improvement. He advised that the new Policy on Healthier Working Relationships might help to resolve issues that arise between staff at work without them having to go through a formal process.

G. Dix advised that it was important for the Committee to note that the Nursing and Midwifery Council (NMC) ongoing investigations were currently at 20 and were being led by Debbie Bennion, Deputy Nurse Director. He advised that a paper had been received last week which was mostly around conduct rather than competence. However, the one thing that had been raised by staff going through the process is the time the NMC takes to go through the cases with some going back as far as 2019.

Resolution: The Committee **NOTED** the report.

08.22.14   **Employee Experience & Wellbeing**

M. Hurley Tyers and C. Wright provided a presentation to the Committee.

N. Milligan commented on the fantastic amount of work that the team undertook and congratulated them. She referred to the return to work questionnaire being received by the Strategic Management Group and advised that it would have been 12 months from when the work commenced and queried when this would be rolled out. C. Wright advised that they were waiting for the all-Wales questionnaire to be published to consider if the Health Board adopt it or develop their own bespoke version. It had been discussed last week with a plan to have a meeting to make a decision on the forms and the mechanism which was fairly imminent.

D. Jouvenat thanked C. Wright and the team for the work and advised that it was pleasing to see the occupational health and healthy eating work and suggested that it could be a good briefing session at one of the Board Development sessions.

Resolution: The Committee **NOTED** the presentation.

08.22.15   **Listening, Learning & Improvement Culture**
M. Hurley-Tyers presented the report which provided an update on the Restorative & Just Culture Training Programme.

H. Daniel advised the Committee that this was a large and complex programme of work and added that Mersey Care Trust was a huge organisation in comparison to CTM, however, the Health Board were committed to undertaking that same approach.

N. Milligan referred to page 5 of the report and the meeting that was held in July 2022 with the Workforce & OD Professionals and she advised that she hoped that at the August meeting there would be a wider invitation extended. M. Hurley-Tyers advised that the plan was to invite everyone and hold a mini movement with people coming forward as advocates with a wider collaborative piece of work undertaken.

D. Jouvenat commended this work and offered her support and suggested that the Board could have the training to enable them to understand it as well.

Resolution: The Committee **NOTED** the report.

08.22.16   **Values and Behaviours**
M. Hurley-Tyers presented the report which provided an update on the plans to integrate the work around values and behaviours into business as usual activities. The Plan also highlighted what had been achieved to date, key remaining activities which will continue to be led by the Organisational Development Team centrally.

The Committee noted that the team had been shortlisted for a National Award on the 'Let's Talk Culture' work.

D. Jouvenat queried whether there was a training programme for mentors.   M. Hurley-Tyers advised that there was a coaching and mentoring programme within CTM, with links with

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the University if staff wanted to undertake a higher level and there was also the roll out of the reverse mentoring work.

M. Jehu referred to page 4 of the report and the April 2022 Values Listening sessions and queried what the attendance percentages were. M. Hurley-Tyers advised that she did not have the percentages to hand, however, it was quite a low figure around 30, however, she confirmed she would pick this up offline and feedback outside of the meeting.

N. Milligan advised that she had Chaired two of the panels with colleagues from nursing and confirmed that the attendance had been poor with less than a 100 and queried how realistic was the statement considering the workforce and service challenges being faced. M. Hurley-Tyers advised that this activity had commended, however, it was recognised this was something that would be considered in terms of how they continue to evolve this work.

Resolution: The Committee **NOTED** the report and the proposals and actions outlined in paragraphs 3.1 – 3.10.

Action: To share the attendance percentages of the April Values Listening Sessions outside of the meeting.

08.22.17   **Workforce Metrics Report**
H. Daniel presented the report which provided the Committee with the key workforce metrics for the period March to April 2022, with historic trends shown as appropriate.

M. Jehu commended the style and format of the report which provided good focus and candour. He added that when this was revisited in 12 months' time it would be helpful to receive some outcomes.

Resolution: The Committee **NOTED** the report.

OTHER MATTERS

08.22.18   **Committee Highlight Report to Board**
The Chair suggested that the highlight report be developed by the Governance Team and approved by herself and H. Daniel as the Executive lead for the Committee.

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08.22.19 **Committee Forward Work Plan 2021-22**
Members were asked that if they had any suggestions to be added to the forward work plan to relay to the Governance Team within the next 10 days, so that they could be logged and put forward for discussion at the next agenda planning session.

It was agreed that the Outcome of the Committee Effectiveness Survey would be added to the Forward Plan for the November 2022 meeting.

08.22.20 **Any Other Urgent Business**
No further items of business was identified.

08.22.21 **How did we do today?**
A discussion was held to evaluate the meeting. The Committee noted that the meeting had overrun but it had been really important to have a longer discussion on the BAME Network.

08.22.22 **DATE AND TIME OF NEXT MEETING**

The next meeting would be held on the 9 November 2022.

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AGENDA ITEM
2.1.2

PEOPLE & CULTURE COMMITTEE	
OUTCOME REPORT: PEOPLE & CULTURE COMMITTEE EFFECTIVENESS SURVEY	
DATE OF MEETING	9 November 2022

PUBLIC OR PRIVATE REPORT	**PUBLIC**

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Kathrine Davies, Corporate Governance Manager
PRESENTED BY	Georgina Galletly, Director of Governance/Board Secretary
EXECUTIVE SPONSOR APPROVED	Director of Governance / Board Secretary

REPORT PURPOSE	**FOR NOTING**

ACRONYMS	
Nil	

1. PURPOSE

1.1 The Chair of the People & Culture Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, the Committee are required to undertake an annual self-assessment questionnaire.

1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relating to its activities and performance during 2021/22.

Outcome of Committee Effectiveness Survey

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People & Culture Committee
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1.3 Members should note that nine responses were received.

2. SUMMARY REPORT

<table>
<tr>
<td rowspan="1">Positive Assurance</td>
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1. Committee Effectiveness:

Members/Attendees:

- In the main the majority of members were aware that the Committee had approved Terms of Reference in place defining the role of the Committee which are reviewed on annual basis and had approved an Annual Report on the activity and performance of the Committee for each previous year.
- Since becoming a regular agenda item Members were fully aware that the Committee had an approved Cycle of Business.

2. Committee Business

- Members of the Committee felt that they **met with sufficient frequency** to deal with planned matters in an **effective manner.**
- **Whilst virtual meetings have been a positive experience overall** and that it had been convenient in that they had enabled scrutiny to continue. Feedback reflected there were also benefits to be gained from some face to face meetings to take place to provide more ability for wider discussion and that sometimes they were less friendly and welcoming than in-person meetings.
- The Committee was felt to be **adequately supported by the meeting secretariat.**
- The Committee felt that the **meetings were effectively Chaired with clarity of purpose and outcome**.

3. Behaviour, Culture and Values
- The meeting behaviours of Members/Attendees were **considered courteous and professional.**

4. Training & Development
- There was clear consensus that Members/Attendees considered that they had the **skills and knowledge to carry out their role** in respect of this Committee.

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<td>Areas of Note</td>
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1. **Committee Effectiveness**

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Outcome of Committee Effectiveness Survey

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**People & Culture Committee
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	• The **Terms of Reference** were reviewed and approved at its May 2022 meeting as part of the annual review basis prior to subsequent approval by the Health Board in July 2022. • The Committee **received** and **approved** its **Annual Report for 2021-22** at its August 2022 meeting and was submitted to the Board in September 2022. • The **Committee Cycle of Business has been implemented** to further complement the Forward Work Programme and was approved by the Committee at their May 2022 meeting. **2. Committee Business** • The People & Culture Committee utilise the Consent **Agenda** system for routine business consideration. Members are aware that should they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion. • As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via **'Chairs Urgent Action'.** • Feedback recognised that the Committee's area of **remit extends beyond the work led by the People & Culture Directorate** and that this needed to be considered when developing its future work programme / business cycle. • To date the Committee has not yet needed to hold any of its business **'In Committee'.** Highlight reports are produced following each meeting so that the Board is kept informed of the **nature of the issues** considered and **any decisions reached**. These reports are available as part of the 'public' Board papers to demonstrate the Health Board's **commitment to openness and transparency**.
Areas Requiring Further Consideration	**Committee Effectiveness - Areas for action/improvement** were identified as follows: • The Committee considered whether they were adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions. Feedback reflected that on the whole the support was very good but could be improved upon by ensuring robust preparedness in advance of meetings.

Outcome of Committee
Effectiveness Survey

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	• Feedback reflected that there was a further requirement to focus on medium to long-term strategic issues and ensuring that challenge and scrutiny remains constructive and balanced.
Action Plan	In response to the areas of improvement identified the following actions are proposed: • The Committee could consider meeting face to face during the year to allow for networking and relationship building which is sometimes lost when utilising a virtual format. • All meeting participants are encouraged to ensure they are fully briefed and prepared for meetings in advance. The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached at Appendix 1 should it be helpful to revisit. • It was raised that on certain occasion's officers present were not able to provide detail on some areas of scrutiny that fell outside of their scope of remit. In response the Terms of Reference for the Committee are being reviewed to ensure fuller representation is achieved going forward.
Appendices	Independent Member Scrutiny Toolkit.

3.   Recommendation
3.1   The Committee is asked to **NOTE** the report.

INDEPENDENT MEMBER (IM) SCRUTINY & ASSURANCE TOOLKIT

BACKGROUND

- Health Boards are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties.

- Health Boards principle role is to ensure the effective planning and delivery of the local NHS system.

- Board membership comprises of Executive Directors & IMs, who form part of the corporate decision-making body and have equal voting rights.

- IMs are involved at a strategic level - responsibility for operational decisions sits below Board.

- Each organisation has a range of committees which are responsible for providing advice and assurance to the Board on areas within their remit. This is the primary area where scrutiny is focused.

OVERVIEW OF IM SCRUTINY ROLE

- To participate as members of identified Committees and Board with regular attendance, with the expectation that papers will be made available one calendar week before each meeting to allow them to be read ahead of the meeting

- Responsible for supporting the Chair in being clear about the information needed in order to discharge their role, including assurance and scrutiny

- Satisfying themselves of the integrity of financial and quality intelligence, including getting out and about, observing and talking to patients and staff (walkarounds/ambassadorial role).

- Sharing collective responsibility for decisions.

DIVERSE NATURE OF IM ROLE

Strategy   **Support**   **Stretch**   **Stakeholder**   **Scrutiny**   **Safety**

The role can change from meeting to meeting as well as during a meeting as the agenda progresses

INDEPENDENT MEMBER FOCUS

Oversight	Insight	Foresight
Assurance and Compliance Systems and processes. Monitor performance and track how things are going. Understanding the risks inherent to the Health Board's activities– risk appetite and tolerance of failures.	What is going on and Why? Pause, step back and look at the big picture. Bring people together – look at the interactions between various parts of the organisation and its partners. Discover the Important things Determine What Indicators Matter. Real-time data driven decision-making.	What could happen in the future? Constant horizon scanning for opportunities and threats. Embrace multiple viewpoints and listen to diverse voices. Clear thinking about "what" must be anticipated or undertaken. Forecasting policy implications Leading for the Future – aligned to the strategic direction Scenario based decision making.

5

AGENDA PLANNING

- Maximise the use of the Consent Agenda to ensure that adequate time is made on the Main Agenda for business critical, strategic matters.

- Agenda planning meetings are key and include both Chairs and Vice-Chairs.

- Consider the length of the meeting – is adequate time aligned to each item to allow for appropriate focus on the issue – enabling appropriate challenge to gain assurance?

- Are there a mix of topics on the agenda (strategic / assurance) which balance the remit of the meeting?

- Ensure that each agenda item has a clear purpose and desired outcome.

- Use the Risk Register, Integrated Performance Dashboard, information gained from walkabouts and staff sessions plus stakeholder feedback, benchmarking and audit reports to steer and plan the agenda to focus on business critical activity.

6

FOCUS OF PAPERS

- Exception based reporting. Report templates are key as they guide to the purpose and the desired outcome.

- Is it clear why items are being presented? If not, make this point in the meeting. Focussed papers help manage the effectiveness of meetings avoiding them running over time.

- Ask yourself "so what?". If this isn't clear, let the presenter know.

- Appropriate challenge leads to assurance – acknowledging that some further actions may be necessary to manage risks

- Minimise duplication – 'Less is More' – avoid information overload i.e. discourage the use of appendices.

- Encourage visualisation tools by praising them when they are used – interactive, presentations, videos.

- Look for consistency across papers – aligned to strategic objectives, consistency of messaging and praise when you see this.

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WE TREAT EVERYONE WITH RESPECT

WE ALL WORK TOGETHER AS ONE TEAM

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REPORT PRESENTERS

- Teeing-up discussion – be clear that you will be taking the paper as read and seek only new or changed information from the presenter over that which is covered in the report.

- Ensure a consistent approach. Some presenters are more engaging or have a topic that may interest you more – don't get swayed by this, manage the item for the purpose it is there.

- Is there contradictory evidence, are there clear logical explanations showing an improving trend?.

- Feedback / request changes if you consider that you are not receiving the right information at the right time in the right way – also use triangulation to help bolster the position – are all the necessary steps being taken to address the position?.

8

EXECUTIVE COLLABORATION

- Executive portfolio representation in meetings and integrated executive working - are the right people in the room? If not, why not? Bring other officers into the discussion to add their perspective on an issue out of their portfolio to add richness to the discussion.

- Encourage Executives to call upon one another to share presentations of items as appropriate.

- Consider if it would be helpful to have a meeting with the Executive lead prior to a Board Committee taking place to set out the points which may need further clarification at the Committee?

9

ROLE OF THE COMMITTEE CHAIR

- Setting the tone, tee-up the desired focus of discussion. Keep everyone focussed - Adhoc presenters may need support if not familiar with the setting.

- Consider if it would be helpful for the Committee Chair to have a pre-meet with other IMs ahead of the meeting to look at the issues and decide how these are best managed during the meeting?

- Ensure you have read the Chairs Brief and that it has been shared with the Vice Chair.

- Managing the Time – set clear expectations for presenters on timings. This can be planned at agenda planning stage by including timings on the agenda, and reiterated when introducing the agenda item at the meeting. Do not allow discussions to stray into operational territory.

- Lead by example and consider how other IM's can complement the Chair – tag team each other.

- Give the Vice-Chair an opportunity to Chair Committees under the guidance of the Committee Chair (at least once per annum)

- Clearly sum-up the conclusions of the discussion, suggest SMART objectives be used to measure delivery of actions, noting the resolution agreed to ensure everyone is clear on the outcome and next steps

10

MEETING CULTURE

- Commitment

- Enthusiasm

- Preparedness

- Style of contributions – scrutiny which constructive/supportive challenge, not criticism/deconstructive feedback.

- Use the right questions for the right circumstances – use powerful questions (e.g. what do we need to do to ensure….)

- Consider whether there are strong personalities influencing items.

- Create the right atmosphere in the room, encouraging openness and transparency with professionalism

- Adherence to Virtual Meeting Etiquette principles.

IM LISTENING

Passive listening (focusing on encouraging speaker to open up)

- Avoid being judgemental or defensive
- Avoid expressions like 'that's good', 'excellent', 'that's right',
- Instead use responses such as:
  - Tell me more about…
  - Is there something else we could be doing to improve…
  - I'm interested to hear what you think of …
  - I'd like to hear what you feel about …

Active listening (to check understanding)
  - It seems that you…
  - Let me see if I understand you

IM QUESTIONING

- Asking concise, strategic and purposeful probing questions to clarify issues. Your role is to scrutinise the information presented and seek assurance that the Health Board is achieving its strategic objectives.

- Recognise the difference between being reassured and receiving assurance

- Often the most 'obvious' or simple questions lead to the most insightful answers – remember to ask about the obstacles and risks to delivery and what can be done to support delivery.

- Avoid venturing into the operational detail, remain focussed on the what, why and when rather than the 'how'.

- Avoid commentary.

- Use secondary 'follow-up' questions to ensure you gain the assurance you need.

- Triangulation of intelligence – seek opportunities to cross-reference reports, comments made and different perspectives/contributions.

- Ensure questions are not just confined to the consent agenda.

- Questions asked on consent agenda may be worthy of exploring further in the main meeting.

- Equitable questioning / contributions are essential, mentor new Members as necessary.

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EXAMPLES OF ISSUES TO CONSIDER AND QUESTIONS TO ASK;

Does the management response accurately reflect the audit recommendations?

How do we know that the assurances provided draw appropriate attention to risks, weaknesses and/or areas for improvement which should be addressed?

How is learning shared across the Health Board to avoid duplication and learn lessons?

What assurance is being provided that the recommendations are being implemented, monitored and followed up?

How was this issue escalated to ensure due process was followed?

What sources of secondary or independent evidence could support the perspective set out in the report?

What are the obstacles including risks to delivery and how can actions be supported?

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ASSURANCE 'V' REASSURANCE

Assurance: being assured because the Committee/Board has *reviewed* reliable sources of information (evidence) and *is satisfied* with the course of action

Reassurance: being *told* by the Executive and staff that performance actions are satisfactory

ORGANISATIONAL INSIGHT

- What assurance can you provide that the plans are meaningful and underpinned by robust evidence?
- How do we know that we have an appropriate level of understanding of the purpose and work of the organisation when setting strategy?
- How do we know that the Board has clearly articulated and communicated its risk appetite?
- How do we know we are monitoring performance and quality against the most appropriate standards?
- How does the issue under discussion support the achievements of the Health Board's strategic goals?
- What assurance can you provide that demonstrates that there is effective and accurate budgeting and in-year forecasting?

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ORGANISATIONAL INSIGHT

- Triangulate – what has been seen / heard during walkabouts and what appears in reports.

- Ensure regular contact and discussion with senior leaders at the organisational level

- Obtain softer intelligence outside of the meeting – e.g. site visits

- Where appropriate, consider a deep-dive – aligned to key indicators – risk register, integrated dashboard and audit reports (Internal & External), explore stakeholder feedback and benchmarking data.

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CROSS-COMMITTEE WORKING

- **Minimise** cross-committee **referrals** to remove unnecessary duplication

- Referring where appropriate:

  - What are you referring?

  - Why are you referring it?

  - What is the outcome that you are anticipating from this referral?

- **Regular catch-ups** with other Committee Chairs

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GOVERNANCE FRAMEWORK

- Standing Orders

- Standards of Behaviour Policy (Nolan Principles)

- IM Role Descriptions

- Board Secretary – is a source of advice and support to the Health Board Chair and other Board Members. Has the role of being the guardian of good governance.

- Business Intelligence – scrutiny of service delivery performance reports including the organisational annual report.

- Risk Register & Board Assurance Framework – aid understanding of issues requiring scrutiny.

ESCALATION TO THE BOARD

- The Committee Chair will approve the Highlight Report to the Board following each meeting

- Focussed updates – using the Highlight Report Template

- 'Assurance' versus 'Reassurance'

- 'Cascade' versus 'Escalate'

- Where 'escalate' it will ensure discussion on the main agenda at Board

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	AGENDA ITEM
	2.1.3a

PEOPLE & CULTURE COMMITTEE

AMENDMENT TO STANDING ORDERS – SCHEDULE 3.5

Date of meeting	9 November 2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Kathrine Davies, Corporate Governance Manager
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Georgina Galletly, Director of Corporate Governance

Report purpose	ENDORSE FOR BOARD APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**

ACRONYMS	
SO	Standing Orders

1.   SITUATION/BACKGROUND

1.1   The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

1.2 All Health Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.2 **Standing Orders – Schedule 3.5 People & Culture Committee Terms of Reference.** The Terms of Reference are included at Appendix 1. Proposed changes are identified in **red**. The Committee is asked to endorse for Board approval.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 If endorsed, the Standing Orders will be presented to the Board for approval at their meeting to be held on 24 November 2022.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee is asked to **ENDORSE** for Board Approval:
* The amendments to the Health Board's Standing Orders as outlined in section 2 of this report.

Amendment to Standing Orders
Schedule 3.5 – People & Culture
Committee Terms of Reference

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Schedule 3.5

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the University Health Board Standing Orders

PEOPLE & CULTURE COMMITTEE

Terms of Reference & Operating Arrangements

Review October 2022
Last formally approved in 30th July 2020 (Reviewed 11.5.22 with no amendments)

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Approved:

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INTRODUCTION

The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the 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 accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate a committee to be known as the **People & Culture Committee** The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

CONSTITUTION & PURPOSE

The role of the People and Culture Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board, and 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 service to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

SCOPE AND DUTITES

The Committee will, in respect of its provision of advice and assurance:

Culture & Values:

- Agree and 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.

- Ensure 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.

- Supporting the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

Organisational Development & Capacity:

- Ensure the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
    - o strategic approach to growing the capacity of the workforce
    - o analysis and use of sound workforce, employment and demographic intelligence
    - o the planning of current and future workforce capacity
    - o effective recruitment and retention
    - o new models of care and roles flexible working
    - o identification of urgent capacity problems and their resolution
    - o continuous development of personal and professional skills
    - o talent management

- Review plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning.

- Receive and consider people & Organisational Development strategies providing assurance to the Board that all strategic developments are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

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Performance Reporting

- Seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.

- Scrutinise risks on the Organisational Risk Register that fall within the remit and control of the Committee.

- Advise the Board on aligning service, workforce and financial performance matters into an integrated approach in keeping with the Health Board's commitment to the Sustainable Development Principle defined by the Well-being of Future Generations (Wales) Act 2015.

- Ensure there is an effective planning and performance management cycle that meets the needs of the Board in delivering the Health Board's people and organisational development objectives.

- 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:

  o The Health Board's strategic priorities on people
  o organisational culture
  o strategies to promote and protect staff Health & Wellbeing
  o workforce utilisation and sustainability
  o recruitment, retention and absence management strategies,
  o strategic communications
  o workforce planning
  o plans regarding staff recruitment, retention and remuneration;
  o succession planning and talent management;
  o staff appraisal and performance management.
  o Training, development and education
  o Management & leadership capacity programmes,

- Ensure the credibility of sources of evidence and data used for reporting to the Committee, in relation to the Committee's purpose and function.

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- 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.

- Consider and ratify Welsh Government Workforce & Organisational Development policies, procedures and initiatives prior to implementation across the Health Board.

Statutory Compliance

Ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- o Equality & Diversity Legislation
- o Welsh Language Standards
- o Wellbeing of Future Generations Act
- o Consultation on service change
- o Mandatory and Statutory Training

DELEGATED POWERS

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 its organisation.

The People & Culture Committee has a key role in assisting the Board to fulfil its oversight responsibilities in areas such as the Health Board's Culture, Organisational Development Strategy, its Values and Behaviours Framework to ensure it is appropriate and operating effectively.

AUTHORITY

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:

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- employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and
- Any other committee, or group set up by the Board to assist in the delivery of its functions.

  - obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements

- approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub-committees/task and finish groups have been established.

ACCESS

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

MEMBERSHIP

Members:

A minimum of **(4)** members, comprising

Chair   Independent Member of the Board

Vice Chair   Independent Member of the Board

Members   Two Independent Members of the Board (one of which is the Staff side representative)

Attendees
- Executive Director of OD and Workforce (Committee Executive Lead)
- **Executive Director of Nursing**
- **Executive Medical Director**
- **Chief Operating Officer**
- Executive Director of Therapies and Health Sciences
- Representative from the Integrated Locality Group

- Director of Corporate Governance / Board Secretary or their Deputy
- Staff side representatives (nominated by Local Partnership Forum)

By Invitation:
- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Secretariat
The Director of Corporate Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

Member Appointments

The membership of the Committee shall be determined by the Chair of the Board, 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 for a maximum of three consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure succession planning arrangements are in place.

Support to Committee Members

The Director of Governance / Board Secretary, 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

- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development.

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COMMITTEE MEETINGS
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Quorum
A quorum shall be two Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair and the staff side representative Independent Member.

Frequency of Meetings
Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the CTMUHB's annual plan of Board Business.

Withdrawal of individuals in attendance
The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Circulation of Papers

The Director of Governance / Board Secretary will ensure that all papers are distributed at least **7** calendar days in advance of the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year;

- bring to the Board's specific attention any significant matters under consideration by the Committee

- ensure appropriate escalation arrangements are in place to alert the CTMUHB's Chair, Chief Executive or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the organisation.

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The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, 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 Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the 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 / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

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 its 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 the Committee Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory 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, contributing 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 shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being

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of Future Generations Act.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the CTMUHB Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

CHAIR'S ACTION ON URGENT MATTERS

There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

REVIEW

These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter, with approval ratified by the Health Board.

Page 10 of 10
GC01 – Standing Orders – Schedule 2 – Board Committee Terms of Reference – People & Culture Committee
Approved:

10/10   52/214

AGENDA ITEM
2.1.4a

PEOPLE & CULTURE COMMITTEE

PENSION CONTRIBUTIONS ALTERNATIVE PAYMENT POLICY FOR MEDICAL AND DENTAL EMPLOYEES

Date of meeting	09/11/2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Claire Nicholas, Head of Policy Compliance
Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
Approving Executive Sponsor	Executive Director for People

Report purpose	ENDORSE FOR COMMITTEE APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Workforce Policy Review Group	21/10/2022	SUPPORTED

ACRONYMS	

1. SITUATION/BACKGROUND

1.1   The Pension Contributions Alternative Payment Policy for Medical and Dental Employees was ratified at People and Culture Committee on 10th August 2022.

1.2   During the implementation it has been found that the application form did not provide the necessary information for the panel to make an objectively justified business reason, for either approving or not approving the application.

1.3   The panel made a recommendation that the form be amended as a matter of urgency, given the potential for indirect discrimination claims.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Changes have been made to the application form to gather the information required to ease the approval process.

2.2   A paragraph has also been added to page seven to clarify that retrospective applications for financial year 2021/22 can be submitted for consideration based on the criteria within the policy.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Due to the non-material changes to the policy, it has been published on SharePoint with amendments.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	Yes Available from Head of Policy and Compliance

	Yes (Include further detail below)
Legal implications / impact	The changes to the application form enable the panel me make their decision based on objectively justified business reason. This information is vital should the Health Board have to defend any future indirect discrimination claims
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

5.1   The Workforce Policy Review Group supported the changes at its meeting on 21st October 2022.

5.2   The People and Culture Committee is asked to retrospectively endorse the amendments.

Alternative Payment Policy **M&D Staff**	**Page 3 of 3**	**People & Culture Committee** **9 November 2022**

3/3   55/214

PENSION CONTRIBUTIONS ALTERNATIVE PAYMENT POLICY FOR MEDICAL AND DENTAL EMPLOYEES

Document Type:	Non Clinical Organisational Wide Policy
Ref:	WOD 49
Author:	Karen Wright, Assistant Director of Policy, Governance and Compliance
Executive Sponsor:	Executive Director for People
Approved By:	**People & Culture Committee**
Approval / Effective Date:	10/08/2022
Review Date:	10/08/2025
Version:	1

Target Audience:

People who need to know about this document in detail	Author/Owners of this procedure.
People who need to have a broad understanding of this document	Board Members, Management Board, Senior Leaders, Board Committees.
People who need to know that this document exists	Medical and Dental employees of Cwm Taf Morgannwg University Health Board and its hosted organisations.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date: 05/03/2022**
	Outcome: This policy has been screened for relevance to equality. It may have a negative impact on younger and female employees.
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	01/03/2022
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture

CONTENTS PAGE

1. POLICY STATEMENT

This policy outlines an option for medical and dental employees who are current active members of the NHS Pension Scheme, who can demonstrate that they will be affected by the lifetime allowance or annual allowance, in respect of their pension savings.

For most medical and dental employees, it will likely be in their best financial interests to remain in the NHS Pension Scheme. This policy is only intended for those medical and dental employees affected by the lifetime or annual allowance tax issue and sets out one potential option for these individuals. This may not be the best financial option for affected employees; therefore, they should consider this option and any associated information carefully before deciding.

Medical and dental employees are strongly encouraged to obtain their own financial advice before making any changes. The Health Board has in place a Pensions Advice Salary Sacrifice Scheme, to make use of the tax exemption, which allows employees to save Tax and National Insurance on the first £500 worth of pensions related Financial Advice, each tax year. Further details on the scheme, including the list of the organisations which can provide expert guidance and the process to be followed can be via the
Pension Advice through salary sacrifice link.

2. PRINCIPLES

This policy does not form part of any medical and dental employee's contract of employment and can be withdrawn at any time.

