

People & Culture Committee

Wed 08 February 2023, 09:00 - 12:30

The Boardroom, Yr Hwb, Llantrisant



Agenda

09:00 - 09:00 1. PRELIMINARY MATTERS 0 min

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

09:00 - 09:05 2. CONSENT AGENDA 5 min

2.1. Items for Approval


2.1.1. Unconfirmed Minutes of the Meeting held on 9 November 2022


 2.1.1 Unconfirmed Minutes 9.11.22 PC Committee 8 February 2023.pdf (11 pages)

2.1.2. Committee Annual Cycle of Business 2023-24

Assistant Director of Governance & Risk

For Approval

 2.1.2a Cmt Annual Cycle of Business 2023-24 PC Committee 8 February 2023.pdf (2 pages)

 2.1.2b Appendix 1 Annual Cycle of Business 23-24 PC Committee 8 February 2023.pdf (3 pages)

2.1.3. Policies for Approval: Employee Wellbeing Policy & Reference Policy

Assistant Director of Policy, Governance and Compliance

For Approval

 2.1.3 Policies for Approval Cover Report PC Committee 8 February 2023.pdf (4 pages)

 2.1.3a Appendix 1 Employee Wellbeing Policy.pdf (17 pages)

 2.1.3b Appendix 2 Reference Policy.pdf (11 pages)

2.2. Items for Noting

2.2.1. Anchor Institution Group Highlight Report

Tom Powell

For Noting

- 📄 2.2.1 Anchor Institution Highlight Report PC Committee 8 February 2023.pdf (3 pages)
- 📄 2.2.1a Appendix 1 Anchor Strategy.pdf (15 pages)

2.2.2. Action Log

Dilys Jouvenat, Chair

- 📄 2.2.2 Action Log PC Committee 8 February 2023.pdf (2 pages)
-

09:05 - 09:45
40 min

3. MAIN AGENDA

3.1. Graduates Scheme - Presentation on Experiences and Learning

Nick Carter, Kay Chandler & Graduates

For Discussion

- 📄 3.1 Graduates Scheme Presentation PC Committee 8 February 2023.pdf (10 pages)

3.2. GOVERNANCE

3.2.1. Organisational Risk Register

Assistant Director of Governance & Risk

For Discussion/Noting

- 📄 3.2.1a Organisational Risk Register - P&C - February 2023.pdf (4 pages)
 - 📄 3.2.1b Appendix 1 - Master Organisational Risk Register - Final January 2023 (Recovered) - P&C Committee.pdf (3 pages)
-

09:45 - 10:45
60 min

4. INSPIRING PEOPLE

4.1. Equality, Diversity & Inclusion

Assistant Director of Organisational Development and Wellbeing

For Discussion/Noting

- 📄 4.1 Equality, Diversity & Inclusion Cover Report PC Committee 8 February 2023.pdf (4 pages)

4.1.1. Equality Annual Report

Assistant Director of Organisational Development and Wellbeing

For Discussion/Noting

- 📄 4.1.1a Appendix 1 Annual Equality Report 22-23.pdf (19 pages)

4.1.2. Gender Equality Report

Assistant Director of Organisational Development and Wellbeing

For Discussion/Noting

- 📄 4.1.2a Appendix 2 Gender Pay Gap Report V03 (2).pdf (12 pages)

4.1.3. Overview and Ambitions for the Strategic Equality Plan

Assistant director of Organisational Development and Wellbeing

For Discussion/Noting

- 📄 4.1.3 Overview and Ambitions for the Strategic Equality Plan PC Committee 8 February 2023.pdf (8 pages)
- 📄 4.1.3a Appendix 1 Consultation Communications and Engagement Plan.pdf (11 pages)

4.2. PCH: Progress on Culture Transformation & Improvement Work

Richard Hughes


For Discussion/Noting

 4.2 PCH Progress on Culture Transformation & Improvement Work PC Committee 8 February 2023.pdf (18 pages)

4.3. Maternity & Neonates: Progress on Culture Transformation & Improvement Work

Suzanne Hardacre/Sara Mason

For Discussion/Noting


 4.3 Maternity & Neonates Progress on Culture Transformation & Improvement Work PC Committee 8 February 2023.pdf (13 pages)

4.4. Employee Relations Report

Assistant Director of Policy, Governance & Compliance

To also include NMC Referrals


For Discussion/Noting

 4.4 ER Activity Report PC Committee 8 February 2023.pdf (8 pages)

4.5. Disclosure & Barring Service Assurance Report

Assistant Director of Policy, Governance & Compliance

For Discussion/Noting

 4.5 DBS Update Report PC Committee 8 February 2023.pdf (7 pages)


4.6. Strategic Workforce Planning & Retention

Deputy Director for People

To include update on the KPMG work and an update on plans and pieces with regard to retention (Becky Gammon)

For Discussion/Noting

 4.6 Turnover & Retention Briefing PC Committee 8 February 2023.pdf (12 pages)

 4.6a Nurse Retention PC Committee 8 February 2023.pdf (8 pages)

4.7. Workforce Metrics Report

Assistant Director, Strategic Workforce Planning

For Discussion/Noting

 4.7 Workforce metrics Report PC Committee 8 February 2023 (2).pdf (8 pages)

10:45 - 11:25 5. SUSTAINING OUR FUTURE

40 min

5.1. Outcome of the Wellbeing Survey

For Discussion/Noting

 5.1 Wellbeing Survey Results 2022 Presentation Pc Committee 8 February 2023.pdf (16 pages)

11:25 - 11:30 6. OTHER MATTERS


5 min

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 8 February 2023.pdf (4 pages)

6.3. Any Other Urgent Business

Dilys Jouvenat, Chair

6.4. How Did We Do Today?

Dilys Jouvenat, Chair

11:30 - 11:30 7. DATE AND TIME OF NEXT MEETING

0 min

10 May 2023 at 9:30 am

People & Culture Committee
Held on 9 November 2022 at 09:30 am
as a Virtual Meeting via MS Teams

Present:

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

In attendance

- Jayne Sadgrove - Health Board Vice Chair (Observing)
- Hywel Daniel - Executive Director for People
- Greg Padmore - Executive Director of Nursing & Midwifery
- Dix
- Sallie Davies - Deputy Medical Director
- Helen Watkins - Deputy Director for People
- Michelle Hurley - Assistant Director of OD & Wellbeing
- Tyers
- Karen Wright - Assistant Director of Policy, Governance & Compliance
- Georgina Gallety - Director of Governance
- Nick Carter - Head of People Development
- Fiona Thomas - Clinical Group Service Manager, Pathology
- Ana Llewellyn - Nurse Director, Primary Care & Mental Health
- Natalie Price - Assistant Director, Strategic Workforce Planning
- Paul Dalton - Internal Audit
- Kathrine Davies - Corporate Governance Manager (Secretariat)

11.22.1 PRELIMINARY MATTERS

11.22.2 Welcome & Introductions

The Chair welcomed everyone to the meeting including Fiona Thomas, Clinical Group Service Manager Pathology, Ana Llewellyn, Nurse Director, Primary Care and Mental Health and Lisa Davies, Clinical Service Group Manager.

11.22.3 Apologies for Absence

Apologies for absence were received from Dom Hurford, Medical Director, Cally Hamblyn, Assistant Director of Governance & Risk and Sara Mason.

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

11.22.5 **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.

11.22.6 **ITEMS FOR APPROVAL**

Minutes of the People & Culture Committee held on the 10 August 2022

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

Committee Self Effectiveness Outcome and Improvement Plan

Resolution: The report and Improvement Plan was **APPROVED.**

Amendment to the Standing Orders – Revised Committee Terms of Reference

Resolution: The Revised Standing Orders were **ENDORSED FOR BOARD APPROVED.**

Alternative Pension Payment Contributions for Medical and Dental Staff

Resolution: The Policy was **APPROVED.**

Industrial Injury Cover Policy

Resolution: The Policy was **APPROVED.**

Committee Ratification of Chairs Action – Nursing & Midwifery Rostering Policy

Resolution: The Policy was **APPROVED.**

ITEMS FOR NOTING

Nil

MAIN AGENDA

11.22.7

Action Log:

The following updates were received on the Action Log:

- Disclosure and Barring Service – K. Wright advised that the the Organisational Change Policy work had caused a delay to this work progressing and an item being received at the November 2022 meeting. Work was ongoing and a progress report was scheduled to be received at the February 2023 meeting.
- BAME Story – M. Hurley-Tyers advised that the intention was to bring a wider Equality, Diversity and Inclusion update to the February 2022 meeting along with the Anti Racism Wales Plan.
- Staff Survey and Staff Recognition – N. Milligan advised that this was showing as 'complete' but this related to the 'thank you' cards however, there was further work around recognition required for staff in that it was not just about thank you cards but about wider recognition for staff. H. Daniel advised that there was further work to do in that area and they were meeting with the communications team and trade union colleagues about staff recognition, not just in terms of informal recognition but also a more formal recognition programme. It was agreed this be added to the Forward Plan for an future update.

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

Action Log: To add Staff Recognition to the Forward Work Plan.

GOVERNANCE

11.22.8

Organisational Risk Register

G. Galletly 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.

Members were advised that work was underway to review and ensure that the risk register was realigned to the new Care Groups. A workshop had been held with the work anticipated to be completed by January 2023. Members **noted** that Risk

4107 and Risk 4157 had been amalgamated and would be included in the next iteration of the Risk Register.

N. Milligan referred to Risk 4080 and advised that the action plan referenced task and finish groups and commented that it would be helpful to have sight of timescales and outputs from these groups. G. Galletly stated she would relay this to the lead Executive outside of the meeting.

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

Action: Outputs and timescales for delivery in relation to the Task and Finish Group aligned to risk 4080 to be provided for the next meeting through the relevant Executive Lead.

INSPIRING PEOPLE

11.22.9

Equality, Diversity & Inclusion (EDI)

The Committee were advised that no update had been received on this occasion however the plan was to prepare a full report 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.

H. Daniel informed the Committee that the work on the Wales Anti-Racism Plan was still ongoing and had not been finalised as yet.

M. Hurley-Tyers advised with regard to EDI, a session was planned with the Executive Team in November 2022 and then a further development session with the Board on 13th December 2022 around Cultural Competence Training which would be facilitated by Diverse Cymru.

11.22.10

Pathology – Progress on Cultural Transformation and Improvement Work

F. Thomas and S. Britton provided a presentation to the Committee on the progress with the Pathology Cultural Transformation and Improvement work.

N. Milligan referred to the engagement plan and queried that there were no start or completion dates and also no task leads set. F. Thomas confirmed that there were detailed, time limited start and finish dates and leads and that service managers were

tasked with report back monthly for delivering within their services. However, they had not been included on the slides.

N. Milligan advised that although they were not going to see huge changes, evidence had shown that improved engagement improved retention. F. Thomas advised that with regard to retention, they did now have a much more engaged workforce, particularly in terms of haematology and were seeing a tangible difference in their approach to working differently and sharing ideas and the staff had also been working more collaboratively on the rotas.

H. Daniel commented that this was good example of where the organisation had reacted to concerns raised by staff and had put interventions into place to make improvements. He advised that the key thing now was to sustain those improvements to ensure that they take all the staff groups along with them, getting everyone involved.

F. Thomas advised that some sessions were planned for medical staff in January and February 2023 to undertake some organisational development work in terms of compassionate leadership.

L. Thomas queried what they could take from the outcome of this work and asked if it could be replicated, scaled and used elsewhere. H. Daniel advised that the proactive element of this work was really important and referenced informal escalation work such as at Prince Charles Hospital emergency department where an improvement programme had been put into place which was already making a difference and useful pointers would be included in the toolkit available to teams dealing with similar issues.

F. Thomas added that the workforce group that had been established in September 2022 were developing a plan for progression and there was also the wellbeing work such as the running club which was bringing the staff together.

D. Jouvenat congratulated the team on a great piece of work and advised that it was good to see that this was going to be used in other areas.

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

11.22.11

CAMHS – Progress on Cultural Transformation and Improvement Work

A. Llewellyn and L. Davies provided a presentation to the Committee on the progress with the CAMHS Cultural Transformation and Improvement Work.

N. Milligan referred to the 'spider' graphs in relation to management and team perspective and advised that it would be good for a future meeting if the Committee could see how the data from those graphs would be used. She added that on page 6 some of the work improvements against the key metrics for return to work were not showing and the percentages for September 2022 showed that 66.67% of staff had not received a return to work. A. Llewellyn advised that there was lots more work to do around some of the tangible metrics and these were all reported to the Improvement Board. It was also acknowledged that there was further work to be done in relation to the Personal Annual Development Reviews (PADRs) for staff.

H. Daniel commented that the presentation was a good reflection of achievements to date and it was pleasing to see that the values were being used to embed and underpin this.

D. Jouvenat congratulated the team on the work undertaken and the improvement that had been made.

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

11.22.12

Employee Relations (ER) Update

K. Wright presented the report providing a formal update in respect of ongoing Employment Relation cases and trends within the Health Board for the period July - September 2022.

The Committee were pleased to note that the current live ER cases had reduced from 56 to 32.

H. Daniel extended his thanks to K. Wright and the team and reminded Members that in April 2019 there had been a combined total of 252 cases so this was a positive step in the right direction. The just and restorative culture work would also assist to further reduce ER cases. It was confirmed an action plan was currently being developed, following a workshop with all CTMUHB staff who attended the Northumbria University / Mersey Care 6 day programme

G. Dix advised that the Committee would benefit from the visibility of the Nursing and Midwifery Council (NMC) referrals so that they could see the bigger picture. There were generally about 20 referrals which sometimes could take up to 3 to 4 years to reach an outcome. He advised that D. Bennion lead this on his behalf and that she would be happy to talk the Committee through the process.

H. Watkins advised that she had been having discussions with D. Bennion, Deputy Director of Nursing about how this would be reported and included and undertook to ensure that further information was included in the next report on this topic.

H. Daniel advised the report should include General Medical Council and Health and Care Professions Council referrals and that these aspects would be added to next iteration of this report to the Committee.

H. Daniel, in response to the suggestions advised that they might want to think about lobbying nationally with external professional forums as to how they look at their timescales in order to replicate the work that CTM was doing as an organisation. He advised that he would discuss this outside of the meeting with G. Dix.

D. Jouvenat queried whether trade union colleagues were involved in any training regarding a just and restorative culture. N. Milligan advised that they had not been involved with the training but were meeting with the wider workforce teams to discuss how this could be taken forward.

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

Action: NMC referrals to be included in future ER Reports.

11.22.13 Leadership and Management Development Report

N. Carter presented the report and a video to highlight some of the key changes to the programme.

N. Milligan congratulated the team on making such positive progress in such a short time.

H. Daniel commented that this had all come from a complete standing start in November 2021 at which point there had been no leadership programmes in place. He advised that in one year they had designed three leadership programmes which

was an achievement in itself but also the approach they took in that they iterated the programmes as they moved forward and had been able to benefit from the feedback from a wide range of participants and facilitators which had improved the programmes. He added that it was an evidence-based function and the partnership with the University of South Wales and Health Education and Improvement Wales was really important in terms of the accreditation element which was key in preparing staff to take the next steps in their career progression. The next stage would be to continue to evaluate the impact this has on the community and also the performance of the organisation and how staff evaluate their leaders.

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

11.22.14

Workforce Metrics Report

H. Daniel presented the report which provided the Committee with the key workforce metrics for the period July to September 2022, with historic trends shown as appropriate.

N. Milligan referred to page 4 of the report which referred to initiatives for staff retention and advised that she did not think there were any specific initiatives in place as yet.

N. Milligan referred to the metrics and in particular, recruitment and the timescales for shortlisting against the target of 3 days that took on average 7.5 days and queried what was being done to improve upon this. H. Daniel advised that it was a frustrating space that needed greater focus and would be looked at outside the meeting.

D. Jouvenat advised that in the field of education, it would not be permitted to advertise a post unless there was a date in place for shortlisting.

L. Thomas queried whether it would be possible to have some CTM specific interventions in addition to national guidelines. She also queried with regard to commissioning what the rationale and reasoning was.

H. Daniel advised that the work they were doing with KPMG was exactly that in terms of assessment around workforce and workforce planning maturity and also looking at some short tactical things. He advised that they were also looking at digital and preparing for a digital future.

L. Thomas queried whether it was possible for Independent Members to feed into the KPMG work. H. Daniel advised that it was and that they would also be running a Board Development session on this work. With regard to commissioning, he advised that the problem was mainly in relation to vacancies and the fact that they do not plan in such a way that vacancies could be predicated. This then resulted in fewer vacancies than commissioned levels.

H. Watkins advised that the work with KPMG was a real springboard to engage and understand supply and demand and it was an exciting time for the organisation given some of the challenges being faced.

H. Daniel advised that they were actively influencing national policy in this space and already had a nursing workforce plan in place.

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

SUSTAINING OUR FUTURE

11.22.15

Nursing Workforce Update

H. Watkins presented the report.

H. Daniel referred to weekly pay and the enhanced rates element and advised that from a wellbeing element sustainable service delivery could not rely on the same staff working additional hours to enable services to continue to operate and that was why CTM was exploring both in hand pay and weekly pay to ensure that they were addressing concerns around the availability of cash. He advised that they were seeing people moving across to agency from substantive nursing vacancies because they were remunerated at a higher rate and received payment more quickly. He also advised that they were discussing this at the all-Wales Director of Workforce meetings where the enhanced rate element was being explored as a short term piece of work. He added that the aim was, by mid November 2022, to have a system to deliver for the winter weekly pay and the response received so far from shared services had been encouraging.

H. Daniel advised that there was access for staff to the wellbeing services

D. Jouvenat commented that it was pleasing to see the work on streamlining and moving towards weekly pay. She referred to the cost of living crisis and queried whether they should be considering this for the lowest paid staff. H. Daniel advised that it was very technical and there would be tax implications which needed appropriate consideration.

N. Milligan queried whether they had explored the ability of paying for mileage allowance on a weekly basis for staff working within the communities. H. Daniel advised that this would be difficult to implement and would also increase the manager's responsibility having to authorise expenses as well as closing down weekly shifts. He added that they were working with shared services to try to find a solution and would keep the Committee updated.

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

11.22.16 Medical Workforce and Efficiency Progress Report

S. Davies presented the report.

H. Daniel thanked S. Davies for her report and advised that it was extremely complex and linked into some of the gaps in particular specialisms. He advised that there were also national pieces of work that they were linking into around rate cards and some of the specialties where they had shortages. It was noted that conversations were also ongoing around a regional partnership approach to drive this forward and they were also in the process of focussing on priority areas likely to have the greatest impact.

Resolution: The Committee **NOTED** the report

OTHER MATTERS

11.22.17 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.

11.22.18 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.

11.22.19 Any Other Urgent Business

L. Thomas referred to the Royal College of Nursing ballot announcement that week and asked if there was an update with regard to possible strike action. H. Daniel advised that they were awaiting official confirmation but strike action was likely and this may occur prior to Christmas. He advised that they were working on business continuity plans with planning and operational colleagues. The Committee were advised that there would be a discussions in partnership with trade union colleagues regarding assessment of services that were within the category of 'life and limb'

11.22.20 How did we do today?

A discussion was held to evaluate the meeting. The Committee felt that the meeting had considered their values and had run to time.

11.22.21 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 8th February 2023.



AGENDA ITEM
2.1.2a

PEOPLE & CULTURE COMMITTEE

PEOPLE & CULTURE COMMITTEE ANNUAL CYCLE OF BUSINESS
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Date of meeting	8th February 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies , Corporate Governance Manager
Presented by	Cally Hamblyn, Assistant Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR APPROVAL

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

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The People & Culture Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 February 2023 to 31 March 2024.

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

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

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

3.1 Please refer to **Appendix 1** – People & Culture Committee Cycle of Business for further detail. Any changes have been identified in red.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
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)
	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 **APPROVE** the Committee Cycle of Business.

People & Culture Committee

Cycle of Business (1st February 2023 – 31st March 2024)

The People & Culture Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st February 2023 to 31st March 2024.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an Independent Member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to provide scrutiny on behalf of the Board on all people and culture related issues. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

People & Culture Committee Cycle of Business (1st February 2023 – 31st March 2024)

Item of Business	Executive Lead	Reporting period	Feb 2023	March 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Minutes of the previous Board Meeting	Director of Corporate Governance	Every Meeting	✓			✓			✓			✓			✓	
Action Log	Director of Corporate Governance	Every Meeting	✓			✓			✓			✓			✓	
People & Culture Committee Annual Report	Director of Corporate Governance	Annually							✓							
People & Culture Committee Annual Self-Assessment	Director of Corporate Governance	Annually							✓							
People & Culture Committee Terms of Reference	Director of Corporate Governance	Annually							✓							
People & Culture Committee Annual Cycle of Business	Director of Corporate Governance	Annually	✓			✓									✓	
Policies for Approval	Director of People	As necessary	✓			✓			✓			✓			✓	
Workforce Metrics	Director of People	Each Meeting	✓			✓			✓			✓			✓	
Medical Efficiency	Director of People	Six Monthly	✓						✓						✓	
Employee Relations	Director of People	As necessary	✓			✓			✓			✓			✓	
Disclosure & Barring Service Checks	Director of People	Six Monthly	✓						✓						✓	
Management Development & Leadership	Director of People	Six Monthly				✓						✓				
Restorative & Just Learning Culture	Director of People	Six Monthly	✓						✓						✓	
Values & Behaviours	Director of People	Each Meeting	✓			✓			✓			✓			✓	
Staff Survey	Director of People	Annually				✓										
Welsh Language Annual Report	Director of People	Annually							✓							
Staff Experience & Wellbeing (including recruitment & retention)	Director of People	Six Monthly	✓						✓						✓	
Equality & Diversity & Welsh Language	Director of People	Six Monthly	✓						✓						✓	

Item of Business	Executive Lead	Reporting period	Feb 2023	March 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Organisational Risk Register	Director of Corporate Governance	Each Meeting	✓			✓			✓			✓			✓	
Internal & External Audit Reports	Director of People	As necessary following finalisation of report	✓			✓			✓			✓			✓	



AGENDA ITEM
2.1.3

PEOPLE & CULTURE COMMITTEE

WORKFORCE AND ORGANISATIONAL DEVELOPMENT POLICIES

Date of meeting	8 th February 2023
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Claire Nicholas, Head of Policy, Compliance and Agenda for Change
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Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
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Approving Executive Sponsor	Executive Director for People
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Report purpose	FOR APPROVAL
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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
Local Partnership Forum	13/12/2022	

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
NICE	National Institute for Health Care Excellence

1. SITUATION/BACKGROUND

- 1.1 The purpose of the report is to present the People policies set out below.

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

2.1 People Policy Review Group Policy

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

2.2 Employment Reference Policy

This is a new policy, which describes the process to follow when a reference request is received and sets out the roles and responsibilities of those involved. The Policy is coming back to the People and Culture for approval, following a request at the November 2022 Committee for the policy to be reviewed and amended. **(Appendix 1)**

While there is no legal requirement for the Health Board to provide a reference, it is standard practice within the NHS to provide factual employment references to ensure safe recruitment decisions are made.

The policy provides a standard Health Board Reference Letter template to make sure employment references are provided in a consistent format to avoid any allegations of discrimination or breach of implied term of trust and confidence. The standard Health Board Reference Letter encourages referees to ensure the information provided is factual, fair, accurate and does not provide a misleading overall impression of the employee / former employee.

2.3 Employee Wellbeing Policy

This is a new policy and provides a summary of the wellbeing services available to staff, and how this meets CTMUHB's organisational commitments to the health and wellbeing of our employees, as well as the legislative and Department of Health and Social Care, Welsh Government, NICE guidance requirements etc. **(Appendix 2).**

The policy outlines the responsibilities of the Health Board with regards to staff wellbeing and enables employees to understand the services available to protect and promote their own wellbeing.

The Policy is applicable to all directly employed employees of the Health Board including temporary staff and student placements.

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

- 3.1 The above policies meet all legal and contractual obligations and reflect best practice.
- 3.2 The above policies have been developed in partnership with trade union colleagues.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined 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 policies are not adhered to, as identified, if applicable, within the relevant policies.
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 are asked to **APPROVE** the Employment Reference Policy and the Employee Wellbeing Policy for implementation across the Health Board.

EMPLOYEE WELLBEING POLICY

Document Type:	Policy
Reference:	WOD 29
Author:	Strategic Lead for Wellbeing & Employee Experience
Executive Sponsor:	Executive Director for People
Approved By:	
Approval / Effective Date:	
Review Date:	
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	Employees of Cwm Taf Morgannwg University Health Board and its hosted organisations.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 02.09.2022 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:	05.09.2022
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 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

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1. INTRODUCTION

- 1.1 Cwm Taf Morgannwg University Health Board (CTMUHB) was established on 1st April 2019. CTMUHB provides quality healthcare to more than 450,000 people principally covering the Merthyr Tydfil, Rhondda Cynon Taf and Bridgend Local Authority areas.
- 1.2 CTMUHB is responsible for delivering healthcare through three acute hospitals, six community hospitals and a network of health parks, health centres, clinics and facilities for patients with mental health and learning disabilities.
- 1.3 CTMUHB is one of the largest employers within the local area. It is estimated that 85% of CTMUHB employees live in the Health Board region. In delivering its role as healthcare provider, CTMUHB also acknowledges its responsibility to promote the health and wellbeing of employees.
- 1.4 The purpose of this document is to outline CTMUHB's policy on staff wellbeing. This policy provides a summary of the wellbeing services available to staff, and how this meets CTMUHB's organisational commitment to the health and wellbeing of its staff as well as its legislative and Department of Health and Social Care, Welsh Government, NICE guidance requirements etc.

2. POLICY STATEMENT

- 2.1 *CTM 2030: Our Health Our Future* is a 10-year organisational strategy to ensure that all age groups within Cwm Taf Morgannwg have the best opportunity to live happy and healthy lives and access to high-quality services that are affordable, efficient, sustainable and above all, safe. This policy relates to *CTM 2030: Our Health Our Future* in the following ways:

Strategy aim	Link to employee wellbeing
Creating health	Wellbeing is a holistic concept that encourages a focus on both mental and physical health. Promoting staff wellbeing can help CTMUHB to be a healthy organisation and provides the opportunity to address health inequalities between staff groups.
Improving care	There is a well-evidenced link between high staff wellbeing and better patient care and experience outcomes. Maintaining and improving staff

	wellbeing is of critical importance to the sustainability and performance of CTMUHB.
Inspiring people	A focus on staff wellbeing promotes CTMUHB's values of listen, learn and improve; treating everyone with respect and working together as one team. A staff wellbeing policy is a policy for all – and this includes a focus on promoting diversity and inclusion.
Sustaining our future	Becoming a green organisation helps promote staff wellbeing in the long term. Financial wellbeing is a key aspect of staff wellbeing, as is the workplace environment.

2.2 CTMUHB is committed to protecting and promoting the wellbeing of its staff. CTMUHB is committed to providing a robust wellbeing offer, which is available for all employees.

2.3 The Health Board recognises that it has a responsibility towards safeguarding and promoting the health, safety and welfare of employees and others that work within the Organisation and any of the employees that it serves via any Service Level Agreements (SLAs) under the Health and Safety at Work Act 1974.

2.4 This policy outlines the responsibilities of CTMUHB concerning staff wellbeing and enables employees to understand the services available to protect and promote their own wellbeing.

2.5 There is a clear rationale for protecting and promoting staff wellbeing as set out in the 2015 Wellbeing of Future Generations Act, the 2018 Parliamentary Review of Health and Social Care in Wales and the 2019 long-term plan for health and social care (A Healthier Wales).

3. SCOPE OF POLICY

3.1 The Policy will be applicable to all directly employed employees of the Health Board including temporary staff and student placements. This policy is applicable to all employees, regardless of age, sex, gender, sexual orientation, race or any other protected characteristic or personal circumstances.

4. AIMS AND OBJECTIVES

3.1 The aims and objectives of this policy are to:

- Acknowledge the link between productive, healthy working conditions and employee wellbeing
- Emphasis the importance of employee wellbeing across all levels of the organisation and acknowledge that staff health and wellbeing lie at the heart of what we do
- Raise awareness and provide guidance on issues relating to health and wellbeing in recognition of our role in improving employee health
- Contribute to the development of organisational culture, practices and work environments where the wellbeing of all its employees are prioritised and valued
- Promote an approach to employee wellbeing at work that is proactive and preventative rather than just reactive and treatment focused
- Help develop a culture that is supportive and non-judgmental of people experiencing menopause related symptoms, stress or mental health problems and reduce the potential for discrimination and stigma in relation to these challenges

5. RESPONSIBILITIES

5.1 Employees are responsible for:

- Their lifestyle choices
- Liaising with their line manager, the Staff Wellbeing Service or Occupational Health if they need support with a health issue and referring themselves to Wellbeing Services when appropriate.
- Seeking approval from their line manager or leader, to attend a Wellbeing Service intervention during working hours. This is not required if staff would prefer to access the service in their own time.
- For attending appointments and participating in wellbeing initiatives
- Completing the CTMUHB staff wellbeing survey and the NHS staff survey

5.2 Executive board are responsible for:

- Providing leadership regarding employee wellbeing and promoting an

understanding of the positive link between employee wellbeing and the quality of care we can provide our patients

- Ensuring employee health is integrated in organisational goals and objectives
- For valuing the strategic importance and benefits of a healthy workplace
- For encouraging and providing an actively consistent approach to employee wellbeing
- Identifying a clinical lead for employee wellbeing
- Communicating clearly with the organisation about what is possible practical and affordable with regard to supporting employee wellbeing

5.3 Managers and Team Leaders are responsible for:

- Creating a supportive environment that enables staff to be proactive to protect and enhance their wellbeing
- Making reasonable adjustments in the workplace following advice from Occupational Health, Health and Safety and Wellbeing Service in line with the Equality Act 2010
- Promoting an understanding of the positive link between staff wellbeing and the quality of patient care
- Taking an interest in their staff's wellbeing, including natural consequences of ageing such as the menopause, and talking in confidence about these issues with staff in general and specifically at appraisal and at all return to work interviews following a period of absence
- Being proactive in supporting and encouraging staff to improve their wellbeing and to act as a positive role model for health and wellbeing
- Supporting staff and referring to, or encouraging staff to refer themselves to the Employee Wellbeing Service and/or Occupational Health as appropriate, giving them time to attend and encouraging them to attend
- Promoting awareness of CTMUHB wellbeing services amongst staff on maternity leave, special leave or long-term sickness, and supporting staff to engage with services where appropriate.
- Encouraging staff to complete CTMUHB staff wellbeing surveys and the NHS staff survey

5.4 People Services are responsible for:

Reference: WOD 29

Policy Title: Employee wellbeing

- Incorporating employee wellbeing within all relevant people services policies
- Promoting an understanding of the positive link between staff health and wellbeing and the quality of patient care
- Taking an interest in staffs health and wellbeing and encouraging managers and leaders to talk in confidence about it with staff in general and specifically at appraisal and at all return to work interviews following a period of absence
- Encouraging a focus on employee wellbeing in job adverts

5.5 Employee Wellbeing service are responsible for:

- Providing a stepped care approach to emotional, physical and financial wellbeing where staff are offered a range of interventions in line with their level of need.
- Providing training, consultation and support to line managers and leaders to equip and enable them to support the emotional wellbeing of their staff.
- Providing peer support training to assist in the development of supportive workplace cultures around wellbeing
- Recruiting, training and supporting a network of Wellbeing Activist who can assist in the creation and maintenance of bespoke wellbeing initiatives within departments.
- Regularly assessing and adapting the wellbeing services provided in line with changing staff needs.
- Ensuring the service is accessible to all staff including accessing whether specific circumstances require an intervention to be offered out of hours when not doing so would prevent staff from being able to access support.

5.6 Occupational Health Service are responsible for:

- Assessing CTMUHB employees at the recruitment stage (“occupational health check”) to advise as to whether employees are sufficiently fit and healthy to be able to carry out the role they are employed (or engaged) to do
- Proactively promoting employee health and wellbeing in alignment with wider public health and health promotion strategies
- Providing advice regarding fitness to return to work following a management referral

- Providing advice on reasonable adjustments to employees and their manager / leader
- Providing advice on the effect of work on health and make recommendations in relation to an individual's return to work following sickness
- Encouraging employees to access the CTMUHB wellbeing service where appropriate
- Adopting the biopsychosocial model of care, which takes into account the interactions of biological, psychological and social factors on an individual's health and wellbeing. Recognising that employee health and wellbeing is more than just the absence of disease and may also be affected by membership to a 'protected' group
- Ensuring compliance with the occupational health aspects of Health and Safety legislation, Department of Health and Social Care and NHS Executive Standards.

6. DEFINITIONS

Burnout	Burnout is a closely related concept to wellbeing because higher levels of burnout are closely associated with lower levels of wellbeing in healthcare staff. In the healthcare setting, burnout can be defined as negative work-related attitudes made up of three facets: emotional exhaustion with work, depersonalization or disengagement from patients, and low personal accomplishment ¹ .
Disability	A person is defined as disabled if they have a mental or physical impairment that has a substantial long-term (i.e. more than 12 months) effect on their normal day-to-day activities.
Health	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity ² .
Menopause	Menopause is a natural part of ageing for women, usually between 45 and 55 years of age. Over a quarter of staff in CTMUHB currently fall in this age bracket. 30-60% of women experience intermittent physical and/or psychological symptoms, which, in some cases, can adversely affect the quality of both

¹ Johnson et al. (2018)

² World Health Organisation (1848). World Health Organisation Constitution. Available from: <https://www.who.int/about/governance/constitution>

	personal and working life. Employers must recognise that women of menopausal age may need specific considerations and that clear processes are required to support women who are having difficulty coping with the symptoms.
Occupational therapy	Occupational Therapy is the treatment of people, with physical and mental illness or disabilities, through specific selected occupations for the purpose of enabling individuals to reach their maximum level of function and independence in all aspects of life. In partnership with the individual, the occupational therapist assesses the physical, psychological and social functions, identifies areas of dysfunction and involves the individual in a structured programme of activities.
Presenteeism	Being at work while in ill health ³ .
Stress	An adverse reaction people have to excessive pressure or other types of demands placed upon them ⁴
Wellbeing	Wellbeing is a holistic concept that encompasses facets of mental health, physical health, and stress ⁵ .

7. IMPLEMENTATION / POLICY COMPLIANCE

7.1 CTMUHB will measure employee wellbeing directly and comprehensively across all relevant dimensions in order to develop and deliver a robust approach that is based on facts, needs and the priorities of staff. CTMUHB will measure staff wellbeing through the following channels:

7.1.1 People Services information

- ESR data (staff demographics, sickness absence and staff turnover)
- Exit interviews
- Grievance/ Disciplinary/ Capability or Dignity at Work cases
- Ill health retirements (numbers, reasons, clusters)
- Work performance in terms of output, quality of work and efficiency

³ Blake H, Yildirim M, Wood B, Knowles S, Mancini H, Coyne E, Cooper J. (2020) COVID-Well: Evaluation of the Implementation of Supported Wellbeing Centres for Hospital Employees during the COVID-19 Pandemic. Int J Environ Res Public Health. 2020 Dec

⁴ Health & Safety Executive (2008). Working together to reduce stress at work. available from: <https://www.hse.gov.uk/pubns/indg424.pdf>

⁵ Johnson et al. (2018) Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions

- Incident and accident reporting
- Numbers of complaints about staff behaviour and attitude received from patients
- Management referral rates to the Staff Wellbeing Service and Occupational Health
- The pace, extent and management of organisational change
- NHS Wales staff survey results
- CTMUHB Wellbeing survey

7.1.2. Staff Wellbeing Service information

- Activity numbers
- Survey results
- Any other feedback on services
- Organisational health reviews and team interventions

7.1.3 Occupational health service information

- Activity numbers
- Occupational health check results
- Any other feedback on services

7.2 The following wellbeing services are available to staff:

7.2.1 Employee Wellbeing Service

- The Employee Wellbeing Service provides a stepped care approach to emotional wellbeing. This ranges from preventative initiatives to enhance wellbeing, to low intensity interventions for those beginning to struggle with emotional wellbeing issues, through to the provision of and signposting to higher intensity interventions for those with difficulties that are more complex.
- Wellbeing services are aimed at supporting staff to support themselves and to access the appropriate services to meet individual needs.
- The wellbeing service aims to upskill managers, leaders and colleagues to support and enhance the wellbeing of others.

- The Employee Wellbeing Service provides interventions to promote healthy lifestyle choices, weight management, increased activity and support for anyone impacted by the Menopause, whether personally or indirectly. The Wellbeing service also provides a separate financial wellbeing care pathway, which signposts staff to a range of relevant sources of information and assistance depending on the level of financial need.
- The Employee Wellbeing Service seeks to provide an ever evolving range of bespoke interventions to different staff groups. This is based on specific wellbeing needs identified via feedback from staff, including the Employee wellbeing activist network.

7.2.2 Employee wellbeing activists

- Employee wellbeing activists (Activists) are CTMUHB employees who have an empathetic, compassionate approach to others and a particular interest in promoting and supporting staff wellbeing within the services where they work.
- Activists and the Wellbeing Service engage in a two-way information exchange. Firstly, the Activists share their knowledge, skills and learning in their own areas to inform the Wellbeing Service of unmet needs, examples of good practice that could be replicated elsewhere and they help to shape future Wellbeing Service initiatives going forward. Secondly, the Wellbeing Service provides training, supervision, support and information to help the Activists support themselves, and their colleagues, to publicise Wellbeing events and to develop in house wellbeing activities bespoke to their departments.

7.2.3 Occupational Health

- The CTMUHB Occupational Health service engages with staff from the recruitment stage (pre-employment) right up until they leave the organisation.
- CTMUHB staff are able to self-refer into occupational health services, be referred by a manager or be contacted by the occupational health service due to a Datix report.
- CTMUHB occupational health services include occupational physiotherapy, occupational nursing and a health intervention team. The CTMUHB occupational health service provides support and/or guidance to staff to promote wellbeing in a number of areas. This includes:
 - Guidance for managers and leaders
 - Guidance on infection and illness
 - Guidance on managing a chronic illness

- Responding to incidents at work
- Health promotion material
- Guidance for pregnant women
- Reducing and preventing staff sickness absence by:
 - o Providing confidential support and guidance to employees regarding their health and fitness for work.
 - o Signposting employees to the full range of services available for support and assistance.
 - o Providing written advice to managers and leaders regarding the impact of the employee's illness on their fitness to work.
 - o Providing advice to managers and leaders on any reasonable adjustments to the workplace or an employee's job that may support them in attending regularly for work and/or returning to work after a period of sickness.
 - o Providing advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.
 - o Accessing advice and support for the employee from other professionals, as the need arises and with the agreement of the employee.
 - o Working with the employee and manager and where relevant, the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.

7.2.4 Chaplaincy and Spiritual Care

- CTMUHB Chaplains are available to provide spiritual, pastoral and religious care for staff, carers and patients on a one-to-one basis. The Chaplaincy service is available for everyone, regardless of an individual's faith or belief system. Access the service via Switchboard.
- The CTMUHB Chaplaincy service provides shared multi-faith spaces, which are set aside for prayer, meditation, quiet reflection or a space to simply 'be'. The rooms are available to use at all times of the day or night.
- The CTMUHB Chaplaincy Service provides teaching to staff on spiritual care. This will help staff to understand their own spiritual needs and thus facilitate their own personal wellbeing as well as appropriately identifying the spiritual needs of patients.
- The CTMUHB Chaplaincy service provides public services and prayer meetings on a regular basis (weekly, fortnightly or monthly) information

can be found via 'Chaplaincy and Spiritual Care' on SharePoint.