The alternative payment will not form part of a medical and dental employee's base salary and will not be included in the calculation of any overtime, or other entitlements.

This policy will be kept under review and considered in the light of any progress on the introduction of pension flexibilities, within the NHS Pension Scheme.

3. SCOPE

This policy will apply to those medical and dental employees who can demonstrate the lifetime, or annual allowance, pension tax thresholds affect them.

This option is only available to medical and employees should they decide to opt out of the NHS Pension Scheme, thereby choosing to forego pension tax relief.

The policy will be reviewed in the light of any progress on the introduction of pension flexibilities within the NHS Pension Scheme, at the start of each financial year.

4. AIMS AND OBJECTIVES

This policy aims to address operational risks that have been identified, because of the pension tax regime. The Health Board has received a number of requests for reduced contractual hours and experienced a reluctance from some medical and dental employees to take on additional work and a desire to focus on private work as a direct result of the pension tax regime. This policy is an attempt to address these operational issues by providing such staff with an alternative option.

This policy will apply to those medical and dental employees who believe they may be impacted by the lifetime allowance or an in year annual allowance tax charge. The alternative payment options will allow them to continue to work in their present role, at their present level of service, and continue to develop in their career journey. This option will also encourage affected staff to continue to support service delivery.

The policy will provide affected medical and dental employees with an optional alternative for their unused employer pension contributions to be paid to them directly, as additional pay. This option can only be utilised where the employee can demonstrate the lifetime or annual allowance, pension tax thresholds affects them.

The Health Board will determine the effective date for any applications (the first day of the month) and consider whether any retrospective payments will be made to medical and employees who have already opted out of the NHS Pension Scheme within the current financial year.

Other options for addressing this issue are available and these are set out in the Pension Tax Guidance for Employers - Local Measures to Support Staff and Service Delivery published by NHS Wales Employers.

5. THE OPTIONS

Where medical and dental employees are currently active members of the

NHS Pension Scheme and consider that they will be affected by the lifetime allowance or annual allowance they can continue in the NHS Pension Scheme and bear any additional tax charges that arise (in the tax year for their annual allowance or at retirement under the lifetime allowance arrangements) or they may pursue one of the following options;

a. **Opt out of the NHS Pension Scheme** and apply to be paid an alternative payment, as explained in the next paragraph below ("alternative payment"). Employees who opt out of the NHS Pension Scheme will become deferred members and will not be able to make any further money purchase, added years or additional voluntary contributions into the NHS Scheme during this period.
The **alternative payment** will be paid to an employee, in the event of them optioning out of the NHS Pension Scheme. The alternative payment will be the sum equivalent to the ***Employer's Pension Contribution*** (amount that the employer ordinarily pays into the employee's NHS Pension Scheme if they had remained a member of the scheme) ***net of the employer's National Insurance Contributions, maintaining cost neutrality to the Health Board***.

The additional payments will be paid to the employee as a supplement to salary and so will be subject to income tax. The amount will be circa 12.4% of pensionable pay (14.38% of pensionable pay net of employer's national insurance contributions at a rate of 13.8%).

Although the employer contribution increased by 6.3% from 1 April 2019, the funding for this increase is not available to Health Boards.

Pensionable pay for the purpose of calculating the alternative payment will be determined by the Health Board, but it will be based on what the pensionable pay would have been for the purpose of calculating the ***Employer Pension Contributions*** paid by the Health Board to the NHS Pension Scheme, had the individual continued to participate in scheme.

Where a medical and dental employee opts out of the NHS Pension Scheme, it is their responsibility to provide the Pension Scheme Administrator with effective notice of their opt-out and provide a copy of their opt out confirmation.

Where individuals opt out of the NHS Scheme there may be a significant impact on the level of benefits, which may be received from

the NHS Pension Scheme. In particular, there is likely to be a notable reduction in ill-health benefits and death benefits from the NHS Pension Scheme, and potentially redundancy benefits.

Medical and dental employees considering the alternative payment should carefully review and consider the impact of opting out of the NHS Pension Scheme on all of their benefits.

It should be noted this is not the only option.

b. Other options are available and the Pension Tax Guidance for Employers - Local Measures to Support Staff and Service Delivery published by NHS Wales Employers, outlines a range of other flexibilities, which the Health Board may wish to make available to affected employees. These include;

- **Time off in Lieu Arrangements** –The Health Board will offer the employee the provision to take time off work, where there is a requirement to work beyond their contractual hours as an alternative to pay. Time off in Lieu serves as an alternative to pay, meaning that any overtime hours worked by the employee can be taken as part of their annual leave entitlement. Such hours are reallocated, based on plan time rates i.e. 1 hour of TOIL for every 1 hour worked. See Appendix 1 for Principles;
- **Use of Multiple Contracts of Employment** – The Health Board will offer the provision to hold more than one contact of employment for a substantive post, to enable pension contributions to be paid on only part of the contracted hours worked, to avoid annual or life-time pension tax issues; and
- **Opting out of the NHS Pension Scheme** for whole or part of a year.

Should an employee be concerned about pension tax issues, they should contact the Health Board's Workforce and OD / Medical Workforce Team, to determine which of these options could be made available to them.

6.   IMPACT OF ALTERNATIVE PAYMENTS

Although not forming part of a medical and dental employee's base salary, the alternative payment will increase the amount they are paid each month. It will also affect the following:

a. The amount of holiday and sick pay received. Such calculations will include an element to reflect the alternative payment.

b. The amount of any redundancy pay calculation, but only in so far as any statutory cap. Where an employee's weekly pay is higher than any statutory cap applicable at the point of redundancy, then the alternative payment will not be included in the calculation.

c. Income for the purposes of the tapered annual allowance may be higher than before and so the annual allowance may reduce for any pension savings already built up in the tax year. This means employees may be entitled to a lower amount of tax relief on their pension contributions.

d. The alternative payment will be paid in equal monthly instalments, ***in arrears***. Payments will be subject to deductions for Income Tax and National Insurance Contributions.

e. In deciding on applying to receive the alternative payment, employees may wish to consider whether it would be financially beneficial to receive it (subject to Income Tax and National Insurance Contributions),as compared with paying an additional pension tax charge by staying in the NHS Pension Scheme. They may also wish to consider the effect on pension benefits and growth by staying in the scheme, versus opting out.

f. Medical and dental employees who are considering opting out of the NHS Pension Scheme are therefore strongly encouraged to obtain their own independent financial advice. They may benefit from using the Health Board's Pensions Advice Salary Sacrifice Scheme. Click on the following link for information [Pension Advice through salary sacrifice](#).

7. Making a Request for an Alternative Payment

To make a request under this policy, medical and dental employees must comply with all of the following criteria, be:

- in the employment of the Health Board.
- an active member of an NHS Pension Scheme at the point of application*.
- able to evidence they have a reasonable expectation of an annual allowance tax charge for the respective financial year, or be able to evidence that they have reached the lifetime allowance limit.

*The Health Board has approved the consideration of retrospective payments for opt-outs already made within the current financial year from 6 April 2022 based on the criteria within this policy. In addition, the Health Board has also determined that retrospective applications for financial year 2021/22 can be submitted for consideration based on the criteria within this policy where an opt out has already taken place in that financial year due to the AA or LTA.

As indicated above, medical and dental employees must be reasonably expecting a tax charge for the financial year for which they are making an application for the alternative payment. Given an annual allowance tax charge will not be confirmed until after the end of the tax year (saving statements are issued in the October, following the end of the respective tax year) an assessment must be made to provide a best estimate to evidence the likelihood of an annual allowance tax charge arising.

The NHS Employers Annual Allowance Ready Reckoner may be used to provide an indication of the likelihood of an annual allowance tax charge. Medical and dental employees are responsible for obtaining whatever financial advice is necessary for them to make an informed decision, including where appropriate (though not limited to) ***professional advice from an accountant or independent financial advisor, guidance from the NHS Pension Scheme (Member hub | NHSBSA), information from reputable sources such as professional organisations and unions, HM Revenue and Customs***.

Meeting the criteria as set out in the paragraph above, does not automatically mean that applications for the payment of employer contributions will be approved. The approval process as set out in Section 10, will consider all applications as set against the employee's submission and the need for each outcome to be clearly recorded as to the reason for its approval or rejection. This is important should the Health Board have to defend any indirect discrimination claims.

8.   Evidence to Support an Additional Payment Application

The section provides guidance to medical and dental employees regarding the information and evidence required to support an application:

8.1 Retrospective evidence an employee is or could be affected by the annual allowance limit

This will usually be in the form of acceptable documentary evidence from NHS Business Services Authority, confirming the annual increase in the employee's NHS pension benefits. The Health Board will also accept documentary evidence confirming an employee may be subject to an annual allowance tax charge e.g. from the NHS Employers Annual Allowance Ready Reckoner (note that where employees are subject to the tapered annual allowance, this may take the form of proof of earnings from all income sources).

8.2 Prospective evidence an employee will be affected by the annual allowance or lifetime allowance limit

This evidence will typically be in the form of pension/pay modelling data, using evidence from sources contained within Section 7 above, taking into account, for example, incremental pay progression and changes in working patterns. Proof of projected income from multiple sources, in the relevant financial year or a Total Reward Statement reflecting a level of pension accrual, which will exceed the lifetime allowance limit, will also be accepted as evidence.

9. Application Process

Application for an alternative payment must be made on the Alternative Payment Application Form (**Appendix 1).**

A completed NHS Pension Scheme Opt Out Form must accompany all application forms. The Health Board's Additional Payment Panel, will review the application, to determine whether the applicant meets the eligibility criteria.

If the medical and dental employee's application is approved, the NWSSP Payroll Team will be asked to calculate the amount of the alternative payment. It will be the responsibility of the NWSSP Payroll Team to provide the employee and the Workforce and OD Team with this information.

10. Approval Process

The Health Board will be required to establish an Additional Payment Panel, (comprising of a very senior manager, Workforce and Finance Representative and a local Trade Union Representative) with clear accountability to the Chief Executive and Executive Director for People.

The Panel will be under a duty to consider the eligibility criteria defined in this policy when deciding to approve or reject an application. They must always record the reason and provide the justification for each decision.

The panel will meet regularly, to ensure all applications can be considered and a decision made within ten working days of receipt of the completed application form and the supporting evidence and completed NHS Pension Scheme Opt Out Form.

The Panel will report outcomes to the Chief Executive and Executive Director for People, on a regular basis.

Should an application be approved, the medical and dental employee will be issued a letter confirming the additional payment (which will be temporary

in the case of annual allowance approvals), within five working days of the panel's decision.

11. Implementation Process

Where an application has been successful, the Health Board will activate the medical and dental employee's NHS Pensions Opt Out Form. The alternative payment will be paid to the employee on a monthly basis, in arrears.

The continuance of the alternative payment will be subject to the Health Board's over-riding legal duties. The alternative payment will apply to the medical and dental employee's current role only. In the event that a medical and dental employee in receipt of the allowance changes roles, then the continuation of the alternative payment will be at the absolute discretion of the Health Board, although it will not be unreasonably withheld.

If a medical and dental employee subsequently choose to reduce sessions /working hours, while in receipt of the alternative payment, this will automatically trigger a review, to assess their ongoing eligibility.

For medical and dental employees who determined they would be affected by an annual allowance charge and are in receipt of an alternative payment, this will only be for the duration of the financial year, within which the annual allowance charge would be incurred and will therefore cease, at the end of that financial year i.e. 31 March. At this point, the alternative payment will cease and employee should determine whether they wish to be re-enrolled into the NHS Pension Scheme and make the necessary arrangements.

If the medical and dental employee chooses not to re-join the NHS Pension Scheme at this point, they will remain opted out with the scheme until the next Health Board date for auto enrolment. At this time, the employee would be automatically re-enrolled, providing they meet the necessary auto re-enrolment requirements. An opt out of the pension scheme can then be submitted, if desired by the employee.

Where the employee considers that they would be affected by an AA charge in the subsequent financial year a new alternative payment application must be made.

12. Appeals Process

Where an alternatives payment application decision is in dispute, it will be referred to the Executive Director for People, for a final decision. There is no

further right of appeal regarding either the process or the outcome and no right to raise a grievance under the Respect and Resolution Policy.

13. Equality Impact Assessment Statement

The policy relevance to equality has screen using the Equality Impact Assessment has identified the alternative payment option may indirectly discriminate against two groups, younger and female staff, who tend to work in lower paid roles.

To mitigate the risk of indirect dissemination against younger, female and disabled employees, the Health Board is aware it must clearly demonstrate there are objectively justified reasons for approving pension contribution alternative payments to individual medical and dental employees.

The NHS Employer's Pension Tax Guidance for Employers - Local Measures to Support Staff and Service Delivery states "*in all cases it will be important to take legal considerations into account and carry out an equality impact assessment, so as to clearly set out the objective justification for the application of the respective model policy's provisions*". For example, there may be an objective justification based on the risk to service delivery, posed by a member of staff reducing their hours or being reluctant to take on additional work. Where an employee's application to have their employers pension contribution, paid as an alternative payment, the approving panel must clearly document the justification for the decision.

14. Getting Help

The Executive Director of People will ensure that copies of this policy are archived and stored in line with CTMUHB Records Management Policy, and are made available for reference purposes should any situation arise where they are required.

All eligible employees are required to comply with this policy. It is a serious offence to fail to comply with the policy. It could therefore, result in disciplinary action.

15. Related Policies

- NHS Business Authority Application to Leave the NHS Pension Scheme (SD502)
- NHS Pension Scheme Booklet

16. Information, Instruction and Training

Reference: WOD 49
Pension Contribution Alternative Payment Policy - NEW

Employees and the Alternative Application Panel Members will receive support with the implementation of this policy, as required.

17. Main Relevant Legislation

The NHS Business Authority who has responsibility for administering the NHS Pension Scheme, provide some limited member flexibilities.

In October 2021, the Welsh Government reminded NHS Wales Organisations, they were able to consider using local flexibilities, where appropriate, to respond to the impact pension taxation was having on the delivery of NHS Services in Wales.

One of these flexibilities is the option of employee's opting out of the NHS Pension Scheme, and their ***Employer Pension Contributions*** being made as an additional payment to them instead. This flexibility can only be applied where an employee can evidence their lifetime, or annual allowance, pension tax thresholds, affects them.

18. APPENDICES

Appendix A - Alternative Payment Application Form

Appendix B - Guidance and Principles - Time off in Lieu (TOIL) as an Alternative to Payment

Appendix C - Example Time of in Lieu Record Form

ALTERNATIVE PAYMENT APPLICATION FORM

Part A: To be completed by the employee	
Employee's Name:	
Payroll Number:	
National Insurance Number:	
SB Number for NHS Pension Scheme:	
Job Title:	
Base and Care Group:	
Contact Number and email address:	

Please specify which date you wish to commence receipt of the alternative payment *(Note: this should be the 1st of the month, and should be the same as the date given in your NHS Pension Scheme Opt Out Form).*	_____ / _____ / _____

Employee's Declaration	
I confirm I have taken the necessary steps to obtain appropriate advice in respect of my voluntary decision, to opt out of the NHS Pension Scheme and understand the consequences on further and future pension savings and accrual and the associated pension scheme benefits.	**Tick Box if Applicable**

I have either:	
A reasonable expectation of exceeding the annual allowance limit for pension growth in the current financial year and this breach is likely to generate a tax charge.	
Please list below the details of the evidence attached. *This evidence must be listed.*	

<center>**OR**</center>	
Reached the level of pension savings, which would generate a Lifetime Allowance Charge.	**Tick Box if Applicable**

Reference: WOD 49
Pension Contribution Alternative Payment Policy - NEW

Please list below the details of the evidence attached. *This evidence must be listed.*	

AND	
I have attached my completed NHS Pension Scheme Opt Out Form. *Without this information, application will not be considered.*	**Tick Box if Attached.**

The Employee's submission – *This section must be completed and clearly set out the potential future impact on service delivery should your application not be approved*.

I confirm to the best of my knowledge the information I have provided on this form is correct, including information I have provided to HMRC and/or NHSBA.

I further confirm I understand that opting out of the NHS Pension Scheme will mean I will not benefit from active members provisions, including ill health retirement benefits and death in service benefits.

Employee's:	**Signature:**	**Date: _____ / _____ /_____**

Part B: To be completed by the Employee's Clinical Director

The manager's submission – This section must be completed and clearly set out the p***otential operational risks to service delivery posed by the applicant*** *reducing their sessions / hours or being reluctant to take on additional work.*

Part C: To be completed by the Panel – The Decision

The application was approved.	**Tick Box if Applicable**
The Application was rejected.	**Tick Box if Applicable**

Please set out the reasons below for the decision. It is important in all cases, the Panel considers the potential indirect discrimination in respect of younger and female staff and considers these considerations. The Panel must clearly set out the objective business justification when approving an application e.g. There may be an objective business justification, based on the risk to service delivery, and posed by the employee reducing their hours or being reluctant to take on additional work.	
Authorised by: **Chair of Panel:**	**Signature:** **Date:** _____ / _____ /_____
Authorised by: **Executive Director for People:**	**Signature:** **Date:** _____ / _____ /_____

This application must be completed in full before being forwarded to the Assistant Director for Policy, Governance and Compliance

Karen.wright8@wales.nhs.uk or Post to Pontypridd and District Cottage Hospital, The Common, Pontypridd, CF37 4AL

People Directorate to place a copy on the employee's personal file

Reference: WOD 49
Pension Contribution Alternative Payment Policy - NEW

Guidance and Principles

Time off in Lieu (TOIL) as an Alternative to Payment

The Health Board will offer employees the provision to take time off work in lieu of payment, where there is a requirement to work beyond their normal contractual hours, as an alternative to pay, where they are affected by annual or lifetime Pension Tax issues.

Noting TOIL cannot be claimed for a lunch break / rest break, as the Working Time Regulation require all employees to take a minimum 20 minute break after working a period of six consecutive hours.

Time off in Lieu (TOIL) serves as an alternative to pay, meaning that any overtime hours worked by the employee can be taken as part of their annual leave entitlement. Such hours will be reallocated to the employee, based on plain time rates.

Principles governing the use of TOIL

- Working additional hours to accrue TOIL through this Scheme is voluntary;
- TOIL will normally only be granted were the employee agrees it in advance with their manager.
- The accrual of TOIL does not apply to any period of less than 15 consecutive minutes.
- The employee must take appropriate breaks during a period of additional work to comply with the legislative requirements and to protect their health, safety and wellbeing and that of their patients and colleagues etc.;
- TOIL can only be accumulated within an agreed work plan with the employee's manager. Any additional hours worked must be agreed in advance. If this agreement is not in place, then the additional hours will not qualify for the accrual of TOIL and will be lost;
- When an employee identifies additional hours, which might justify TOIL, they should raise this with their manager in advance of working the additional hours;
- Time off accumulated through TOIL arrangements will be equal to the time actually worked. I.e. 1 hour of TOIL for every 1 hour worked. Noting the enhancements relating to pay do not relate to TOIL;
- TOIL should be taken as soon as practicably possible after it has been accrued. If this is not possible, it must be taken within 6 months of the accrual.

Reference: WOD 49
Pension Contribution Alternative Payment Policy - NEW

- TOIL accrued and not used as outlined above, will be considered lost and no monetary compensation will be offered. In exceptional circumstances the employee may submit a request to their manager to extend the timescale to use their TOIL;
- Where an employee is due to retire from the Health Board within the following 2 year period, they may accumulate their leave and request to take it, to bring forward their planned retirement date. This provision will only be made available to eligible employee, to ensure this additional leave is planned and managed appropriately;
- The manager should ensure that employees are given every reasonable opportunities to take their accrued TOIL within the approved six month period;
- Managers and the employees must keep a robust and agreed TOIL record of any additional hours worked and TOIL taken. It is for the manager and the employee to agree how this is documented i.e. a paper form or electronic form etc. an example form is set out in **Appendix 3** below; and
- TOIL under this scheme will be subject to regular audits.

Example TOIL Record Form

Employee's Name:	
Employee's Job Title:	
Base:	
Contracted Hours per week:	

Date TOIL to be worked & Authorised By:	Date Worked:	Amount of Time Worked (Min 15 minutes):	Reason for TOIL	Current Accrued TOIL Hours:	Date Request made to take TOIL:	Amount of TOIL to be taken (in hours)	TOIL Approved By:	Revised Total TOIL in hours
			Alternative to payment to avoid annual / lifetime Pension Tax issues					
			Alternative to payment to avoid annual / lifetime Pension Tax issues					
			Alternative to payment to avoid annual / lifetime Pension Tax issues					
			Alternative to payment to avoid annual / lifetime Pension Tax issues					
			Alternative to payment to avoid annual / lifetime Pension Tax issues					
			Alternative to payment to avoid annual / lifetime Pension Tax issues					

PEOPLE & CULTURE COMMITTEE

INDUSTRIAL INJURY BENEFIT POLICY

Date of meeting	09/11/2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Claire Nicholas, Head of Policy Compliance
Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
Approving Executive Sponsor	Executive Director for People

Report purpose	ENDORSE FOR COMMITTEE APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Workforce Policy Review Group	29/09/2022	SUPPORTED

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The Industrial Injury Benefit Policy was ratified via Chairs Action of the People and Culture Committee on 8th February 2022.

1.2 During the implementation of this policy it has been found that the appeals process needed further clarification.

1.3 The new Policy "Appeals Procedure when not Detailed in the Relevant HR Policy or Procedure"' was ratified via People and Culture Committee on 10th August 2022.

1.4 Upon review of the Industrial Injury Benefit Policy, it was agreed the use of the above new appeal's procedure would help to clarify and simplify the process to be followed. The amended policy now references the "Appeals Procedure when not Detailed in the Relevant HR Policy or Procedure"', as the process to be followed should an employee wish to appeal an Industrial Injury Benefit decision.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 On page eight of the policy changes have been made to Section 6, Appeals Process, to clarify the appeals process to be followed.

2.2 The Workforce Policy Review Group supported the changes at its meeting on 29th September 2022.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Due to the non-material changes to the policy, it has been published on SharePoint with amendments.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note	Yes Available from Head of Policy and Compliance

EIAs are required for **all** new, changed or withdrawn policies and services.	
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

5.1　The People and Culture Committee is asked to retrospectively **APPROVE** the amendment to the above policy.

Industrial Injury Benefit Policy

Document Type:	Policy
Reference:	WOD10
Author:	Workforce Policy Review Group
Executive Sponsor:	Executive Director for People
Approved By:	People and Culture Committee
Approval / Effective Date:	(08/02/2022)
Review Date:	(08/02/2025)
Version:	2

Target Audience:

People who need to know about this document in detail	Author/Owners of this procedure.
People who need to have a broad understanding of this document	Board Members, Management Board, Senior Leaders, Board Committees.
People who need to know that this document exists	Employees of Cwm Taf Morgannwg University Health Board and its hosted organisations.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 02/11/21
	Outcome: This policy has been screened for relevance to Equality. No potential negative impact has been identified.
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained
Date of approval by Equality Team:	02/11/21
Aligns to the following Wellbeing of Future Generation Act Objective	Ensure sustainability in all that we do, economically, environmentally and socially

Disclaimer:

If the review date of this Policy has passed, please ensure that the version you are using is the most up to date version either by contacting the author or email CTM_Corporate_Governance@wales.nhs.uk

CONTENTS PAGE

1   Introduction

This policy applies to all Cwm Taf Morgannwg University Health Board (CTMUHB) employees, including Hosted Organisations, who are claiming that they have sustained an injury or have contracted a disease or other health condition that they believe is **wholly or mainly attributable to their NHS employment, and is not due to or aggravated by their own negligence or misconduct.**

Management will need to follow the NHS Wales Managing Attendance at Work Policy during any period of related sickness absence. Therefore, this guidance should be read in conjunction with the NHS Wales Managing Attendance at Work Policy.

Section 4.9 of the All Wales Managing Attendance at Work Policy states:

"When one or more of the absences are related to:

- an industrial injury, incident or accident at work (including psychological harm), which has been reported to the manager as close to the time it occurred as practicable and where an incident report has been completed.

  Or

- a serious condition acquired at work and which has been notified to the manager.

  Or

- Diarrhoea and vomiting (D&V) or similar infection, which is considered by Infection Control or Occupational Health to be associated with an outbreak in the working environment.

These periods of absence should normally be discounted when considering further action under the procedure for the management of frequent short term sickness absence."

This document provides guidance on the process for submitting an industrial injury claim, where an independent Industrial Injury Review Panel will make the decision regarding the outcome, consisting of a Head of Department, a Workforce & OD Representative, a Health & Safety Manager and Trade Union Representative (not from the same union supporting the employee).

Employees who receive confirmation of a successful claim will subsequently be eligible to receive payments linked to working patterns or additional work commitments (e.g. unsocial hour's payments) during the sickness absence period associated with their claim.

Employees with successful claims may also be eligible for Injury Allowance, should they experience a reduction in salary during the sickness absence period (e.g. where they move from full sick pay entitlement to half sick pay).

Please note: Employees will receive basic pay only during a sickness absence episode until the outcome of the claim is known; after which, payments will be reimbursed retrospectively for successful claims.

Confirmation of a successful industrial injury claim does not represent a legal admission of liability for the injury / illness.

2   Background

Employees who are absent from work due to sickness, which is the result of a confirmed industrial injury may be eligible to receive Injury Allowance once they have exhausted their full sick pay entitlement and reduce to half pay.

Injury Allowance tops up an employee's pay to 85% of earnings, for a maximum of 12 months during sickness absence. If agreed by the manager, any unused Injury Allowance can also be used to extend a phased return to work plan, as an alternative to using annual leave.

3   Eligibility

Injury Allowance is payable to eligible employees who have injuries, diseases or other health conditions that are **wholly or mainly attributable** to their NHS employment.

3.1   What does 'wholly or mainly attributable to their NHS employment' mean?

"Wholly" means "totally" and "mainly" means "for the most part".

"Attributable" is defined as a "contributory causal connection, it need not be the sole, dominant, direct or proximate cause and effect". However, the injury, disease or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment, or an injury that is not sustained on duty, but is connected with, or arising from, the employee's employment.

3.2   Situations where Injury Allowance may be considered

Some examples but not exhaustive:

- physical or psychiatric injury sustained or disease contracted due to a specific incident or series of incidents;

- injury sustained or disease contracted that does not manifest itself for several years, for example, asbestosis or Hepatitis C following a needle stick injury;

- injury sustained while travelling on official duty, for example, road traffic accident (RTA), while travelling in an official car from one NHS premises to another;

- injury sustained off duty, for example, while providing professional treatment which required professional training or knowledge at the scene of a road traffic accident;

- injury inflicted off duty, the cause of which can be attributed to NHS employment (for example, being assaulted on the way home from work by an ex-patient);

- injury, disease or other health condition contracted due to a series of incidents relating to NHS employment (for example, exposure to noxious substances causing injury, condition or disease over a period).

3.3 **Are there any circumstances where Injury Allowance cannot be considered?**

Injury Allowance cannot be considered in the following circumstances:

- Where an employee is injured while on a normal journey to and from work, except where the journey is part of their NHS contractual duties of employment;

- Where an employee is on sickness absence as a result of disputes relating to employment matters such as investigations or disciplinary action, or as a result of a failed application for promotion, secondment or transfer;

- Where an employee sustains an injury or disease, which is aggravated by their own negligence or misconduct.

Neither is it payable:

- Where there is no reduction in pay below 85%;
- Where the employment contract ends.

3.4 **When is Injury Allowance _unlikely_ to be payable?**

Injury Allowance is unlikely to meet the wholly and mainly attribution test in the following circumstances:

- where the injury or disease is attributable to some other cause, for example the natural progression of a pre-existing condition, normal wear and tear of a non-work related injury, condition or disease;

- where a person suffers from a pre-existing or non-work related condition (injury or disease), unless there is some new work related cause and effect over and above the original problem.

Further guidance can be sought from NHS Employers Injury Allowance – Guide for Employers.

4 Industrial Injury Claims

4.1 Employee Responsibilities

All incidents should be recorded using an electronic incident reporting form (DATIX Risk Management System) immediately or as soon as reasonably practicable following the incident.

Employees who subsequently wish to submit an industrial injury claim should do so by completing Part A of the Claim Form (**Appendix 1**), at the earliest opportunity and pass to their line manager to complete Part B. Incomplete applications may be returned, pending further information, which may delay the outcome.