- For staff suffering bereavement chaplains will offer individual or team support. If a death in service occurs, we can provide condolence books, and arrange memorial services as and when appropriate for departments.

7.2.5 Arts and Health Coordinator

- The CTMUHB Arts and Health Coordinator and team provides an extensive range of arts and health interventions for CTMUHB staff, patients and local community, both in-person and online.
- The Arts and Health Coordinator provides a programme of innovative, transformative and holistic creative interventions to promote health and wellbeing. This programme is constantly developing, however examples of focus areas for staff include:
 - Self-care and self-empowerment
 - Mindfulness
 - Promoting wellbeing through diverse creative workshops
 - Commissioning freelance artists to facilitate wellbeing interventions
 - Commissioning art to improve the physical environment of CTMUHB sites
- The Arts and Health Coordinator oversees a network of over 30 staff Arts and Health Champions who assist in leading and promoting arts for health and wellbeing. Examples of the work of Arts and Health Champions include:
 - Publicising arts and health initiatives on social media and the staff SharePoint
 - Developing creative ways of working with CTMUHB Volunteers
 - Establishing a staff choir
 - Joint design and facilitation of a series of creative workshops exploring 'finding hope in loss and bereavement'
 - Encouraging photography for wellbeing being displayed within wards and hospital settings

7.3 Support sites

Wellbeing: <http://ctuhb-intranet/dir/Wellbeing/SitePages/Home.aspx>

Occupational health: <http://ctuhb-intranet/dir/OccHealth/SitePages/Homepage.aspx>

People Services: <http://ctuhb-intranet/dir/HR/default.aspx>

Chaplaincy: <http://ctuhb-intranet/dir/CSC/SitePages/Home.aspx>

Arts and wellbeing: <http://ctuhb-intranet/dir/AHW/SitePages/Home.aspx>

8. EQUALITY IMPACT ASSESSMENT STATEMENT

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

9. REFERENCES

- Blake H, Yildirim M, Wood B, Knowles S, Mancini H, Coyne E, Cooper J. (2020) COVID-Well: Evaluation of the Implementation of Supported Wellbeing Centres for Hospital Employees during the COVID-19 Pandemic. Int J Environ Res Public Health. 2020 Dec
- Health & Safety Executive (2008). Working together to reduce stress at work. available from: <https://www.hse.gov.uk/pubns/indg424.pdf>
- Johnson et al. (2018) Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions
- World Health Organisation (1848). World Health Organisation Constitution. Available from: <https://www.who.int/about/governance/constitution>

10. GETTING HELP

Information on how to access Wellbeing support can be obtained from the Employee Wellbeing internet site at <https://ctmuhb.nhs.wales/staff/> or by emailing the service at ctm.gwasanaethaulles@wales.nhs.uk or CTM.WellbeingService@wales.nhs.uk

11. RELATED POLICIES

- Occupational health and wellbeing
- Managing attendance at work

- Pregnancy loss
- All Wales Menopause policy
- NHS Wales Guidance for Managers on Supporting Employees on
- Long Term Sickness Absence with a diagnosis of Post-COVID-19 Syndrome
- Alcohol and substance misuse
- All Wales respect and resolution
- Equality and diversity
- Domestic abuse violence against women and sexual violence
- Flexible working
- Supporting employees with terminal illness

12. INFORMATION, INSTRUCTION AND TRAINING

Health and Wellbeing is included within the Appraisal training for Managers and Management of Attendance Training, which is available for all managers and leaders. Health and Wellbeing is also included within Making Every Contact Count training – Having Healthy Lifestyle Conversations.

All staff should be aware of the staff wellbeing policy via internal mechanisms such as corporate and departmental inductions.

13. MAIN RELEVANT LEGISLATION

- Health and Safety at Work Act 1974
- Working Time Regulations 1998
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Health and Safety Miscellaneous Amendments Regulations 2002
- New and Expectant Mothers at Work 2002
- Personal Protection Equipment at Work Regulations 1992
- The Manual Handling Operations Regulations 1992 as amended 2002
- Equality Act 2010

- Health and Safety (Sharps Instruments in Healthcare) Regulations 2013
- Well-being of Future Generations (Wales) Act 2015
- General Data Protection (GDPR) and the Data Protection Act 2018
- Agenda for Change Terms and Conditions of Service



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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Employment Reference Policy

Document Type:	Policy
Reference:	WOD31
Author:	Workforce Policy Review Group
Executive Sponsor:	Executive Director of People
Approved By:	
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	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 services.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 25/10/2022 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:	25/10/2022
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture

MAE EIN GWERTHOEDD YN EIN HELPU NI I FOD AR EIN GORAU

#CTMareingorau

RYDYN NI'N GWRANDO, YN DYSGU AC YN GWELLA



WE LISTEN, LEARN AND IMPROVE

RYDYN NI'N TRIN PAWB A PHARCH



WE TREAT EVERYONE WITH RESPECT

RYDYN NI I GYD YN CYDWEITHIO FEL UN TIM



WE ALL WORK TOGETHER AS ONE TEAM

OUR VALUES HELP US BE AT OUR BEST

#CTMatourbest

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

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1. Policy Statement

Taking up and providing employment references is an important part of the selection process for all NHS appointments. It is also good practice, as it encourages reciprocal co-operation between NHS organisations and external employers. Cwm Taf Morgannwg University Health Board ("Health Board") will therefore provide written factual employment references upon request.

The Health Board recognises it has a duty of care to both the subject of the employment reference and the potential employer, to provide content based on information that is fair, accurate and factual, to avoid potential legal claims against the Health Board (See Appendix 3).

2. Scope of the Policy

This policy applies to all substantive employees, agency, bank workers and volunteers, as well as external applicants applying for a post within the Health Board via the Recruitment and Selection process.

The term "employee" used in this policy references not only substantive employees but also agency workers, bank workers and volunteers.

3. Principles

This policy seeks to embed the following principles:-

- Raise awareness of the legal requirements to provide a factual, fair and balanced employment reference;
- Raise awareness of the legal implications of failing to provide an employment reference which is not factual, fair and balanced;
- Ensure a consistent approach when referees (supervisors / managers) are responding to reference requests;
- Ensure employment references do not comment on an employee's protected characteristics (covered by the Equality Act 2010):- *age, disability, race, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, sex or sexual orientation.*
- Ensure individuals are not discriminated against or disadvantaged due to their potential new employer being provided with non-factual, unfair or unbalanced reference; and
- Provide referees with guidance on how to deal with internal Health Board, internal NHS Wales and external organisation reference requests.

4. Reference Types

There are two types of employment references:-

1) Factual Employment Reference

Provided upon request by the employer in writing, setting out the details of the employee's / former employee's, job title, start and end date etc. (See **Appendix 2**).

2) Character Reference

Provided by a [persons of some standing in the community](#) (in a personal capacity) in writing, setting out the details of the individual's character and their skills used in their non-working life, to help determine their suitability for the role applied for.

An employee may provide a character reference if they are a person of standing in their community. They must ensure they clearly state that they are doing so in a personal capacity and **not** on the behalf of the Health Board. Such reference must **not** be provided on Health Board headed paper.

Where an employer requests a manager or supervisor to provide a character reference for an employee they must seek advice from the People Services Team, before providing the reference, as it is the Health Board Policy to only provide factual employment references.

4.1 Verbal References

A referee in exceptional circumstances may only give a verbal reference. The referee should always seek advice from the People Services Team, when asked to provide a verbal reference.

5. Employment Reference Requirements

The following are the Health Board's employment reference requirements:

- **Internal to the Health Board** – No reference required;
- **Internal to NHS Wales** – one reference required;

- **External to NHS** – Two references are required, covering a two-year period.

Where it is not possible to get an employment reference for these candidates, a character references (see 3.1 above) must be obtained instead.

- **External Overseas** (worked overseas for a continuous period of six months or more prior to appointment) – Two references are required, one of which must be from the appointee’s overseas employer or academic institution. The reference must provide:
 - Proof of residence for the time spent overseas; and
 - Reference from an UK department / agency based overseas, e.g. the Foreign and Commonwealth Office, Missions, British Council, non-government departments and agencies.

There can be no exceptions to the minimum reference standards, as they are in place to ensure the safety of NHS patients and service users.

6. Providing an Employment Reference

If you have or had line management responsibility for an employee and received an employment reference request, you are required provide a reference using the Health Board’s **Standard Employment Reference Letter template (Appendix 2)**. By using this format, it will ensure the employment reference is fair, accurate and does not provide a misleading overall impression of the employee (**See Appendix 3**) and avoid any allegations of discrimination or breach of the implied term of trust and confidence.

You must not provide an employment reference if you have not had a line management relationship with the subject of the employment reference request

The referee must ensure the employee has consented to the reference being given by completing the **Reference Permission Request Form (Appendix 1)**. This is to ensure the request is genuine and the employee has provided their express consent to the disclose information.

7. Role and Responsibilities

7.1 The Referee (Supervisor / Manager)

Referees have a duty of care to provide factual information and must not provide false or misleading information, either by providing selective details or by the inclusion of anecdotal information or

personal opinions. Should a referee have any doubt regarding the information they should include in a factual Standard Health Board Reference Letter, they should contact the People Services Team for advice, prior to providing the reference.

They are responsible for:

- Checking they are authorised to provide a factual employment reference on behalf of the Health Board;
- Proving the employment reference on the Standard CTM Health Board Reference Letter template (Appendix 2).
- Responding to a reference request in a timely manner;
- Ensuring all information is accurate and factually correct;
- Reading through the reference before sending it to ensure that the overall impression of the employee / former employee is fair and justified based on factual information;
- Provide information based on fact and **not** opinion;
- Not omitting information that would otherwise assist to provide the new employer with a fuller and fairer picture of the employee / former employer. For example, if there is live disciplinary to be disclosed, ensure the factual details are provided; outcome of the investigation / sanction issued and whether the employee left prior to completion of the process etc.; and
- Reviewing and approving / declining reference request checks on TRAC.
- Seeking advice from the People Services Team when in receipt of an unsatisfactory employment reference, before taking any action.

7.2 People Services Team

They are responsible for:

- Coaching referees on how to prepare and complete a factual and fair employment reference;
- Providing advice on providing character references;
- Informing the requesting employer in a timely manner when the subject of a reference request is not known to the Health Board.
- Providing advice to appointing managers where a reference disclosure requires a disclosure e.g. investigation/disciplinary etc. or an offer of employment may have to be withdrawn due to receipt of an unsatisfactory reference etc.

7.3 NWSSP Recruitment Services Team

They are responsible for:

- Ensuring all factual employment references are requested (see 3.2 above) in a timely manner on behalf of the Health Board, in respect of offered candidates.
- Approve references for appointed candidates (including Bank workers) within agreed parameters.

8. Equality Impact Assessment Statement

This policy has been subject to a full Equality Impact Assessment. The assessment has not identified any protected characteristic implications.

9. Related Policies

- Recruitment and Selection Policy.
- Recruitment and Retention of Disabled Staff.
- Recruitment and Retention of Transgender Staff Policy.
- Policy Relating to the Registration of Professional Staff.
- Disclosure Barring Scheme Policy.
- Staff Bank Policy.
- DBS Policy.
- Records Management Policy.
- Equality and Diversity Policy.
- Welsh Language Policy.
- United Kingdom Visas and Immigration Guidance.
- Recruitment of Ex-Offenders Policy.

10. Information, Instruction and Training

Coaching and support with the implementation of this policy will be provided to supervisors and managers, as and when required by the People Services Team.

11. Main Relevant Legislation

This policy complies with the legal requirements, ACAS good practice principles and guidelines and national terms and conditions of service. The following employment legislation relates to employment references:

- Equality Act 2010;
- Employment Act 2002;
- Employment Relations Act 1999;and
- Employment Rights Act 1996.

12. Further information

[NHS Employers Employment Recruitment Standards and Regulation](#)
[ACAS Guidance on Providing a Job Reference](#)
[UK GOV Employment References Your Rights](#)

Appendix 1

**Employment Reference Permission
Request Form**

Name:	
Job Title:	
Workplace:	
Home Address:	
Date of Birth:	
NI Number:	
Payroll Number:	
Start date of employment:	
End date of employment:	

I hereby give permission to provide an employment reference to:

Name of Employing Organisation: _____

Name of Appointing Manager: _____

Job title of appointed to role: _____

Employee's Signature: _____ Date: _____

Appendix 2

Standard CTM Health Board Employment Reference Letter

Date:

Private and Confidential

<Name>
<Address 1>
<Address 2>
<Address 3>
<Postcode?>

Dear

<Insert Employee's Name> – Standard Cwm Taf Morgannwg University Health Board Employment Reference

Thank you for your employment reference request. Please find below our standard employment reference, in accordance with the Health Board's Reference Policy: **<Insert the relevant information below>**

- Name of the employee* / former employer*:
- Job Title:
- Employment start date:
- Employment end date:
- Employment Relation matter: ***Only insert factual and accurate details of any live or pending disciplinary investigations, hearings, sanctions / outcome, capability initial assessment, performance notices, hearings / outcomes and warnings.**
- Sickness absence over the previous two year period:
- Restrictions to practice: *Delete if not applicable.
- DBS referral:

***Delete if not applicable.**

This reference is provided to the addressee in confidence and good faith. It should not be disclosed as part of a Subject Access Request under the Data Protection Act (1998). The information contained in this employment reference must only be used for the purposes, for which it was requested. The Health Board does not accept any responsibility or

liability for any loss or damage caused to the addressee or any third party because of any reliance placed on the above content.

Yours sincerely

<Insert Supervisor / Manager Name>
<Insert Job Title>

c.c. Employee's Personnel File

Liability to the Subject of an Employment Reference

The referee can be liable to the employee and the prospective employer, should they suffer a detriment because the employment reference has been found not to be factual, fair and accurate.

The legal risks associated with providing references fall under the following headings:

- **Negligence**

An employment reference must be fair, accurate and truthful and not give a misleading or false impression overall, even if the discrete components are factually correct. The main risk is a claim of negligent misstatement from either the employee, prospective employer or both for damages.

- **Defamation/malicious falsehood**

If an employment reference contains a false or unsubstantiated statement that damages the reputation of the employee, they may be able to claim for damages for defamation.

- **Discrimination**

An employee may be able to bring a claim against an employer who has given an employment reference in breach of the Equality Act (2020).

- **Breach of contract / unfair dismissal**

This may apply to an employee who resigns because their manager provided them with an inappropriate reference and consequently claims unfair dismissal at an Employment Tribunal. A misleading reference can amount to a fundamental breach of contract of employment.

AGENDA ITEM
2.2.1

PEOPLE & CULTURE COMMITTEE

HIGHLIGHT REPORT: ANCHOR INSTITUTION STEERING GROUP
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DATE OF MEETING	8 th February 2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Dr. Tom Powell, Innovation Manager
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PRESENTED BY	Linda Prosser, Executive Director of Strategy & Transformation
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EXECUTIVE SPONSOR APPROVED	Linda Prosser, Executive Director of Strategy & transformation
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REPORT PURPOSE	FOR NOTING
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ACRONYMS	
	None Identified.

1. PURPOSE

1.1 This report had been prepared to provide the Committee with details of the Anchor Institution Steering Group which most recently met on the 12th January 2023. The reporting function for the steering group has now been confirmed as to the Population Health & Partnerships Committee and this is the first highlight report that was submitted to them. This report is also being brought to the People & Culture Committee specifically around the elements relating to workforce and employment such as the recent Kickstart programme and project search.

1.2 Key highlights from the meeting are reported in section 2.

1.3 Committee is requested to **NOTE** the report.

HIGHLIGHT REPORT

ALERT / ESCALATE	There are no matters to escalate to the Board on this occasion.
ADVISE	<p>The steering group approved its refreshed Anchor Organisation strategy (Appendix 1) and is continuing to work on its action plan. This set out the rationale for an anchor organisation approach, impact to date to date and the 5 key themes; Employment; Procurement; Capital Estates and facilities; Environment; and Corporate as areas of focus to deliver this strategy and will continue to refine our actions based on evaluation and consultation with our partners</p> <p>The steering group has met on two occasions previously, initially as a forum for relevant CTMUHB functions to share activity that support an Anchor Organisation Approach. As it matures it now beginning to steer collaborative work around Housing and Health, Life Science Industry Mapping, Fair Work, Evaluation of Social Value alongside the key AO strategy pillars.</p> <p>This highlight report was also presented to the Population Health & Partnerships Committee at their meeting held on the 1 February 2023.</p> <p>The report is being presented to People and Culture Committee specifically around examples relating to workforce and employment such as the recent Kickstart programme and project search. (Appendix 2).</p> <p>We are seeking advise from the Committees on where these and further Anchor Organisation case studies should be hosted online so they can be shared within and outside of CTM.</p>
ASSURE	The steering group has received reports for noting on; the UHB Residents Review and; The Healthy Housing Alliance.
INFORM	The steering group received a short presentation for Cerys Reece PHW on its Fair work programme https://phw.nhs.wales/services-and-teams/wider-determinants-of-health-unit/fair-work-for-health-well-being-and-equity/

Appendix	<p>The Anchor Organisation Strategy is attached alongside this update report as Appendix 1.</p> <p>The Kickstart Programme Case Study is attached alongside this update report as Appendix 2.</p>
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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

cwmtafmorgannwg.wales

Cwm Taf Morgannwg University Health Board as an Anchor Organisation



2022-2025 strategy

Version Control

Version	Author(s)	Changes	Date
0a	Jonny Currie, StR Public Health	Initial draft based on best practice review and mapping of health board and partner activity	23.3.22
0b	Jonny Currie, StR Public Health	Redraft based on comments from Philip Daniels Consultant in Public Health	10.4.22
0c	Jonny Currie, StR Public Health	Community Voluntary Councils replaced with County Voluntary Councils following feedback from Heidi Bennett CEO BAVO	9.8.22
0d	Tom Powell, AI Steering Group Chair	Redraft based on comments from AI steering group colleagues into a strategy and action plan	4.9.22

Introduction

The NHS serves as a significant economic anchor for the people of Cwm Taf Morgannwg. Cwm Taf Morgannwg University Health Board (CTMUHB) employs over 12,000 people, spends nearly £200 million per year on goods and services and has considerable land and estates across the region. Much of this spending already flows locally, benefiting the livelihoods of local residents and businesses – making the NHS a key part of the Foundational Economy.

Cwm Taf Morgannwg as a region faces a number of challenges to ensuring the foundations of a healthy life are equally shared by all across the region - including access to good work, quality housing, good educational attainment and thriving communities – challenges made all the more visible by the COVID-19 pandemic. By positioning itself as a population health organisation and an anchor organisation, with its long-term purpose tied to the well-being of local residents, CTMUHB could transform its contribution to health equity and have a long-term impact on growing levels of morbidity in the local population.

NHS organisations across the country are increasingly redefining themselves as anchor organisations; Welsh Government increasingly expects the NHS in Wales to ensure health spending benefits the Foundational Economy and has made clear such ambition must be reflected in strategic planning. This also supports the goals of the Well-being and Future Generations Act.

This is an ambitious strategy that describes a series of programmes and objectives which challenges CTMUHB to deliver between 2022-2025 in collaboration with local and national partners. The strategy builds on best practice by NHS anchor organisations and has been developed collaboratively with health board staff and partners.

What is an anchor organisation and the Foundational Economy?

The Foundational Economy consists of activities which provide the essential goods and services for everyday life. These include health and care services, food, energy and housing. Welsh Government estimate these account for four in ten jobs and £1 in every £3 spent in Wales.

Influencing such spending for social value therefore could yield considerable benefits for communities in Wales.

Anchor organisations are large, non-profit organisations unlikely to relocate from an area due to their size whose long-term sustainability is tied to the populations they serve. Anchor organisations can improve health (see Figure 1) through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and space, reduce environmental impact and work in partnership.

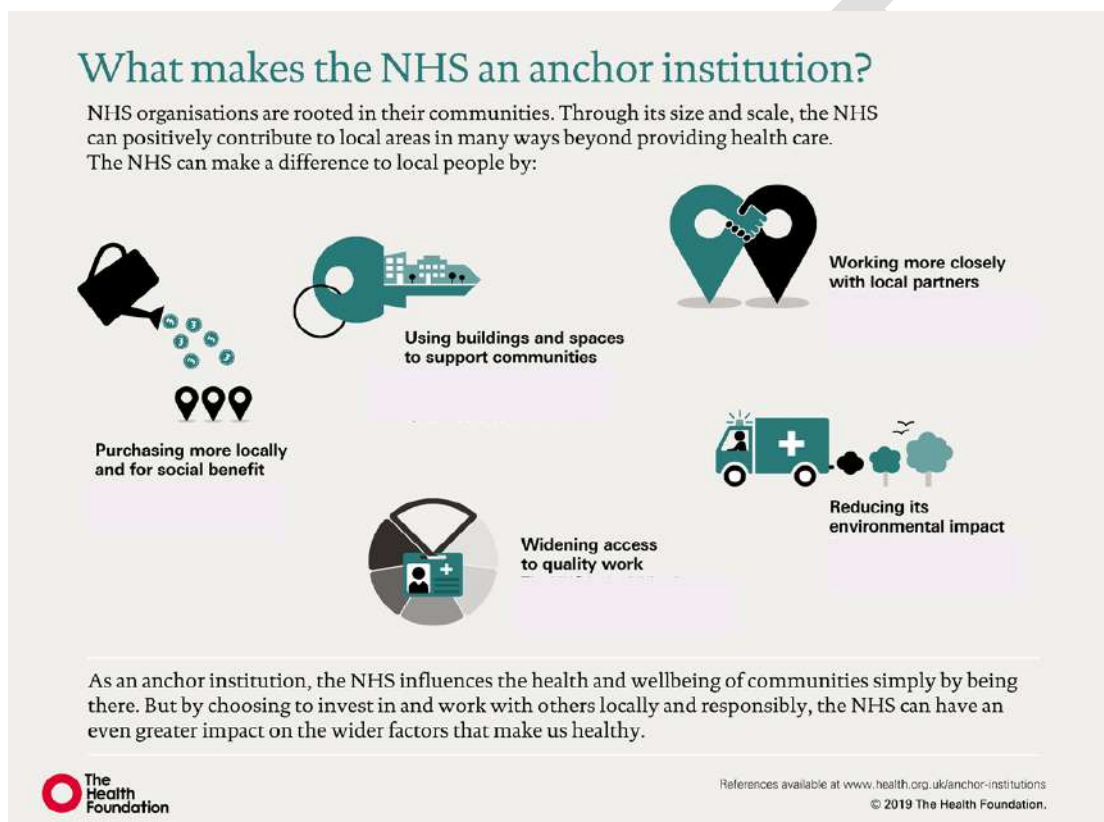


Figure 1 – Summary of potential actions by the NHS as anchor organisations. Source: Health Foundation.

Our impact to date

A range of projects have taken place across the health board in recent years, bringing significant benefit to local residents and communities. Below are just some of the notable achievements:



Developing this strategy











This strategy was developed in collaboration with health board staff across multiple directorates and wider local and national partners. The strategy will remain open to change as we continue to consult with local communities on how the health board can increase social value through its physical, economic and human assets, particularly through representation on the health board Steering Group of our County Voluntary Councils. The diagram below illustrates some of the steps we took in designing this strategy.



The role of CTMUHB as an anchor organisation

Between 2002 and 2025, we will build on our achievements to date and apply best practice in collaboration with communities across Cwm Taf Morgannwg to maximise our influence on social value as an employer, purchaser and capital owner. We will work with public, private and third sector partners to strengthen the Foundational Economy in the region.

The strategy sets out **5 key themes**; Employment; Procurement; Capital Estates and facilities; Environment; and Corporate as areas of focus to deliver this strategy and will continue to refine our actions based on evaluation and consultation with our partners

Employment	Procurement	Capital, Estates and Facilities	Environment	Corporate
 <p>Widening access to employment</p> <p>Ensuring equitable access to employment in CTMUHB across social groups</p>	 <p>Building local supply chains</p> <p>Enabling local suppliers to bid for health board contracts</p>	 <p>Converting estate for community benefit</p> <p>Considering social value during any redevelopment or estate sale</p>	 <p>Green spaces on NHS estate</p> <p>Develop accessible green spaces on NHS estates</p>	 <p>Promote anchor mission</p> <p>Ensure anchor mission features across corporate strategy</p>
 <p>Fair employment</p> <p>Systems and policies to ensure fair pay, work conditions and promotion of staff well-being</p>	 <p>Embed social value in procurement</p> <p>Incentivise procurement which benefits the Foundational Economy</p>	 <p>Enabling community access to NHS facilities</p> <p>Support community groups to use NHS buildings and spaces when not in use</p>	 <p>Healthy Travel</p> <p>Encouragement of staff and visitors to use active transport</p>	 <p>Partnerships with local anchors</p> <p>Share learning with and build partnerships with local and NHS anchors</p>

Employment

CTMUHB employs over 12,000 staff, over 80% of whom live the health board boundary. Exploring the distribution of these staff based on their postcode deprivation (how the area they live in ranks based on its Welsh Index of Multiple Deprivation 2019 score – see figure 2), **23% of staff** live in the least deprived quintile, compared to 19.8% in the most deprived quintile. Improve access to employment in CTMUHB for residents from more deprived backgrounds is a key driver for an Anchor Institution. Ensuring fair pay and working conditions for staff in recognition of the importance of good work for population health, and that those in stable employment may gain opportunities for social mobility.

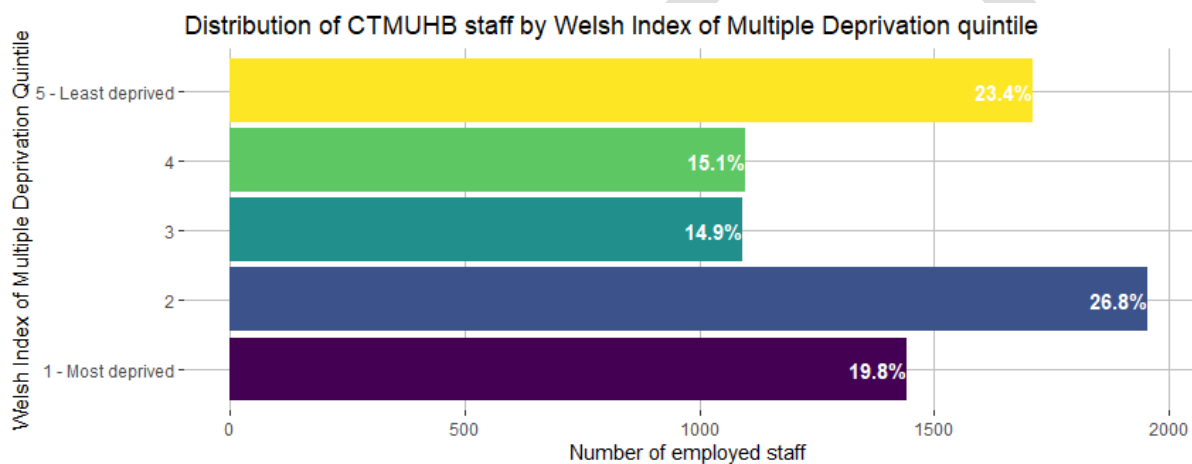


Figure 2 – Chart showing the distribution of staff working in CTMUHB based on their postcode deprivation



Widening access to employment

We want to make sure local people have opportunities to train and find work at CTMUHB and that these opportunities are fairly shared across social groups.

Objective: To make staff employment more reflective of the wider population demographics by 2025 through expansion of Pathways to Employment and actions to remove barriers to application



Fair employment

Fair work is important for health. It requires fair reward, employee voice, job security and flexibility, opportunities for growth, a safe and inclusive working environment and respect for legal rights. Fair work can improve productivity and employee engagement.

The COVID-19 pandemic has made clear the importance of employee well-being to us as an organisation which we plan to build on, including ensuring such work is shared equitably across staff groups.

Objective: Ensure CTMUHB is positioned as a good employer, ensuring equitable uptake of workplace well-being support, equitable distribution of non-pay benefits and becoming accredited as a Living Wage employer by 2024

Procurement

CTMUHB procures goods and services worth around £200 million a year, ranging from the purchasing of medicines, food and linen, to other services such as contracts to renovate or build new capital developments. As the lead agency for procurement for the NHS in Wales, NHS Wales Shared Services Partnership (NWSSP) has developed a framework to incentivise procuring for social value, with all contracts above £25,000 incorporating a 15% social value weighting to reflect sustainability, foundational economy or decarbonisation principles.

Figure 3 below compares procurement by CTMUHB in 2019/20 with the three local authorities in the Cwm Taf and Bridgend Public Services Boards, broken down by supplier location. While each of the local authorities spent around one quarter to a third of overall spending on goods and services locally, this compared to just less than 4% by the health board.

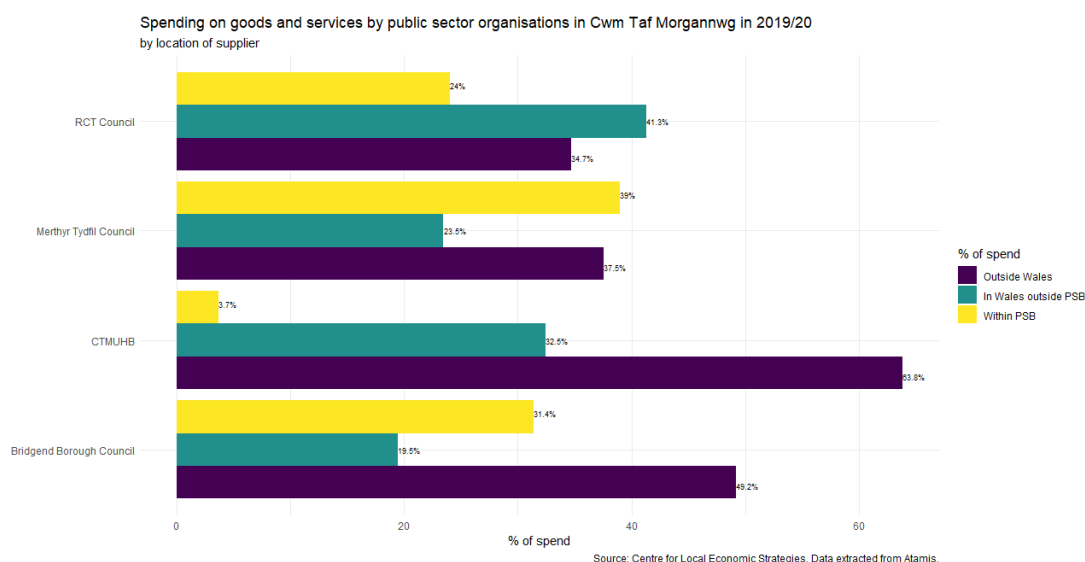


Figure 3 – Chart showing distribution of procurement by public sector organisations in Cwm Taf Morgannwg by location of supplier

We will look to fully exploit the potential for NHS procurement to deliver social value in the region and explore developing wider partnerships across the Public Services Boards to apply such principles



Building local supply chains

Procuring locally can aid the growth of local businesses and can potentially help the NHS deliver environmental benefits given reduced transport emissions to deliver goods.

Objective: CTMUHB will double by 2025 the value of spending on goods and services within the Cwm Taf Morgannwg region and will aim to close the gap in procurement in Wales with other PSB partners by at least 5%.



Embed social value in procurement

Progress has been made in securing a social value weighting to NHS Wales contracts over £25,000. To ensure the benefits of this to the Foundational Economy and communities in CTM will though require continual evaluation. Extending this approach to other areas and with other partners could yield even greater benefits, ensuring the greatest social return on investment from public sector spending.

Objective: CTMUHB and NWSSP will ensure the greatest yield for social value from social value weighting from health board procurement and will work collaboratively both internally and with external partners

to further embed social value in procurement in wider areas of spending.

Capital, Estates and Facilities

The CTMUHB estate spans three district general hospitals and six community hospitals, one mental health site and 35 health centres or support facilities. Repurposing some of this estate for social value could benefit local community organisations. More widely, considering social value when making decisions regarding the sale of CTMUHB estate or in capital planning decisions could bring wider benefits, for instance facilitating the development of social housing for CTM residents, or encouraging capital developments alongside other services and local businesses to encourage footfall and support the local economy.

We will work with our housing partners, including the new CTM Healthy Housing Partnership, to ensure our estates and facilities are used as assets to benefit local communities, transforming the way the public views and conceptualises NHS spaces.



Converting and developing estate for community benefit

Capital sale can be undertaken in ways that represent value for money to the public sector and achieve longer term goals such as ensuring a supply of affordable and social housing for local communities. Capital development has the potential to shape and regenerate entire areas, for instance in co-locating multiple services in areas where there has been decline.

Objective: CTMUHB will, between 2022-25, consider wider social goals during the sale of any land or estate. CTMUHB will in collaboration with other public sector and planning partners explore how co-location could help regenerate local areas.



Enabling community access to NHS facilities

Participating in social and community activities is a key driver of community resilience, yet access to space can be a challenge and cost for community organisations. The NHS has considerable estate not in continual use; allowing some of this to be used when appropriate by community groups could help build social capital among local residents,

benefit resident health and well-being and change attitudes among the public about the role and identity of healthcare spaces.

Objective: By 2025, CTMUHB estate will be routinely used by community organisations and the third sector, with local communities playing a role in shaping how such facilities are used for social value.

Environment

CTMUHB is already making progress on environmental sustainability and decarbonisation through its energy and waste management and the actions of the CTMGreen group. As an environmental anchor, the health board can promote positive sustainability behaviours to the public and use its assets to enable such behaviours.

We will build on the achievements to date including the Green Flag Award for our Glanrhyd hospital site and positive steps towards sustainability across our health board estate to work collectively with partners to further position CTM as a leading area for sustainable practice.



Green spaces on NHS estate

Quality green spaces have positive effects on our health and well-being. They can play a significant role in recovery and play a role in addressing climate change as acting as carbon sinks. Green spaces can range from parks, gardens and woodlands to growing spaces for staff and the community.

Objective: CTMUHB will by 2025 expand its green space across its estate and will work with patient, staff and third sector groups to ensure such spaces are equitably and regularly used



Healthy travel

Travel and transport comprises around 14% of the NHS' total carbon emissions. Encouraging active and healthy forms of travel can benefit patient health, for example by improving air quality or increasing participation in physical activity.

Objective: CTMUHB will work collectively with public sector partners to shape a Healthy Travel Charter for the region, encouraging tangible

changes in travel practice by health board staff and improving our environmental footprint and air quality.

Corporate

Flourishing as an anchor organisation relies on senior leadership with the anchor mission prominently featured in corporate and strategic planning. Organisations also need to consider corporate capability to function as an anchor.

The NHS is not alone in its position to influence the Foundational Economy: by working collectively across the public sector and sharing learning and best practice, the health board can influence greater positive change than by acting alone.

We will ensure our anchor mission is at the heart of our strategic thinking and delivery as an organisation and will engage with our local and NHS partners to build a network of anchor organisations across the public sector in Wales.



Promote the anchor mission across the organisation

Staff across CTMUHB ought to be aware that the health board desires to influence the Foundational Economy, with appropriate training and resources in place to enable the organisation to achieve this.

Objective: CTMUHB will by 2025 ensure our anchor mission is visible, regularly reviewed and aligned with the corporate strategies of the health board.



Develop partnerships with local anchors

CTMUHB is well positioned given structures such as the Public Services Boards and Regional Partnership Board to work collectively to achieve anchor goals. Given an increasing expectation from Welsh Government that the public sector, including the NHS, must engage in supporting the Foundational Economy there is likely to be support for such partnership working.

Objective: By 2025 CTMUHB will develop collective anchor strategies with its partners in the PSBs in CTM and have formed with other health boards a peer NHS Wales anchor learning network.

Governance and Reporting

A Steering Group with representation health board workforce, procurement, capital, estates and facilities as well as partners from the County Voluntary Councils and Registered Social Landlords will oversee the implementation of this Anchor Strategy.

This Steering Group will meet quarterly from summer 2022 to refine the strategy, develop and evaluate projects, communicate progress both internally and externally, and ensure sufficient resources are allocated in order to implement the goals of the Anchor Strategy. Consultation and engagement through the County Voluntary Councils with community and third sector organisations across Cwm Taf Morgannwg will continue to refine the strategy to ensure opportunities for residents to continually shape the strategy.

The Steering Group will report regularly to the Population Health and Partnership Committee reporting to the CTMUHB Board on progress towards implementation of the strategy and will when necessary outline barriers to implementation with proposed solutions to overcome these.

An evaluation will be undertaken towards the end of financial year 2024/25 to explore the impact of the strategy, including an assessment of data metrics and a survey and/or focus group interviews with staff and community organisation participants.

Communication

We will communicate widely on our actions to implement our Anchor Strategy and our achievements. We will work with the CTMUHB Communications team to identify channels to inform health board staff including the e-Bulletin and intranet and externally both through social media and local news media.

By communicating widely, we will seek to inform staff, patients and the general public of our ambition to use our assets in people, spending and our estate to support the Foundational Economy. We will provide opportunities for feedback on our strategy and suggestions for future projects.

Risks

To effectively implement this strategy, it is important to identify potential risks to delivery and to put in place measures to try to address these.

- Statutory compliance with employment, procurement and management of assets including land and capital is a mandatory requirement for the health board. We will seek regular advice from legal and finance colleagues to ensure our efforts comply with such legislation and will work closely with national NHS and Welsh Government colleagues to anticipate changes to legislation that will affect our anchor programme.
- The health board continues to be challenged by the COVID-19 pandemic and the impact the pandemic has had on wider health conditions. This strategy assumes a relatively stable incidence of COVID-19 infections but may need to be re-evaluated in the event of a future surge in infections and hospitalisations, for instance owing to a new and more virulent variant.
- NHS health boards in Wales continue to face funding challenges which may impact on delivery of our anchor strategy. Where we are unable to deliver aspects of our strategy due to a lack of human or financial resources, we will explore alternative sources of support to aim to mitigate these.

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 02.02.23)
11.22.8	November 2022	Organisational Risk Register Outputs and timescales for delivery in relation to the Task and Finish Group aligned to risk 4080 to be provided for the next meeting through the relevant Executive Lead.	Medical Director/Director for People	February 2023	Complete Most recent update for this risk is set out in the appendix to agenda item 3.2.1 – Organisational Risk Register for February 23 Committee meeting.
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 time and resource required to dedicate to this activity.	Director for People	November 2022	In Progress An update will be provided at the February Committee meeting which includes work with the networks. In May 23 a more extensive equality, diversity and inclusion session will be held which will include the contribution of our staff networks, further to our review of action plans and terms of reference with each network.