Employees should continue to comply with their responsibilities under the All Wales Managing Absence at Work Policy during any period of absence.

Employees will be required to complete any forms sent to them by the Payroll Department to ensure any Injury Allowance payments for successful industrial injury claims can be processed in a timely manner.

Employees, who have exhausted full sick pay entitlement and remain on sickness absence, may also move to half sick pay until the outcome of the claim is known, after which Injury Allowance payments will be backdated retrospectively for successful claims.

Employees who have submitted an industrial injury claim should continue to submit their timesheets with the allowances or payments linked to working patterns or additional work commitments (e.g. unsocial hours payments) that they would have worked had they not been absent due to sickness. However, the manager **should not** submit these allowances or payments on their payroll returns until they have written confirmation from the Industrial Injury Review Panel, the industrial injury claim has been successful.

Further information on supporting evidence etc can be found in the [NHS Employers Injury Allowance Guide for staff](#)

4.2 Manager Responsibilities

Managers will need to follow the Managing Attendance at Work absence management procedures during any period of sickness absence where the employee is claiming that they have sustained an injury or have contracted a disease or other health condition that they believe is wholly or mainly attributable to their NHS employment.

Once the employee has completed **Part A** and provided their supporting documentation to their line manager, the line manager should complete **Part B** of the Industrial Injury Claim Form (**Appendix 2**) and forward all relevant documentation to the Workforce and OD contact for submission to the next appropriate Industrial Injury Review panel.

For examples of what evidence should be included to corroborate that the person may have had an injury at work, see NHS Employers Injury Allowance – Guide for Employers.

On receipt of notification of a successful Industrial Injury Claim outcome, from the Review Panel, the manager will be required to confirm with the Payroll Department the allowances or payments linked to working patterns or additional work commitments (e.g. USH payments) both owed to the employee, and then on an ongoing basis for the length of the sickness absence period (where the reason for absence remains due to the industrial injury).

5   Decision Process

On receipt of the completed Industrial Injury Claim form, the Workforce and OD representative will submit the documentation to be considered at the next Industrial Injury Review meeting, where an independent panel will review the claim and determine the outcome.   All completed applications will be considered within 7 calendar days of the receipt of the application. The panel will consist of a:

- Head of Department (from outside the employee's department) – Chair the panel

- Workforce & OD Representative

- Health & Safety Manager

- Trade Union Representative (not from the same union supporting the employee)

It is important applications are completed in full and any supplementary information / evidence is provided to enable the panel to determine the validity of the claim. Any incomplete applications will be returned pending further information, which will delay the outcome. Employees are therefore encouraged to seek advice from their line manager, Occupational Health, Workforce & OD and / or their trade union representative when completing claim forms.

The panel will make their decision based on the **balance of probability** of whether the absence is **wholly or mainly due to NHS Employment,** which is defined as 'more likely than not'.

Based on the information provided in the application and supporting documentation, the Chair of the Panel will confirm the outcome of the claim to the employee, their line manager and the Workforce and OD representative, in writing within 7 calendar days of the Review Panel Meeting taking place. The Chair of the Panel will complete **Part C** of the Industrial Injury Claim Form (**Appendix 3**), setting out the reason(s) for approval or rejection of the claim.

If the claim is successful, the Payroll Department will be notified by the workforce & OD representative on the Review Panel, to issue a letter to the employee requesting authorisation for the Benefits Agency to provide details of any additional payments being made to them. Once the Benefits Agency have confirmed the amount and which

benefits are / will be received by the employee, this will enable Injury Allowance to be paid, to top up any reduced earnings to 85% of salary.

The employee should make the Payroll Department aware each time a change in benefits applies, as this could affect the amount of Injury Allowance due.

If a successful claim is received for an absence linked to a previous industrial injury, the Workforce & OD representative on the Review Panel will be required to notify the Payroll Department that the employee has a **recurring** industrial injury, providing details of the original injury (obtained from the claim form). The manager will again be required to provide payroll with information regarding any payments linked to working patterns or additional work commitments owed.

6   Appeal Process

If an employee is dissatisfied with the outcome of a Review Panel decision, they may request an appeal to be heard in accordance with the Appeals Procedure when not Detailed in the Relevant HR Policy or Procedure.

The decision of the Appeal Panel will be final and there will be no further right of appeal.

7   Equality Impact Assessment Statement

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

8   Training and Awareness

Advice and support will be provided by the Workforce department to support employees and managers in their understanding and application of this procedure.

9   References

The details of the Injury Benefit provisions are set out in Section 22 of the NHS Terms and Conditions of Service Handbook.

Industrial Injury Claim Form

PART A – TO BE COMPLETED BY EMPLOYEE*

Please complete the application as fully as possible, as any incomplete applications will be returned, which will delay the decision process. If a question does not apply to your particular case, please record "Not Applicable" or "N/A" in the box.

CONTACT DETAILS	
Name:	
Job Title:	
Payroll/ Employee Number:	
Department/ Base:	
Preferred Contact Address (Work or Home):	
Preferred Email Address:	
Preferred Tel. Number:	
Line Manager's Name, Job Title and Contact Details:	
Trade Union Representative's Name, Union and Contact Details (If applicable):	

CLAIM DETAILS	
Date of Incident/s:	
Datix Incident Number/s (If applicable):	
Date sickness absence commenced:	
Date returned to work from sickness absence (if applicable):	
Is this absence related to a previous industrial injury?	Yes / No

If yes, please include details of **why** you feel this episode of sickness absence is linked to a previous **confirmed** industrial injury and provide details of the previous industrial injury.* **Do not complete any further questions on this form and move to** Name and Signature section below.	
If no, please include details of the injury sustained or disease contracted and an explanation of why you feel it is wholly or mainly due to your NHS Employment*	
If this incident is related to any manual handling duties, please indicate what equipment you utilised (if any) or any reasons for not using the appropriate equipment. *	
Please include details of how the injury or disease affects your ability to work or carry out normal daily activities. * Have these symptoms continued? If **yes**, for how long and has it been continuous or ad hoc?	
Was there a specific incident or trigger? If so, please give details such as time and date of onset as precisely as possible. *	
Are there any other factors that have contributed to the injury sustained or disease contracted? If so provide additional information.*	
Did you report this issue to your line manager? If **yes**, please include their name and the date you reported it.	

What support were you offered? Was this support timely? Has it been on going?	
If you did not report your concerns to your line manager, can you provide the reason for not doing so?	
Are you aware of the following Health Board policies and services? • Respect and Resolution Policy • Raising Concerns Policy • Wellbeing Service • Occupational Health Service • Employee Assistance Programme (Vivup)	 Yes / No Yes / No Yes / No Yes / No Yes / No
Have you accessed any of the support mechanisms available to staff, such as the policies referenced above, and/or services?	
If yes, What advice was provided? Did you feel that the support was adequate? What did you feel could have been done differently?	
If no, please provide the reason(s) for not accessing the policy / service.	
Did you discuss your situation with any other member of staff, including a trade union representative? If no, please provide the reason(s).	
Please include any other information which you feel is relevant evidence to support your application*	
Name	
Signature	
Date	

*Please continue on a separate sheet if required.

Reference:WOD10
Policy Title: Industrial Injury Benefit Policy

Checklist of Documents to Attach to Part A of Claim Form

Please note some information may be available from your line manager. Please number each attached document (if applicable) and submit with the claim form

Number	Description	Tick
	A statement giving details of the injury sustained or the disease contracted i.e. your medical condition) and how it is connected to your NHS employment (i.e. what caused it).	
	Copy of the accident report e.g. DATIX Form.	
	Witness Statements (If applicable)	
	DWP benefit statements (If applicable)	
	Relevant medical advice e.g. GP/ Hospital etc. (If applicable).	
	Use the section below to list any other documents attached to your claim form	

Please forward the form along with your supporting documentation to your line manager to complete Part B

Reference:WOD10
Policy Title: Industrial Injury Benefit Policy

PART B – TO BE COMPLETED BY LINE MANAGER*

Please complete the application as fully as possible as any incomplete applications will be returned, which will delay the decision process. If a question does not apply to this particular case, please record "Not Applicable" or "N/A" in the box.

CONTACT DETAILS FOR LINE MANAGER	
Name:	
Job Title:	
Department/ Base:	
Email Address:	
Telephone Number:	
HR Business Partner's Name:	

CLAIM DETAILS (from line manager's records)	
Date of Incident/s:	
Date sickness absence commenced:	
Date returned to work from sickness absence (if applicable):	
Is the employee advising this absence is related to a previous industrial injury?	Yes / No
If yes, *please include details of the previous episode(s) of sickness absence including start date and end date of the original absence and your view on whether the new episode is likely to be related or not supported by relevant information / evidence e.g. Occupational Health report.* **Do not complete any further questions on this form and move to** Name and Signature section below.	
If no, *please include details of the new injury sustained or disease contracted and your view on whether it is wholly or mainly due to their NHS Employment. Please*	

support your view with relevant information / evidence e.g. Occupational Health report.	
Please include details of how the injury or disease affects the employee's ability to work and / or carry out normal contractual duties and activities:	
Was there a specific incident or trigger? If **yes** please give details such as time and date of onset as accurately as possible:	
Are you aware of any other factors that have contributed to the injury sustained or disease contracted? If **yes** please provide details here (without breaching confidentiality of any third parties, if applicable):	
Did the employee report the incident to you previously? If so, please include when and the details of what was reported:	
What support did you offer? • Respect and Resolution Policy • Raising Concerns Policy • Wellbeing Service • Occupational Health Service • Employee Assistance Programme (Vivup) Was this support timely? Has it been on going?	
Was the support offered by you accepted to your knowledge? Provide details where applicable:	
Please provide any other relevant information*	
Name:	
Signature:	
Date:	

*Please continue on a separate sheet if required.

Checklist of Documents to Attach to Part B of Claim Form

Please only submit new documentation not already provided in Part A. Please number the documents as follows**:**

Number	Description	Tick
	Internal investigation report including details of the injury sustained or the disease contracted by the employee and how it is connected to their NHS Employment (i.e. what caused it?):	
	Accident report e.g. DATIX Form:	
	Occupational Health Department advice / copies of GP Fit Notes / other medical advice / reports received (please ensure that the employee has provided consent for these to be shared to support their claim):	
	Job description and person specification, including details of the location of work, duties of employment and statutory and mandatory training records, etc.:	
	A full statement of events from the employee explaining what injury / disease they are claiming for and the circumstances leading to the claim:	
	Documents that may be helpful by way of corroboration: *(see section 3 of guidance notes and list here) e.g. witness statements*	

Please forward both parts of the form and all supporting documentation to your relevant ILG HR team who will arrange an Industrial Injury Review Panel:

Corporate Services CTM.CorporateILG.HRTeam@wales.nhs.uk
Merthyr and Cynon CTM.MerthyrILG.HRTeam@wales.nhs.uk
Rhondda and Taff CTM.RhonddaILG.HRTeam@wales.nhs.uk
Bridgend CTM.BridgendILG.HRTeam@wales.nhs.uk

Appendix 3

PART C – TO BE COMPLETED BY THE INDUSTRIAL INJURY REVIEW PANEL

Review Panel Members		
(Chair of Panel) Head of Department Representative's Name:		
Workforce & OD Representative's Name:		
Health & Safety Manager's Name:		
Trade Union Representative's Name:		
Employee's Name:		
Payroll Number:		
Industrial Injury Claim Outcome Successful: NO [*delete as applicable]	YES	
Claim linked to a previous industrial injury claim: NO [*delete as applicable]	YES	
Reason(s) for the Decision		
To be signed by all members of the review panel		Date:
Head of Department Representative:		
Workforce & OD Representative:		
Health & Safety Manager:		
Trade Union Representative:		

*Please continue on a separate sheet if required.

For successful claims:

- The Chair of the Panel notifies employee and line manager in writing within 7 days of review panel meeting.

- The Workforce and OD Representative on the Review Panel will notify the Payroll Department;

- The line manager will notify the Payroll Department of any monies owed (e.g. USH payments);

- The Payroll Department will send the employee forms to complete to determine eligibility for Injury Allowance, should the employee move to half sick pay during their sickness absence (where the reason for absence remains due to the confirmed industrial injury).

For unsuccessful claims:

- The Chair of the Panel notifies employee and line manager in writing within 7 days of review panel meeting.

- Employee may appeal in writing within 14 days of the date on which the decision was communicated to them in writing.

- Follow the Appeals Procedure When Not Detailed in the Relevant HR Policy or Procedure.

- The appeal must be sent to the Workforce Assistant Director of Policy, Governance and Compliance.

- The Appeal is the final stage of the process and there is no further right of appeal against the outcome.

PEOPLE & CULTURE COMMITTEE

RATIFICATION OF APPROVAL OF
NURSING AND MIDWIFERY ROSTERING POLICY

Date of meeting	9 November 2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Kathrine Davies, Corporate Governance Manager
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Workforce Policy Review Group	27/07/2022	SUPPORTED
The Local Partnership Forum	13/09/2022	ENDORSED
Urgent Chair's Action – People & Culture Committee Members by Email	15/092022	APPROVED

ACRONYMS	

1. SITUATION/BACKGROUND

1.1   The purpose of the report is to present the Workforce and Organisational Development policy set out below.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 **Workforce Policy Review Group Policy**

The Workforce Policy Review Group (WPRG) has developed the following policy in partnership. This Group is accountable to the Local Partnership Forum. The WPRG is responsible for developing and reviewing policies and procedures and where appropriate endorse them following the consultation process.

2.2 **Nursing and Midwifery Rostering Policy**

This is a new policy, which describes the standards required of nursing and midwifery staff within Clinical Department/Ward rosters within Cwm Taf Morgannwg University Health Board, to ensure a balance between the needs of the service and those of individual staff members. This principle is essential to the provision of safe and effective patient care and service delivery. The policy will be registered as a clinical policy and all future reviews/amendments to this policy will therefore be subject to the approval by the Quality & Safety Committee.

The policy is for use by all areas of the Health Board and applies to all nursing, midwifery and staff groups allied to the nursing and midwifery teams.

2.3 Unfortunately, the final version of this policy was not received in time for consideration at the People and Culture Committee on the 10th August 2022. In order that there was no delay in the adoption of this policy Dilys Jouvenat, as Chair of the People & Culture Committee, has agreed to this item being circulated to Committee Members for approval under Chair's Urgent Action.

2.4 A request was received for this to be considered for approval via Urgent Chair's Action and was circulated to Committee Members on 15th September 2022 by email for comment.

2.5 Such action requires support from the Committee Chair, two Independent Members of the Committee and the Executive Lead. This was gained on 16th September 2022 from the following:

- Dilys Jouvenat, Committee Chair
- Nicola Milligan, Committee Member
- Mel Jehu, Committee Member
- Hywel Daniel, Executive Director for People.

Ratification of Chairs Action   **Page 2 of 3**   **People & Culture Committee**
Nursing & Midwifery   **9 November 2022**
Rostering Policy

2/3   95/214

2.6   In line with Standing Order requirements this action needs to be ratified at the next scheduled meeting of the Committee and is presented here for that purpose.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   The request for approval of this Policy under Chair's Urgent Action was actioned as per required processes as detailed above.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes
	Available from Claire Nicholas, Head of Policy Compliance and A4C
Legal implications / impact	Yes (Include further detail below)
	There could be legal implications if the policy is not adhered to, as identified, if applicable, within the policy.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining our Future

5. RECOMMENDATION

5.1   The People & Culture Committee is asked to **RATIFY** the **APPROVAL** of the CTMUHB Nursing & Midwifery Rostering Policy undertaken via Chair's Urgent Action as set out above.

5.2   The People & Culture Committee is asked to **NOTE** that once approved this will be registered as a clinical policy and all future reviews/amendments to this policy will therefore be subject to approval by the Quality & Safety Committee.

Ratification of Chairs Action **Page 3 of 3** **People & Culture Committee**
Nursing & Midwifery **9 November 2022**
Rostering Policy

3/3   96/214

Nursing and Midwifery Rostering Policy

Document Type:	Non Clinical Organisational Wide Policy
Ref:	PCS 06
Author:	Carole Tookey, Care Group Nurse Director
Executive Sponsor:	Executive Nurse Director
Approved By:	Choose an item.
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	1

Target Audience:

People who need to know about this document in detail	Authors and owners of policies, procedures and written control documents)
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders. Board Committees.)
People who need to know that this document exists	All staff involved in the development of Health Board Policies.)

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 30/08/2022
	Outcome: No adverse impact
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	30/08/2022
Aligns to the following Wellbeing of Future Generation Act Objective	Ensure sustainability in all that we do, economically, environmentally and socially

Disclaimer:
If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

CONTENTS PAGE

INTRODUCTION

1. POLICY STATEMENT

This policy describes the standards required of nursing and midwifery staff within Clinical Department / Ward rosters within Cwm Taf Morgannwg University Health Board, to ensure a balance between the needs of the service and those of individual staff members. This principle is essential to the provision of safe and effective patient care and service delivery.

The Lord Carter Report (2016) recommends the use of an electronic Rostering system, due to the ease with which the resultant data can be analysed. This policy will therefore only apply to the nursing and midwifery staff who use either an electronic or a manual rostering system, as the principles and the guidance will assist them in ensuring common processes and maximum benefit from workforce efficiency.

By adhering to this policy, the Health Board will be able to implement the Lord Carter recommendations, by identifying areas of improvement within current rostering practices. The benefit of doing so will result in the right staff being in the right place, at the right time, so that patients and service users receive the care they need. It will also enable the Health Board to more effectively manage our nursing and midwifery workforce, which will have a positive impact on the financial position.

2. SCOPE OF POLICY

The policy is for use by all areas of the UHB and applies to all nursing, midwifery and staff groups allied to the nursing and midwifery teams.

This policy will consider the roles and responsibilities of all nurses and midwives.

Ward / Departmental Manager - responsible for the production of the roster.

Senior Nurse / Midwife – responsible for a cluster of clinical teams and signing off the roster.

Lead Nurses / Midwives – responsible for a care group

Head of Nursing – responsible for a care group service

All are responsible for the delivery of safe, fair, equitable, and effective rosters, which maximise workforce efficiency.

3. AIMS AND OBJECTIVES

• To ensure that nursing and midwifery rosters are efficient and effective to maintain patient safety;

• To ensure the skill mix is planned in accordance with the guiding principles, defined in the Nurse Staffing Act;

Ref:
Policy Title: Nursing and Midwifery Rostering Policy
Page Number: 3

- To ensure the appropriate redeployment of nursing and midwifery staff across a care group, to maintain an appropriate and safe ratio skill mix;

- To ensure that rosters are fair and equitable to all staff, in line with the Improving Working Lives Agenda;

- To facilitate the production of effective rosters, which are compliant with the European Working Time Directive;

- To provide a mechanism for reporting against agreed Health Board Key Performance Indicators (KPIs); and

- To facilitate the accurate payment of nursing and midwifery staff, through data being entered at source.

4. RESPONSIBILITIES

4.1 Health Board and Chief Executive

The Cwm Taf Morgannwg University Health Board, Board has overall responsibility for ensuring a robust process for providing effective and efficient rostering is in place across the organisations. It is also responsible for maintaining and reviewing the overall strategic direction and work plan, to ensure the Health Roster system is delivering safe and effective rostering, within the financial pay budgets.

The Health Board uses the Health Roster system to provide the required assurance, on safe staffing levels to the Board, public and statutory bodies.

4.2 The Executive Director of Nursing, Midwifery & Patient Care and Care Group Nurse Directors

Under delegated authorities and as the representative of the Health Board, the Executive Director of Nursing, Midwifery and Patient Care is responsible for:

- The promotion and provision of rostering using the Health Roster system and for the delivery of safe and effective rostering that meets the needs of the patients;

- The Nurse Directors are responsible for the efficient and effective delivery of the Health Roster system through their Care Group Heads of Nursing or Lead Nurses and onwards reporting into the Health Board and the Strategic Nursing & Midwifery Workforce Group

4.3 The Health Board's Health Rostering Team

Reporting to the Executive Director of People, the Health Rostering Team is responsible for:

- The Health Roster Team, who assist with the roll out and maintenance of the Health Roster system;

- Adding and removing staff from the Health Roster system;

- Maintaining and updating the use of the Health Roster system to provide accurate data to enable clinical staff to make decisions on the effective and efficient delivery of nursing / midwifery care;

- Quality assurance of all system and processes associated with the Health Roster system;

- Maintain the gateway between Electronic Staff Record (ESR) and Health Roster and to provide detailed shift, starter and leaver reports;

- Ensuring that all ESR changes are reflected in Health Roster and vice versa;

- All password, access control, provision and guides Health Roster for users; and

- Ensures a seamless service between the Health Roster system and the Bank system.

4.4 The Payroll Department

- The payroll Team is responsible for uploading information provided by the Health Roster Team, to ensure enhancements, overtime and any additional payments are made and the timesheets are uploaded into ESR, to meet payroll dates.

4.5 The Head of Nursing / Midwifery, Lead Nurse / Midwife & Senior Nurse / Midwife

- Are responsible for oversight and approval of all rosters within their area of responsibility and for the use of the nursing / midwifery workforce across their area;

- Are expected to remain competent with the use of the Health Roster system, support any software additions and ensure all staff are trained as appropriate;

- All completed duty rosters within their sphere of responsibility are authorised prior to being published, as an agreed roster. This will be completed within 48 hours of receipt of the roster, unless queries have been raised;

- Ensure all rosters are fully approved and published at least 6 weeks prior to start of roster period available on the eRostering site. If a roster is rejected, this should be discussed with the relevant roster creator and any issues resolved in a timely manner in order to meet the 6-week deadline for publishing;

- Where the Health Roster system is in place, the authorisation must be recorded using the facility in the system; and

- Will review and where appropriate approve any resubmitted rosters, where appropriate changes are required. (A rejected roster cannot be finalised for Payroll therefore enhancements cannot be paid).

- No roster should be published until it is NSA compliant and has been formally authorised by the Senior Nurse / Midwife or Service Lead.

4.6 The Ward / Departmental Managers

The Ward / Department Manager is responsible and accountable for the effective and fair construction of the duty roster for their areas of responsibility within the agreed Ward / Department establishment template. This remains the case where the function is delegated.

- The Ward / Department Manager and their deputies should be visible and provide leadership and ensure roster coverage across the seven day working week;

- Rosters must be partially approved by the Ward / Department Manager more than 6 weeks prior to start of roster period;

- The rosters should be fully approved by the Senior Nurse / Midwife and published at least 6 weeks prior to the commencement of the roster period;

- All wards / department will use the Auto Roster function, where possible to create the duty rosters. All personal and shared patterns should be added when the roster is first opened, prior to requests being added;

- The Ward / Department Manager in consultation with their staff are responsible for ensuring all staff details and working preferences are up to date and current in the system.

- The Ward / Department Manager will be responsible for ensuring a process is in place to ensure full use of all nursing / midwifery staff contracted hours;

- Each Ward / Department template will define any specific competencies required for staff to be rostered, in addition to the standard competency set. The Ward / Department Manager and / or nominated roster creator, must define these as part of the implementation programme. All changes should be submitted to the Workforce e- rostering Team to action;

- The correct competencies must be assigned to staff and kept up to date at all time;

- All completed duty rosters must be authorised by Ward / Department Manager or deputy and finalised within 72 hours of any shift being worked.

4.7 The Employee

Each employee, whether permanent, temporary, or in training, is responsible for:

- Accessing Health Roster to request annual leave, shift requests and directly booking bank shifts, to be worked as appropriate;

- Fulfilling their contractual hours each month; and

- Checking their requests have been authorised.

4.8   The Strategic Nursing & Midwifery Workforce Group

- The group sets the strategic direction and work plan for the HealthRoster system. This includes rollout across the Health Board and resolving any strategic issues highlighted. Their role also includes agreeing business plans for the purchase of system upgrades, improvements and additional functionality, where required.

5. DEFINITIONS

Term	Meaning
Health Roster	The term used to cover the electronic rostering system used within the Health Board.
SafeCare	The electronic system to measure the acuity and dependency of patients on in patient wards (not yet available in the Health Board)
Roster	The schedule produced to allocate staff to their duty, when covering a service. Usually in a shift format.
Establishment and Skill Mix	The Health Board agreed budgeted staffing level for each area and the agreed numbers of staff for each band, required to provide safe care.
Validation and Approval	The assurance process for staff to ensure rosters are produced in line with Health Board policy and strategy.
Finalisation	The sign off process in the system, to validate booked shifts on the roster.

6. IMPLEMENTATION/POLICY COMPLIANCE

6.1   Ward / Department Establishments:

Each ward / department establishment is constructed on the basis of the required number of whole time equivalent staff, of the relevant skill / grade, with an addition of 26.9% for covering absence. Of this 26.9%, this is allocated to the following:

- Annual leave AL and BH provision @ 18.52%
- Sickness absence provision @ 4.5%
- Study leave provision @ 3%
- Maternity leave provision @ 0.88%

Where the Ward Manager role is supervisory (funded above the daily staffing level) they are not included in the daily shift numbers, unless required. When the Ward Manager is required to work clinically, the supervisory shift must be amended to a clinical shift, to reflect the change in role. The Ward Manager is not expected to work regular nights but there is an expectation about working occasional nights or weekends to appreciate the 24 hour responsibility included in their role.

In specialist areas a band 6 or 7 nurse in charge may be required to be allocated to every shift, these roles may be part of the existing roster template and not necessarily supervisory.

6.2   The Use of Temporary Staff to Cover Unfilled Shifts:

Once the roster is authorised by the Senior Nurse / Midwife, requests can be made via the roster to cover unfilled shifts. The requests should be made as soon as possible, to give the Bank workforce as much time as possible to fill the shift. Staffing requests that exceed the available funds within the establishment, must be agreed with the Senior Nurse / Midwife, prior to being booked.

- All requests for bank shifts must be made from the ward / department vacancy grid (red tiles) by the requesting ward / department. The filling of vacant shifts will follow the Bank and Agency Booking Escalation process. The automatic cascade function within the Bank Staff System (e-system used by the Bank Office) has been built to replicate this.

- Any unfilled shifts are initially made available to the local bank workforce who can book direct via Employee Online (EOL). After two week, where appropriate, unfilled shifts are made available to the Collaborative Bank Workforce to book via MeApp.

- Any remaining unfilled shifts that require a qualified nurse, are automatically transferred to all Nursing Agencies on the All Wales Agency Nursing Service Consolidated Contract who engage with CTMUHB to supply Agency Nurses are able to book direct via the e-system portal two weeks prior to the date of the shift. Approval by the Care Group Nurse Director is required before any HCSW shifts are made available to Agency to fill.

- Substantive staff moved to other clinical environments must have appropriate clinical skills unless the requirement is to provide general nursing care that does not require specialist skills;

- Agency workers required for 5 days or more must be approved by the Care Group Nurse Director, before the request is formalised with the Bank Office;

- Escalation of unfilled shifts to off-contract agencies can only be requested within 24 hours of the shift commencement. This request must be on the form included at appendix 1 and authorised by the Care Group Nurse Director in hours and the Executive On Call out of hours.

- Health Roster must be updated on a shift by shift basis, in real time;

- All changes to the published duty roster must be updated on Health Roster;

- All Staff (substantive or bank) redeployed to work in other clinical areas to support staffing need, must be appropriately moved to the area worked on Health Roster in real time;

- Any shift cancelled, for any reason, must have an unavailable reason added to the shift or period. This includes those related to sickness absence

  - Assigning and recording overtime and excess hours must comply with Health Board Policy and recorded in accordance with the requirements on Health Roster.

6.4   Removing Staff Leavers

Where staff leave their post in the Health Board or moving between departments, the Rostering Team must be notified to enable to remove or move them to another roster, as appropriate. The Payroll Team must also be informed via the termination / staff changes process, as appropriate.

6.5   Skill Mix

Duty rosters will be planned, taking account of the needs of the patients to ensure there is an appropriate mix of skills available on each shift and in compliance with the Nurse Staffing Act.

6.6   Ward / Department Establishment and Health Roster Rostering Template

- The agreed weekly profile and establishment (agreed and approved by the Head of Nursing / Midwifery) forms the basis of the template for Health Roster;

- Each ward / department will have an agreed baseline number of staff and skill mix, which will be risk assessed by the Ward / Department Manager, in consultation with the relevant Senior Nurse / Head of Nursing/Midwifery; and

- Nurse establishment and skill mix will be reviewed at least annually with the Executive Director of Nursing, Midwifery and Patient Care, as part of the NSA Safe Staffing Framework. Bi-annually this information will be reported in the NSA Board Report presented, by the Executive Director of Nursing, Midwifery and Patient Care.

6.7   Minimum Requirements

- No shift is to be rostered without at least two substantive registered nurses, as a minimum unless the agreed roster is for one registered nurse only;

- No more than two (2) long days to be rostered consecutively, (unless exceptional circumstances to be agreed by Senior Nurse);

- No more than three (3) night duties to be worked consecutively (unless exceptional circumstances to be agreed by Senior Nurse);

- Staff will be routinely rostered to work two full weekends (Friday night, Saturday and Sunday) on and two full weekends off every four weeks, (unless substantive staff are working weekends only as part of a flexible working arrangement);

  - Staff should not be rostered to work days and nights in the same week unless this is by prior agreement;
  - Staff that work a Sunday night shift should not be rostered for a long day on the Tuesday unless this is by prior agreement.

7. Roster Creation

7.1 Roster Creation

Rosters must comply with the requirements of the Working Time Directive Regulation i.e. minimum daily / weekly rest and break periods. Where on-call arrangements are part of a duty roster, it must take account of any locally agreed on-call policy.

7.2 Use of Auto-Roster

Where possible, the remaining part of the rosters will be compiled using the night / day auto roster function and will be the required method, in which Health Board rosters are first produced.

7.3 Nights and Weekends

The following requirements must form the starting point of the rostering process i.e. before completing Monday - Friday daytime hours.

- Night duty registered shifts to be covered by ward / department staff as a priority. Exceptions will need prior approval by the Senior Nurse

- Ward /department staff will cover weekend shifts, as a priority. Exceptions will need prior approval by the Senior Nurse and

- Staff working a 24/7 pattern will be allocated at least two full weekends off per four week roster period, as a minimum. This applies unless a flexible working pattern is in place.

7.4 Rotation to Days

All staff to work internal rotation to suit the requirement of the service, unless a specific flexible working pattern agreement is in place, or staff are excluded from working nights due to verified health reasons. All staff   will

be expected to work at least 24 hours if full time (or pro-rata) of their monthly shifts, during a weekday to maintain clinical skills and supervision.

7.5   Breaks

At no point during the shift should there only be one registered nurse working alone, for a period exceeding an hour in total i.e. when another registered nurse is on their break.

Generally, there will be no more than 25% of the nursing /midwifery team taking their break at any given time, during the night period.

For example, a ward with 2 registered nurses + 2 healthcare support workers = 1 Nurse takes a break at a time.

7.6   Flexible Working Patterns

- Flexible working patterns can be agreed in accordance with the Health Board's Flexible Working Policy

- This agreement needs to be documented both in the member of staff's personnel file and within Health Roster, with a review date. All flexible working patterns must be reviewed at least annually and

- Where there are concerns regarding a member of staff's level of absences, any agreed personal pattern should be reviewed and changed, if it is determined to be a contributory factor.

8.   **Equity in Number of Requests**

- To ensure equity, all staff should be allowed a maximum of 6 requests (any shifts) within a 4 week roster period (pro-rata). Variation to this should be approved by the Ward / Department Manager and for exceptional circumstances only. Shift swaps between staff of similar skill and band are an accepted approach to providing additional flexibility;

- Where an agreed personal pattern of work is in place via a formal flexible working agreement, the number of requests should be reduced in the roster period (see table below). This can only be varied for exceptional circumstances, with the approval of the Ward / Department Manager;

- Where the personal pattern is for medical reasons i.e. Occupational Health recommendation, the member of staff will have the full number of pro rata number requests;

- Annual Leave requests and specific shifts required for work purposes, DO NOT contribute to the 6 requests; and

- Requests should be made to the Ward/Departmental Manager who will use their discretion to make a decision. Once   agreed these should then be added directly to the roster, with a summary duty note.

- Please Note: All requests will be considered in the light of service needs. Ward / Department Managers will endeavour, as far as possible, to meet individual requests. However, safe staffing and appropriate skill mix are essential. Therefore, while requests for specific shifts or days off can be made, service requirements and equity for other staff members mean requests cannot always be guaranteed.

Hours per week (hpw)	Pro Rata Requests Per 4 Week Roster
37.5 hpw	6
Less than 37.5 to 29 hpw	5
Less than 29 to 20 hpw	4
Less than 20 -10 hpw	3
10 hpw or less	2

9.   Unavailability

9.1   Annual Leave

All annual leave must be taken in line with the Health Board's annual leave policy.

- Annual Leave requests must be requested through Employee on Line (EOL) prior to the roster request window closing. If the request is rejected, a relevant reason will be given

9.2   Study Leave

Any study leave must be taken in line with the Health Board's Study Leave Policy.

- Ensure the study day title is added to the comments section, as a reference when booking study time. Study days requested without identifying the course will be rejected.

9.3   Sickness Absence

Sickness Absence will be managed in accordance with the All Wales Managing Attendance at Work Policy.

10   Standards and Key Performance Indicators

10.1   Duty Roster Finalisation

- The finalisation process must be performed daily in ward areas. In other clinical areas (see attached link to rostering pages: http://ctuhb-intranet/dir/eRostering/SitePages/eRostering.aspx) they must be finalised at least weekly at an absolute minimum.

10.2 Measurement and Key Performance Indicators

The key performance indicators currently measured are:

- Compliance with unavailability against annual leave, sickness and training within the rota

- Compliance to 6-week rostering publication

- Unused hours on the Roster

- Overused hours on the roster

- At least weekly sign off of all shifts including bank & agency workers

- Compliance with confirmation of month end rota sign off for payroll

The named roles below are responsible for undertaking the following on-going monitoring to ensure rosters comply with agreed Key Performance Indicators (KPIs).

Executive Director of Nursing, Midwifery & Patient Care or Deputy

Receipt of and discussion about the key performance indicators (KPIs) on a monthly basis, via the Nursing Workforce Strategy Group.

Heads of Nursing/Midwifery

Review the Rostering KPI's with the Senior Nurses and ensure compliance across all rostering areas via the Establishment meetings.

EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

Appendix 1:

Off-contract agency authorisation form

Form 1 - In Hours
Off Contract Agency

Form 2 - Out of
Hours Off Contract

ACTION LOG: PLANNING, PEOPLE & CULTURE COMMITTEE					
Minute Reference	**Date of Meeting Action Originated**	**Issue**	**Lead Officer**	**Timescale for Action to be completed**	**Status of Action** (as 06.10.2022)
08.22.6	August 2022	**Committee Annual Report & Self Effectiveness Survey Outcome** Defer the Self Effectiveness Survey Outcome to the next meeting.	Director of Governance	November 2022	**In progress** On agenda – 9 November 2022
08.22.8	August 2022	**Action Log** Closed CAMHS Action update to be checked by Governance Team and shared outside of the meeting with the Committee.	Corporate Governance Manager	August 2022	**Completed** Circulated via email 10.8.2022
08.22.9	August 2022	**Welsh Language Standards Annual Report 2021-22** Welsh version of the Annual Report to be shared with Members.	Welsh Language Manager	August 2022	**Completed** Report shared via email 6.10.2022
08.22.10	August 2022	**Organisational Risk Register** Further review mitigating action for Datix Risk 1133 and revert back to the Committee with an update outside of the meeting.	Assistant Director of Governance & Risk	August 2022	**Completed** An update was sought from the Nurse Director for Unscheduled Care which is captured in the Organisational Risk Register update in item 3.1.1b. As part of the

					transition to the Care Group Model all risks on the Organisational Risk Register are being aligned to the appropriate Care Group and will be reviewed.
08.22.10	August 2022	**Organisational Risk Register** A request for further information on retention for risks 4106 and 4157 to be raised outside of the meeting.	Assistant Director of Governance & Risk	August 2022	**Completed** An update on risks 4106 and 4157 is captured in the Organisational Risk Register update in item 3.1.1b. The Deputy Nurse Director is in the process of amalgamating these two risks with an update planned for the November iteration of the Organisational Risk Register.
08.22.11	August 2022	**BAME Story** Outcome of the Network Report on DRS reporting to be shared with the Committee once completed.	R. Biswas – Consultant Physician	November 2022	**Completed** Circulated to Committee via email 7.11.22
08.22.11	August 2022	**BAME Story** Discussions to be held outside of Committee in relation to how the health board could support the Network in terms of the	Director for People	November 2022	**Update to be sought at the meeting of the 9th November 2022.**

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		time and resource required to dedicate to this activity.			
08.22.16	August 2022	**Values & Behaviours** To share the percentages of the April Values Listening Sessions outside of the meeting.	Assistant Director of OD and Wellbeing	August 2022	**Complete** Information shared outside of the Committee via email 27.10.22
05.22.9	May 2022	**Disclosure & Barring Service** Further update to be provided to the Committee at a future meeting.	Assistant Director, Workforce & OD	November 2022	**In progress** Added to Forward Plan for November 2022 meeting.
05.22.10	May 2022	**Employee Relations Report – Part 1 & Listening, Learning & Improvement – Part 2** To link in with the Deputy Director of Nursing to provide NMC detail within the next report	Assistant Director, Workforce & OD	August 2022	**In progress** A discussion has taken place with Debbie Bennion regarding the requirements and the current ER Report format shared. The November 2022 ER Report will contain this information.
05.22.16	May 2022	**Workforce Metrics Report** To review the conditional and unconditional letters and the barriers causing delays in shortlisting.	Director for People	August 2022	**In progess** Update provided at August 22 Meeting: NHS Wales Shared Services Partnership implementing a change with regards to the letters from September 2022 which would be one letter of appointment if the person meets all the

					conditions rather than the previous unconditional and conditional letter and this would be a transformative step from a Managers point of view in eliminating the time gap between these stages.
PREVIOUSLY COMPLETED ACTIONS					
05.22.13	May 2022	**Employee Experience & Wellbeing** Outcome of the survey on recognition to be received once published	Deputy Director for People	August 2022	**Completed** Results of the survey were included in the Staff Update last week of July 2022. Related to this area of work, and as a result of findings where staff indicated they most appreciated being thanked by both managers and colleagues the team are now concentrating on promoting an "attitude of gratitude" with thank you cards being promoted on social media channels and also being provided with hard copies to services encouraging staff to provide genuine and

					meaningful thanks to others.
05.22.8	May 2022	**Organisational Risk Register** Update on actions in relation to the following two risks to be provided. 4106 (Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital 1133 (Increasing dependency on agency staff cover which impacts on continuity of care, patient safety)	Director of Governance	August 2022	**COMPLETE** • Risk ID 1133 was reviewed with no update to mitigation and risk score – see agenda item 3.1.1b. RTE locality have requested more detail in terms of progress on mitigating actions. • Risk ID 4106 – there is an update in red on the Organisational Risk Register at agenda item 3.1.1b. Further updates will be sought and reflected in the September iteration of the Organisational Risk Register.
7.21.14	July 2021	**Risk Register** Ongoing discussions on recruiting and retaining sufficient numbers of registered nurses and midwives. The Nursing and Midwifery Rosters would be	Director for People	July 2021	**Complete** The Nursing Productivity Rostering group has been established and is led by the Director for Nursing and midwifery, with the express remit of looking at

		revisited outside of the Committee.			rostering efficiency and productivity.
10.21.8	October 2021	A query was received on Risk 4157, it was advised that this was now outdated, the task and finish group had not met since March 2021 despite numerous emails from the compliance team requesting the policy to be addressed. H. Daniel advised that this risk would need to be addressed and updated as a matter of urgency outside of the meeting.		February 2022	The Nurse Rostering Policy has been reviewed and is going through the governance process for the approval of employment policies.
10.21.13	October 2021	**CAMHS Update** Discuss concerns raised to an Independent Member in relation to one specific area outside of the meeting.	Head of Nursing, Bridgend Integrated Locality Group/Independent Member	February 2022	**Complete** In depth discussions held and actions taken forward resulting from the discussion.
10.21.17	October 2021	**Workforce Metrics** Review data for pre-employment checks to establish whether the overseas recruitment was making the figures look higher.	Head of Workforce productivity and e-systems	February 2022	**Complete** Overseas recruitment does make the length of the recruitment process longer for medical staff. This is due to multiple factors such as; length of time involved in Visa and certificate of sponsorship

					application. Additional practical elements like sourcing of accommodation, arranging flights and dependant visas. Most recently the covid requirements around isolation on arrival have also been a contributory factor to increasing the wait time further.
4.21.33	April 2021	**Risk Register** Update on the risk relating to Theatres to be discussed outside of the meeting.	Assistant Director of Governance & Risk/Director for People	July 2021	**Complete** Risk Register reviewed by Committee July 2021 meeting. Further iteration received by the Committee at the October 2021 meeting.
4.21.3.3.	April 2021	**Risk Register** Review progress around the Welsh Language Standards to determine if the risk score could be decreased.	Assistant Director, Organisational Development and Wellbeing	July 2021	**Complete** Most recent iteration of Risk Register received by the Committee July 2021. Welsh Language Standards Report received the July 2021 meeting.
4.21.2	April 2021	**Draft Annual Cycle of Business** Staff Experience & Wellbeing Update to be added.	Assistant Director, Organisational Development and Wellbeing	July 2021	**Complete** Staff Experience & Wellbeing received at July 2021 meeting.

1.7.26 & 2.20.8.1	October 2020 & July 2021	**Finalisation of Committee Terms of Reference** To be completed by next meeting.	Director for People	July 2021	**Complete** Terms of Reference approved by the Committee at their July 2021 meeting.
4.21.2	April 2021	**Shared Parental Leave Policy** Issue of surrogacy and miscarriage to be taken into account for the review of this policy and other relevant policies.	Assistant Director, Workforce & organisational Development	July 2021	**Complete** Revised Policy approved by the Committee at their July 2021 meeting.
4.21.3.4	April 2021	**Medical & Dental Rostering System/Medical Workforce Issues** To provide assurance that a robust plan of action was in place a report setting out outstanding actions and realistic delivery dates would be considered at the next meeting. Dom Hurford would arrange for this to be produced by Nerys Conway. Hywel Daniel agreed to also bring provide further context by way of an update on medical workforce issues and the various pieces of ongoing work around this.	Director for People	July 2021	**Complete** Report received by the Committee July 2021.

Action Log

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People & Culture Committee
9 November 2022

9/9

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PEOPLE & CULTURE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	9th November 2022

FOI Status	Public

If closed please indicate reason	Not Applicable

Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance

Report purpose	FOR REVIEW & APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	August / September 2022	RISKS REVIEWED
Executive Leadership Group	12.9.2022	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	24.10.2022	RISKS REVIEWED

ACRONYMS	
Nil	

1.   SITUATION/BACKGROUND

1.1   The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the risks assigned to the Committee, which have been escalated to the Organisational Risk Register, have been appropriately assessed.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The risk updates for this period has been impacted by the implementation of the new Care Group Model. The Executive Leadership Group supported "Guiding Principles: Quality Governance & Accountability during the Operating Model Transition" where the following transitional arrangements have been agreed:

- **Organisational Risk Register:** Workshop approach to realign risks on the Organisational Risk Register led by Nurse Directors. Timeframe: Workshop Sept/Oct 22. Realignment to complete by 31.1.2023.
- Central Quality Governance Team to provide a report to Care Groups which will contain all **Datix Legacy Information** for Risk, Incidents, Claims, Complaints etc. The Nurse Directors to then undertake an exercise to align activity/data to Care Group Model – Timeframe for alignment 31.1.2023.

The Assistant Director of Governance & Risk will engage and support this activity as required. Board and Committee Members are therefore asked to afford some flexibility in the review dates of risk whilst this transition is underway.

2.2 The following progress has been made since the last report:

- Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2022 and will continue beyond that date if required. 327 members of staff trained to date.
- Risks on the organisational risk register have been updated as indicated in red.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **NEW RISKS**
Medical
- Datix ID 5214 – Critical Care Medical Cover. Risk Rated as a 20.

3.2 **CHANGES TO RISKs**
a) Risks where the risk rating <u>INCREASED or DECREASED</u> during the period
Nil as assigned to this Committee.

3.3 **CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER**

Welsh Language
- Datix ID 4888 - Insufficient resource in the Welsh Language Team. Risk now closed.

3.4 DISCUSSION POINTS

Emerging Risks

The Assistant Director of Governance & Risk has been made aware of the following emerging risks in the service that are likely to be escalated to a future Organisational Risk Register return:

- Permanency of service critical staff to support the Covid-19 Vaccination Programme
- The Executive Medical Director is exploring the escalation of a risk relating to Clinical Policies.

3.5 Organisational Risk Register - Visual Heat Map by Datix Risk ID (Risks rated 15 and above):

Consequence		1	2	3	4	5
	5				4080 5214	
	4				4106 4157 1133 4679 4722	
	3					3638
	2					
	1					
CxL		1	2	3	4	5
					Likelihood	

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The purpose of the Organisational Risk Register and risk approach within the Health Board is to: • minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management; • ensure that risk management is an integral part of CTMUHB's culture; • maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively;
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Management of risk is integral to all Health and Care Standards.

Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required in terms of the Organisational Risk Register.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to:
- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.

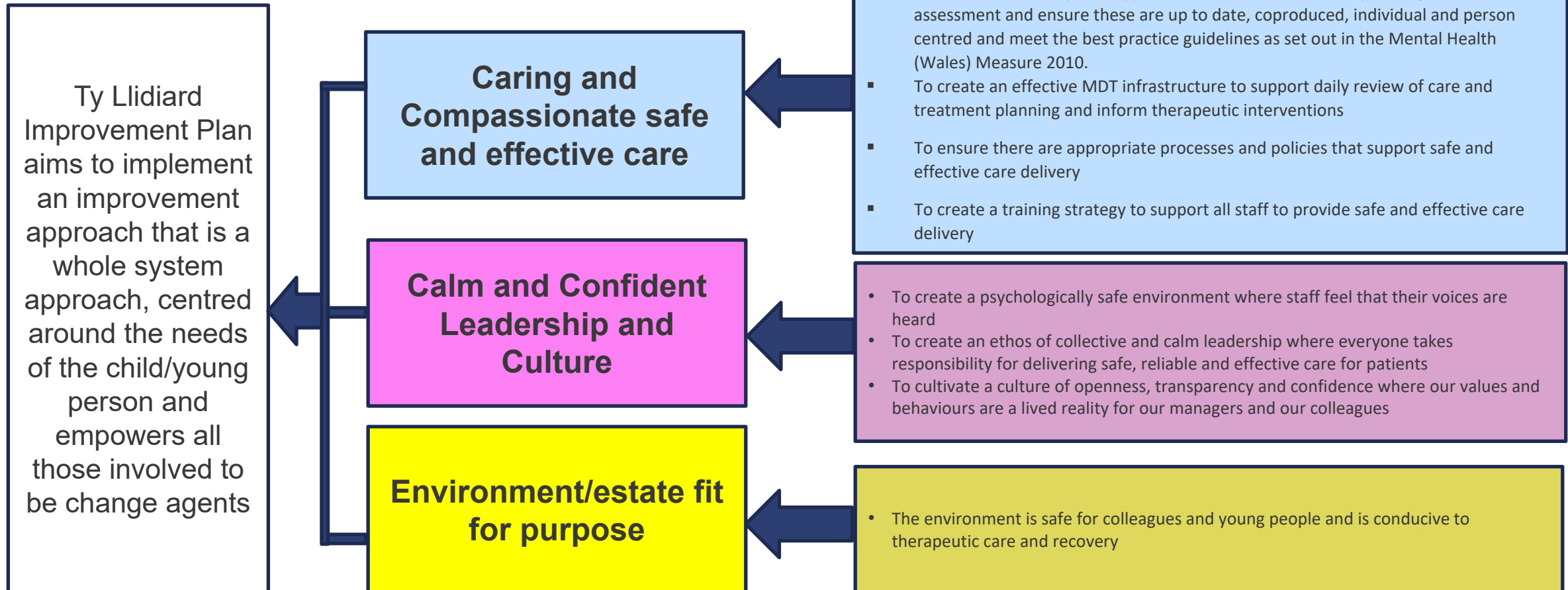| Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5214	Executive Medical Director / Chief Operating Officer	Improving Care	Patient / Staff /Public Safety / Impact on the safety – Physical and/or Psychological harm	Critical Care Medical Cover	If: Depleted Consultant Intensivist numbers at Princes Of Wales (POW) continue as a result of medical reasons, retirement and unable to recruit to vacant posts. No Middle Grade medical tier at POW. Consultant intensivist delivered service. / Then: Without Middle Grade tier positions the ability to attract and recruit Consultants will be limited. / Resulting in: the Health Board being unable to deliver safe patient care with gaps in rota. Potential for days and nights to not be consultant covered. No medical team to manage patients.	Daily management of the rota. Use of agency to cover gaps. CTM internal cover (limited options). Development of CTM strategy for Critical Care.	Workforce business proposal to fund Middle Grade tier to ELG. Digital solution to provide safe cross site Consultant cover for RGH and POW, requires IT solution across POW and RGH. Develop workforce modelling for next 2 years and 10 years. Appoint Critical Care lead across CTM to establish one department - 3 sites approach (Care Group organisational change).	Quality & Safety Committee / People & Culture Committee	20	C5xL4	10 (C5xL2)	New Risk Escalated August 2022	19.8.2022	19.8.2022	20.09.2022
4080	Executive Medical Director	Improving Care	Patient / Staff /Public Safety / Impact on the safety – Physical and/or Psychological harm	Failure to recruit sufficient medical and dental staff	If: the CTMUHB fails to recruit sufficient medical and dental staff. / Then: the CTMUHB's ability to provide high quality care may be reduced. / Resulting in: a reliance on agency staff, disrupting the continuity of care for patients and potentially effecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	• Associate Medical Director for workforce appointed July 2020 / • Recruitment strategy for CTMUHB being drafted / • Explore substantive appointments of staff undertaking locum work in CTMUHB / • Feedback poor performance and concerns to agencies / • Development of 'medical bank' / • Developing and supporting other roles including physicians' associates, ANPs	The response to Covid-19 has impacted the original timeframes for these actions due to the requirement to focus on clinical operational service delivery during the pandemic. Revised dates have been included below: / 1. AMD and workforce to develop recruitment strategy - 31.3.2021 Update October 2021: The Health Board is in the process of introducing patchwork across Merthyr & Cynon ILG on 6th October and Rhondda Taf Ely on 20th October. This will give an indication of the gaps and the spend, allowing the ILG's to establish a medical recruitment strategy. / 2. AMD and DMD to develop retention and engagement strategy - 31.3.2021 – Revised Date February 2022. / 3. Reduce agency spend throughout CTMUHB – Update January 2022 - Patchwork rolled out across CTM. Data gathering currently. When sufficient data will have the discussions with HR and clinicians on a fair and appropriate rate card. Update July 2022: Patchwork has been introduced and the data is being used to identify gaps which will support the basis of a business case for additional recruitment aligned to the medical productivity work. / 4) Task and Finish group to look into conversion of ADHs into permanent posts. / 5) Task and Finish group Retire and return (emphasis on recruit new consultants (and therefore join on call) than R&R approach, use R&R on 1 year contracts and re-advertise posts on yearly cycle.	Quality & Safety Committee / People & Culture Committee	20	C5 x L4	15 (C5xL3)	↔	01.08.2013	14.07.2022	31.08.2022
1133	Chief Operating Officer / Rhondda Taf Ely Integrated Locality Group	Improving Care	Patient / Staff /Public Safety / Impact on the safety – Physical and/or Psychological harm	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	If: the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH; / Then: the Health Board will be unable to deliver safe, high quality services for the local population; / Resulting in: compromised safety of the patients and staff and possible harm.	ED sustainable workforce plan developed and being implemented (May 2021). / Option 1 funded so risks around sustainability remain particularly in respect of the consultant workforce. Financial position remains a challenge as locum and agency staff still used. No agreed plan to align staffing to benchmarking standards and the staffing levels on other sites within CTM. Boundary change and challenges across CTM continue to have a significant impact on the RGH site. / September 2022 Review by Nurse Director for Unscheduled Care: / Currently 6.3 wte ANPs in post with 3 new trainees commencing. / Advert for locum Consultant in progress / Ad-hoc locum for middle grade to cover for absences and planned leave	ED sustainable workforce plan developed and being implemented (May 2021). / Reviewed no change as at 7th September 2021. / Reviewed 21.09.2021 - remains working progress. / Update September 2022 - Nurse Director Review 7/9/22: Unscheduled care group to review immediate workforce resource across all three acute sites by end of October 2022. Actions to then be decided in terms of immediate measures for distribution of staff, governance lines to be agreed (nursing, AHP and Medical) and immediate plan for winter months to be agreed and acted upon. / Medium term and substantive plans for workforce requirements and innovations to be worked through as part of six goals board and advanced practice plan.	Quality & Safety Committee. / People & Culture Committee - Workforce aspect	16	C4 x L4	12 (C4xL3)	↔	20.02.2014	07.09.2022	31.10.2022
4106	Executive Director of Nursing and Midwifery	Improving Care	Patient / Staff /Public Safety / Impact on the safety – Physical and/or Psychological harm	Increasing dependency on agency staff cover which impacts on continuity of care, patient safety	IF: The Health Board increasingly depends on agency staff cover / Then: the Health Board's ability to provide stability and consistency in relation to high quality care could be impacted. / Resulting in: disruption to the continuity, stability of care and team communication. Potential to impact on patient safety and staff wellbeing. / There are also financial implications of continued use of agency cover.	Recurring advertisements of posts in and nursing continue with targeted proactive recruitment employed in areas of high agency/locum use. / Provision of induction packs for agency staff / Agency nursing staff are paid via an All wales contract agreement, any off framework agency requests must be authorised by an Executive Director prior to booking (system of audit trail in place). / Fixed Term Contracts being offered to all existing HCSW and RN currently on the Nurse Bank. / Redesign services wherever possible to embrace a healthier Wales and therefore impact upon the workforce required to deliver services. / Overtime incentives offered to workforce in response to Covid-19 pandemic. Updated August 2022. / As of July 2021 - the overseas recruitment campaign has ceased pending further scoping exercises by Workforce and Organisational Development. / Bi-Annual Nursing Staffing Levels Wales Act - Acuity Audit to be undertaken in June 2021 to report to Board in October 2021. Completed: This has been completed and received by the Board. / Nursing & Midwifery Strategic Workforce Group re-established and has met. The Nursing Productivity Outputs will feed into this group along with monitoring roster KPIs and overall nurse recruitment including overseas. (Control Measure).	Deputy Exec DON is currently reviewing the nurse rostering policy in conjunction with the workforce team in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's . Established a new nursing workforce taskforce. Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021. Update November 2021: The Revised policy which was based on SBUHB's current policy (in terms of content / KPI's etc. was taken to Local Partnership forum where it was identified further amendments were requested, these were made in terms of making the clear distinction between the current break times in some areas of POW and that of the rest of CTMUHB. The policy is currently with an ILG Nurse Director who has kindly offered to make the policy more "user friendly" Timescale: 31st December 2021 / Update July 2022 - - Nurse Roster Policy in final draft form led by the Nurse Director RTE. Due for completion and ratification end of May 2022. As this date has passed this is being followed up for a further update by the Deputy DoN. This policy includes KPIs to allow monitoring of effective roster management. In addition, enhanced supervision (121 Nurse/Nurse Specialling) document and process being reviewed by end of August 2022. Safer Care Module - Roll out commenced June 2022 into POW. Roll out being led by WoD/Allocate Rostering Team supported by newly appointed Senior Nurse for NSLWA (WG funded post for 18 months) . - Nursing Productivity Group established w.e.f end of March 2022. With the remit to address Nurse Agency Demand and Spend. / August 2022 Update: Overseas Nurse recruitment recommenced in June 2022 as part of the All Wales Overseas Nurse Recruitment programme. A total of 91 overseas Nurses will be recruited by December 2022 (noting that these will not be qualified RN's). / A newly developed retention task & finish group has been established with it's first meeting having been held in August. A gap analysis of the NHS England 7 Steps is underway. / Nurse Roster policy back with DEDoN for comments. / Risk ID 4106 and 4157 will be amalgamated - timeframe 30.09.2022.	Quality & Safety Committee / People & Culture Committee	16	C4 x L4	12 (C4xL3)	↔	01/06/2015	25.08.2022	21.10.2022
4157	Executive Director of Nursing and Midwifery	Improving Care	Patient / Staff /Public Safety / Impact on the safety – Physical and/or Psychological harm	There is a risk to the delivery of high quality patient care due to the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives	IF: the Health Board fails to recruit and retain a sufficient number of registered nurses and midwives due to a national shortage / Then: the Health Board's ability to provide high quality care may be impacted as there would be an overreliance on bank and agency staff. / Resulting in: Disruption to the continuity and stability of care and team communication Potential to impact on patient safety and staff wellbeing. / There are also financial implications of continued use of agency cover.	• Proactive engagement with HEIW continues. / • Scheduled, continuous recruitment activity overseen by WOD. Overseas RN project continues. / • Targeted approach to areas of specific concern reported via finance, workforce and performance committee / • Close work with university partners to maximise routes into nursing / • Block booking of bank and agency staff to pre-empt and address shortfalls / • dependency and acuity audits completed at least once in 24 hrs on all ward areas covered by Section 25B of the Nurse Staffing Act. / • Deputy Exec DON is currently reviewing the nurse rostering policy in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's / • Reporting compliance with the Nurse Staffing Levels (Wales) Act regularly to Board / • Regular review by Birth Rate Plus compliant, overseen by maternity Improvement Board / • Implementation of the Quality & Patient Safety Governance Framework including triangulating and reporting related to themes and trends. / successful overseas RN recruitment. / - There is an operational Nursing Act Group that reconvened from April 2021. / Impact assessment signed off from a Mental Health Nursing perspective in relation to an extension to the Nurse Staffing Act 2016. / August 2022 Update: Nurse Staffing Act group set up and in place. / Maternity and Neonatal Improvement Board (MNIB) group set up and in place.	Established recruitment campaign - which is monitored at the Nursing Workforce Strategic Group - group due to meet/recommence in April 2021.The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021. This action has been overtaken by the Nursing Productivity Programme. / Revised nurse rostering policy currently being taken through the roster approval process - Timescale 31.3.2021.Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021Complete and currently with WF&OD to finalise through to Approval. / Await review of Birth Rate Plus Compliant Tool by WG - Timescale - WG led so await WG timescales - No further update at this time. Remains the same as at February 2022. / Impact assessment relating to Health Visiting provision with regards to compliance of the draft principles of the Nurse Staffing Act 2016 to be completed by the end of March 2022. / Ward Assurance Pilot Tool tested within PCH and to be rolled out across the other two Acute Hospitals by the end of April 2022. / August 2022 Update: The Health Board receives a draft birth rate and compliance report which the Director of Maternity reviews the completes the outputs. A full data set of compliance is completed and sent to WG by the Director of Midwifery. / An initial point review audit has been completed on all Wards in CTM using the Ward Assurance template populated through AMaT (Audit Management and Tracking system). An updated paper is being presented to the November 2022 Quality & Safety Committee. / Risk ID 4106 and 4157 will be amalgamated - timeframe 30.09.2022.	Quality & Safety Committee / People & Culture Committee	16	C4 x L4	12 (C4xL3)	↔	01/01/2016	25.08.2022	21.10.2022

Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4679	Executive Director for People (Executive Lead for Occupational Health)	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Absence of a TB vaccination programme for staff	**If:** the Health Board is not providing TB vaccination to staff **Then** : Staff and patients are at risk of contracting TB **Resulting in** : Failure to comply with the Department of Health and Social Care guidance and lack of confidence in the service	The 'fitness letter' issued by Occupational Health to the appointing line manager following an employee health clearance highlights vaccination status. Screening for latent TB for new entrants and offering T spot testing to assess positive or negative.	Action plan collated-To clarify current screening process in relation to local and National guidance via specialist respiratory nurses prior to administering BCG. OH Senior screening nurse to compile written instructions and staff information leaflet. Training requested via the respiratory team. Meeting to discuss training needs set for 9th June 2021 Update January 2022 - Training of OHN to deliver BCG vaccinations remains outstanding due to difficulty resourcing training within CTMUHB. Alternative training has now been resourced via CAV UHB Respiratory Team and dates for training to be agreed. Continuing to risk assess TB status as part of Pre-employment clearance process. Update March 2022 - Ongoing difficulties accessing BCG training in CTM and CAV UHB. OH currently exploring alternative training options in order to introduce BCG vaccinations. TB assessment as part of pre employment Health Questionnaire screening process ongoing. Update May 2022 - Training to be provided to the CTM OH nurses from the CAV OH nurses via a 'train the trainer' approach. Dates being arranged for May 2022. All necessary paperwork in place. Update June 2022 - Training Ongoing. Risk reviewed and remains same. Update August 2022: training has been delayed due to staffing issues within OH department. New dates have been identified in September. New recruits continue to be risk assessed for active TB symptoms and where appropriate new staff from areas of high risk of TB are screened for latent TB.	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 C4xL2	↔	09.06.2021	22.08.2022	31.10.2022
4722	Chief Operating Officer Rhondda Taf Ely - Locality Group	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Senior Medical Workforce Shortfall	**If** the gaps in the senior medical workforce in RTE are not addressed (2wte vacancy OP, 1wte LTS, 1wte Non clinical duties plus paternity leave and isolation) **Then** routine work such as clinics will be cancelled, clinical decision making will be delayed and emergency escalation compromised along with the ability of the service to discharge the powers of the Mental Health Act. It is also possible that the training of junior doctors will be negatively affected. **Resulting in** poor quality and unsafe patient care, increasing concerns, risk of litigation, compromise of the UHB's reputation and removal of UHB from Psychiatry training programme.	Regular meetings with interim CSGD and Consultants to plan cover arrangements and support on weekly basis. Medical model change to functional inpatient at the RGH MHU covered by 3 Locum Inpatient consultants (22 sessions - 12/6/6) to cover 2 x Treatment Wards (28 beds) and 1 x PICU (6 beds). Recruitment - Vacancies out to advert for locum and substantive contracts. Exploring options for overseas recruitment. All staff being offered additional hours. In-patient team has been bolstered by an additional Registrar and 2 x SHOs ANP's covering appropriate PCMHSS AND CMHT clinics.	Update 06/06/22 - Vacant post in Rhondda Adult MH and been notified that Locum for Taff Ely who also covers in patient wards 1 day a week will be leaving the end of this weak. This leaves 2 vacancies in sectors for adult and an inpatient day short fall. Update Sept-22 - All adverts agreed to go in BMJ as part of wider recruitment drive. JDs have been reviewed and refreshed.	People & Culture Committee Quality & Safety Committee	16	C4xL4	6 (C2xL3)	↔	28/06/2021	07.09.2022	31.10.2022
3638	Executive Medical Director Pharmacy & Medicines Management	Inspiring People	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Pharmacy & Medicines Management - Training & Development Infrastructure	**IF:** the planned HEIW led changes to the education and training of pharmacists and pharmacy technicians with increased numbers of trainees across both primary and acute care are fully implemented **Then:** the there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees. **Resulting in:** a lack of appropriately qualified pharmacy professionals to meet future service demands in all sectors and particularly in hard to recruit to ILGs such as Merthyr where we have established a "grow our own" model. This can impact the primary care sustainability MDT model. Also a reduction in reputation of a HB that has a very high level of % qualifying and a reduction in future applicants. Current capacity is overstretched and a robust education, training and development infrastructure is needed to meet these demands for specialist & advanced practitioners in primary and secondary care.	SBAR submitted to CBM in March 18 to increase training capacity in order to meet the demand. Included in IMTP and prioritised as number one priority. A bid was included as part of the primary care pacesetter for education and development in primary care academic hubs and was successful. This element of the ed/tr will be implemented in 2018 for 3 years with evaluation. The secondary care elements were not supported in the IMTP prioritisation process and so this still leaves significant risks. SBAR needed to describe the impact of the new technicians training qualification. Funding approved for primary care lead pharmacist - commenced in post April 2019. Included a new case in 2019/20 IMTP as high priority. SBAR for Nov CBM on new technician training requirements. Progress and evaluate primary care pacesetter plan to increase training infrastructure to inform business case to continue funding and scale up.	Update June 2021: HEIW have agreed training support grants for trainers to support pre-registration foundation posts which mitigates the risk for this group of staff. However this funding is only temporary and not guaranteed beyond 2022-23, which presents a potential risk around recruitment of suitable staff. The post-registration foundation programme has been deferred until 2022 which buys some time for health boards to explore solution to the significant financial shortfall that will arise form the lack of on going funding for these posts. Update July 2021 - No further update to that recorded in June 2021. Review 30.09.2021. Update November 2021 - as reported to the Quality & Safety Committee: Discussion with HEIW have resulted in a delay to the financial changes until 2024, which will allow the service related impact to be better transitioned into the planning cycle. Update February 2022 - Risk remains as funding for the posts will be significantly reduced from 2023 onwards as HEIW will reduce from 50% to 20% funding. The shortfall in funding between establishment and post costs remains the risk. The funding resource is being captured in the IMTP submission for 22-23 in preparedness for the impact in 2023-4. Funding gap is approximately £90k pa. This equates to 2 posts. Decision of funding is required by March 2022 to allow for recruitment process in 2023. Update August 2022 - Bid submitted to CTMUHB IMTP prioritisation panel. Bid not successful. Reduced student numbers submitted to HEIW, will only be able to take on 3 acute sector trainees in 2023, reduced from 6. This will have implications for clinical service delivery and staff recruitment & retention.	People & Culture Committee	15	C3 x L5	6 (C3xL2)	↔	02.01.2018	08.09.2022	30.12.2022

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Closure Rationale
4888	Executive Director for People	Creating Health	Statutory duty / Inspections	Insufficient resource in the Welsh Language Team	**If:** the resources of the Welsh Language Team remains as it is, the Health Board will not be able to fully meet its legislative duties set out in Compliance notice (no7) issued by the Welsh Commissioner in November 2018. **Then:** the team will not be able to effectively monitor compliance, there will be a reduction in staff and community engagement and cultural activities and the demand for translation will continue to exceed capacity. **Resulting in:** Significant use of expensive external translation agencies, non-compliance in many areas of the health board (including hosted bodies) and a high risk of investigations, financial penalties and reputational damage.	*Translation team prioritise patient related work. *Careful management of compliance monitoring and translation for Primary Care (work with Dental completed) *Ongoing programme of translation of the Health Board website and Social Media. (Member of team attends Communication team meetings) *Use of external translation agencies for large pieces of work e.g. Annual Reports.	Update May 2022 - Risk Reviewed May 2022 - Due to the requirement for the WOD function to achieve a balanced budget in 2022/2023, all current plans and business cases to replace and or increase staff resource are currently on hold. It is anticipated this position may change by the beginning of the summer, when the Health Board Vacancy Scrutiny Panel may be in a position to approve current staff vacancies within the Welsh Language Team. The submission of the completed business case, outlining options to resource the Team, to meet compliance against the Welsh Language Standards, will be deferred until the next budget setting period, towards the end of 2022. The Team is currently exploring alternative ways of providing Welsh Language translation services by outsourcing and the use of AI technology. Update June 2022 - This mitigating action continues. Review date: 05.09.2022.	People & Culture Committee			Successful recruitment of Band 6 Compliance Welsh Language Officer new employee due to start on 17 October. This role will manage the translation function and support the Welsh Language Service Manager to monitor compliance across CTM and promote bi-lingual provision. Continuing to use an external translation company to support the function where there is lack of capacity.

Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL
SUSTAINING OUR FUTURE

YSBRYDOLI POBL
INSPIRING PEOPLE

GWELLA GOFAL
IMPROVING CARE

CREU IECHYD
CREATING HEALTH

(Agenda Item)	(Date of Meeting)	People and Culture Committee	Update on Ty Llidiard Improvement

		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	There is a direct link between good leadership and good staff experience and patient experience / quality of care
If closed please indicate reason:	N/A		
Prepared By:	Lisa Davies,	Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Presented By:		Has an EQIA been undertaken?	No – there are no planned changes to service provision
Approving Executive Sponsor:	Lauren Edwards, EDOTH	Are there any Legal Implications /Impact.	No
Report Purpose	For Noting	Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – Calm and Confident Leadership and Culture is workforce dependent
Engagement undertaken to date:	Ty Llidiard Improvement Board WHSSC Escalation Meeting	Link to Strategic Goals	Inspiring People Improving Care

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Work stream theme: Calm and Confident Leadership and Culture		Lead: Lisa Davies, Clinical Service Group Manager
Vision	The Ty Llidiard Calm and Confident Leadership and Culture Improvement work stream aspires to an exemplar level of maturity, as outlined in the Health Board's Leadership and Culture maturity matrix. The aim is to build leadership capacity, capability and development; instilling the values and behaviours of the organisation; empowering our colleagues and coproducing with stakeholders a shared purpose; and ultimately improving staff experience.	
Objectives	1. To create a psychological safe environment where staff feel that their voices are heard 2. To create an ethos of collective and calm leadership where everyone takes responsibility for delivering safe, reliable and effective care for patients 3. To cultivate a culture of openness, transparency and confidence where our values and behaviours are a lived reality for our managers and our staff	
Metrics	• Staff experience survey metrics • Evidence of learning and implementation of improvement initiatives	• Staff attendance and evaluation at workshops and programmes • Terms of reference for meetings; forums reflect agreed standards

Ty Llidiard Improvement Board

Work stream: Calm and Confident Leadership and Culture

Work stream lead: Lisa Davies

Delivery Confidence

Objective: To create a psychologically safe environment where staff feel that their voices are heard

Progress and Achievements:

- Information has been collated on the meetings in place currently and draft approach has been shared and discussed with LMT
- Feedback from some colleagues from the 4Cs listening event on what they feel they need
- Proposal for Head of Nursing to support supervision of newly qualified and new starters
- Feedback being gathered from all colleagues on the values and behaviours of the organisation
- Recruitment has been successful incorporating info from 4Cs
- Away session for LMT and SMT taken place reflecting on feedback from colleagues on values and behaviours and culture of the unit

Actions for next 1-3 months:

- Agree actions from the survey and share with colleagues
- Plan a programme of OD support for leadership team
- Implement the proposal to supervision based on colleague feedback
- Consider further options for recruitment including advertising for HCSW apprenticeships

Actions outstanding/delays to progress

- None to date

Escalations/support required

- None to raise

Risk	Mitigation	RAG
Staff feeling unable to share their concerns or concerns	Leadership and engagement model	Awaiting start of Medical and Therapies Leads

Ty Llidiard Improvement Board

Work stream: Calm and Confident Leadership and Culture

Work stream lead: Lisa Davies

Delivery Confidence

Objective: To create an ethos of collective and calm leadership where everyone takes responsibility for delivering safe, reliable and effective care for patients

Progress and Achievements:

- Recruitment into the Head of Nursing post
- Information around different improvement methodologies shared with staff leading on specific areas
- Structures set up to involve and include as many colleagues as possible in the improvement work
- Head of Nursing started in post on 1st August
- Medical Lead appointed in August
- Initial away session has taken place in September with good engagement and feedback on areas that are positive and areas for improvement

Actions for next 1-3 months:

- Series of 'Away sessions' for LMT and SMT to consider approach, roles and responsibilities informed by feedback from colleagues. Understand the individuals needs within the team and the support they require
- Planning of whole service away day event for December to bring colleagues together
- Approach to supporting colleagues with being engaged and involved in quality improvement
- Implement communication plan around leadership and improvement work

Actions outstanding/delays to progress

- None to raise

Escalations/Support required

-

Risk	Mitigation	RAG
Skills of staff to implement this approach	Support from W&OD to support approach	

Ty Llidiard Improvement Board

Work stream: Calm and Confident Leadership and Culture

Work stream lead: Lisa Davies

Delivery Confidence

Objective: To cultivate a culture of openness, transparency and confidence where our values and behaviours are a lived reality for our managers and our staff

Progress and Achievements:

- Improvement against key workforce metrics including reduction in sickness; improvement in appraisal and mandatory and statutory training compliance
- All stakeholders were encouraged to attend and feedback at the 4Cs listening event in April and feedback received on what we do well and areas for improvement
- Involvement of colleagues in improvement work on a weekly basis
- Improvement in turnover rates
- Feedback from colleagues on the culture and values and behaviour is positive and clear areas for improvement

Actions for next 1-3 months:

- Implement weekly drop in clinics
- Identify and implement actions from the survey and share these with all colleagues
- Stakeholder workshop with WHSSC to be planned for October (date to be confirmed)
- Consideration of how to get further feedback from colleagues and their involvement in improvement projects

Actions outstanding/delays to progress

- None to raise

Escalations

-

Risk	Mitigation	RAG

Progress to date

- Recruitment to key clinical leadership posts

- Recruitment into nursing posts

- Recruitment into new therapies posts

- Development of 4Cs philosophy and stakeholder feedback around this work

- Improvement Board set up and feeds into escalation process

- Values and Behaviours leadership feedback set up
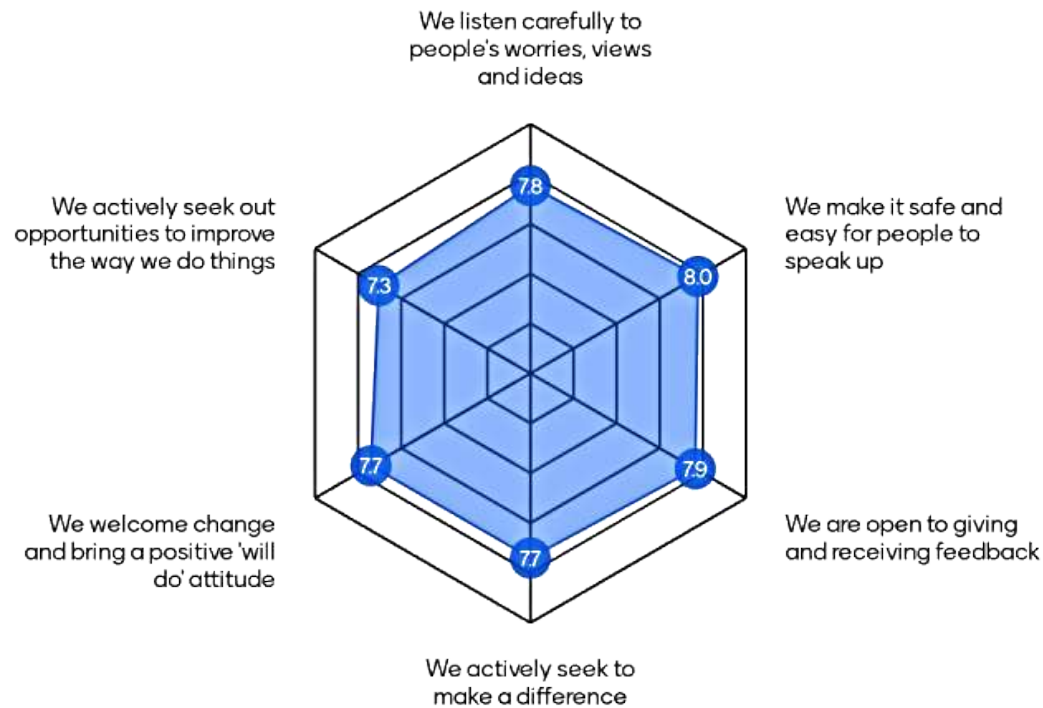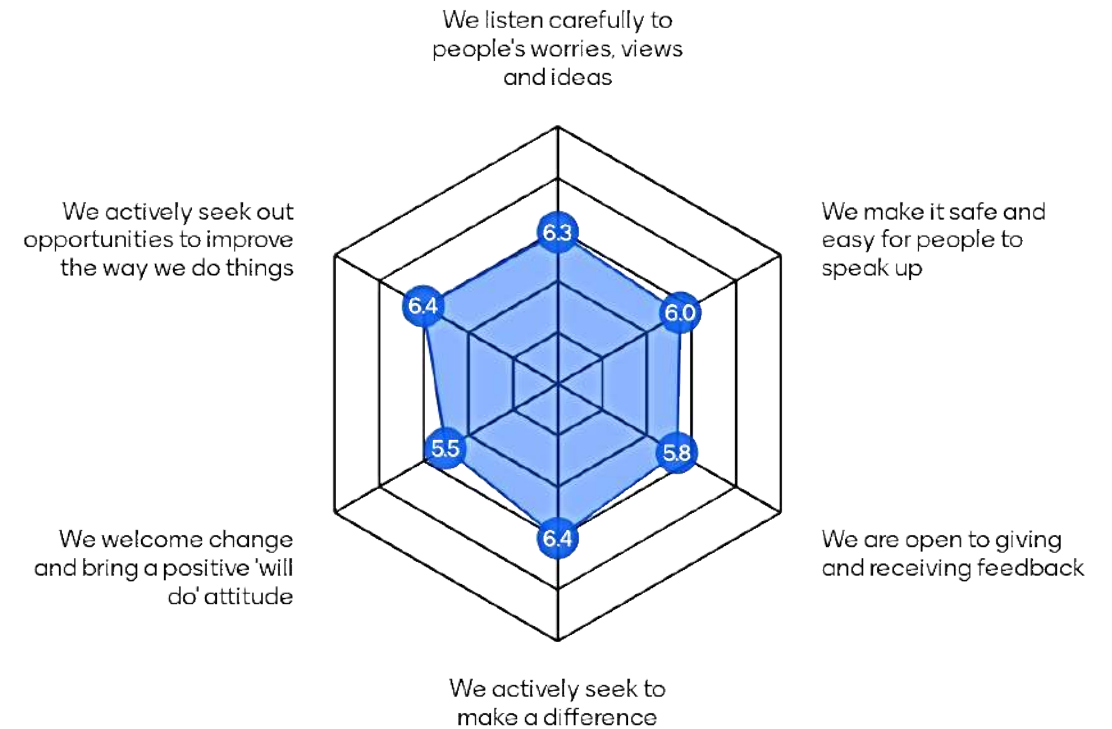
We Listen, Learn and Improve

Management Team

Your Team

What observations do you have about how the management team are demonstrating the value 'We Listen, Learn and Improve'?

Negative Team Comments

I'm not sure who 'we' is...? My immediate manager listens to me well but I don't really know who's who and who does what in terms of management

Too much unneeded paperwork - we did over 20 pre leaves in one day. Too much paperwork like this means more nurses in an office opposed to being out with kids doing MSEs/engagement sessions

Lack of consistency - decisions being changed all the time by MDT

Management Team
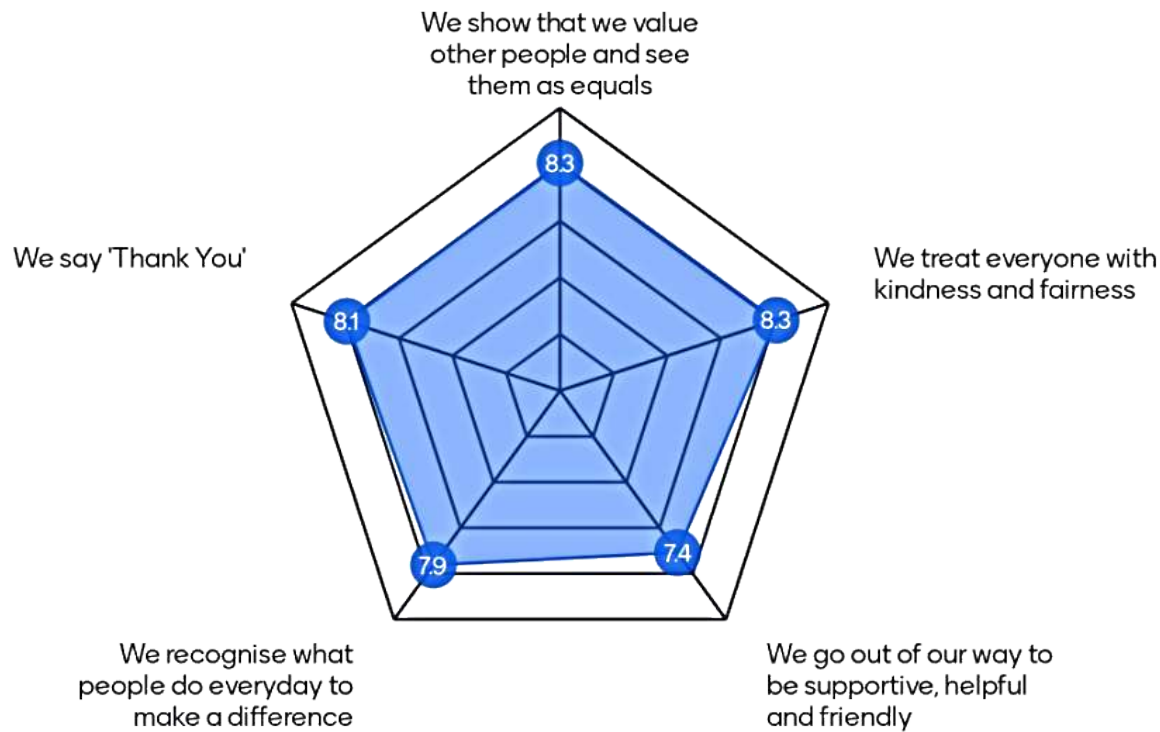
Your Team
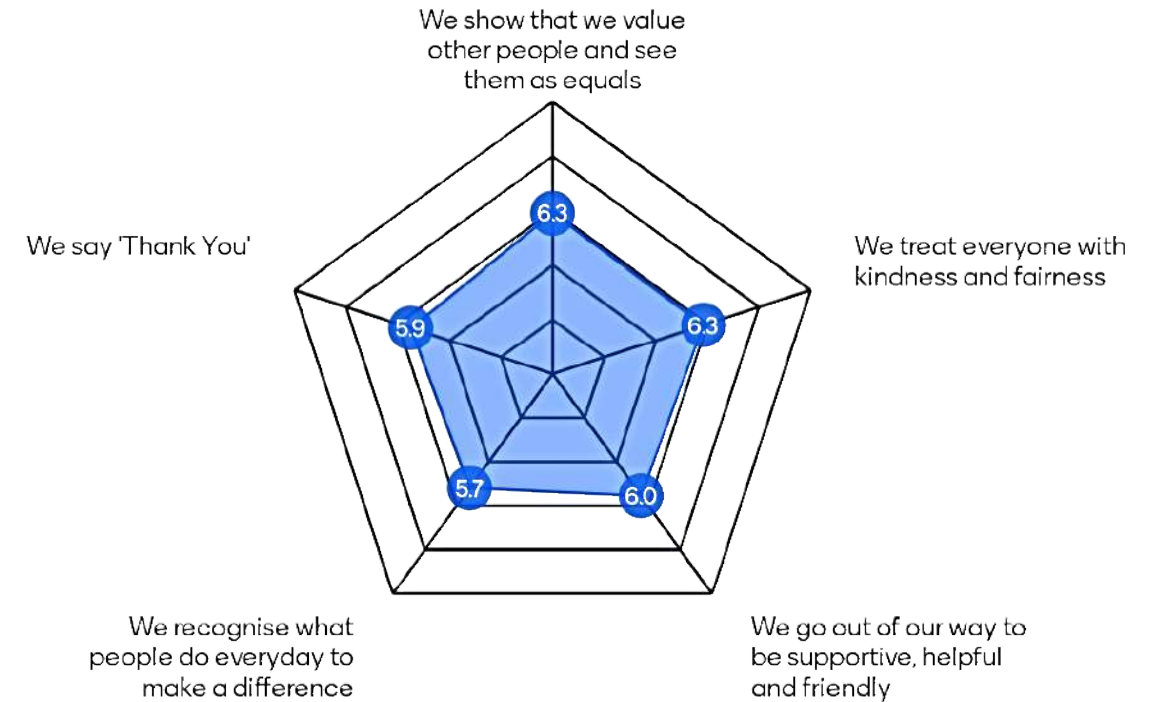
What observations do you have about how the management team are demonstrating the value 'We Treat Everyone With Respect'?

Negative Team Comments

No real understanding of all different professions within multidisciplinary team, leading to a feeling of disrespect within staff groups

Feel like most feed back from management is negative. Lots of pressure on nursing staff to constantly oversee other staff which is tiring as we have individual work to continue with.

Not always welcoming to new ideas or suggestions on how to improve staffs experience - big observation is that many staff are not having a work life balance - 12 hour shifts have been continually asked and rejected - so staff are leaving the job

We All Work Together As One Team

Management Team

Your Team

What observations do you have about how the management team are demonstrating the value 'We All Work Together As One Team'?