Agenda Item 3.1

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 Deferred from November 22. On Agenda for February 23 meeting.
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Graduate Scheme update/Impact	8 th February 2023	People & Culture Committee	(Title of Item)
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Report Details:	
FOI Status:	Please select: Open (Public) Or Closed (Private)
If closed please indicate reason:	
Prepared By:	Kay Chandler
Presented By:	Kay Chandler (supported by Matt Kvederas, Siobhan Flynn & Shannon Wills)
Approving Executive Sponsor:	Hywel Daniel
Report Purpose	Please Select: For Approval Endorsing for Approval For Discussion For Noting
Engagement undertaken to date:	

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Has an EQIA been undertaken?	Yes (include date) No (Explain why)
Are there any Legal Implications /Impact.	Yes or No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes or No If Yes please include brief detail.
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health





Aim of presentation

- Inform the committee of the current HEIW Leadership & Management Graduate Programme delivered across CTMUHB
- Overview of the programme
- Understand the impact and learnings gained through the programme
- Introduce the Future Generations Graduate Scheme (FGS)
- Review findings and actions of FGS



Graduate Programme Overview

- CTMUHB working with HEIW selected three graduates from over 100 applicants from across Wales.
- The programme is aimed at trainees gaining academic knowledge as well as a hands-on learning experience, based on placements across Wales in primary care, secondary care and a corporate division dependent on the trainee's placement organisation.
- Throughout the programme each trainee receives extensive mentorship, coaching, training and a comprehensive orientation tour in the organisation they are based so they can make the most out of their experience.
- Each graduate participated in an Induction Safari that included them meeting with Executive staff and leaders throughout CTM, tours of various locations and attending s Values & Behaviours workshop.
- The management programme is divided into three placements of seven months, with the course overall running for two years.



MSc APPLIED HEALTH LEADERSHIP STRUCTURE

Year One	Academic Skills and Reflective Practice 10 credits	Health and Social Care Policy 20 credits	Leadership, Governance and Scrutiny 20 credits
	Project Management 10 credits	Strategy and Collaborative Leadership 20 credits	
Year Two	Work-based Project 40 credits	Service Improvement and Innovation 20 credits	Health and Social Care Inequalities 10 credits
	Managing People and Organisational Performance 20 credits	The Collaborative Leader 10 credits	



The future of our Graduate Programme

- Solid foundation/Lessons learned
- Creating a Graduate Network
- Graduate Powwow Conferences
- Celebrating success/achievements
- Preparing for Cohort 2 intake
- Supporting HEIW

Welcoming
Matthew Kvedaras
Second Year Graduate,
Prince Charles Hospital
GIG NHS | Bwrdd Iechyd Prifysgol
Owain Taf Morgannwg
University Health Board

Welcoming
Siobhan Flynn
Second Year Graduate
Royal Glamorgan Hospital
GIG NHS | Bwrdd Iechyd Prifysgol
Owain Taf Morgannwg
University Health Board

Welcoming
Shannon Wills
Second Year Graduate,
Princess of Wales
GIG NHS | Bwrdd Iechyd Prifysgol
Owain Taf Morgannwg
University Health Board

Experiences

Reflections

Opportunities

Changes

Actions

Learnings

Future Generations



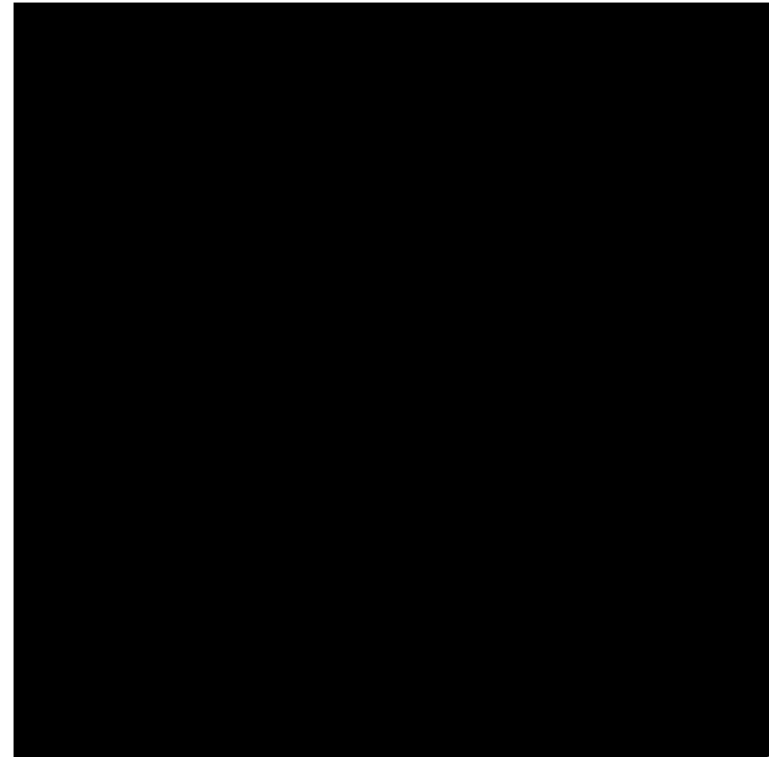
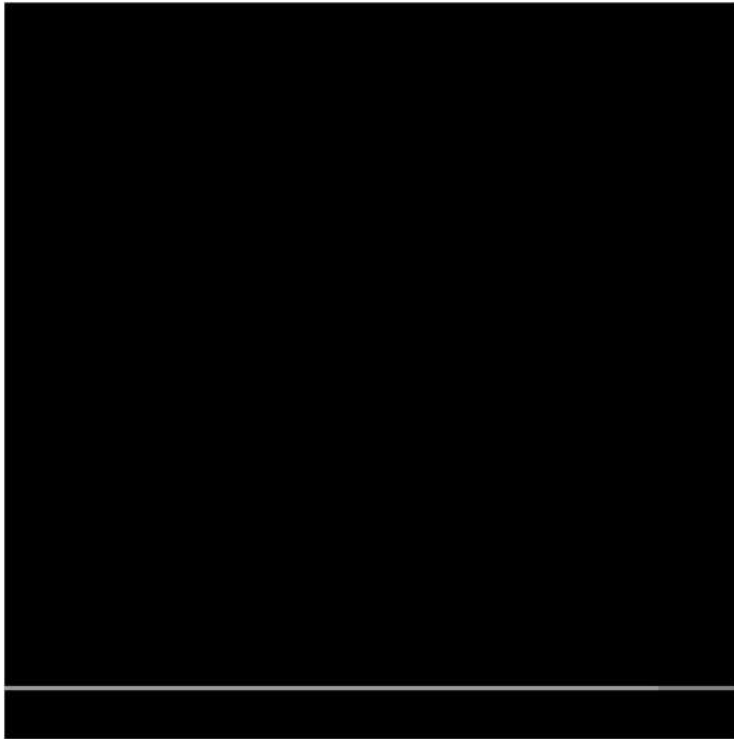
CTMUHB were a Future Generations Leadership Academy 21/22 sponsor, we sponsored 1 internal applicant and also sponsored an external applicant from our community to take part in the programme.

The programme involved engaging with Welsh Ministers and leaders in sustainable development from Wales and around the world.

Participants of the first edition of the Academy 2019-2020 have formed an alumni network which meets regularly with the Commissioner.

The programme comprises seven modules totalling around 80 hours, delivered virtually, with the exception of three in-person networking events.

Introducing CTMUHB's successful applicant talking about her journey, action plan and recommendations







Recommendation:

The Board or Committee are asked to:

Example:

The Committee are asked to:

- *Review the risks escalated to the Organisational Risk Register at Appendix 1.*
- *Review the Strategic Risk 6 included on the Board Assurance Framework at Appendix 2.*
- *Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.*





AGENDA ITEM
3.2.1

PEOPLE & CULTURE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	8 February 2023
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FOI Status	Open
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If closed please indicate reason	Not a applicable public meeting
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Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
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Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
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Approving Executive Sponsor	Paul Mears, Chief Executive
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Report purpose	FOR REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	December 2022 / January 2023	RISKS REVIEWED
Executive Leadership Group	16.1.2023	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED

ACRONYMS

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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 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: Realignment to complete by 31.1.2023. Assistant Director of Governance and Risk and COO Team met with each Care Group Leadership Group to review and agree assigned risks on the Organisational Risk Register.
- 2.2 Care Group Directors have undertaken the initial alignment of risks on the Organisational Risk Register to the new Care Group model and are in the process of undertaking detailed reviews on risks assigned to their areas.
- 2.3 Service / Winter pressures along with planning to respond to the impact of Industrial Action has posed significant challenges which should be recognised in light of the ability to keep pace with the timeframes to undertake this review and update risks this period.
- 2.4 The Assistant Director of Governance & Risk and Chief Operating Officer are holding a workshop with Executive Leads in January 2023 to review the Organisational Risk Register in terms of consistency of risk scoring, robustness of narrative and review of actions being taken to mitigate risks.
- 2.5 Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2023. 369 members of staff trained to date.
- 2.6 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

Nil as assigned to this Committee.



3.2 CHANGES TO RISKS

a) Risks where the risk rating INCREASED during the period
Nil as assigned to this Committee.

b) Risks where the risk rating DECREASED during the period
Nil as assigned to this Committee.

**3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER
People and Culture Directorate**

- Datix ID 4679 - Absence of a TB vaccination programme for staff.
Target score reached and risk closed.

Rationale for closure and/or removal from the Risk Register is captured in Appendix 1.

3.4 DISCUSSION POINTS

Changes to Risks

The Executive Medical Director is initiating a review of Datix Risk ID 4590 - Critical Care Pharmacist Resource and Datix Risk ID 5214 - Critical Care Medical Cover, with the view to amalgamate these two risks.

Emerging Risks

As part of the review of current risks following alignment to the new Operating Model new risks and changes to risks are in development to come forward to a future iteration of the Organisational Risk Register.

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

Consequence	5				4080 5214		
	4				1133 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)
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 no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Not applicable for the Risk Register item. 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	Care Group / Service Function	Identified Risk Owner/Manager	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	Planned Care Group	Care Group Medical Director	Improving Care	Patient / Staff /Public Safety	Critical Care Medical Cover	<p>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.</p> <p>Then: Without Middle Grade tier positions the ability to attract and recruit Consultants will be limited.</p> <p>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.</p>	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)	--	19.8.2022	19.8.2022	20.09.2022
4080	Executive Medical Director Executive Director of People	Central Support Function - Medical Directorate & People Directorate	Assistant Medical Director	Improving Care	Patient / Staff /Public Safety	Failure to recruit sufficient medical and dental staff	<p>IF: the CTMUHB fails to recruit sufficient medical and dental staff.</p> <p>Then: the CTMUHB's ability to provide high quality care may be reduced.</p> <p>Resulting in: a reliance on agency staff, disrupting the continuity of care for patients and potentially affecting team communication. This may affect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.</p>	<ul style="list-style-type: none"> Associate Medical Director for workforce appointed July 2020 Recruitment strategy for CTMUHB being drafted Establishment of medical workforce productivity programme Work to understand workforce establishment vs need Development of 'medical bank' Developing and supporting other roles including physicians' associates, ANPs Improving induction and development of new doctors 	<p>In terms of recruitment the following actions are underway over the next 6-12 months:</p> <ul style="list-style-type: none"> Meeting with Executive Director for People held on 24.11.2022 to discuss Medical Workforce (MWF) recruitment (including PAs, Specialists) Working with Care Group Medical Directors regarding their Care Group workforce planning and strategy Once the Health Board identifies the gaps from the Medical Workforce Productivity Programme group on the establishment work stream it can then target specific areas with either Consultant, Specialist, MG cover A report is also being prepared on British Association of Physicians of Indian Origin (BAPIO) for international recruitment. 	Quality & Safety Committee People & Culture Committee	20	C5 x L4	15 (C5xL3)	--	01.08.2013	24.11.2022	31.1.2023
1133	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	<p>IF: the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH;</p> <p>Then: the Health Board will be unable to deliver safe, high quality services for the local population;</p> <p>Resulting in: compromised safety of the patients and staff and possible harm.</p>	<p>ED sustainable workforce plan developed and being implemented (May 2021).</p> <p>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.</p> <p>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</p>	<p>ED sustainable workforce plan developed and being implemented (May 2021).</p> <p>Reviewed no change as at 7th September 2021.</p> <p>Reviewed 21.09.2021 - remains working progress.</p> <p>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.</p> <p>Medium term and substantive plans for workforce requirements and innovations to be worked through as part of six goals board and advanced practice board.</p>	Quality & Safety Committee. People & Culture Committee - Workforce aspect	16	C4 x L4	12 (C4xL3)	--	20.02.2014	12.10.2022	07.03.2023
4722	Chief Operating Officer	Mental Health Care Group	Service Director - Mental Health and Learning Disability Care Group	Improving Care	Patient / Staff /Public Safety	Senior Medical Workforce Shortfall	<p>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)</p> <p>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.</p> <p>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.</p>	<p>Regular meetings with interim CSGD and Consultants to plan cover arrangements and support on weekly basis.</p> <p>Medical model change to functional inpatient at the RGH MHJ covered by 3 Locum Inpatient consultants (22 sessions - 12/6/6) to cover 2 x Treatment Wards (26 beds) and 1 x PICU (6 beds).</p> <p>Recruitment - Vacancies out to advert for locum and substantive contracts. Exploring options for overseas recruitment. All staff being offered additional hours.</p> <p>In-patient team has been bolstered by an additional Registrar and 2 x SHOs ANP's covering appropriate PCMHSS AND CMHT clinics.</p>	<p>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 week. This leaves 2 vacancies in sectors for adult and an inpatient day short fall.</p> <p>Update Sept-22 - All adverts agreed to go in BMJ as part of wider recruitment drive. JDs have been reviewed and refreshed.</p> <p>Update November 2022 - Locum cover secured to mitigate partial risk pending substantive appointments. Recruitment exercise underway an interest has been received. Medical Director appointed into the Mental Health and Learning Disability Care Group to provide oversight and leadership on sustainable medical workforce activity.</p>	People & Culture Committee Quality & Safety Committee	16	C4xL4	6 (C2xL3)	--	28/06/2021	01.11.2022	31.12.2022
3638	Executive Medical Director	Diagnostics, Therapies and Specialties Care Group	Chief Pharmacist	Inspiring People	Patient / Staff /Public Safety	Pharmacy & Medicines Management - Training & Development Infrastructure	<p>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</p> <p>Then: there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees.</p> <p>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 Methyr 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.</p> <p>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.</p>	<p>This CTM Pharmacy issue that has stalled at various times in the past which has added to delay. Initially started in 2018 as an SBAR propose increase training capacity in order to meet the demand. Included in IMTP and prioritised as number one priority, 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. As such is in place and continues to run. Funding approved for primary care lead pharmacist - commenced in post April 2019. SBAR for New CDM 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. SECONDARY CARE elements were not supported in the IMTP prioritisation process</p>	<p>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 from the lack of on going funding for these posts.</p> <p>Update July 2021 - No further update to that recorded in June 2021. Review 30.09.2021.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>September 2022 - New Chief Pharmacist in post. Aware of the risk and need to address. This is forming part of their plans in addressing a number of issues within Pharmacy service.</p> <p>December 2022 - risk remains as little change in mitigation. Actions are being updated as risk is reliant on HEIW continuing funding. Similar position recognised in other Health Boards.</p>	People & Culture Committee	15	C3 x L5	6 (C3xL2)	--	02.01.2018	20.12.2022	20.02.2023

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
Nil assigned to this Committee											

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
4679	Executive Director for People (Executive Lead for Occupational Health)	Central Support Function - Occupational Health	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Absence of a TB vaccination programme for staff	<p>If: the Health Board is not providing TB vaccination to staff</p> <p>Then: Staff and patients are at risk of contracting TB</p> <p>Resulting in: Failure to comply with the Department of Health and Social Care guidance and lack of confidence in the service</p>	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.	<p>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.</p> <p>Update June 2022 - Training Ongoing. Risk reviewed and remains same.</p> <p>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.</p> <p>Update October 2022 - Risk reviewed and remains same. Trainer has been identified no date confirmed as yet to commence training the OH Nurses.</p>	Quality & Safety Committee People & Culture Committee	Jan-23	Update Jan 2023 - Training is now arranged 16th and 18th January for Occupational Health Nurses and a support group via Cardiff & Vale is being implemented to provide peer support going forward. The likelihood score was reduced to a 2 as a result achieving the target score of 8. This risk can now be closed.



AGENDA ITEM
4.1

PEOPLE & CULTURE COMMITTEE
EQUALITY, DIVERSITY & INCLUSION: EQUALITY ANNUAL REPORT AND GENDER PAY GAP REPORT

Date of meeting	8 February 2023
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Rhiannon Ellis, Equality, Diversity & Inclusion Practitioner
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Presented by	Michelle Hurley-Tyers, Assistant Director of Organisational Development and Wellbeing
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Approving Executive Sponsor	Executive Director for People
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
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ED&I	Equality, Diversity & Inclusion



1. SITUATION/BACKGROUND

Annual Equality Report 2022-23

- 1.1 The Health Board has a specific duty under the Public Sector Equality Duty to publish information to demonstrate compliance with the Equality Duties, at least annually. The Annual Equality Report is attached as Agenda Item 4.1.1.
- 1.2 The report outlines our progress in year three of our Strategic Equality Plan, April 2022 - March 2023.

Gender Pay Gap Report

- 1.3 The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information.
- 1.4 The report is attached as Agenda Item 4.1.2 and is based upon data taken from the NHS Electronic Staff Record Payroll system, at the latest snapshot date of the 31st March 2022.

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

- 2.1 The Committee are asked to Note the Annual Equality Report for 2022-23 and Note the Gender Pay Gap Report.

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

- 3.1 Please refer to Agenda Items 4.1.1 and 4.1.2 for the full details.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	ED&I is vital if we want to deliver person-centred, safe and effective care. Delivering on ED&I means that we are tackling barriers that may prevent some groups of people from accessing services. It also means that we are



	delivering services that meet the diverse needs of our patients, service users and carers.
Related Health and Care standard(s)	Individual Care
	If more than one Healthcare Standard applies please list below: Governance, Leadership and Accountability Staff and Resources Staying Healthy Safe Care Timely Care Dignified Care Effective 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.
	Not required.
Legal implications / impact	Yes (Include further detail below)
	If the Health Board does not meet its Equality Objectives the Health Board is at risk of enforcement action by the Equality and Human Rights Commission.
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 People & Culture Committee is asked to **NOTE** the Equality Annual Report for 2022/2023.

- 5.2 The People & Culture Committee is asked to **NOTE** the Gender Pay Gap Report for the period of the latest snapshot of data taken 31 March 2022.



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University Health Board

2022/23

Annual Equality Report



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02	Our Vision & Values Strategic Wellbeing Objectives	07	Key Achievements
03	Our Legal Requirements Equality Act (2010)	14	Progress against our Equality Objectives
04	Our Commitment Strategic Equality Plan	15	Conclusion & Look Forward Summary & Next Steps
05	Our Year in Numbers Equality & Diversity Data	16	Acknowledgements Thank you to contributors
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Foreword



I am pleased to endorse the publication of Cwm Taf Morgannwg University Health Board's 2022-23 Annual Equality Report, which summarises the actions we have taken to sustain our commitment to advancing equality and human rights.

This report provides evidence of this commitment and the progress made during the last 12 months, as we also look forward to sustaining our commitment to advancing equality throughout the rest of 2023 and into 2024.

This report is both a reason to celebrate and an opportunity to reflect upon the distance we still have to travel.

I hope that you enjoy reading about the progress we have made over the past year, in what continues to be a challenging time for the Health Board, and I invite you to get in touch if you have any comments for us on how we can continue to improve.

Hywel Daniel

Executive Director For
People

Our Health Board

Cwm Taf Morgannwg University Health Board (CTM UHB) provides healthcare services and support via a wide range of primary, community and acute hospital care settings. We offer emergency and non-urgent care and support when it is needed to over 450,000 people living across our County Boroughs: Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.

Our increasingly diverse healthcare system is a place of work for almost 13,000 employees, across over 40 locations including three District General Hospitals. As a large local employer, many of our employees live within the communities they proudly serve.



The resident population of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf is estimated to be 450,000 (StatsWales 2016).

Our 65 to 84 and 85+ age groups are projected to have the largest increase by 2036, when an estimated one in four people in Wales will be aged 65 and over.