Negative Team Comments

Not always fair treatment among the team
Workload not always shared fairly
Communication- information not always shared effectively

New things implemented- no staff training on them - we are expected to just know how to use

We don't get to see managers together addressing the team 'as one' this would create more unity

Next steps

1. Improve the way we communicate with colleagues:

   - Variety of ways to share information; continue to listen and communicate updates

2. Valuing and recognition of colleagues:

   - Design of different events and wellbeing initiatives

   - Reflection and supervision space

3. Development of how we work as one team:

   - Team Ty Llid events – away day; team meetings

   - Shared space

   - Weekly improvement meetings and development of improvement understanding

4. Leadership team W&OD team building sessions

Recommendation:	The Board or Committee are asked to:
	• *Note the progress.*

4.3	09/11/22	People & Culture Committee	Pathology – A road to recovery.

Report Details:

FOI Status:	Open (Public)
If closed please indicate reason:	Not Applicable
Prepared By:	Fiona Thomas – Interim CSGM Pathology
Presented By:	Fiona Thomas – Interim CSGM Pathology
Approving Executive Sponsor:	Hywel Daniel, Executive Director for People
Report Purpose	For Discussion For Noting
Engagement undertaken to date:	

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	Improving Culture Leadership Quality & Safety
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	No – OD initiative
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Long term – Improved culture, reputation, recruitment & retention.
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

Pathology – A Road to Recovery 2022
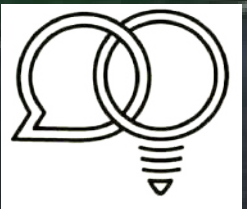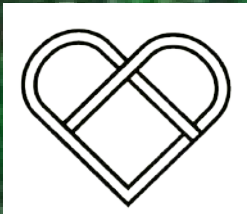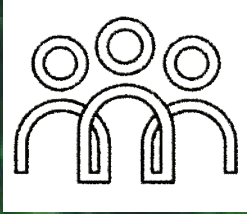
People & Culture Committee – 9th November 2022

CTM Pathology Service

- Diagnostics, Therapies and Specialities Care Group

- 4 Distinct Sub Specialities – Cellular Pathology & Mortuary, Haematology, Biochemistry & POCT & Microbiology.

- Total staff group of 250 WTE
- Cellular Pathology & Mortuary - 45
- Haematology - 82
- Biochemistry & POCT - 55
- Microbiology – 36
- Administration & Clerical – 13

- Work across all sites
- Biochemistry, POCT & Haematology – RGH & PCH
- Cellular Pathology & Microbiology – RGH
- Mortuary – RGH, PCH & POW.

Culture Concerns

- 2019 – Increasing concern regarding staff retention issues and poor culture developing with Pathology

- HR intervention & support

- NHS Wales Staff Survey

- CTM Pulse Survey – Haematology & Biochemistry

- Complex system wide changes and Covid pandemic

- No feedback provided to staff

- Key priority for Interim CSGM in Jan 22

Leadership, Culture & Well Being

Action plan development & Monitoring Group – October 2022 onwards.

7 staff engagement sessions held in May

Feedback sessions 'You spoke' 'We heard.' July

Follow up WOD sessions for Senior Leadership Team

Feedback Champions / Volunteers.

Focused engagement with team leaders & operational managers

Compassionate Leadership. Values & Behaviours

Service specific WOD support & intervention

Clinical Leadership Forum focus on role definition.

Staff Engagement & Feedback

Key Themes

- Communication,

- Employee Involvement,

- Culture and Behaviour

- Health and Wellbeing

- Workforce and Training

- Infrastructure

Next Steps!!

Pathology Workforce Modernisation & Development Group

Chaired – CSGM in first instance

Membership – Large 'Group' as quorum from all staff groups, band & student reps.

Scope – Formal meeting to provide strategy, formal governance and oversight of departmental business that impacts on workforce development, training and staff well –being.

Service Improvement Working Groups

Communication Group	Training & Education Group	Employee Engagement & Well Being Group	Infrastructure & Resource Group	Other Groups as identified by team

8

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Pathology Culture & Engagement Action Plan

Project Lead: Fiona Thomas

Colum	Column2	Column3	Column4	Column5	Column6
	Task Description	**Task Lead**	**R/A/G**	**Start (date)**	**Finish (date)**
1	**Workstream: Culture and Leadership within Pathology** Objective: Create the environment where staff feel psychologically safe and comfortable to raise concerns and ideas and embed the the organisations values and behaviours				
2	**Workstream: Communication and Employee Voice Mechanisms** Objective: Ensure staff concerns, ideas, innnovations, etc are heard and considered				
3	**Workstream: Workforce and Training** Objective: To develop a skilled, resilient, diverse and sustainable Pathology workforce				
4	**Workstream: Health and Wellbeing** Objective: Enable and encourage staff to get involved in activities that promote improved health and wellbeing				
5	**Workstream: Working environment** Objective: Ensure staff are actively engaged in work to improve Pathology Infrastructure				
6	**Workstream: Haematology Focus** Objective: Ensure staff are actively engaged in work to improve Pathology Service, Quality and Culture				
7	**Workstream: Microbiology Focus** Objective: Ensure staff are actively engaged in work to improve Pathology Service, Quality and Culture				
8	**Workstream: Biochemistry Focus** Objective: Ensure staff are actively engaged in work to improve Pathology Service, Quality and Culture				
9	**Workstream: Cellular Pathology Focus** Objective: Ensure staff are actively engaged in work to improve Pathology Service, Quality and Culture				

What's next?

- Focus on empowering our leaders to deliver cultural change

- Service specific improvement plan and interventions

- Departmental 'Health Checks' based on values

- Evidence the improvement and progress to date

- Sustain the evolving culture

- Celebrate the success of the work and commitment of the pathology team to delivering a high quality, patient focused service

What difference has all of this work made to the team??

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Gethin Hughes @Hughe... · 16/09/2022 ···

Replying to @flt1604 @Pauldmears and 4 others

This is so brilliant to hear and see Fiona. An amazing team who are doing so much with many challenges. Thanks to you and the whole team for your leadership .

♡ ⟲ ♥ 4 ↥

Followed by some Tweeters you've liked

Geraint Jones @Geraint... · 16/09/2022 ···

Replying to @flt1604 @Pauldmears and 5 others

I called you out on this, so only fair to praise you and your Team for making the changes and supporting your staff. Well done!

♡ ⟲ ♥ 1 ↥

Fiona @flt1604 · 16/09/2022 ···

6 months ago the pathology culture was as rudderless. Yesterday we redid the same exercise. What a change!! To say I'm proud of this team is an understatement! Always more to do!! #ctmatourbest @Pauldmears @HughesGethin @dom_hurford @NurseGregDix @LaurenWardman @tarek_allouni
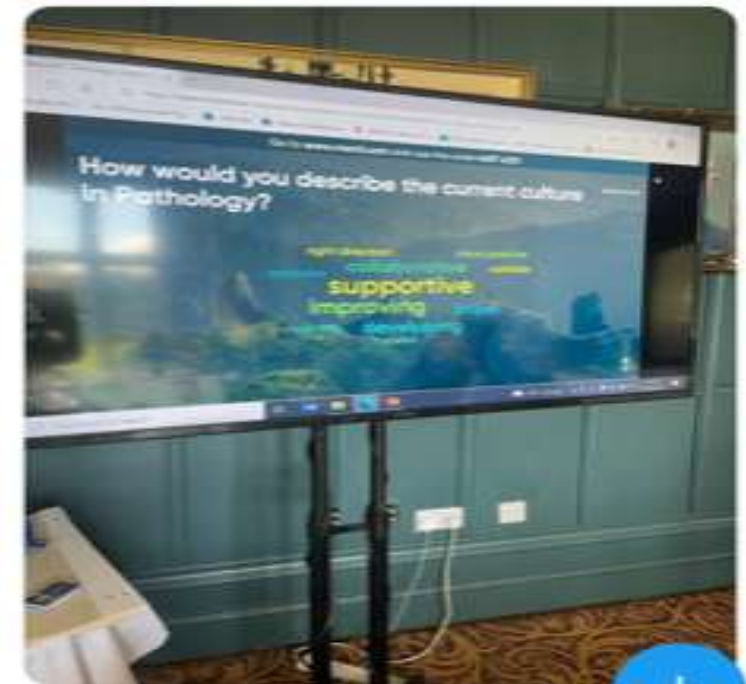
Fiona @flt1604 · 03/03/2022

And finally…………..

"The best time to plant a tree was 20 years ago. The second best time is now." Khalil Gibran

…………Any questions?

12

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL
SUSTAINING OUR FUTURE

YSBRYDOLI POBL
INSPIRING PEOPLE

GWELLA GOFAL
IMPROVING CARE

CREU IECHYD
CREATING HEALTH

Recommendation:	The Board or Committee are asked to:
	Example: *The Committee are asked to:* • *Note and Discuss progress made in improving the culture across pathology*

AGENDA ITEM
4.4

PEOPLE & CULTURE COMMITTEE

EMPLOYMENT RELATIONS UPDATE

Date of meeting	09/11/22

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Helen Hoskins and Tony Charles, People Services Leaders
Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
ER	Employee Relations
ET	Employment Tribunal

1. SITUATION/BACKGROUND

1.1 Employee relations (ER) is about how the employer engages with its workforce, to foster good workplace relations, which enhances the psychological contract between them. The term psychological contract refers to an employee's expectations, beliefs, ambitions and obligations, as perceived by them and their employer.

1.2 To develop and maintain good ER in workplace, the employer and its employees, including trade union colleagues must engage constructively with each other, to resolve such matters. The management of the engagement is via the range of Workforce Policies and Procedures.

1.3 These Workforce Policies and procedures are developed to: -

- inform employees of their responsibilities and the organisation's expectations;
- provide guidance to managers and employees on how a range of people related issues will be managed by the organisation;
- provide structure, control, consistence, fairness and reasonableness of approach and action, within the workplace; and
- comply with employment legislation.

1.4 Where an employee fails to meet their workplace role and or responsibilities or is involved in an act or display of conduct etc. that is outside of the organisation's expectations, this may result in the matter being addressed and managed in accordance with the appropriate formal Workforce Policy and Procedure.

1.5 An ER case is an employment related issue, managed in accordance with an appropriate Workforce Policy and Procedure.

1.6 It is considered best practice for organisations to record and monitor ER activity as it provides a mechanism to review and examine current processes, to learn lessons and continually improve efficiency in the organisation's ER caseload. For example, quicker completion times reduced associated costs (suspension / exclusion, sickness absence, reduced Employment Tribunal Claims etc.).

2. SPECIFIC MTTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 This report provides a formal update in respect of ongoing ER cases and trends within the Health Board. The activity figures relate to the period 1 July – 30 September 2022.

2.2 ER activity numbers change daily, as cases are closed, and new cases opened. Therefore, the figures are constantly changing in respect of this activity.

3. KEY RISKS/MATTERS FOR ESCALATION TO COMMITTEE

Current ER Cases – As of 30 September 2022

3.1 There are currently 32 formal live ER cases* ongoing across the Health Board, compared with 56 cases on 30 June 2022, a reduction of 42%. This represents a significant decrease in the total number of live ER cases when compared with the previous 6-month reporting period.

These figures include ongoing Counter Fraud and Police / Safeguarding investigations

3.2 In the second quarter of 2022 / 2023, the Health Board closed 27 historic and new ER cases.

3.3 The current live ER cases are broken down into the following categories:

> ➢ Upholding Professional Standard Wales (UPSW) (Medical Staff Disciplinary Policy) cases and hearings;
> ➢ Fast Track Disciplinary cases and hearings;
> ➢ Formal Disciplinary cases and hearings;
> ➢ Formal Respect and Resolution cases and meetings;
> ➢ Formal Respect and Resolution Investigations;
> ➢ Appeals hearings;
> ➢ Police / Safeguarding cases investigations; and
> ➢ Counter Fraud cases and investigations.

3.4 Due to the low number of cases in some categories, the actual case numbers have not been included within the report. However, the following trends are noted:

- The number of staff suspensions / exclusions from work for the second quarter of 2022/2023 continues to remain at a very low level, as increasingly the Health Board's approach is to use this option as a last resort. The Health Board acknowledges suspension / exclusions from work is not a neutral act and can have a negative impact on the staff member's health and wellbeing. The ongoing approach to suspension / exclusions helps to keep staff at work, working in some capacity, providing them with some normality and allowing them to continue to contribute to service delivery.

- Prior to a formal investigation being commissioned, managers are required to consider the appropriateness of the disciplinary fast-track option (non-medical staff only). The Health Board, supported by trade union colleagues, are proactively encouraging managers and employees to use the fast-track procedure, when appropriate to do so. An increase in the use of this option is evident during the period 1 July – 30 September 2022, when the Health Board undertook and concluded ten fast track cases. There were six outstanding cases to be concluded on 30 September 2022. This demonstrates a 40% increase from the six cases conducted in the first quarter of 2022/2023.

- At the end of June 2022, the Health Board had 56 live ER investigations ongoing. By the 30 September 2022, 27 (48%) of these cases had been concluded and closed.

- In May 2022, it was reported to the People and Culture Committee that there had been a significant increase in the number of UPSW cases, with the number of cases reaching double figures for the first time. In the first quarter of 2022 / 2023, the Health Board closed 40% of these cases. At the end of September 2022, there were less than 5 formal cases ongoing.

- This period has also seen a significant decrease in the number of Police and Safeguarding cases, which frequently requires the Health Board to undertake its own internal investigation concurrently or following the end of legal proceedings. At the end of September 2022, eight cases were ongoing, a reduction from 10 cases in June 2022.

- During the first quarter of 2022 / 2023 there were 19 Respect and Resolution Formal Meeting cases, of which nine were concluded. The Health Board has also seen a reduction in the number of these formal cases during the second quarter, reporting 12 cases, seven of which concluded during this period.

- The time to complete an investigation will vary depending on the nature and complexity of the case.

- A simple case with few witnesses may take a few weeks, whiles cases that are more complicated can take several months to complete. Investigation timescales are affected by factors such as the release time of the Investigating Officer, the availability of the individual being investigated (should they be off work on sick leave), availability of witnesses, Police / Safeguarding and Counter Fraud involvement. The Health Board does not therefore have any agreed investigation timescales, but it does expect the Disciplining Officer or Chair of the

case to manage and review the process, on a regular basis, to ensure the process is completed as soon as is reasonably possible.

- During the first quarter of 2022 / 2023, the Health Board completed 23 formal investigations (including disciplinary, UPSW and respect and resolution). There are currently 20 ongoing formal investigations. In line with the trend seen earlier within the report, this quarter has seen a reduction in the number of investigations, with 17 Investigations concluded with 14 ongoing at the end of September 2022.

- The timescales to conduct and complete investigations vary from 12 months plus, at one extreme to less than three months at the other. The position as at the 30 September 2022 is available upon request and has not been captured in this report due to low numbers.

- Good progress continues to be made to close the Health Board's historical investigation cases, as demonstrated by the above data.

- The Health Board currently has one formal Counter Fraud case ongoing.

- The Health Board continues to experience an increase in the number of Employment Tribunal Claims. This is in keeping with national trends, with the Government reporting Employment Tribunal claim levels being at their highest since 2013. As at the end of September 2022, the Health Board had three live cases.

3.5 There are no patterns in the types or number of ER cases dealt with by the Health Board each year. During the first two quarters of 2022 / 2023, the People Team has worked proactively with Disciplinary, Investigation Officers, employees, and trade union representatives to bring a number of cases to a close and to explore informal or fast track routes to achieve resolution of these outstanding ER matters

3.6 The following actions are being taken to ensure all cases are managed within process, dealt with and closed as quickly as possible:

- The advice and support to managers etc. places an emphasis on ER cases being dealt with informally / at the lowest policy stage, unless the case warrants formal action;
- The People Services Leaders are holding regular ER case meetings with the Senior People Coaches and People Coaches People to review cases and progress and agree actions to discuss with relevant parties, (Investigating, Disciplinary Officer, Meeting Chairs etc.);

- The People Coaches will continue to hold regular meetings with managers to discuss their ER cases, including progress, barrier, support which may be required where cases have become stuck;
- The People Coaches are supporting managers to ensure the scope and matters to be investigated are clear from the outset and the timescale for completion of the case by the Investigating and Disciplinary Officer are outlined at the start of the process;
- All nursing ER cases are escalated monthly to the Care Group Directors of Nursing for awareness and support where required;
- The Heads of People are holding monthly Professional concerns meetings with the Assistant Medical Directors to discuss UPSW cases and ensure consistency of Policy application;
- The Heads of People are holding monthly Professional concerns meeting with their Group Directors, to discuss all informal and formal medic and professional concerns cases.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	No (Include further detail below)
	There if no requirement to EQIA the information contained within this paper.
Legal implications / impact	Yes (Include further detail below)
	The Health Board is required to manage the identified cases in accordance with the legislative requirements and ACAS best practice.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The cost of releasing staff to be involved in the investigation / management of these cases. There are also potential ET and settlement costs should ER cases not be managed appropriately.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

5.1   The People and Culture Committee is asked to **DISCUSS** and **NOTE** the content of the ER report and progress being made to reduce and close ER cases.

PEOPLE & CULTURE COMMITTEE

UPDATE - LEADERSHIP AND MANAGEMENT PROGRAMME

Date of meeting	09/12/2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Nick Carter, Senior Learning and Organisational Development Manager
Presented by	Nick Carter, Senior Learning and Organisational Development Manager
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
LMS	Learning Management System
HEIW	Health Education Improvement Wales

1. SITUATION/BACKGROUND

1.1 The purpose of this paper is to provide an update as to the progress and ambition of our Leadership and Management Programmes, Ignite, Aspire and Inspire adopted across Cwm Taf Morgannwg University Health Board (CTMUHB).

1.2 Our three immersive leadership and management programmes equip leaders and managers at all levels with the fundamental core skills required to lead effectively with compassion.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 **Benefits and Outcomes.** Our initial paper, presented to the People and Culture Committee in April 2021, outlined the rational and ambition of the programme. That was to create an organisation that is well led, through leadership that is purposeful, compassionate and inclusive meeting the organisational challenges of the future.

Our continued development of the programme seeks to meet the Targeted Intervention objectives of:
- Developing a health board with sufficient leadership capacity and capability to deliver high quality care.
- Collective leadership is strong. There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- Leaders understanding the unique qualities and needs of their team(s).
- There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and there is a leadership strategy or development programme, which includes succession planning.

2.2 **Design and Development.** The programmes launched in March 2022 working with our partners, Q5. Some design and development work continues as we work to complete the final Inspire modules and consider enhancements to the programme based on participant feedback.

2.3 **Participation and Engagement.** To date, of the 1,650 leader and manager community at CTMUHB, 661 have registered to participate on one of the three programmes. The majority of participants, (over 50%) are registered for the Ignite programme, with a third of participants aligning to Aspire and circa 10% to the Inspire

programme. This split is replicated across the previous Integrated Locality Groups (ILG's) in a similar way. Progression and completion are an area of focus for coming months, as 199 participants are actively progressing through the programme.

2.4 Our communication and engagement approach continues to evolve our recent roadshows resulted in a number of additional registrations and increased interest in the programme. User traffic to the leadership programme '*atourbest*' SharePoint and Facebook site increased 30% during this time. There has been a positive start to leader participation with the focus on progression and completion of participants through their programme.

2.5 **Evaluation and Monitoring.** An initial programme evaluation report was published in September 2022, with the aim of further evaluation reports being published every quarter. The report provides quantitative and qualitative data, from registrations and completions to participant's feedback. Evaluation supports an iterative development process that continues to evolve following participation feedback and experience to ensure learning is best embedded into practice. Please see attached copy.

2.6 **Programme Accreditation.** Working with our academic partners at the University of South Wales, participants will be able to accredit their learning with the Institute of Leadership and Management (ILM). The level of accreditation will be appropriately aligned to each of the three programmes and participants will be required to complete additional assessments to gain accreditation. It is anticipated participants can access this opportunity from January 2023.

2.7 **Future Programme Development.** Following feedback, observation and consultation, the following programme amendments will be made to increase engagement and enhance the participant experience.

2.7.1 **Compassionate Leadership**. Whilst compassionate leadership is interwoven throughout the programme, a review will be carried out to examine where more explicit reference can be made to provide leaders deeper insights, knowledge and principles to improve their leadership approach. Through a collaborative approach, a dedicated compassionate leadership module and associated resources will be developed which will complement the programme.

2.7.2 **Health Education and Improvement Wales (HEIW) Partnerships**. To enable best use of our learning management system (LMS) licences and improve access to resources for our

staff, we are strengthening our partnerships with HEIW, increasing access to a wealth of leadership and management resources hosted via their digital leadership portal 'Gwella'.

2.7.3 **Leadership Community.** The establishment of a leadership community will be to share best practice experiences and explore and analyse leadership in an organisational context. Bringing together resources and encouraging colleagues from across CTMUHB into opportunities for greater collaboration. The Leadership Community will harbour aims to empower and encourage staff to share expertise, learning experiences and constructively use the space to develop new ideas/innovative ways to enhance leadership capability. To complement this an annual leadership summit is being scoped and potentially held in spring 2023.

2.7.4 **Embedding Learning**. Following feedback and to embed learning we are revising part of the programme to encourage reflective practice and carry learning back to the workplace. A series of leadership masterclasses will also be made available to augment the learning experienced during the programme, this will include keynote speakers such as a representative from Civility Saves Lives, Professor Michael West on compassionate leadership and a number of key stakeholders. In time, our ambition is to create a leadership community of practice to bring together leadership learning from across CTMUHB.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The volatility/intensity of patient care requirements combined with resource constraints prevents sufficient participant engagement, reducing development impact and feed through into service improvement.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:

Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Inspiring People

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the programme revisions that are available from October 2022.

LEADERSHIP & Management PROGRAMMES

ignite

inspire

aspire

Leadership Summit
An annual conference for leaders to network, learn and seek new development opportunities

Compassionate Leadership

Access to further leadership learning

Internationally accredited programmes

LEADERSHIP COMMUNITY

Building leadership capability across Cwm Taf Morgannwg University Health Board

Leadership Masterclasses
Internal & external key note speakers

Coaching & Facilitation Training

Leadership & Management PROGRAMMES

Evaluation & Impact Report

September 2022

inspire

aspire

ignite

Report Purpose

This report will evaluate the impact that the Leadership and Management Programmes are having at Cwm Taf Morgannwg University Health Board (CTMUHB).

An initial analysis of programme engagement and completion will establish how effective the programmes and delivery methods are in meeting the needs of participants. This will also establish how well the programmes are meeting the requirements set out in the targeted intervention objectives.

Qualitative and quantitative data obtained directly from programme participants will then provide an insight into the impact that the programmes are having on behaviours and leadership approaches.

Following this analysis, recommendations will be made to ensure the leadership and management offering at CTMUHB is continually improved to enhance participant experience and organisational impact.

This report will be published on a quarterly basis to measure ongoing impact and the performance of the enhancements made.

Contents

Leadership & Management PROGRAMMES

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Background

The Health Board's Leadership and Management Programmes were designed with the support of Q5 Partners Management Consultancy and launched in March 2022.

The three programmes are:

ignite   Supporting managers and leaders to understand the fundamental concepts that underpin great management at CTMUHB.

aspire   Building on these foundations to enable leaders to move away from managing towards leading their teams with impact and influence.

inspire   Empowering leaders to understand complex systems and the methods behind leading multi-disciplinary teams.

Aims of the Programmes

There were three key drivers behind the introduction of the Leadership and Management Programmes.

1. Targeted Intervention (TI) Objectives

In 2019, the Health Board was placed into targeted intervention for failures related to:

- Leadership and culture
- Trust and confidence
- Quality and governance

2. Corporate Objectives

The corporate objectives at the time of launch were:

- Creating health
- Improving care
- Inspiring people
- Sustaining our future

3. Lack of a bespoke Leadership and Management Pathway

CTMUHB staff had access to externally delivered qualifications (e.g. Institute of Leadership and Management) but there were no bespoke programmes aiming to apply leadership and management principles directly to the CTMUHB context.

The primary aim of the programmes was to meet these three key drivers, enhancing leadership and management capability across the Health Board and ultimately improving patient outcomes.

In terms of achieving these aims, this would largely be linked to the programme design and delivery methods (i.e. ensuring the content reflected T.I and corporate objectives). However, wherever there is supporting data, this report will refer back to how well the programmes have met these aims.

Evaluation Methodology

As with other learning and development initiatives at CTMUHB, Kirkpatrick's evaluation model will be used to measure the impact of the Leadership and Management Programmes on the organisation.

This model consists of four stages:

STAGE 1: Experience	Initial participant reaction to and experience of the programmes.
STAGE 2: Learning	Programme's impact on participant skills and knowledge.
STAGE 3: Behaviour	Changes in behaviour and approaches as a result of the programmes.
STAGE 4: Organisational Impact	The lasting cultural impact of the programmes on Cwm Taf Morgannwg University Health Board.

Following an analysis of programme engagement and completion, this report will go on to present data aligned to these four stages in order to understand the impact that the programmes are having.

Leadership & Management PROGRAMMES

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Programme Engagement

Before evaluating the programmes against the four stages of Kirkpatrick's model, an analysis of participant engagement and completion provides a picture of how effective the programmes and delivery methods are in meeting the needs of participants.

Leadership Population

As part of the procurement process for the programmes, it was established that CTMUHB has a population of circa **1,900** leaders. In order to fulfil the requirements of the TI funding, the programmes must reach these targets by November 2023.

The diagram below illustrates the target number of leaders and managers versus the actual current participants per programme:
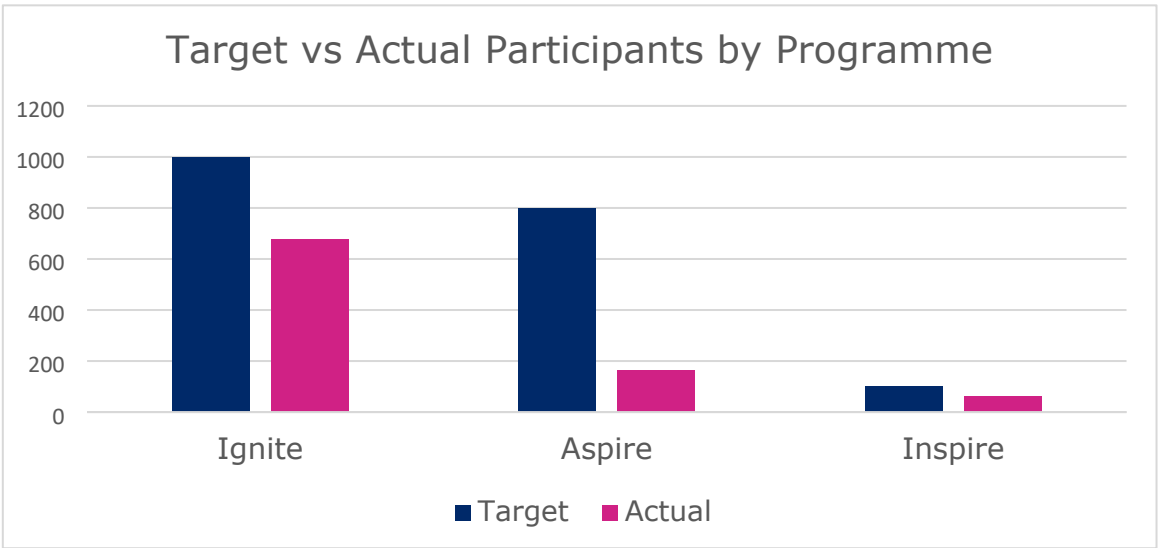
This data shows that there is an appetite for the programmes, particularly for Ignite. It also indicates that providing the sign-up rates remain the same, targets will be hit by the given deadline of November 2023.

Completion Rates

The figures in the above chart indicate licenses that have been assigned for each the programmes.

Although these figures seem healthy, a different picture emerges when one explores data pertaining to programme engagement. A breakdown of completion rates for each of the programmes will be presented below.

Ignite

The overall completion rate for Ignite is **12%** (80 out of 675 participants). This is far short of the 85% target.

Ignite is comprised of three modules, and completion rates for these modules are as follows:

1. Introduction	42% (283 out of 675 participants)
2. Managing Self	26% (179 out of 675 participants)
3. Managing others	12% (80 out of 675 participants)

Aspire and Inspire

Overall completion rates for Aspire and Inspire are not currently available as no cohorts are yet in a position to complete the programme. The first opportunity for participants to complete Aspire will be the end of October 2022.

It is possible however, to present completion rates by module for Aspire and Inspire, as shown below.

Completion rates by module for **Aspire** are as follows:

Module 1	41% (67 out of 162 participants)
Module 2	35% (56 out of 162 participants)
Module 3	23% (38 out of 162 participants)
Module 4	9% (15 out of 162 participants)
Module 5	3% (5 out of 162 participants)

Completion rates by module for **Inspire** are as follows:

Module 1	93% (56 out of 60 participants)
Module 2	63% (38 out of 60 participants)
Module 3	35% (21 out of 60 participants)
Module 4	25% (15 out of 60 participants)
Module 5	0% (0 out of 60 participants)

*Modules 6-8 not yet available.

Leadership & Management PROGRAMMES

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Programme Engagement Reflections

As covered in the 'Leadership Population' section, appetite for the programmes is strong and the overall participant numbers are on track to reach the targets linked to T.I.

However, actual completion rates suggest that the programme structure and current delivery methods are falling short of the needs of participants.

With low overall completion rates across the board, there is a risk the programmes could restrict the positive impact of embedding leadership and culture change within the organisation.

Contained within the 'Lessons Learned and Recommendations' section of this report, proposals have been outlined to enhance the participant experience, in turn improving completion rates and impact on the organisation.

The remainder of this report provides an analysis of participant's responses to the programmes and the impact they are having on behaviours and leadership approaches across CTMUHB. Analysis will be grouped according to Kirkpatrick's model (where data is available).

NB: All data available corresponds to Aspire and Inspire, not Ignite at this time.

Stage One: Experience

Initial participant reaction to and experience of the programmes.

Qualitative Data

Analysing participant's initial responses to the programmes is an effective way of evaluating how well the content and delivery methods initially meet the needs of participants.

Qualitative feedback collated following the Kick-off Session and completion of module 1 is universally positive.

Participants shared that:

- *"The Teams session was great. It was great to communicate with others"*.
- *"It is interesting to really stop and take a look at how the mind works"*.
- *"I enjoyed the blended learning approach of the workbook, video and questions"*.

The only negative or development feedback provided during stage one of the evaluation process is related to the programme delivery method:

"The format of the course isn't really working for me. […] I didn't get the invite to the coaching session with enough notice to attend. […] People are busy and can't always find time in their diaries to fit in with the schedule required. […] The online stuff is great, just not the rest of it."

Quantitative Data

A key consideration when evaluating against stage one of Kirkpatrick's model is how well the delivery method facilitated a positive learning experience.

This chart shows the end of module feedback for the question *"I felt I had sufficient time to complete this module"*:
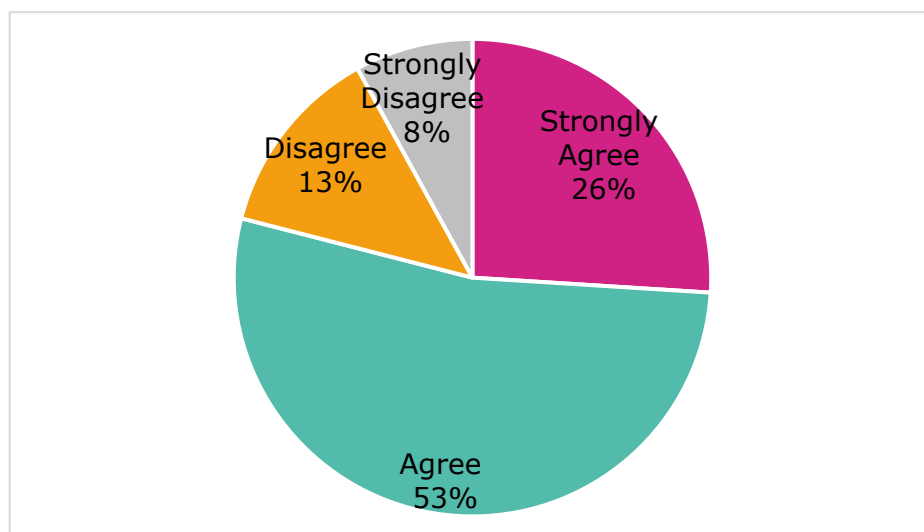
Stage Two: Learning

Programme's impact on participant skills and knowledge.

Qualitative Data

The success of any leadership and management programme hinges on the measurable enhancements it has on participant skills and knowledge.

Qualitative feedback demonstrates that the programmes are enhancing participant skills and knowledge:

- *"It's giving me the skills to create an environment to encourage others to lead".*
- *"I found the module to be really useful and informative. As well as learning some new skills, I have also gained insight into my leadership and behavioural styles".*
- *"I have learnt a lot about leadership and management and also myself as a manager".*

No negative or development qualitative data can be found in relation to stage two of evaluation.

Quantitative Data

The chart shows the end of module feedback for the question *"I felt the material and content was engaging and enhanced my learning"*:
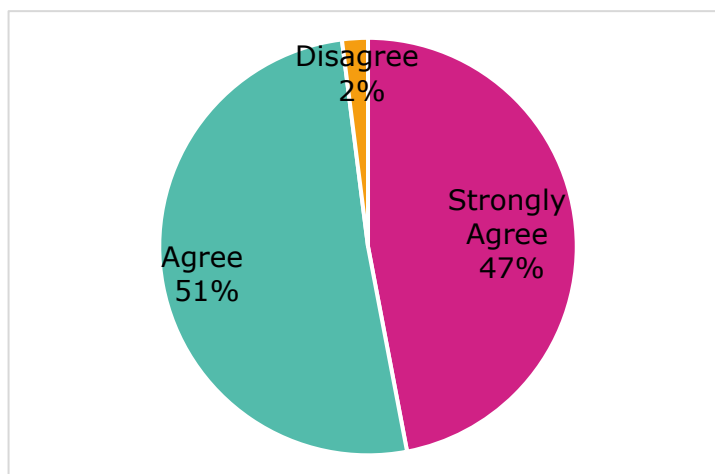
Evidently, participants almost unanimously agree that the programmes are enhancing their learning and skills.

Stage Three: Behaviour

Changes in behaviour and approaches as a result of the programmes.

Qualitative Data

Stage three is where the evaluation model looks towards the longer term impacts that the programme is having on the organisation, in the form of tangible behaviour change from its participants.

Qualitative feedback shows that although the programmes were only launched in March 2022 (5 months prior to this report), participants are starting to acknowledge a change in their behaviour and approaches to leadership:

- *"I've never looked at myself in the way the module does".*
- *"This course has given me a different outlook on how to manage and become a better manager/leader".*
- *"I was faced with a challenge in work and went to respond in my usual way – by taking on the task. Instead, I paused and decided to delegate the task so they could learn from the experience".*

Quantitative Data

The chart shows the end of module feedback for the question "*I feel that my leadership style/preferences have been challenged in this module*":
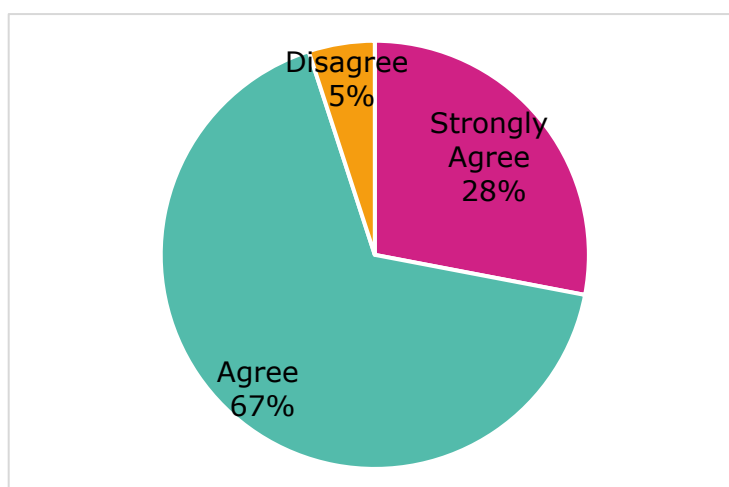
Stage Four: Organisational Impact

The lasting cultural impact of the programmes on Cwm Taf Morgannwg University Health Board.

Stage four data is not yet available as no cohorts have completed the programme in full, therefore it is not possible to assess the longer term, wider impact that the programmes are having.

There are measures in place to ensure this data is captured effectively:

1. Summative 'Wrap-Up Session'
- Participants will be required to deliver a short presentation summarising their key learning points from the programmes.
- Crucially, participants will also acknowledge a development area within their leadership methods and commit to developing on this area following programme completion.

2. End of Programme Evaluation
- An in-depth summative assessment will assess the overarching impact the programmes have had on participants.

3. 3 month 360 Review
- Following the 'Wrap-Up Session' participants will be invited to obtain 360 feedback from their colleagues and team members.
- In doing so, participants will have tangible evidence of any changes in leadership behaviours and methods as a result of attending the programmes.

Further data will also be obtained for all evaluation stages via upcoming focus groups (September 2022).

Evaluation Summary

Overall, qualitative and quantitative data demonstrates that programme content is proving engaging, meaningful and is bringing about tangible changes to behaviours and methods amongst CTMUHB's leadership population.

However, programme engagement data highlights issues with the programme's delivery methods. High registration numbers are failing to translate into equally high completion rates. Furthermore, completion rates by module are tailing off considerably following the first modules of each programme.

This is mirrored in the few areas for improvements suggested by participants:

- *"Having a clearer overview of what content is linked to each module in the induction would be helpful. This would help with time allocation."*
- *"Support and challenge groups are very hard to organise and get off the ground."*
- *"The content is great and thought provoking however, I would still rather be undertaking this in a group, face to face."*
- *"I personally would like to see more reference material included in the modules that can be referred to."*
- *"I think 6 weeks between sessions would be more manageable, especially given the current pressures on services. Trying to fit everything in around all of the changes occurring within the Health Board has been very difficult and I rushed through a lot of the learning."*
- *"Still a little unclear as to the specifics regards action learning project."*

The following 'Lessons Learned and Recommendations' section will present possible solutions to modify programme delivery methods in order to meet these areas for improvement.

Lessons Learned and Recommendations

This section sets out the lessons learned/ areas for improvement with recommendations aimed at improving impact and experience of Programmes.

Programme Area	Lesson Learned	Recommendation	Timeline
Ignite	• Ignite registrations eclipse those of Aspire and Inspire, yet only 12% of participants have completed the programme. This is having huge cost implications due to costly LMS licenses.	• Move Ignite onto HEIW's Gwella LMS to save cost and improve visibility/ access to the programme across the Health Board.	Complete
Registration and induction	• The rapid decline in completion rates following the first modules demonstrates that early parts of programme are not capturing attention and sustaining engagement. • Expectations, time commitment and course structure not	• Review Kick-off Session content to ensure it is capturing participant's attention and engaging them in the programme effectively. • Create new registration/ induction articulate to clarify details of the programmes and commit participants via a learner contract.	Complete

	• clear enough at programme start.		
Engagement and completion	• Timeframes are too restrictive and inflexible around work commitments and service pressures.	• Embed booking of all virtual/ face to face sessions into LMS so that participants can schedule sessions around their diaries and take ownership of the programmes.	Complete
Group Coaching Sessions	• Dates are restrictive and booking process in inconsistent. • Too many sessions are overwhelming participants and they are struggling to stay on track.	• As above, embed booking into LMS and advertise multiple dates throughout the month. • Replace with condensed Action Learning Sets offering greater impact and simpler facilitation. • Group Action Learning Sets for every two modules to reduce the number of sessions.	Complete
Action Learning Projects.	• Requirements and purpose are unclear, resulting in minimal uptake. • As with Group Coaching Sessions, too many elements reducing impact of programme content.	• Replace with summative presentation as part of 'Wrap-up Session', identifying overall leadership journey and ongoing commitment.	Complete
Support and Challenge Groups	• Difficult to establish and maintain around	• Remove requirement for Support and Challenge Groups, but encourage informally via LMS message boards.	Complete

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	other elements and service pressures.		

A follow-up Evaluation and Impact Report will be published in January 2023 to track the progress of these recommendations and the impact they are having on participant experience and completion rates.

	AGENDA ITEM
	4.6

PEOPLE & CULTURE COMMITTEE

WORKFORCE METRICS REPORT

Date of meeting	09/11/2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager Paul Harrison, Head of Workforce Productivity and eSystems
Presented by	Hywel Daniel, Executive Director for People
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
CG	Care Group
FTE	Full Time Equivalent
C.O.O	Chief Operating Officer Care Group

C&F	Children & Families Care Group
C.C.G	Corporates Care Group
D&T&S	Diagnostics, Therapies & Specialties Care Group
H.C.G	Hosted Organisations Care Group
MH&LD C.G	Mental Health & Learning Disabilities Care Group
PC-C.G	Planned Care - Care Group
P&C C.G	Primary & Community Care Group
U.C.G	Unscheduled Care - Care Group
A4C	Agenda for Change
APST	Add Prof Scientific and Technical
ACS	Additional Clinical Services
A&C	Administrative and Clerical
AHP	Allied Health Professionals
E&A	Estates and Ancillary
HS	Healthcare Scientists
M&D	Medical and Dental
NMC	Nursing and Midwifery Registered
ST	Students

1. SITUATION/BACKGROUND

1.1 To update the Committee on the key workforce metrics for September 2022, with historic trends shown as appropriate.

The following narrative describes the high and low lights of the current workforce metrics, as contained within the appendix. An additional appendix is included with data definitions.

2.1 *What's gone well*

Topic: % appraisal review completed by staff group
Narrative: Since the revision to the PDR process in April 2022 there has been a consistent improvement in PDR completions, with compliance rates at their highest level since 2020 (57%).

The improvements in PDR completion across the Health Board suggests the new process combined with the link to pay progression is beginning to have a positive impact on compliance and awareness of development opportunities for all staff. A revised training package has been released to help all staff carry out their PDR in a constructive way. Quarterly evaluation of the process and compliance metrics continue to ensure completion rates improve further.

There remains progress to be made, but this is a positive position for the UHB to be in and an improvement across the board compared to the last report submitted to the committee.

Topic: Job Planning progress
Narrative: The number of signed off job plans is continuing to improve. With the compliance figures showing the highest rates of sign off since before the pandemic.

As discussed in previous reports, this is as a result of consistent efforts to promote job planning through training and support from Medical Workforce. A job planning standard operating procedure/guidance has now been published and issued to all areas to aid in the process. Clear communication from the Medical Director's office continues to be issued around the importance of job planning to the organisation and the clinical areas the medics work in.

Topic: Core mandatory training compliance
Narrative: This has improved across the care groups. There has been a positive shift in compliance due to a concerted effort from the People directorate and wider colleagues in the UHB to push the importance of these core modules and how essential they are to allow for the safe running of our wards and operational areas.

Work on this will continue, as the place we currently find ourselves is not where we want to eventually be.

Core learning compliance for level one is 68% and all areas 61% representing the highest rates in the last 12 months.

2.2   *Areas for Improvement*

Issue: Recruitment performance (A4C substantive)

Narrative: In July, CTM went live with changes to the occupational health pre-employment screening process which allows most clinical roles to be cleared via an extended self-declaration process. This was followed in August by changes to the offer stage, including agreeing a provisional start date at the point the offer letter is sent and a reduction in the number of mandatory pre-employment checks. This change means that mandatory checks have been refined to identity, right to work, professional registration and occupational health. Applicants can start with qualifications and references outstanding, and the DBS Policy risk assessment is available to managers where that check is in progress. CTM has also gone live with a digital solution for identity and right to work checks as the Home Office rules changed as of 29 September to remove the option to carry out checks via MS Teams.

The impact of these changes will be masked by the pre-changes volumes for some time, but the CTM People team are working with the NWSSP Recruitment Services team to review expected performance improvements. The next area to be reviewed will be the authorisation process, with a trial planned and feedback likely early in quarter 4.

Issue: Nursing and Midwifery FTE

Planned Intervention: This is now at the lowest point for the last 12 months. Nursing FTEs inside the UHB have steadily been decreasing over this time, from 3547.2 FTE in Sep-21 to 3494.27 FTE in Sep-22 (reduction of 52.93 FTE). This is reflected in the Nursing and Midwifery turnover which is now at its highest level for the last 12 months (currently 12%, was just over 8% in October 2021).

The UHB has several initiatives underway to improve the FTE Nursing and Midwifery workforce. This starts with retention and moves along to ways to increase numbers in post, such as the overseas projects.

Effective workforce planning is now an essential area for improvement and understanding. Aligning known metrics such as staff age profile and gaps in establishment to effective initiative is needed urgently. This ranges from short-term measures such as overseas recruitment and retention work, to medium and longer term objectives such as accurate streamlining planning.

Issue: Medical turnover

Planned Intervention: Highest for point for 12 months and has been increasing since February 2022. Turnover remained stable from May to July, then increased from August onwards.

As with the Nursing & Midwifery turnover, there is a Programme underway to understand and counteract this trend.

3. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The quality, safety, patient experience implications result from the availability of the right staff being available with the right skills, at the right place and time to deliver effective safe patient care.
Related Health and Care standard(s)	Staff and Resources
	Staying Healthy, Safe Care, Effective Care Dignified Care, Timely Care, Individual Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	The report covers the presentation of workforce related data, there is no policy or service change included.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goal	Improving Care

4. RECOMMENDATION

4.1   Discuss the report and associated metrics and report and **NOTE** the detail.

Staff in Post 30-Sept-22

Chart Area

Categories: APST, ACS, A&C, AHP, E&A, HS, M&D, NMC, ST

Appraisal % Non Med % Oct-21 to Sep-22

Categories: C.O.O, C&F, C.C.G, D&T&S C.G, H.C.G, MH&LD CG, PC-C.G, P&C.C.G, U.C.G

Legend: 0-59, 60-90, 90-100

ESR Self Service %

96 — ESS%
94 — MSS %
98 — E-Payslip%

Legend: 0-69%, 70-94%, 95-100%

Turnover Rate %

Categories: APST, ACS, A&C, AHP, E&A, HS, M&D, NMC

Return to Work % Aug-22

Categories: C.O.O, C&F, C.C.G, D&T&S C.G, H.C.G, MH&LD CG, PC-C.G, P&C.C.G, U.C.G

Legend: 0-59%, 60-99%, 100%

Combined Core Mandatory Training Compliance %

Values: 66.16, 58.82, 67.35, 64.83, 68.25, 62.81, 54.47, 66.82, 50.55
UHB: 60.32

Categories: C.O.O, C&F, C.C.G, D&T&S C.G, H.C.G, MH&LD C.G, PC-C.G, P&C C.G, U.C.G

Legend: Sep-22, UHB

Turnover Rate Reg Nurses % ▲ 0.20%

Categories: Oct-21, Nov-21, Dec-21, Jan-22, Feb-22, Mar-22, Apr-22, May-22, Jun-22, Jul-22, Aug-22, Sep-22

Sickness FTE % August 22

7.86%

Categories: APST, ACS, A&C, AHP, E&A, HS, M&D, NMC, ST

Legend: Absence FTE %, UHB Absence FTE %

Short Term/Long Term Sickness No. of Occurrences

Categories: Sep-21, Oct-21, Nov-21, Dec-21, Jan-22, Feb-22, Mar-22, Apr-22, May-22, Jun-22, Jul-22, Aug-22

Legend: LT Occurrences, ST Occurrences

Turnover Rate M&D % ▲ 1.00%

Categories: Oct-21, Nov-21, Dec-21, Jan-22, Feb-22, Mar-22, Apr-22, May-22, Jun-22, Jul-22, Aug-22, Sep-22

Sickness % 3 Year

Categories: Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug

Legend: 2019/20, 2020/21, 2021/22, Target

COVID Sickness Headcount 09-Oct-22

Categories: C.O.O, C&F, C.C.G, D&T&S C.G, H.C.G, MH&LD CG, PC-C.G, P&C C.G, U.C.G

COVID Special Leave Headcount 09-Oct-22

Categories: C.O.O, C&F, C.C.G, D&T&S C.G, H.C.G, MH&LD CG, PC-C.G, P&C C.G, U.C.G

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Resourcing & Recruitment

Starters and Leavers FTE

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Starters FTE	123.16	115.76	69.77	151.29	86.20	99.90	90.91	71.69	56.95	51.19	83.39	107.59
Leavers FTE	-100.60	-110.40	-110.64	-56.07	-93.66	-171.61	-124.61	-122.40	-100.75	-127.61	-113.66	-122.82
Cumulative FTE	22.56	27.92	-12.95	42.27	34.81	-36.90	-70.61	-121.32	-165.12	-241.53	-271.80	-287.03

Medical & Dental FTE
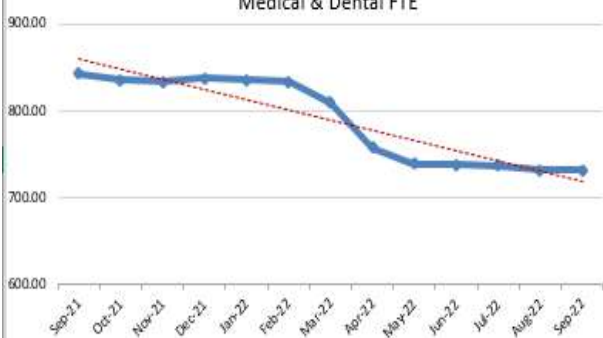
Nursing & Midwifery FTE

Sickness Absence & COVID

Monthly Sickness Absence Rate (FTE) by Care Group Aug-22

C.O.O 9.21%, C&F 6.99%, C.C.G 5.76%, D&T&S C.G 5.34%, H.C.G 4.00%, MH&LD C.G 7.45%, PC-C.G 6.55%, P&C C.G 8.68%, U.C.G 8.40%
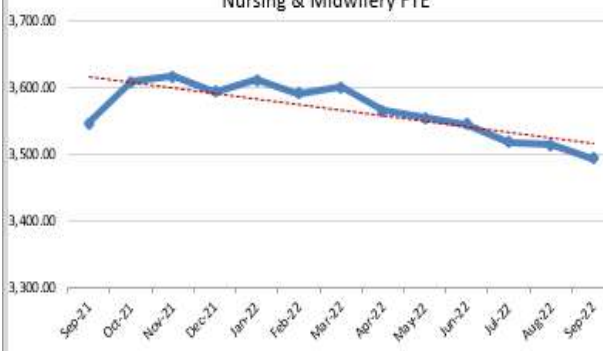
Sickness Rolling 12 months

Legend: C.O.O, C&F, C.C.G, D&T&S C.G, H.C.G, MH&LD C.G, PC-C.G, P&C C.G, U.C.G, Target
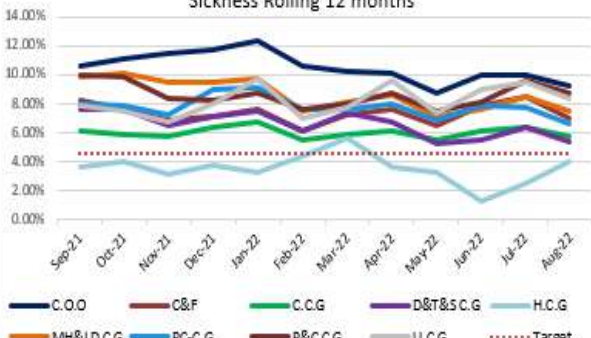
All Sickness Headcount compared to all Covid Sickness Headcount (9th October 22)
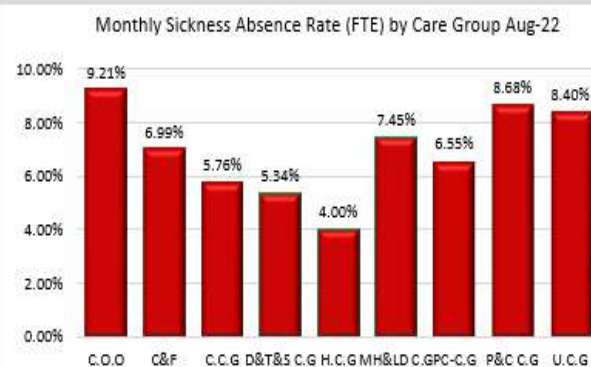
	C.O.O	C&F	C.C.G	D&T&S C.G	H.C.G	MH&LD C.G	PC-C.G	P&C C.G	U.C.G
All Sickness %	9.78%	5.89%	4.69%	6.04%	0.00%	6.93%	6.12%	7.62%	7.65%
COVID Sickness %	1.16%	0.65%	0.86%	1.02%	0.00%	1.02%	0.83%	1.35%	1.19%

PDR & Job Planning

PDR Statistics for Non Medical Staff

Aug-22, Sep-22
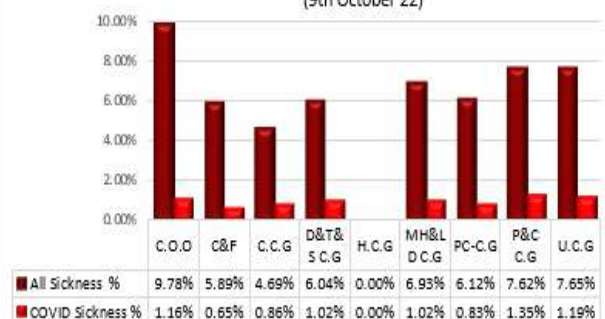
Legend: CTMUHB, C.O.O, C&F, C.C.G, D&T&S C.G, H.C.G, MH&LD C.G, PC-C.G, P&C C.G, U.C.G
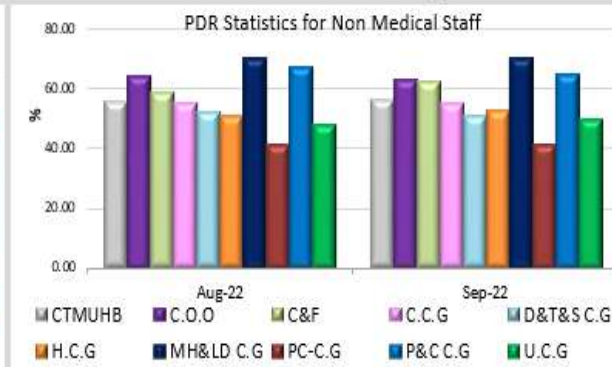
% Appraisal Reviews Completed by Staff Group (Non Medical Staff)

APST 43.37, ACS 59.18, A&C 53.47, AHP 66.10, E&A 66.38, HS 53.88, NMC 58.80, ST 21.28
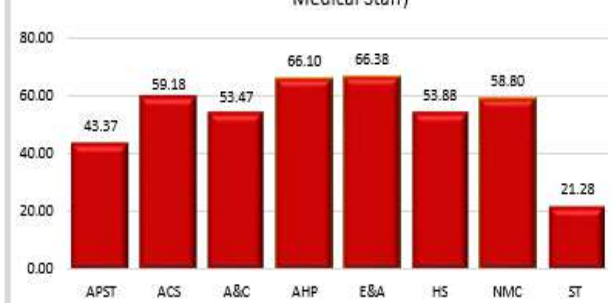
Job Planning Percentages 03-Oct-22

Consultants BILG, SAS BILG, Consultants M&CILG, SAS M&CILG, Consultants RTEILG, SAS RTEILG