These projections will have significant implications for the way in which we design and provide health (and increasingly integrated health and social care) services. With an increasing population and especially an increasing older population it is even more important that we support our the people living in our communities to live long and healthy lives, free from the limiting effects of multiple chronic conditions.

Our Vision & Values



Vision

Our CTM 2030: Our Health, Our Future Strategy sets the vision and provides the framework for decision-making and priority development within the Health Board, setting the strategic direction for all areas of our work. The Strategic Equality Plan sits within this framework and while its focus is on delivering our obligations under the Equalities Act (2010), we are acutely aware that equality and diversity issues touch on many aspects of our work.

Values

- We listen, learn and improve
- We treat everyone with respect
- We all work together as one team.



Our Legal Requirements

The Equality Act (2010) provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

It provides Britain with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the Health Board to:

- Eliminate unlawful discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

Our Health Board also has a specific duty under the PSED to publish information to demonstrate compliance with the Equality Duties, at least annually and set equality objectives, at least every 4 years.

The Equality Act provides protection for people with protected characteristics. These are:

- Disability
- Race
- Pregnancy and maternity
- Sexuality
- Gender reassignment
- Age
- Sex
- Religion and belief
- Marriage and civil partnership

Our Commitment

The current Strategic Equality Plan (SEP) for CTM UHB, was reviewed and published in March 2021, in accordance with the Public Sector Equality Duty which supports the Equality Act (2010).

It took account of key reports such as 'Is Wales Fairer?' and specific feedback from the Equality Commissioner in a national stakeholder event held in 2019. Engagement was undertaken within the organisation and with key stakeholders in the local community as well as with national organisations. This ensured that it met legislative requirements and standards expected by the Equality and Human Rights Commission.

Our Strategic Equality Plan sets out our Strategic Equality Objectives in three key areas:



Improved access and experience for patients throughout the Health Board.



Improved staff engagement and experience.

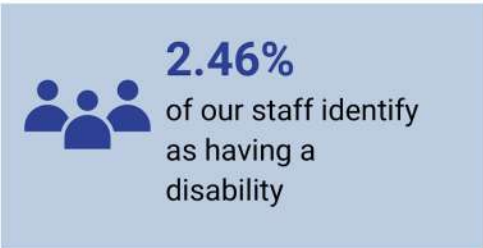


Mainstreaming, Monitoring and Compliance.

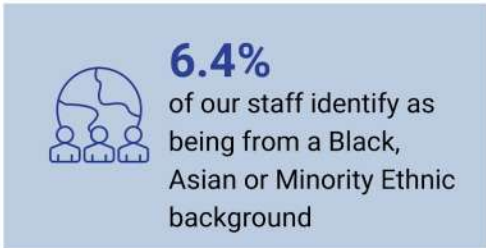
Our Year in Numbers

It is both a requirement and good practice to know the composition of our workforce so that issues of under-representation can be addressed and needs can be provided for. Behind every number and statistic there is a person whose story matters. All figures presented here are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March, 2022). The data relates only to Health Board staff employed on Agenda for Change terms and conditions.

Disability



Ethnicity



Gender



Gender Pay Gap



Sexual Orientation



Equality Training



Please note, that some individuals feel the ESR data items and values relating to certain protected characteristics do not meet their needs. In addition, data sets can be adversely affected by the proportion of blank entries or the selection of options such as 'I do not wish to disclose'.

Focus on the Future

Considering our data findings, we will be focusing on the following areas of work next year:

- Launching our organisational Diversity Dashboard. Inclusion is hard to measure and benchmark. We hope that our Diversity Dashboard will be a step in the right direction in increasing transparency about representation and inclusion at CTM UHB. We hope to make it easier for everyone to scrutinise our progress by publishing this data in one place, with a clear narrative explaining how we are doing.
- Delivering targeted recruitment campaigns that increase our engagement and reach with under-represented groups.
- Developing our understanding of ethnicity and disability pay gaps across the organisation.
- Focusing on increasing reporting for those categories where there remains a high percentage of staff where status is unknown or not declared. For example disability (26.63%) and sexual orientation (26.17%).
- Promoting our staff networks to all potential and current staff to encourage confidence in our workplace culture and help people to bring their whole selves to work.
- Reviewing our recruitment strategy and process, along with our recruitment landing pages to ensure these are welcoming and inclusive to all.
- Increasing compliance of mandatory Equality training.

Monitoring our Progress

The Chief Executive Officer, together with our Board, is responsible for making sure we meet our legal duties. Progress against our Equality Objectives is reported to our People and Culture Committee.

Our four Staff Diversity Networks – Teulu (LGBTQ+ Staff), DisABLED (Disabled Staff), Race Equality Network (Black, Asian, Minority Ethnic Staff) and WeCTM (Women’s Equality Network) – also play a vital role in reviewing and shaping our work going forward.

Key Achievements

This section of our report outlines our progress in year three of our Strategic Equality Plan, April 2022 - March 2023. During the reporting period the Health Board achieved a number of milestones to support Equality Objective 1:



- We have continued to meet the communication needs of patients. Staff have access to a range of translation services. These are provided by Language Line, Big Word and The Wales Interpretation and Translation Service (WITS). These services are available 24-hour, 365 days a year and include: Telephone and face-to-face; interpretation for deaf people or hearing-impaired people; and document translation services. Polish, British Sign Language, Mandarin, Arabic and Turkish were the most frequently requested languages in our Health Board during 2022/23.

- We have continued to embed the All Wales Standards for Accessible Communication and Information for People with Sensory Loss, ensuring a wide range of accessible resources are available for staff and patients in order to continually improve patient care.
- We provided training to and shared stories with our staff so that they are equipped to support and meet the different needs of those they interact with on a day-to-day basis.
- A resource pack for staff supporting people with sensory loss, developed by Occupational Health, has been made available to staff via SharePoint.
- In November 2022, the Health Board published 'A Carer's Guide - When someone you care for is in Hospital', to support anyone looking after a family member/friend who needs help because of their illness or disability.
- We ensured ongoing communications to staff and our communities based on an Equality Calendar, which ensures key messages are delivered at key times, linked to our Values and Behaviours work and promotion of our own resources.
- The Health Board's Carer's Coordinator has provided advice/support for carers in our communities, working across the different hospital sites. In 2022, this support was extended to our staff, and our Carer's Coordinator established a staff Carer's peer support group. We aim to ensure that our carers, whether in our communities or workforce, do not have to care alone and will be able to access information, advice and support to help meet their needs, empowering them to lead healthy and fulfilled lives, balancing their care and their life outside caring.
- We have worked in partnership across our region, and with Welsh Government, to ensure a full range of resources and support is available for people who have recently arrived in Cwm Taf Morgannwg from Ukraine, including registering patients within the Health Board footprint, offering COVID-19 vaccines and public health screening, and developing designated webpages for patients and staff to access information in relation to healthcare and mental health support, education for children and young people, welfare support, as well as links to community resources.

Further work to take forward Equality Objective 1 during 2023/24 will include:

- Advancing Equality through the Health Board's long term strategy for the future 'Our Health, Our Future'.
- Working in partnership with Welsh Government to deliver on recommendations made in the Anti-Racist Wales Plan.

- Driving strategic alignment and operational consistency of Equality Impact Assessment, ensuring that they are routine practice.
- Encouraging patient engagement with our agenda at every opportunity throughout the health board in order to empower protected groups to influence appropriate service delivery. We will work with key stakeholders in our Communication and Engagement team who are developing patient panels for service developments. This will include addressing specific issues which arise via complaints, other feedback and focus groups.

During 2022-23 the Health Board achieved a number of milestones to support Equality Objective 2:



- We have continued to develop our staff diversity networks to enable our representative groups to express themselves freely and promote inclusion. We have developed a framework for our Staff Networks to ensure that they have robust Terms of Reference and Annual Work Plans. During the reporting period, we also welcomed new Executive Sponsors for each of our Staff Networks.



- In collaboration with our DisABLED Staff Network, we have developed and launched an 'Empowerment' passport to accompany our Recruitment and Retention of Disabled Staff Policy. The Passport is a live record of adjustments that have been agreed between an employee and their line manager to support them at work because of a health condition, impairment or disability.



- One of the things that we are really proud of at the Health Board is the diverse backgrounds that our staff and service users come from. In November 2022, our Race Equality Network, in collaboration with Valleys Ethnic Minority Support, hosted a Cohesive Cultural Event in Ynys Angharad Park, Pontypridd. The event was a wonderful celebration of the rich and diverse culture, languages and heritage of our workforce and local communities. Our staff were joined by members of the local community in sharing music, song, dress, dance and food from their different cultures.
- We have taken part in national events celebrating the diversity of our people and communities, this has included NHS Wales' Equality Week events and Pride Cymru.
- On the 10th December, 2022, International Human Rights Day, we launched our Inclusion Allies Programme. Our Allies are friends/supporters of diversity and inclusion, who are willing to notice and take action when patients or staff are not being treated fairly or respectfully. Moving forward into 2023/24, our Allies will play a vital role in supporting Equality awareness campaigns and sharing information with their teams and networks.

- We were excited to launch our Reverse Mentorship Programme, Codi_CTM, in September 2022. A positive action programme to support diversity and inclusion initiatives; our first cohort centres on ethnic minority staff mentoring senior leaders. The Programme aims to introduce participants to different perspectives, which can help to cultivate a culture of understanding among employees who come from diverse backgrounds.



- In December 2022, we registered our Executive Team on Diverse Cymru's Black, Asian and Minority Ethnic Cultural Competence Certification Scheme. This award-winning workplace development tool supports organisations in implementing good workplace practice, ensuring services are fair and equitable for Black, Asian and Minority Ethnic people in Wales. Our Strategy and Planning and People Services Senior Management Teams have since also registered on the scheme.



- In 2022, we expanded our Project SEARCH (Engage to Change) placements from 4 – 21 placements. Project SEARCH is an international programme designed to help support young people with learning disabilities and autism access high quality work-related learning. Through immersive supported internships, students gain marketable skills that lead to much-improved opportunities to access long-term, full time paid employment. We work in partnership with Elite Supported Employment, Bridgend College, Merthyr College and Coleg Y Cymoedd.



- In response to the rising cost of living, our Wellbeing Service have developed a new Financial Care pathway which contains a number of resources to support staff in navigating financial hardship.
- In response to the findings of our Staff Wellbeing Survey, our Wellbeing Service have developed and delivered a suite of staff wellbeing workshops this year, that include: 'Recognising and Understanding Low Mood', 'Recognising and Managing Stress, Trauma and Burnout', and 'Staying Well'. To ensure these sessions are inclusive to all of our staff, the Wellbeing Service have begun to consult directly with our Staff Diversity Networks to better understand the barriers underrepresented groups of staff may experience in accessing Wellbeing Services.
- To help our Managers to support the wellbeing of themselves and their staff team, the Wellbeing Service have developed and delivered Mental Health Awareness sessions for Managers. 'Manager Booths' are also being facilitated, cultivating safe spaces for Managers to discuss their own wellbeing and self-care and explore ways of moving forward in difficult times.

- On October 10, 2022, we celebrated World Mental Health Awareness Day and partnered with 'Time to Change Wales' to help us support our staff in reducing mental health stigma within the workplace. We are proud to say that, as an organisation, we want to step up to tackle mental health stigma and discrimination, signing the Time to Change Wales Pledge.
- In July 2022, we welcomed our third cohort of overseas nurses. Eighteen nurses joined us from India the Philippines and Zimbabwe, taking the total that have joined us at CTM UHB to 54. Our Corporate Nursing Team, with our Learning & Development Team, have developed a bespoke corporate induction to support them in settling into their new workplaces and local communities.



- Based on feedback from our DisABLEd Staff Network, our Learning and Development Team developed an accessible version of our PDR - Your Conversation (Personal Development Review) .

Further work to take forward Equality Objective 2 during 2023/24 will include:

- Adopting a systemic approach to Equality, Diversity and Inclusion by ensuring that our policies, practices, and structures are regularly reviewed for culturally competent practice.
- Setting clear and measurable Equality, Diversity and Inclusion objectives for increasing diversity at senior levels and on our management boards.
- Reporting annually on ethnicity and disability pay gaps data and report these to Boards and Committees.
- Reviewing our recruitment, promotion, succession, and retention policies to ensure the progression of all minorities across the organisation.
- Updating our exit interview questionnaire for staff leaving the organisation, to capture any experiences of discrimination/adverse workplace culture that may have impacted on a person's decision to leave the Health Board.
- Working to raise the profile and visibility of our underrepresented staff, addressing issues raised in our data analysis and pay reviews and ensuring the progression of underrepresented staff at all levels.

- Systematically rolling out Diverse Cymru's Black, Asian and Minority Ethnic Cultural Competence Certification Scheme across Maternity and Mental Health Services.
- Delivering training on inclusive recruitment and Equality issues for our senior HR staff.

During 2022-23 the Health Board achieved a number of milestones to support Equality Objective 3:

- A review of our current Equality Impact Assessment (EQIA) process has been undertaken to ensure that robust, transparent Assessments are produced and monitored for all service and policy developments. EQIA is a tool that helps us to place equality, diversity, cohesion and integration at the heart of everything we do and make sure our strategies, policies, services and functions do what they are intended to do and for everybody.
- We have continued to monitor Equality, Diversity and Inclusion trends and regularly collect and analyse data to identify and explore areas where there might be barriers to achieving our Equality Objectives. We continue to work to improve the quality and completeness of staff equality data and have developed a Diversity Dashboard to allow us to highlight and address emerging diversity and inclusion issues.

Further work to take forward Equality Objective 3 during 2023/24 will include:

- Launching an enhanced EQIA toolkit, including guidance for staff.
- Developing input from staff and patients from protected groups to the EQIA process so that they can influence decision-making in relation to buildings, service planning and employment practices.
- Working to improve data collection systems, in order to accurately capture all relevant data, with particular focus on data related to the specific duty under the Equality Act (2010) recruitment, promotion, access to training, etc and the Accessible Information Standard.
- Improving data collection and demographic monitoring across our patient experience and complaints departments.

Conclusion & Forward Look



This is the third year of our revised Strategic Equality Plan, and we continue to work towards meeting our objectives. We have continued to work with different stakeholders to involve and consult with them in order to progress the work that we have committed to in our action plan. In collaboration with our Patient Experience Team, we will continue to engage with the people who use the services we provide to ensure that we identify any potential inequalities faced by different groups, which require our focus and action to address them. We will also continue to develop an inclusive culture within the organisation, through the development of our staff diversity networks, and reviewing our practices to ensure we are creating a great place to work.

We will continuously review our Equality Objectives in order to ensure alignment with key national strategies including the Anti-racist Wales; Race Equality Action Plan, the emerging LGBTQ+ Action Plan, as well the Code of Practice for Delivery of Autism Services. In doing all of these things we will strengthen how we work, and truly demonstrate our commitment to our staff and patients.

Acknowledgements

We would like to acknowledge the contributions of people who worked tirelessly on the projects mentioned within:

Our Staff Diversity Networks: Race Equality Network, Teulu Network, DisABLEd Network, and WeCTM Network.

Cwm Taf Morgannwg's Inclusive Employee Experience and Wellbeing Teams.

Cwm Taf Morgannwg's Carer's Coordinator.

Cwm Taf Morgannwg's Patient Experience Team.

Cwm Taf Morgannwg's Learning and Development Team.

Project SEARCH

Elite Supported Employment.

Bridgend College.

Merthyr College.

Coleg Y Cymoedd.

Cwm Taf Morgannwg's Communication and Engagement Team.

Diverse Cymru.

Valleys Ethnic Minority Support.

We thank you for your continued support in our efforts to contribute to our Equality Objectives.



Website

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University Health Board

Gender Pay Gap Report

Bridging the gap, together.



CTM 2030

Ein Hiechyd
Ein Dyfodol

DATBLYGU CYMUNEDAU
IACHACH OYDA'N GILYDD



CTM 2030

Our Health
Our Future

BUILDING HEALTHIER
COMMUNITIES TOGETHER

<p>MAE EIN GWERHOEDD YN EIN HELP NI I FOD AR EIN GORAU</p> <p>OUR VALUES HELP US BE AT OUR BEST</p>	<p>RYDYM NI'N GWIRANDU, YD DYSGU AC YR COWELLA</p> <p>WE LISTEN, LEARN AND IMPROVE</p>	<p>RYDYM NI'N TRAF PŴN A PHARON</p> <p>WE TREAT EVERYONE WITH RESPECT</p>	<p>RYDYM NI I GYD YM CYDWEITHIO FIS NI TIM</p> <p>WE ALL WORK TOGETHER AS ONE TEAM</p>
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Introduction

Background and Context

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information. Greater transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to, and sustain gaps in average pay between men and women, and to encourage organisations to take steps to tackle them.

Cwm Taf Morgannwg University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development. Gender pay gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility, provides a useful mechanism with which we can measure our progress toward gender pay equality.

This report contains the following:

- Average and Median Hourly Rates and Pay Gaps
- Proportion of staff receiving a bonus
- Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay.

All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March 2022).

Gender Pay Reporting and Gender Identity

Following current requirements for gender pay gap reporting, gender must be reported in a binary way, recognising only men and women, and we are unable to report non-binary or other identities in this report. The data used for the calculation comes from ESR which we acknowledge won't have an accurate record of gender for many trans and non-binary people.

For the purpose of this report, we have used the terms 'gender', 'men/male' and 'women/female', although we understand that, for some people, this will be referring to their biological sex.

Gender identity is often assumed from the sex assigned at birth. However, we know that sex is more complex than simply 'male' and 'female', and gender is more than 'men' and 'women'. There are many people who do not fit into these binary categories, for example non-binary or intersex people. We are also aware that some people's gender identity does not align with the sex they were assigned at birth.

Gender Pay Vs Equal Pay

Gender pay reporting is different to equal pay - equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. We are confident that men and women are paid equally for doing equivalent jobs across CTM UHB, with staff being paid in accordance with NHS Agenda for Change Terms and Conditions - these are the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

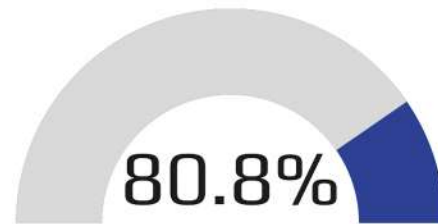
Defining the Gender Pay Gap

The gender pay gap is an equality measure that shows the difference in average earnings between women and men.

The gender pay gap is defined as the gap in median pay that male and female employees receive. The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle salary.

Gender Pay Gap At A Glance

On 31 March 2022, the Health Board employed 10,311 women and 2,546 men, therefore 80.8% of the workforce was female.



Median hourly pay gap

In this organisation, women earn 87.77p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 12.23% (£2.25) lower than men's.

12.23p Less



Women



Men

When comparing mean (average) hourly pay, women's mean hourly pay is 25.87% (£6.14) lower than men's.

Average and Median Hourly Rates and Pay Gaps

Gender	Average Hourly Rate	Median Hourly Rate
Male	23.73	18.37
Female	17.59	16.12
Difference	6.14	2.25
Pay Gap %	25.87%	12.23%

Proportion of staff receiving a bonus

Cwm Taf Morgannwg University Health Board does not have a bonus gender pay gap. NHS Wales has no scope for bonus payments within the Agenda for Change terms and conditions of service. We do however, honour Clinical Excellence Awards (CEAs) payments and Commitment Awards (CAs) paid to medical staff.

CEAs are awarded by NHS employers and have been protected to attract and retain exceptional clinical skills and expertise.

CAs are payable to all substantive consultants after three years' service at the top of the consultant pay scale, who demonstrate their commitment through satisfactory job plan reviews.

Gender	Employees paid CEAs/CAs	Total Relevant Employees	%
Male	168	3085	5.45%
Female	77	11,725	0.66%

Number and percentage of Employees by Pay Quartile

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of men and women in each.

Quartile	Male (Absolute Numbers)	Female (Absolute Numbers)	Male % of overall workforce	Female % of overall workforce	% Male Workforce	% Female Workforce
1 (Lowest)	499	2740	15.41%	84.59%	19.59%	26.57%
2	531	2669	16.59%	83.41%	20.85%	25.88%
3	456	2747	14.24%	85.76%	17.91%	26.6%
4 (Highest)	1004	2314	30.26%	69.74%	39.43%	22.44%

The proportions of women and men change from lowest to highest pay quartiles, meaning that fewer women are employed in senior roles than men.

Conclusions and Next Steps

The Health Board's workforce is predominantly female; this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes are designed to support equity and fairness, we have identified a gender pay gap across the workforce.

It is however encouraging to note a narrowing of our median hourly pay gap from 13.86% (2021) to 12.23% (2022). Although the change is small, we continue to strive for continuous progress.

We have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

We will consider how to:

- Improve our attitudes to flexible, agile and part time working across a wider range of roles.
- Raise awareness of shared parental leave.

- Use our Gender Pay Gap Report data to inform the work of our newly established Women and Allies Network (WeCTM).
- Explore how to increase recruitment of women and men in underrepresented areas.
- Identify those areas where the offer of mentorship would support staff into leadership roles where there is under representation.
- Continue working with external partners on initiatives like Kickstart, apprenticeships and mentoring programmes.
- Voluntarily publish data on our ethnicity and disability pay gap , in order to better inform the evidence base of our Strategic Equality Plan.



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Questions?
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AGENDA ITEM

4.1.3

PEOPLE & CULTURE COMMITTEE

OVERVIEW AND AMBITIONS FOR THE STRATEGIC EQUALITY PLAN

Date of meeting	08/02/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rhiannon Ellis, Equality, Diversity and Inclusion Practitioner
Presented by	Michelle Hurley-Tyers, Assistant Director of OD and Wellbeing
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

ED&I	Equality, Diversity and Inclusion
EqIA	Equality Impact Assessment
ESR	Electronic Staff Record
HEIW	Health Education in Wales
LGBTQ+	Lesbian, gay, bisexual, transgender, queer (or sometimes questioning), and others.
PSED	Public Sector Equality Duties
SEP	Strategic Equality Plan

1. SITUATION/BACKGROUND

- 1.1 Our *CTM 2030: Our Health, Our Future Strategy* aims to ensure that in every community people begin, live and end life well, feeling involved in their health and care choices. In order to achieve this vision, the Health Board identified 4 Strategic Goals: *Creating Health, Inspiring People, Improving Care, and Sustaining our Future*.
- 1.2 The Strategic Equality Plan (SEP) sits within this framework, and while its focus is on delivering our obligations under the Equalities Act (2010), we are acutely aware that equality, diversity and inclusion (EDI) issues touch on all aspects of our work and underpin our 4 overarching Strategic Goals.
- 1.3 The Equality Act (2010) provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. It provides Britain with a discrimination law that protects individuals from unfair treatment and promotes a fair and more equal society.
- 1.4 Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the Health Board to:
 - Eliminate unlawful discrimination, harassment, and victimisation;
 - Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
 - Foster good relations between those who share a relevant protected characteristic and those who do not.
- 1.5 Our Health Board has a specific duty under the PSED to publish information to demonstrate compliance with the Equality Duties, at least annually and set equality objectives, at least every four years.
- 1.6 Our current Equality Objectives are set out in the SEP we published in 2020. Since publishing that Plan, we have undertaken and published annual reviews of the effectiveness of steps taken and progress made towards meeting our objectives, the most recent of which will shortly be published in our Equality Annual Report for 2022-23.
- 1.7 After reviewing and taking account of the progress we have made over the last four years, we have now developed a revised suite of equality objectives which we believe should underpin our work for the period 2023 to 2027.

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

- 2.1 Members of the Committee are asked to note the emerging strategic approach to ED&I, the activities undertaken to date to support this

approach, and the plan for developing a proposed SEP for 2023-27, noting the communications and engagement plan to support formal public consultation.

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

- 3.1. With the emergence of key national strategic drivers (e.g., Anti-racist Wales; Race Equality Action Plan, the developing LGBTQ+ Action Plan and Disability Action Plan, and the Code of Practice for Delivery of Autism Services) the requirement to update the current SEP has been identified.
- 3.2. The adoption of new equality objectives will form part of a wider piece of work being undertaken by the Health Board to improve its ED&I practices and understanding.
- 3.3. We recognise that as an organisation we have a lot of work to do in this area, and the adoption of the new equality objectives is a starting point to ensure that we are compliant with the Equality Act (2010) and meet the requirements of national strategic drivers.
- 3.4. If the equality objectives are not updated, there is a risk that the Health Board will not meet the requirements of these strategic drivers and employees will not have the understanding of how to work in line with the stipulations of the PSED.

REVISED SUITE OF PROPOSED EQUALITY OBJECTIVES

- 3.5 To establish a revised suite of proposed equality objectives, our ED&I Team considered the following:
 - Whether existing objectives for which steps taken and progress made had been assessed as effective or highly effective should be removed from the list;
 - Whether any objectives for which steps taken and progress made had been assessed as having limited effectiveness should be retained, and if so whether some re-wording was required to ensure they remain fit for purpose; and
 - Whether any new objectives should be added to the list to reflect our current circumstances, with particular reference to our employment information analysed by equality characteristics, our strategic and operational risk registers, and the analysis of our operating environment as described in our *CTM 2030: Our Health, Our Future Strategy*.

OUR AMBITION FOR THE PROPOSED SEP 2023-27.

- 3.6 In order to work effectively towards our 2030 priorities, the Health Board recognises ED&I as a key area of focus. The equality objectives can be

used to ensure there is an organisational understanding of ED&I and embed across strategic partnerships, initiatives and policies. The objectives will serve as a framework for ensuring ED&I underpins the way the Health Board works.

- 3.7 The recommendations for improvements outlined in the Annual Equality Report 2022-23 and Gender Pay Gap Report 2022, alongside emerging national ED&I themes and strategic drivers, will provide a foundation for the next SEP. This will include detailed actions to fully embed ED&I and create an inclusive culture over the next four years.
- 3.8 The developing equality objectives have been identified as they enable continuous improvement, both of understanding and working practices, and give due regard to the requirements of emerging national strategic drivers.
- 3.9 An associated draft Action Plan is also in development to support delivery of the proposed equality objectives. This Action Plan has been aligned to the overarching *CTM 2030: Our Health, Our Future Strategy* and provides metrics to support in the evaluation of progress and impact.
- 3.10 Our draft SEP has four proposed Equality Objectives:
- **People** – We will cultivate a truly inclusive culture across the Health Board where difference is welcomed and embraced, where everyone can bring their authentic self to work and feel that they belong. This will be essential to delivering the 'Inspiring People' theme which lies at the heart of our *CTM 2030: Our Health, Our Future Strategy*.
 - **Services** - We aim to improve the experience and health outcomes for our patients, ensuring that every patient has equity of access to the services that they need. This will be essential to delivering the 'Improving Care' theme of our *CTM 2030: Our Health, Our Future Strategy*.
 - **Community** - We will make sure under-represented groups and marginalised communities are involved at the outset of design and delivery of our services. This will be essential to delivering the 'Creating Health' theme of our *CTM 2030: Our Health, Our Future Strategy*.
 - **Infrastructure** - We aim to make sure EDI is essential to the way we operate as a Health Board; cultivating a learning culture that embraces diversity of thought and embedding EDI in the implementation of our *CTM 2030: Our Health, Our Future Strategy*. This will be essential to delivering the 'Sustaining Our Future' theme of our *CTM 2030: Our Health, Our Future Strategy*.

OUR APPROACH TO THE PROPOSED SEP 2023-27

- 3.11 We will adopt an enabling approach to ensure staff and patients are at the heart of our SEP and help shape the organisation and services that they want.
- 3.12 Our approach will be evidence-based, alongside the analysis of national ED&I trends, we will utilise a wide range of data sources to inform our SEP actions, including, but not limited to:
- Workforce data
 - 'Moving on' data
 - Datix reporting
 - Staff Surveys
 - Patient Surveys
 - Evidence of our response to recommendations made by others concerning inequalities in access, experience and outcomes
 - Our position on the Workplace Equality Index (e.g. Disability Confident, Stonewall, etc.).
- 3.13 We will be transparent in our progress, sharing our data and performance with our people and externally.
- 3.14 We will collaborate across NHS Wales and wider, aligning our approach to ED&I with national and local agendas to maximise impact.
- 3.15 We will embed ED&I in our Leadership and Development Programmes to ensure inclusive, compassionate leadership and encourage local ownership of our Equality Objectives.
- 3.16 Intersectionality will be a key tenet of our emerging SEP, ensuring that we both meet the specific requirements of key strategic drivers and maintain an intersectional view of ED&I.

EDI UNDERTAKEN ACTIVITIES UNDERTAKEN TO DATE

- 3.17 We have commissioned training to support the socialisation of our strategic approach to ED&I. Cultural Competency training is being delivered by Diverse Cymru. Our Executive Team, People Services, Planning and Strategy, and Improvement and Innovation Teams have already registered on the scheme.
- 3.18 We plan to systematically roll out Diverse Cymru's Cultural Competency training across Mental Health and Maternity Services, two areas of focus identified in the Anti-Racist Wales Plan, to support the actions of the proposed SEP. This will be complemented by the development of further eLearning modules.
- 3.19 We also recognise the need for us to be more outward looking as an organisation and we are actively engaged with a number of partner

organisations including the NHS Race Observatory, Inclusive Employers, Macmillan Trust and Health Education Improvement Wales as part of our continuous improvement.

- 3.20 Our Employee Experience Team is supporting our Staff Diversity Networks to develop robust Terms of Reference and annual action plans to ensure alignment with the wider ED&I agenda and ensure that they are sufficiently resourced.
- 3.21 Each of our Staff Diversity Networks has been allocated a senior Executive Sponsor, demonstrating our commitment to creating an inclusive place to work that is characterised by equity, diversity and a sense of belonging for all.
- 3.22 We have invested in Inclusive Employers' *Anti-Racism Toolkit* to support our approach in developing our response to the Anti-Racist Wales, Race Equality Action Plan and are embedding the recommendations for best practice into our developing SEP.
- 3.23 We are developing a Workforce Diversity Dashboard that will be published annually with our workforce profile and outcomes for protected characteristics, where data is available, to inform improvement plans.
- 3.24 We are undertaking a review of our current Equality Impact Assessment (EqIA) process to ensure that we are systematically giving due regard to EDI in our policy and decision-making, and the planning and development of our services.
- 3.25 Benchmarking against other NHS organisations, we are developing quality assurance measures to monitor EqIAs, as well as monitor the impact of the decisions in the context of the PSED. In addition, further staff guidance will be developed to ensure that the EqIA process is both robust and informed. Consideration will be given, as part of the review, to determine whether the EqIA forms part of a wider integrated impact assessment.
- 3.26 We have launched an Inclusion Allyship scheme which is open to any member of staff. This role encourages staff to be a friend/supporter of diversity and inclusion and notice and act when patients or staff are not being treated fairly or respectfully. We will provide training, emotional support and development for our Allies and receive feedback from them to inform the delivery of our EDI agenda.

CONSULTATION AND ENGAGEMENT PLAN.

- 3.27 Before finalising our new Equality Objectives and publishing them in a proposed SEP, we want to seek the views of our various stakeholders on our proposed objectives and the potential steps we could take to fulfil them. We are particularly keen to hear from people representing the interests of protected groups.

3.28 The Communications and Engagement Plan (**Appendix 1**) sets out the strategy and activities for undertaking consultation engagement for the proposed equality objectives and draft SEP. This patient, staff and public consultation will give us a strategic direction for the reviewed SEP and the activities within it.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	ED&I is vital if we want to deliver person-centred, safe and effective care. Delivering on ED&I means that we are tackling barriers that may prevent some groups of people from accessing services. It also means that we are delivering services that meet the diverse needs of our patients, service users and carers.
Related Health and Care standard(s)	Individual Care
	If more than one Healthcare Standard applies please list below: Governance, Leadership and Accountability Staff and Resources Staying Healthy Safe Care Timely Care Dignified Care Effective Care
Equality impact assessment completed	No (Include further detail below)
	There is no requirement to EQIA the information contained within this paper.
Legal implications / impact	Yes (Include further detail below)
	If the Health Board does not meet its Equality Objectives the Health Board is at risk of enforcement action by the Equality and Human Rights Commission.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The cost of releasing staff to be involved in the Staff Diversity Networks and EDI initiatives. There are also associated training costs.
Link to Strategic Goal	Inspiring People



5. RECOMMENDATION

- 5.1 The People and Culture Committee is asked to SUPPORT the emerging strategic approach to ED&I, the activities undertaken to date to reinforce this approach, and the plan for developing and consulting on the draft SEP for 2023-27.
- 5.2 A further deep dive to be carried out in May 2023 at the next People and Culture Committee on our revised SEP and ongoing plans for ED&I.

**Appendix 1: Consultation
Communications and engagement plan**

**Delivering the vision for Equality,
Diversity and Inclusion: CTM UHB
Strategic Equality Plan.**



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1. Introduction.

The Equality, Diversity and Inclusion team are planning to engage in a review of Cwm Taf Morgannwg's (CTM UHB) Strategic Equality Plan (SEP). This communications and engagement plan sets out the strategy and activities for undertaking consultation engagement. To ensure clear, coherent, consistent and credible communication, all partners will use this framework and core messaging to coordinate and contextualize targeted communications.

This patient, staff and public consultation will give us a strategic direction for the SEP and the activities within it. This document does not outline the proposed Plan itself, as this is outlined in the consultation document.

2. Background.

The Equality Act (2010) provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. It provides a discrimination law that protects individuals from unfair treatment and promotes a fair and more equal society.

Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the Health Board to:

- Eliminate unlawful discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

Our Health Board also has a specific duty under the PSED to publish information to demonstrate compliance with the Equality Duties, at least annually and set equality objectives, at least every 4 years.

3. Objectives.

This communications and engagement plan is to involve staff, patient and public representatives and other stakeholders in developing our revised SEP, adopting the ethos: "Nothing about us, without us".

The engagement activities outlined in this plan aim to inform the People and Culture Committee ensuring an appropriate level of scrutiny.

Prior to going forward to consultation, the service will consider:

- Support from Trade Unions and Staff Diversity Networks;
- Strength of public and patient engagement; and
- Consistency with national strategic drivers.

4. Consultation with Individuals and Groups

To ensure that the consultation effectively captures views and feedback from our local populations in Cwm Taf Morgannwg and from the population that migrate into the footprint of the Health Board to receive services, we have undertaken two approaches to our stakeholder analysis and segmentation. The first identifies the target audiences that we need to consult with and prioritises and ranks them. This will be used as a basis on which to consult based on their involvement, the impact on them, or their interest. They will all be contacted and their views sought during the consultation period. In addition, we will ask all organisations and groups to act as conduits and to actively help us to promote the consultation (via their communication channels) to any relevant stakeholders.

Demographic information will also support us to plan the consultation work and target communities, particularly those groups that are traditionally harder to engage. We will use our partnerships with various organisations to reach out to these groups.

The experience and learning from previous SEP consultations show us that we have to develop and implement a range of activities for different audiences to ensure that we have given everyone equal opportunity to participate in the consultation process and triggered the necessary motivation for communities to wish to participate.

We will monitor and evaluate the process consistently to ensure that all activities are meeting the requirements of a robust consultation.

5. Principles for communications and engagement

In undertaking communication and engagement activities related to the SEP, the following principles will be applied:

Collaboration – We will support the effective and efficient sharing of information and gathering of input across the Health Board, through the regular hosting of information-sharing workshops and events.

Openness – We will share key documentation and regular updates related to the programme on a dedicated webpage and updates via social media.

Accessibility – We will place a strong emphasis on ensuring that all outputs from the programme are accessible to a range of audiences.

Inclusivity – We will ensure that the views of experts through experience, organisations and Staff Diversity Networks representing a range of protected characteristics, are sought and used to shape the programme.

Integrity – We will ensure that all outputs from the programme are high quality and robust.

Proactivity – We will actively seek input, share regular updates and publish documentation.

6. Communications Strategy

Contextualisation will be critical to achieving our communication objective. Setting the proposals in the context of the Equality Act (2010). In developing their recommendations, participants will be guided by the principles of the Act. The proposed draft SEP aims to improve patient and staff experience and outcomes, as well as advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.

Setting proposals in the context of *CTM 2030: Our Health, Our Future Strategy*. The Strategy provides the framework for decision-making and priority development within the Health Board, setting the strategic direction for all areas of our work. The SEP sits within this framework and while its focus is on delivering our obligations under the Equalities Act (2010), we are acutely aware that equality and diversity issues touch on many aspects of our work.

Proactive and open communications will reduce reputational risks. We will work in partnership with our Staff Diversity Networks and engage with staff with clarity about their opportunity to influence any proposals. Communications will aim to address any concerns that staff may have about proposed future ways of working. We will set our communications in the context of benefits to patients. Our openness needs to be reflected in accessible language that 'tells it as it is' as far as possible. We will brief staff via:

- Workshops/Focus Groups
- Team Meetings
- Core printed and electronic communications channels (intranet, social media, Chief Executive Blog, staff bulletin/newsletters, Leadership Forums, etc.).

We will engage in a proactive programme of external stakeholder communications and engagement to ensure that they are primed with the correct positioning and understand the rationale for the proposed Equality Objectives.

Both internal and external stakeholders need to understand the SEP's vision and ambition. We need to gather compelling evidence to support this. In addition, real-life patient and staff stories and examples of benefits achieved through collaboration will work to demonstrate this.

We will work collaboratively when planning the stakeholder engagement programme, ensuring we build on existing relationships with key individuals and groups. Patient representatives will continue to be involved in developing the plan. A proactive programme of stakeholder engagement will consider other mechanisms to engage patient representatives, including patient participation groups.

We will communicate the plan for consultation to assure patients and the public that they will have an opportunity to get involved in the work at formal consultation stage. Communications will be clear about how feedback can influence the plan.

7. Communication Risks and Mitigation

Overcoming cynicism and fatigue: Diversity fatigue is a kind of exhaustion that arises from diversity and inclusion debates. Despite widespread focus and awareness of diversity and inclusion, we see no substantial strides in developing inclusive workplaces and services. Keeping stakeholders up to date with our efforts to improve diversity, belonging, and inclusion is critical. Providing open and honest communications, with regular briefings, will help mitigate this risk. Key messages will be further developed alongside the case for change to ensure that we are communicating a clear, robust evidence-base for change.

Ensuring wide staff and patient involvement: Engagement must ensure there is an opportunity for patient and staff to influence the plan. Before any proposals for consultation are finalised, we will undertake meaningful engagement with staff (representing all staffing levels and professions), patient representatives and stakeholders.

8. Equalities Considerations

As both a legal requirement, but also a moral requirement, we will ensure that the consultation process reaches out to all those who have an interest in the proposals and that they are empowered to take part in the consultation. An equality impact assessment has been undertaken to ensure that the process for consultation and decision-making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act and that we are taking account of people's protected characteristics.

We will also undertake an Equality Risk Assessment to highlight key areas of concern or issues and identify mitigating actions. Consultation information will be made available to all communities in various formats appropriate to the community e.g. Readaloud, Video, BSL, Easy Read. We will also work closely with voluntary and community sector organisations to raise awareness of the consultation and highlight why people should participate and how they can take part. We will offer to meet with specific groups or representatives to seek feedback on proposals.