Legend: Overdue / Not Completed, Done and signed-off

Exit Questionnaire & Efficiency of Recruitment Process

Recruitment Volumes	2016-17 totals (6m)	2017-18 totals	2018-19 totals	2019-20 totals	2020-21 totals	2021-22 totals	Sep-22	2022-23 total YTD
Number of Vacancies Raised	678	1311	1713	2759	2715	2993	683	1836
Number of FTE Raised	1064.78	2041.12	2479.97	3905.88	4634.7	4632	982.8	2892.2
Number of posts advertised New 2021/2	.	.	.	.	.	2982	317.0	1816
Number of FTE advertised New 2021/2						4044.8	372.9	2272.3
Number of Conditional Offers Sent	629	1213	1346	2271	2859	3800	259	1732
Number of ID Checks Completed	649	1163	1364	2272	2491	3743	277	1844
Number of Occupational Health Clearanc	526	1043	1254	2012	2203	3069	300	1547
Number of Sponsorships Requested	0	0	0	0	0	18	4	70
Number of References Received	627	1179	1278	1998	2213	3284	147	1413
Number of DBS Checks	0	0	812	1372	1925	2926	191	1365
Number of all checks compl New 2021/2	.	.	.	.	.	2977	280	1468
Number of Start Dates Requested	605	1118	1222	2082	2271	2971	272	1467
Number of Contracts Issued	727	1169	1140	2049	2150	1976	580	2475
Number of Ad Hoc DBS Checks	50	67	35	42	16	35	2	18
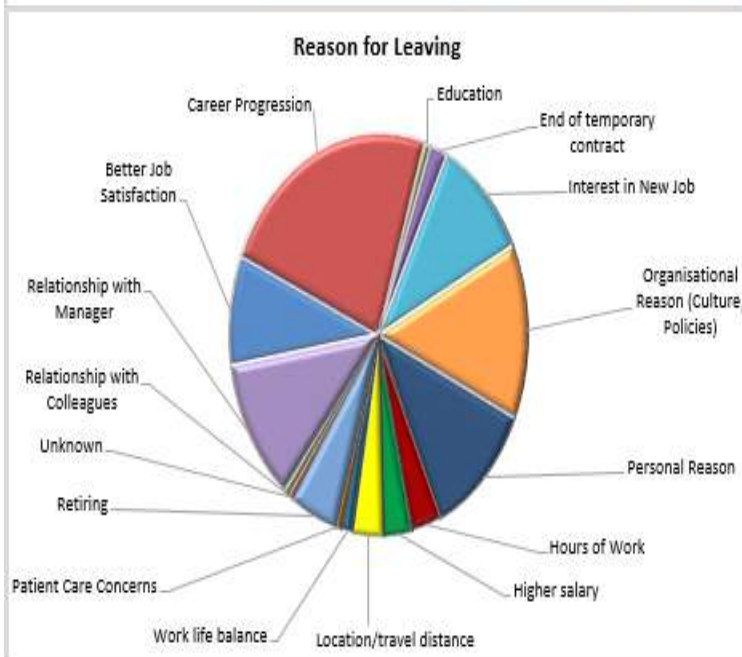
Trac Report Code	Target Times	Responsiblity	Trac Recruitment Health Check Average Times in Working Days	Average 16/17 (6m)	Average 17/18	Average 18/19	Average 19/20	Average 20/21	Average 21/22	Sep-22	Average YTD
T0a	5	Manager	Notice Date to authorisation start date		36.6	41.0	41.9	42.9	35.8	37.6	47.5
T1a	10	Org	Time to approve vacancy request	14.2	12.9	10.6	14.1	14.3	14.1	19.9	21.7
T1b	2	NWSSP	Time to advertise	2.0	1.7	1.6	1.6	2.5	2.2	2.1	1.7
T3	Variable	Manager	Duration of advertising	9.2	8.8	8.3	8.7	8.4	9.2	8.8	8.9
T3a	2	NWSSP	Time to move to shortlisting	1.7	1.0	1.0	1.0	1.0	1.0	1.0	1.0
T4	3	Manager	Time to Shortlist (original)	10.1	8.8	6.8	7.9	9.3	8.2	8.2	7.4
T4	3	Manager	Time to Shortlist (cleansed)	-	-		4.7	5.2	6.2	6.1	5.9	5.7
T5	2	NWSSP	Time to send interview invites	1.0	1.3	1.0	1.0	1.5	1.0	1.3	1.0
T5a	Variable	All	Notification given to applicants for interview	8.9	9.5	8.9	9.2	8.8	8.4	9.0	8.4
T5b	3	Manager	Time to update interview outcomes	4.8	4.7	2.5	3.4	2.7	2.4	3.2	2.3
T6	5	NWSSP	Time to send conditional offer	3.3	3.6	3.8	3.6	3.4	4.1	3.9	3.6
T7	3	Candidate	Conditonal Offer to ID appointment booked	4.1	6.3	5.9	3.7	5.6	5.0	9.1	7.4
T7a	10	Candidate	Conditional Offer to ID appointment attended	8.1	10.1	8.6	7.8	8.7	8.6	11.0	9.9
T7b	7	Candidate	ID appointment booked to ID appointment attended	5.7	5.8	5.1	6.0	5.2	5.7	5.6	5.4
T7c	1	Candidate	ID appointment attended to DBS form submitted	5.6	3.2	3.7	3.3	3.8	11.6	16.3	10.8
T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received			4.7	4.7	4.8	6.8	6.2	7.2
T8		Candidate/OH	Conditional offer to OH clearance					17.3	22.6	25.8	25.9
T12e	Variable	All	Checks ok to start date	17.2	14.4	18.9	18.8	20.1	28.1	21.6	21.5
T12	2	NWSSP	Checks ok to unconditional offer	3.3	1.7	1.6	1.7	1.8	5.8	1.8	1.9
T13	44	All	Vacancy Creation to conditional offer	51.6	51.1	40.8	44.6	46.8	46.4	55.4	53.2
T10	49	All	Advertising start date to checks ok						76.0	84.4	85.2
T14	71	All	Vacancy Creation to unconditional offer	88.7	92.3	74.7	76.9	80.1	85.4	109.8	105.8
T23	27	All	From conditional offer to unconditional offer without outliers	25.0	27.3	21.6	21.9	21.7	36.3	26.5	25.4
T23	27	All	From conditional offer to unconditional offer with outliers	40.8	41.0	32.7	33.4	33.2	40.9	56.3	54.2
T26	Variable	All	Unconditional Offer to start date	15.7	18.3	19.1	17.6	19.0	19.6	20.3	19.5

Reason for Leaving

Pie chart legend: Career Progression, Education, Better Job Satisfaction, End of temporary contract, Interest in New Job, Relationship with Manager, Organisational Reason (Culture, Policies), Relationship with Colleagues, Unknown, Personal Reason, Retiring, Patient Care Concerns, Hours of Work, Work life balance, Higher salary, Location/travel distance

PEOPLE & CULTURE COMMITTEE

NURSING WORKFORCE UPDATE

Date of meeting	09/11/2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Paul Harrison, Head of Workforce Productivity and eSystems.
Presented by	Hywel Daniel, Exec Director for People.
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
AHP	Allied Health Professional
AP	Assistant Practitioner
CSG	Clinical Service Group
CTM	Cwm Taf Morgannwg Health Board
HCSW	Health Care Support Worker
IN	International Nurses
OSCE	Objective Structured Clinical Examination
PA	Physician Associates
PAAR	Planned Additional Activity Rates
RN	Registered Nurse
SIP	Staff In Post
UHB	University Health Board
WTE	Whole Time Equivalent
NWSSP	NHS Wales Shared Services Partnership

1. SITUATION/BACKGROUND

1.1   A paper and supporting presentation on workforce planning and the specific challenges for the nursing workforce at CTM was discussed at the People and Culture committee in May 2022. The paper included work undertaken at a national level to model and forecast supply and demand and develop an NHS Wales nursing workforce plan.

1.2   The work on a national workforce plan for nursing is continuing. A simplified Shape and Supply tool to understand the impact leavers and joiners have on the workforce across the four nursing fields (Adult; Paediatrics; Mental Health and; Learning Disabilities) will be available to the HB (Health Board) by the end of 2022.

1.3 A programme of work focussed on Nursing Productivity has commenced with the HB. This will identify opportunities for efficiency and effectiveness, based upon realising benefits across a range of improvement workstreams with a specific focus on E-rostering. It will also consider the use of Agency, Bank and variable pay, specialling (Enhanced Supervision), recruitment including Student Streamlining, overseas recruitment and compliance with the Nursing Staffing Act.

1.4   The purpose of the paper is to provide an update for the People and Culture Committee on work ongoing within the Health Board to address the challenges of nurse supply. This is within the recognised context of national challenges relating to nurse supply and the ongoing work within the Nursing Productivity Programme.

2.   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

CTM Health Board is engaged in a range of activities to improve the supply of Registered Nurses and HCSW to ensure that safe and compassionate care is provided to patients. These comprise a range of immediate actions and workstreams together with medium to longer term workforce planning opportunities.

2.1   International Nurses (IN)

CTM has a successful track record of recruiting International Nurses and their retention is high. Since 2019 the HB has recruited 307 nurses and only 8 have left during this time. Those recruited have filled nursing gaps on the wards across all 3 of the main hospital sites across the HB.

The current round of international nurse recruitment was led by NWSSP. 91 nurses have already joined the HB with a further 6 to join over the next couple of months. To date 39 have successfully passed their Objective Structured Clinical Examination (OSCE) and are well supported by the Nurse Education Team and colleagues in the People Directorate.

The Health Board data shows an increase in turnover and significant vacancy level of Registered Nurses. This is not a unique position in regard to this profession and is reflective of national challenges. The recruitment of International Nurses (IN) is a quick and viable route to increase WTE RNs.

HEIW are predicting that IN will be a necessary avenue to increase staff numbers for at least the next 2 years, to be able to get to a point where streamlining will fill the gap in the UK market.

91 RNs have been recruited from the current IN campaign so far, and the business case is in development to extend this project for a further 2 years. This aims to increase the supply to approximately 150 WTEs per financial year, subject to approval.

2.2   Student Streamlining

The Student Streamlining Process is a programme specifically tailored to match some student health professionals to positions in NHS Wales organisations in preparation for when they complete their studies.

The Health Board has a number of vacancies available to apply for via the student streamlining scheme. All eligible nurses have been provided with details on how to login and apply for the posts. There are currently 40 vacancies equating to 71.6 WTEs available, the UHB will know in mid-November how many posts WTE offered have been filled by the streamlining process.

Moving forward there is work to do to process map our approach to ensure we maximise the number of posts we advertise through the two streamlining recruitment windows and to increase applications. Nursing, Finance and People colleagues are exploring options to ensure the HB adopts a more proactive approach. The HB is also working with the Primary Care team to explore opportunities within independent Primary Care GP Practices.

2.3   Nurse and HCSW Bank

Bank allows for a way to increase staff numbers in the UHB in a non-permanent fashion, in reaction to gaps in our workforce. The staff

bank has 3953 RN and 2445 HCSW live on the bank currently and provide cover for approximately 6,085 shifts per month.

2.3.1 Bank Modernisation Programme

The auto invoicing of bank is a major step in the modernisation of the service, driving change of practice at ward level and then freeing up resource to focus on recruitment.

In addition, a Task and Finish Group has been established with Nursing to oversee changes that need to be made, including potential rostering efficiencies. This work will also be supported by Service Improvement to provide an expert lens on opportunities to streamline processes and ways of working.

2.3.2 Bank Recruitment

Internal Staff

The Health Board is always looking to increase the amount of bank staff registered and there are no restrictions placed on internal UHB Registered Professionals or HCSW staff joining the bank. For internal applicants this is a straightforward process that is completed via a quickly processed sign up form. Working with Payroll colleagues, changes are being made to the termination form to ensure that when staff leave the UHB they can remain on the   Bank.

External Applicants

For external applicants, the rolling advert is open for 4 weeks and then routinely closed as part of the normal recruitment cycle to enable all applications to be processed. Unfortunately, this closure was for a slightly longer period than normal this summer given some workforce challenges in the Bank Office Team. However adverts were placed for Registered Nurses, Vaccinators and HCSWs at the start of October 2022 and applications are now being reviewed as part of the recruitment process.

Students

Nursing and midwifery students can join the bank via the targeted recruitment activity. The HB routinely shares these details with University of South Wales and Swansea University that they then share with their student groups via their intranet (Blackboard) sites, and the details have been shared with Nurse Education for sharing via the Practice Facilitators.

2.4   Weekly Pay

The Executive Director for People has initiated a work stream in collaboration with NWSSP to understand and allow for a weekly pay method within the HB.

Staff feedback continues to be, that if there was a way to be paid weekly, they would undertake more bank and overtime work.

Currently there are several possible options to provide weekly pay. These are under review by the Head of Workforce Productivity and systems, working with NWSSP colleagues, and a way forward anticipated during the next month.

2.5   Enhanced Rates

There is currently provision for the Health Board to offer enhanced rates via the Planned Additional Activity Rates (PAAR) advisory notice issued by Welsh Government. What this gives the UHB is the ability to pay double time to staff to work overtime for planned additional activity.

The ability to pay these preferential rates gives the UHB the potential to attract more work from substantive staff and reduce need for high-cost agency. This provides a reduction in cost to the UHB and a better fill rate from staff who understand the wards they work on, over agency staff who are not from the Health Board.

Work is underway at a national level to understand if these enhanced rates need a wider application.

2.6   Retention / Reasons for Leaving

A work stream has been launched in the People Directorate to understand why people leave CTM. While ESR data provides a high-level reason for leaving, getting feedback directly from individuals will provide the HB with rich data to inform future retention strategies and approaches.

The new 'Moving On' process, which is due to be launched in January 2023, will enable us to capture information from staff who are leaving the organisation and from those moving internally to understand the trends and offer possible solutions to help with the wider retention issues.

Alongside all this we are using the NHS England Nursing and Midwifery Retention self-assessment tool to enable us to evidence

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factors which are influential in nursing and midwifery retention. The dashboard will enable us to provide a summary of results that can be used to support development of our retention plans.

2.7   Establishment control

Establishment control is central to understanding the workforce we have and the workforce we need.

The WTE data in this paper has been provided by the initial work on establishment control undertaken by the Head of Workforce Productivity & eSystems.

Once perfected, this will allow the proper base line for effective workforce planning to start. Establishment control for nursing will be operational in the UHB by the end of financial year 2022/23.

3.   Medium / Longer term plans

3.1   Education Commissioning

The annual Education Commissioning process is to be launched imminently by HEIW (Health Education and Improvement Wales) allowing the organisation to identify the education it requires to ensure our workforce has the right roles, skills, and knowledge to deliver care to our patients and population. The commissioning process covers:

- Undergraduate, postgraduate and some apprenticeship education
- Nursing and Midwifery, Allied Health Professions, Healthcare Scientists, Pharmacy plus education provision for HCSW.

It is an essential component of the workforce planning process to ensure CTM people are equipped with the appropriate skills and education to deliver modern health care services and able to work at the top of their license and ability.

This process also enables the HB to develop its alternative pathways to employment including:

- Apprenticeships – The apprenticeship route to registration is under active development within Wales. This is an area the UHB should pay significant attention to as it could allow for our local populace to have an effective route into nursing, that allows us to also support our communities.

- Flexible route to registration – There is provision in the University and Open University within our Health Board boundaries to undertake a flexible route to registration. This route allows a career progression for HCSWs (Health Care Support Workers) into the RN role whilst maintaining their employment and salary status. This allows for work based paid practice, alongside University education over 4 years to become a RN.

3.2   IMTP

The IMTP (Integrated Medium-Term Plan) planning process has commenced providing the organisation, via Care Groups, the opportunity to develop integrated service, financial and workforce plans. This process provides an ideal opportunity for consideration of multi professional workforce planning and consider opportunities to work differently and develop new skills across our people to enable the delivery of modern future facing services.

There are specific nursing challenges and opportunities. The supply challenge is evident but there are increased opportunities to grow our own through the development of HCSW role and a careers escalator from apprenticeships through to registration.

In addition, there are opportunities for roles with advanced clinical skills to work differently and move in spaces left by medical vacancies. The UHB has launched a work stream investigating advanced practice in our clinical services. This work will provide innovative clinical roles for our staff to progress to and provide career paths and routes for staff to continually improve. The Education Commissioning process can support and enable the skills development and support multi professional workforce planning.

CTM also engages closely with HEIW (Health Education and Improvement Wales) to support the delivery of A Healthier Wales and benefit from national research and workforce planning approaches for the future workforce. It is anticipated that the work on the national nursing workforce plan will generate guidance and toolkits to support our local work.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

a. Nursing supply remains a concern to the HB given increased turnover and a challenging recruitment climate.
b. There is a significant risk due to low staff numbers that Agency use and therefore spend will increase.

c. If staff turnover continues to increase, or even stabilises at current levels, this will create a further reliance on high-cost agency

IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Significant risk to patient and staff safety with low staff levels.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Yes (Include further detail below)
	Low staff levels will likely lead to an increase in claims against the UHB for poor care and outcomes.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Increasing agency spend will significantly impact the poor financial position of the UHB.
Link to Strategic Goals	Sustaining Our Future

RECOMMENDATION

1. Accept the paper for **NOTING** of the significant challenges in front of the organisation.

PEOPLE & CULTURE COMMITTEE

MEDICAL WORKFORCE & EFFICIENCY

Date of meeting	09/11/2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Nerys Conway – Assistant Medical Director for Medical Workforce Paul Harrison – Head of Productivity and 'e'systems
Presented by	Dom Hurford – Executive Medical Director
Approving Executive Sponsor	Executive Medical Director

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Executive Medical Director has confirmed that the programme is well known and has been disseminated across the Health Board with activity underway.		

ACRONYMS	
ABUHB	Aneurin Bevan University Health Board
ADH	Additional Duty Hour
AMD	Assistant Medical Director
CTM	Cwm Taf Morgannwg
CSG	Clinical Service Group
DE	Direct Engagement
eJP	E Job Planning
EWTD	European Working Time Directive
ESR	Electronic Staff Record

FCP	Financial Control Procedure
GMC	General Medical Council
ILG	Integrated Locality Group
KBC	Kendall Bluck Consulting
M&D	Medical & Dental
MW	Medical Workforce
MWSG	Medical Workforce Sustainability Group
NWSSP	NHS Wales Shared Service Partnership
SAS	Specialty & Associate Specialist
SLE	Single Lead Employer
UHB	University Health Board
WG	Welsh Government
WLI	Waiting List Initiative
WTE	Whole Time Equivalent

1. SITUATION/BACKGROUND

The purpose of this paper is to give an update to the committee on the current situation in Medical Workforce and the relevant work streams, projects and overall department.

The report is split down in to the component areas that need to be highlighted to the committee.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Medical Workforce Productivity Programme (MWPP)

The Medical Workforce Productivity Programme Board was established in August 2022 and is one of seven programmes within the Value and Effectiveness Portfolio.

The main aims of the MWPP include;
- To identify and recruit gaps in establishment
- Reduce ADH spend
- Reduce agency staff usage
- Mandate Direct Engagement across the UHB
- Accurate and timely job planning
- Efficient rostering
- Design sustainable workforce models
- Contribute to strategic objectives obtained in CTM2030 and specific WG targets ensuring sustainable financial position for the organisation

The benefits of the MWPP include;

- Financial

Forecast savings (pro rata)
DE Mandate £150k
Recruit substantive staff £500k
Rate Card for Bank £500k
Rate Card for Agency £500k
Change WLI's to ADH Rate £100k
Remove Break Payment £TBD

- Performance - Correct staffing levels will allow for improvements in care. Improve waiting lists post-pandemic.
- Quality and Safety- Permanent staff fill gaps who are aligned with the policies and procedures of the UHB hence allowing better care and improving patient safety.
- Staff well-being

Risks include;
- Lack of support
- Competing demands/ priorities within CTM
- Change in team resources
- Lack of organisational ownership
- Lack of IT Hardware / software
- Insufficient resource and capability to develop and deliver programme
- Funding restraints
- Structural changes within CTM
- Operational and clinical capacity to develop and implement change
- Unavailability of data

The following table includes the relevant milestones set up for the project;

Phase	Planned Completion Date
1/ Form programme board	August 2022
2/ Choose work stream leads	August 2022
3/ Form and start each work stream group	August 2022
4/ Implementation of work stream recommendations	October 2022
5/ Benefits realisation	November 2022
6/ Validation	December 2022
7/ Restart and revise	March 2023

It was agreed that the following work streams would be prioritised;
- Direct Engagement
- Establishment Control

- ADH rate
- Job Planning
- Training and Support

These five work streams report back monthly to the MWPP. Initial work stream meetings have taken place.

2.1 a/ Direct Engagement

Direct Engagement allows the Health Board to recognise a 20% VAT saving on all DE bookings. (However it should be noted there are costs associated with employing through DE to the employer.) When a doctor is submitted via DE the Health Board pays the doctor directly, ensuring that all the necessary pay deductions are made at source. The Direct engagement work stream is currently led by the Executive MD. The overall DE rate is 67%. The target is 100%.

Specific individuals using non-DE and/or areas using non-DE Doctors are being targeted within the UHB.

2.1 b/ Establishment Control

Establishment control is a formal process for matching information on the funded establishment in the organisation, compared with the number of employees currently in post, to provide accurate vacancy data.

One of the major problems that was faced with establishment control when trying to implement it in the UHB for medics was understanding how to report the additional activity undertaken by Consultant and SAS Doctors. ESR can only report against a workers profile 1 WTE, even if the person is undertaking additional activity that makes them more than 1 WTE. This creates a situation where the reported staff in post WTEs is inaccurate and under-represents the actual WTE work being undertaken.

After working with payroll colleagues it was discovered that it is possible to extract from ESR the elements that point to additional activity, which will allow for an exercise outside of ESR to consolidate this data into a form that presents the actual WTE worked by members of staff, to now be able to accurately show the establishment in the organisation.

Work is now being progressed as to whether a report can be built into ESR business intelligence to do this additional activity inclusion into Medic's WTE as a separate report to the traditional staff in post extracts. This work stream is being led by the Head of Workforce Productivity and e-systems.

2.1 c/ Additional Duty Hours

Current ADH spend in the UHB is ~£14 million. The lead for the ADH work stream is the DMD for Acute Services. Work currently includes identifying the five top areas for ADH spend in the UHB and formulating a savings plan. The new Care Groups are to be held accountable for their individual spend each month. The FCP for ADH sign off also needs reviewing with a better approval process in place. The FCP will be reviewed after the audit of medical variable pay is completed in November 2023.

Several of the members of the work stream group are also sitting on the regional rate card committee with colleagues from NWSSP, CAVUHB, ABUHB and HDUHBs. The aim is to produce a regional rate card so there is consistency within the region.

2.1 d/ Job Planning

Job planning is a core contractual requirement for consultants and SAS doctors. The requirement is for job plans to be reviewed annually. This has never been achieved across the board in CTM or its predecessor organisations.

Job planning compliance is currently 38% in Consultants and 35% in SAS Doctors. The UHB target is 90% for both groups. (Improvement from 19% the previous year). This work stream is led by the AMD for Medical Workforce.

It is imperative that the Care Groups prioritise job planning as the job plans are the foundations of how the UHB engages with its most expensive members of staff. Two engagement events are planned for CGMD's and the medical workforce in order to address some of the challenges and issues facing job planning. It is hope that the event will address some of the boundaries and 'kick-start' job planning.

The SPA guidance document is due for its final sign off with the LNC which will ensure CGMD's and managers will have a guide regarding SPA activity during the job planning process.

2.1 e/ Training and Support

This work stream is led by the DMD and ensures that there is relevant training and support for Doctors within the UHB.

It includes relevant induction for senior doctors and IMG doctors. It also includes support for SAS doctors and those wishing to CESR. It covers those returning to work after a period of absence.

2.2 Medical Bank - Patchwork

A medical bank was introduced as a formal system to improve the visibility and control of ADH's and WLI's within the UHB.

Patchwork was rolled out across the UHB in Autumn 2021 initially in Bridgend ILG and then Rhondda Taf Ely and Merthyr ILGs.

It provides consistency around monitoring, verification and payments. It is user friendly and comes as a smart phone 'app'. This has removed the paper based system previously used and ensured faster payments therefore increasing staff satisfaction.

Recently there has been work undertaken in collaboration with Patchwork & Retinue, to have ADHs and Agency pay reported in an easily accessible online platform, that will allow for timely and accurate analysis of the variable pay spend across the organisation. This will be available by the end of the 3rd quarter of this FY.

2.3 Agency Workers

The UHB currently has a locum managed service arrangement with Retinue Solutions until August 2023.

Retinue Solutions operate as a 'neutral vend' supplier, this means that agencies supply via Retinue but Retinue are not an agency in their own right and do not supply doctors directly.

2.4 Agency Spend

Three specialities this year Surgery, Paediatrics and A&E have the highest spend on agency locums. The total spend on medical agency locums for 21/22 was ~£16m.

The impact of COVID-19 has seen doctor's hourly rates increase, less availability of locums as they were unable to travel and locums picking up shifts closer to their homes.

The approval process of rates for agency workers will be reviewed once the return of the variable pay audit is known. This will also then be incorporated into the medical variable pay FCP.

The rates set for agency workers will be reviewed as part of the work stream that will develop a rate card for the UHB. The rate card will apply to both agency and bank workers.

2.5 **Overseas Recruitment**

CTM introduced an international recruitment campaign in January 2021. 11 doctors have been appointed in hard to recruit areas that were spending large sums on agency. All of the doctors brought in through this programme have been retained to date.

The project despite being very successful at filling posts in areas that were attracting this high cost agency spend has now been stopped. This is due to the removal of funding for a staff member to lead the work to allow the project to continue.

A business case will be submitted to Executives in due course to try and secure funding for this initiative, as it has already saved the Health Board over £100k and can continue to do so if the project is resumed.

2.6 **Single Lead Employer**

All Wales medical trainees have moved to a Single Lead Employer (SLE). This essentially means NWSSP will be the employer and the Health Boards will be the Host Organisation. This means the trainee now has one single lead employer and employment checks do not generally re-require examination on rotation.

2.7 **Revised SAS Contract**

NHS Wales Employers, the BMA and Welsh Government have engaged in contract negotiations for SAS doctors and established a new Specialist Grade.

CTM have been slow to implement the contract within the UHB and advertise the new 'Specialist posts'.

The AMD for workforce has met with the SAS lead and have agreed that suitable SAS doctors who are eligible for the Specialist grade need to be identified. Care Group MDs will also have a duty to seek out any Doctors that are keen or suitable for the Specialist role.

An SAS engagement event has been planned for January 2023.

Medical eSystems

The Medical and Dental workforce E-Systems team have successfully built rosters for the majority of the departments within the UHB.

Additionally the job planning rates have increased substantially in the Health board due to a concerted effort in collaboration with MD's office and Medical Workforce. There is still work needed to improve on the compliance rates, but the UHB does stand at its highest sign off rate since before the start of the pandemic.

As the Junior doctor contract in Wales is potentially about to be changed, there is a significant amount of work that will need to be completed ensuring the rotas for these doctors are checked to ensure they are compliant and remunerated correctly in line with these changes. This is complicated and wide ranging work, a system hasn't been built yet to deal with the changes which is a concern.

Talks are underway with the current system supplier to ensure that the eRota package will be updated swiftly with the needed revised calculation methods. This is to ensure the UHB is compliant with its obligations to Junior Doctors working patterns.

2.9 **Staffing**

The AMD for workforce was on maternity leave September 2021 September 2022.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   No specific risks to be raised with this report.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:

Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	This is an update report, which does not require an EIA.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

5.1   It is recommended that the Committee **NOTE** this document as an update and starting point for future reports on Medical Workforce and Efficiency.

FORWARD LOOK –PEOPLE & CULTURE COMMITTEE (updated 20.10.22 v2)

9 NOVEMBER 2022

Meeting	Deferred or Ad hoc Items	Periodic Reports	Other
9 November 2022	• Medical Value & Efficiency Work (deferred from August 2022) • Workforce Supply and Winter Planning • Terms of Reference (tentative following discussions)	• People Policies (as appropriate) • Retirement Policy for Approval • Ratification of Chairs Action – Nursing and Midwifery Rostering Policy • Industrial Injury Policy • Employee Relations Update • Leadership & Management Development Progress Update • Outcome of Committee Self Effectiveness Survey • Pathology Cultural Improvement Work Progress Report • CAMHS Cultural Improvement Work Progress Report	
8 February 2023	• Equality, Diversity and Inclusion (to include update on anonymous reporting to BAME) • Pathways to Employment (will include any other relevant L&D updates) • People Strategy (Deferred from November 2022 meeting) • Retirement Policy for Approval (Deferred from November 2022) • PCH Cultural Improvement Work Progress Update • Maternity & Neonates Cultural Improvement work Progress update • Committee Annual Cycle of Business 2023-24	• People Policies (as appropriate) • Employee Relations Update • People Strategy (Deferred from November 2022 meeting) • Values and Behaviours (including Listening, Learning and Improvement Culture) • Disclosure and Barring Service Checks • CTM as an Anchor Institution	
10 May 2023	• Committee Annual Report 2022-23 • Committee Terms of Reference Annual Review	• People Policies (as appropriate) • Employee Relations Update	

Meeting	Deferred or Ad hoc Items	Periodic Reports	Other
	• Welsh Language Standards Annual Report 2022-23		
9 August 2023	• Committee Self Effectiveness Survey Outcome and Improvement Plan	• People Policies (as appropriate) • Employee Relations Update • Values and Behaviours (including Listening, Learning and Improvement Culture) •	