9. Positioning and key messages

We will present the proposals from the perspective of patient and staff benefits and the wider strategy for improving services. The emerging cases for change will be imperative in shaping the narrative and messaging; draft messages are as follows:

- We want to involve staff, patient and public representatives in developing our SEP.
- A robust consultation process will take place to seek the views of patients, the public, staff, and other stakeholders.
- National and international evidence demonstrates that to provide excellence for its diverse patients, an organisation must employ a diverse workforce.
- A workforce composed of employees of multiple cultures creates myriad opportunities to leverage differences toward enhancing organisational excellence in education, research, and patient care; along with enhancing patient and provider satisfaction.
- Achieving and fostering a diverse and inclusive workforce requires sustained thoughtful effort and well-planned strategic management.
- Embracing the many dimensions of diversity and the benefits of inclusion begins with education, training, awareness and willingness to learn.
- Tactful implementation and management practices are key to realising the full potential and benefits of meaningful change.
- Demographic mismatches between the workforce and patients will increase unless active steps are taken, and formal processes are in place, to foster diversity, and embrace inclusion.
- Success in diversity and inclusion will directly contribute to achieving the goals set forth by the 2030 Strategy: Creating Health, Inspiring People, Improving Care, and Sustaining our Future.

10. Channels

Targeted communications will be developed for our key audiences. This will include targeted letters to stakeholders and briefings to teams noted within the SEP. The interactivity of face-to-face communication is crucial to this process, and telephone and email should only be used in support of this.

We will raise awareness of the consultation, associated engagement activities and call to action through a range of communication channels including media, social media, websites, consultation newsletter, stakeholder communications channels and by distributing a range of communications materials. A dedicated webpage for engagement and consultation would provide a central resource for information about the SEP. We will also utilise partner websites (Community Health Council website) and other established communication channels (such as GP newsletters).

A programme of meetings and events will be organised as part of the engagement and consultation process. This will include specific workshops for stakeholders and staff. Under the Equality Act 2010, we have a duty to consider potential impacts of our SEP on people with protected characteristics. We have extended this to include carers. In order to help us understand these potential impacts in detail, we will run focus groups with these populations using existing

meetings and events held by other support groups, particularly the voluntary and community sector.

Annex A: Key timings for communications and engagement

The public consultation will last 12 weeks, as required by the Public Sector Equality Duties (2011).

Regular activity to include: reviewing and updating communications plan and materials (slide deck, Q&As, key messages), updating feedback and activities logs with input from all providers meeting with the communications leads, overseeing media and social media coverage, providing a communications 'round-up' on outputs of the various work streams.

Activities are outlined in the attached plan.



SEP
ConsultationProject PI

Annex B: List of those to consult

Albert Kennedy Trust

Action on Hearing Loss Cymru

Advocacy Matters Wales

African Community Centre Wales

Age Alliance Wales

Age Connects

Age Cymru

Aging Well in Wales

All Wales People First

AP Cymru (The Autism Charity)

BiCymru

BiUK

Black Association of Women Stepping Out (BAWSO)

Board of Deputies of British Jews

British Deaf Association

Cardiff Bangladeshi Society

Carers in Wales Trust

Carers Wales

Cerebra

Children in Wales

Children's Commission for Wales

Chinese in Wales

Churches together in Britain and Ireland

Chwarae Teg

Contact

Cymru Older People's Alliance

Deaf Blind Cymru

Deanery of Great Britain and Ireland (Eastern Orthodox Church)

Disability Rights UK

Disability Wales
Displaced People in Action
Diverse Cymru
Equality & Human Rights Commission
Ethnic Minorities & Youth Support Team (EYST)
Fair Treatment for the Women of Wales
Future Generations Commissioner
Gender Identity Research and Education Society
Gendered Intelligence
General Assembly of Unitarian and Free Christian Churches
Gofal Cymru
Gypsies and Travellers Wales
Hindu Council
Hindu Cultural Association Wales
Hindu Forum of Britain
Imaan
Institute of Jainology
Jewish Leadership Council
Learning Disability Wales
LGBT Foundation
Llamau
Mencap Cymru
MEND (Muslim Engagement and Development
Men's Health Forum
Men's Sheds Cymru
Mental Health Matters Wales
Mermaids
Merthyr Tydfil LGB Group
Minority Women's Development Network
Muslim Council of Wales
National Autistic Society

National Childbirth Trust
Network of Buddhist Organisations
Network of Sikh Organisations
Oasis Cardiff
Older People's Commissioner for Wales
Pagan Federation
Prince's Trust
Quakers in Britain
Race Council Cymru
Regard
RNIB
Romani Cultural & Arts Co
Scope
Sense Cymru
Shelter Cymru
Sikh Council of Wales
SNAP Cymru
Stonewall Cymru
Stroke Association
Sub-Saharan Advisory Panel
The Buddhist Society
The Challenging Behaviour Foundation
The Church in Wales
Travelling Ahead
Valleys Ethnic Minority Support (VEMS)
YMCA Bridgend.

4.2 **8/2/23** **People and Culture Committee** **PCH Leadership, People and Culture Update**

FOI Status:	Open
If closed please indicate reason:	
Prepared By:	Richard Hughes
Presented By:	Richard Hughes
Approving Executive Sponsor:	Hywel Daniel, Executive Director for People
Report Purpose	Please Select: For Noting For Discussion
Engagement undertaken to date:	Team and local leadership engagement, Care Group SMT.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Improving Culture Leadership Quality & Safety
Related Health and Care Standard	Leadership and accountability Governance
Has an EQIA been undertaken?	No, no additional or new policy changes directly as a result of this update.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care



Culture and Leadership Update for PCH @CTM

February 2023



Management, Leadership and Culture - What we set out to achieve

- In October 2021 we submitted a proposal to the PCH Improvement Board outlining a plan to tackle leadership and culture at multiple levels in the ED and Theatre Departments at Prince Charles Hospital
- The Plan was designed to meet three key strategic objectives:
 1. To create a sustainable level of leadership accountability and oversight which delivers a positive patient and employee experience
 2. To create a positive culture where staff feel valued, psychologically safe and are clear on expectations
 3. To lead and inspire individuals and teams to be at their best by providing them with the tools, skills and knowledge
- Our plan was underpinned by the IHI Framework for Safe, Reliable & Effective Care, with a focus on integrating improvements across five core areas:
 - Leadership
 - Psychological Safety
 - Accountability
 - Teamwork
 - Standards & Behaviours

Leadership & Culture Blueprint for Achieving Behaviour Change



Emergency Department Improvement

5

PCH ED/CDU/HIW Improvement Programme

Scope of project / initiative / area of improvement

Delivery of Emergency Department Improvement Plan on a phased approach with immediate make safes prioritised. This includes management of internal concerns raised, the detailed internal diagnostics and an external review which has identified immediate recommendations and make safes.

Assurance Checklist Please tick if complete

- Role responsibilities defined
- Forward schedule / plan defined
- Regular project monitoring group established
- Fully resourced team to deliver

Key actions delivered previous few months

- ED to Gynae pathway:
 - First phase arrangements in place via dedicated beds on inpatient ward 5, flow has improved. Second phase arrangements currently being progressed with capital estates ensuring that the GAU facility is fit for purpose.
- ED to Paeds pathway:
 - Paeds Pathway group led by USC Care Group Nursing Director to inform a project plan and benchmarking of ED models underway
 - Pathway paper currently being finalised to include attendance data, incidents and complaints data
- Workforce
 - New senior nurse for professional development recruited
 - Medical workforce paper in progress
 - Nursing workforce recruitment continues working towards full establishment
 - Consultant job planning underway
- Training & Education
 - TNA for ENPs and B5-7. TNA for Bands 2 & 3 underway
 - National trauma competencies training plan in place commencing in October 22
 - Member of staff undergone Train the Trainer for Manual Handling (compliance should now start to improve)
 - **New starter checklist completed**
 - Training re Mental Health policies and procedures booked in for September 2022
- Leadership & Culture
 - Results of Culture Healthcheck survey being analysed, to be available end of August 22.
 - HON & DHON led B7 ED session with focus on the wellbeing, leadership & culture
 - Leadership Development Programmes Roadshow recently undertaken
- Wellbeing
 - Band 5 well-being co-ordinator introduced and leading on activity

Risks & Issues

- Challenges re staffing model for Amber/Purple pathway due to insufficient substantive nursing posts.
- Capital build impacting on clinical space - reduced. –added to ILG/USC risk register
- Site based risk assessment taken & decision to use purple ambulatory pathway area for AMBER Covid patients compromising P1 & P2 as no purple minors capacity available.
- Engagement with L&D sessions affected due to staffing constraints.
- Significant challenges with Paeds Pathway – C&F/USC to progressed On Programme Risk Register.

Longer term actions

- Further development and finalisation of the Medical Workforce Paper
- Discussions around capital planning for ED redesign.
- Continue to rollout the implementation of the ED Nursing Workforce Establishment
- Progress the development of the Paeds Pathway
- Implementation of phase 2 of the GDAU
- Reinvigoration of senior leadership walkthroughs to ensure consistent management presence in the department is not lost.
- Plan re development of Comms within the Department to be agreed.
- Embed new SOPs
- Development of a Professional Development Plan

Management, Leadership and Culture

Key Improvement areas	Progress and achievements
Development of a Strategy	<ul style="list-style-type: none">• Investment to support staff through promoting and maintaining staff well-being via the development and roll-out of the "Wellbeing, Culture & Leadership" approaches and activities within the PCH Improvement Programme.
Leadership	<ul style="list-style-type: none">• Leadership sessions have taken place.• Listening sessions delivered to help senior leaders reflect on what they needed to deliver the Improvement Plan. This provided an opportunity to step back, listen, understand others' perspectives and formulate an approach• Leadership has greater physical presence on site which has contributed to a team ethos• Roles and responsibilities developed and defined that give accountability and empowerment to make decisions at band 8a, band 7. These have been communicated and expectations set.• Band 7 ED session taken place (July 2022) with a focus on the improvement work and the leadership & culture elements.• Posters developed, (as one form of engagement) tailored to language that will engage nursing and clinical staff to publicise Improvement work linked to leadership and culture. These have been shared in team meetings, 121's and PDR's.• A greater level of transparency , honesty and trust across the nursing leadership team than was previously experienced.• Safe to Start introduced and working well• Daily safety huddles in place
Culture	<ul style="list-style-type: none">• A Wellbeing/Employee Experience Needs Assessment has been completed via early listening sessions to identify wellbeing needs and address issues of physical and psychological safety and wellbeing.• Culture Health Check / Survey undertaken to understand the current culture and drivers of behavior and the gap between the current and ideal cultures - results will be available end of August 22• An assessment of Psychological safety has taken place to establish levels of psychological safety and ability of staff to fully engage in the Improvement work.

Workforce and Development

Key Improvement areas	Progress and achievements
Communication	<ul style="list-style-type: none">• Engaged with staff to find out what would work for them.• Plan underway for implementation of 'My Emergency Department App' - a tool to help innovate how we educate our doctors and nurses and we care for our patients.• Monthly ED Pharmacy newsletter produced .• Plans for regular ED Staff newsletters underway.
Roles and responsibilities	<ul style="list-style-type: none">• JDs being reviewed and standardised.• Mapping competency levels to bands.• Job planning of all Consultants in progress.• Developing and communicating expectations of Band 8a, 7 and 6's.• Improvement Cymru working closely with reception and ED on areas to streamline.
Staff well-being	<ul style="list-style-type: none">• Band 5 well-being co-ordinator introduced and leading on activity.• Clinical Director held conversations with new intake of new doctors.• Strategic Lead for Wellbeing held number of sessions and conversations with doctors, the Consultant body and Nursing staff.
Training and Learning	<ul style="list-style-type: none">• Training needs analysis completed and professional development plan underway.• Development of ED Senior Nurse for Professional Development role.
Establishment	<ul style="list-style-type: none">• Implementation of Nursing Workforce paper and moving towards full establishment.

Forthcoming actions for ED

- Comprehensive induction to new Care Group Nurse Director and Senior Nurse for ED on next steps on people and culture.
- Alignment across the three EDs on education strategy and future opportunities.
- Development of an education, innovation and culture forum.
- The then ILG Director of Nursing commissioned Staff side to undertake a series of listening events in ED. Plans for ED leadership team induction to encompass the feedback and facilitated next steps.
- Planned support from L&D in delivering bespoke Facilitation skills training to ED Leadership team to upskill on running engagement events linked to the recommendations from the commissioned work above.
- Development sessions for consultants and band 7 Senior Sisters/Charge Nurses planned inline with the expansion of the band 7 team to enable cover 7/7 24 hours a day.
- With changes to the leadership model, key appointments and service developments, re-assessment as to the current status and subsequent needs of the team is required over the course of the next few weeks/months.

Theatre Improvement

PCH Theatres Improvement

Scope of project / initiative / area of improvement

To address immediate and medium to long term quality and safety concerns at PCH theatres and address improvement across the theatres services with the aim of achieving accreditation under the ACSA scheme. Specifically the focus of the project will be on the immediate make safes and ensuring a robust workforce in terms of skills, capacity and availability.

Assurance Checklist

Please tick if complete

Role responsibilities defined

Forward schedule / plan defined

Regular project monitoring group established

Fully resourced team to deliver

Key actions delivered previous few months

- Leadership & Culture
 - Good compliance with Theatre staff Health Checks, led by Well-being Co-ordinator
 - Band 6 ODP to take ownership of theatres intranet site to provide an information platform for department to aid Culture.
 - Band 6 ODP leading on the transformation programme of the anaesthetic rooms
- Workforce & Development
 - Band 8a Theatre Clinical Manager appointed
 - Establishment review concluded outstanding posts appointed to / streamlining / on TRAC
 - Appointment of external B7 team leader commenced 8th Aug 22
 - Appointment of external B6 ODP commencing 22nd Aug 22
 - Scheduling manager working closely with CSG Surgery and waiting list teams with implementation of 6 4 2.- Session planning in weekly, first Monday of month
- Environmental and Process
 - New anaesthetic machines being rolled out 10th May for patient quality and safety and standardising the transformation of new theatre suite for ongoing transformation.
 - New storage area complete with updated stock levels and new system – being monitored.
 - Second new stock area implemented for orthopaedics
 - Pre operative checklist updated – now requires 2 RN's to check before the patient leaves the ward – anaesthetic process also updated on checklist in line with Theatre System (TOMS).

Risks & Issues

- Vacancies within the department currently going through the recruitment process/streamlining
- AMAT lead for designing audits returned to substantive role so hold on designing full audit schedule
- Ground and First floor building works ongoing –managed by Major Projects / Estates
- Unable to sustain the use of 7 Theatres due to no agency availability.
- AMAT audits devised and ready to be placed on system -awaiting agreement from 3 sites

Longer term actions

- Project team to work with programme team to demonstrate impact in line with performance measures and drive further improvement.
- AMAT audits devised–awaiting agreement from 3 sites
- Continue to update Training needs analysis by specialty
- Rolling out Leadership & Culture plan – e.g.. Inclusion of Band 6 Team (starting September)
- Plan to arrange meeting to chase update on ACSA Standards progress
- Theatre Webpage to be updated in line with current standards and SOPs to include well-being page
- All JDs currently updated, support from Linda Walker to go through appropriate processes and roll out

Management, Leadership and Culture

Key Improvement areas	Progress and achievements
Development of a Strategy	<ul style="list-style-type: none">• Investment to support staff through promoting and maintaining staff well-being via the development of the "Wellbeing, Culture & Leadership" approaches and activities within the Improvement Programme.• Focus on a phased rollout of the Plan with reviewing next steps at each stage.
Leadership	<ul style="list-style-type: none">• Leadership conversations have taken place.• Listening sessions to hear how the Triumvirate leadership teams are doing, to assess the level of readiness to tackle the deeper leadership and cultural issues, and to help the Triumvirate understand their role in the improvement process.• Band 6 Leadership Programming being rolled out in September and October Audit days.• Job Descriptions being rolled out in November and December Audit days.
Culture	<ul style="list-style-type: none">• A Wellbeing/Employee Experience Needs Assessment has been completed via early listening sessions to identify wellbeing needs and address issues of physical and psychological safety and wellbeing.• An assessment of Psychological safety has taken place to establish levels of psychological safety and ability of staff to fully engage in the Improvement work.• Asking for Theatre Champions "Superheroes" - Anaesthetics , Well-Being etc.• Band 7 Team meeting with Deputy Director of People on 23rd August 22 to have a conversation about past experience and moving forward
Quality Improvement	<ul style="list-style-type: none">• Scheduling manager working closely with CSG Surgery and waiting list teams with implementation of 6 4 2• TQIT meetings re-introduced• Individuals actively volunteering to lead on QI initiatives e.g. Thrombolysis Management in the Perioperative environment and Management of the Bariatric Patient

Workforce and Development

Key Improvement areas	Progress and achievements
Communication	<ul style="list-style-type: none">• Re-introduction of Dept and Team leader meetings• Whiteboard visible in department for all staff to see theatre utilization and start dates• Engagement with staff to find out what would work for them in terms of on-going communication• ODP leading on the theatres web page updating the image ,linking with RGH and PCH to include a well-being section. This will create a theatre information / knowledge sharing platform that will benefit staff going forward.
Roles and responsibilities	<ul style="list-style-type: none">• JDs reviewed and roles and responsibilities have been defined Health Board wide, PCH ready to launch but awaiting readiness of the other 2 acute sites
Leadership & Culture	<ul style="list-style-type: none">• Progressing with implementation of Leadership & Culture Programme
Staff well-being	<ul style="list-style-type: none">• Monthly restorative / healing work continues• Needs assessment undertaken to determine detail of well-being pathway.• Strategic Lead for Well-Being attends monthly Audit days.• Well-being coordinator (Band 6) leading on activity
Workforce	<ul style="list-style-type: none">• Establishment review concluded and all posts on Trac/streamlining:<ul style="list-style-type: none">• Band 8a Theatre Clinical Manager recruited• Appointment of external band 7 team leader starting 8th Aug 22.• Appointment of external band 6 ODP starting 22nd August 22.• Band 5 recruitment is awaiting streamlining process due in September 22 and on Trac.
Training and Learning	<ul style="list-style-type: none">• Lead Practice Educator focussing on TNA to deliver training through monthly audit days• ESR Compliance increase.• Sickness improvement in Theatres - 100% improvement of the B7s from long term sickness.• All PDR's completed for Band 7s

Forthcoming actions for Theatres

- Clinical Director and Head of Workforce & OD to lead a session with the medical workforce team early September with a focus on the Improvement work and Leadership & Culture elements
- Clinical Director engaging a new Doctor on rotation to develop material/poster that resonates with the junior doctors to increase engagement and visibility
- With changes to the leadership model, key appointments and service developments, re-assessment as to the current status and subsequent needs of the team is required over the course of the next few weeks/months.
- Lead Nurse and Clinical Manager to continue work on engagement and productivity to assess benefits realised in culture and over all staff wellbeing.
- Example of news letter developed by new Clinical Manager for PCH theatres.
- Clinical Manager establishing 'drop-in clinics' for staff, protected time for 1:1 conversations.



Microsoft Word
Document

What still needs attending to in both work streams?

- Engagement - new employees, new managers and clinical leaders
- Deliver making it safe to speak up and working together as a team workshops
- Building relationships with new Education Lead and Lead Practice Educator
- Culture and people reassessment of teams needs
- Consider opportunities with a new Restorative and Just Culture Approach

Game Changers for both workstreams

- Leaders in ED and Theatres believing that they are not alone in this and that the senior managers stand beside them to and give them the financial, leadership and emotional support needed to deliver the desired improvements and rebuild the culture at PCH
- Reaching full establishment to provide the band width to be able to see beyond what is directly in front of people
- Having the right people with the right skills in post delivering to their roles and responsibilities taking accountability for delivery
- Changing our employee experience and our reputation in the market place through all the elements we have set out to achieve
- Theatres returning to pre covid functionality with medical workforce being able to focus on delivery
- Looking at how we foster a team ethos in ED given the challenges with the layout

Summary of our reflections : impact, learning and future

Changes made

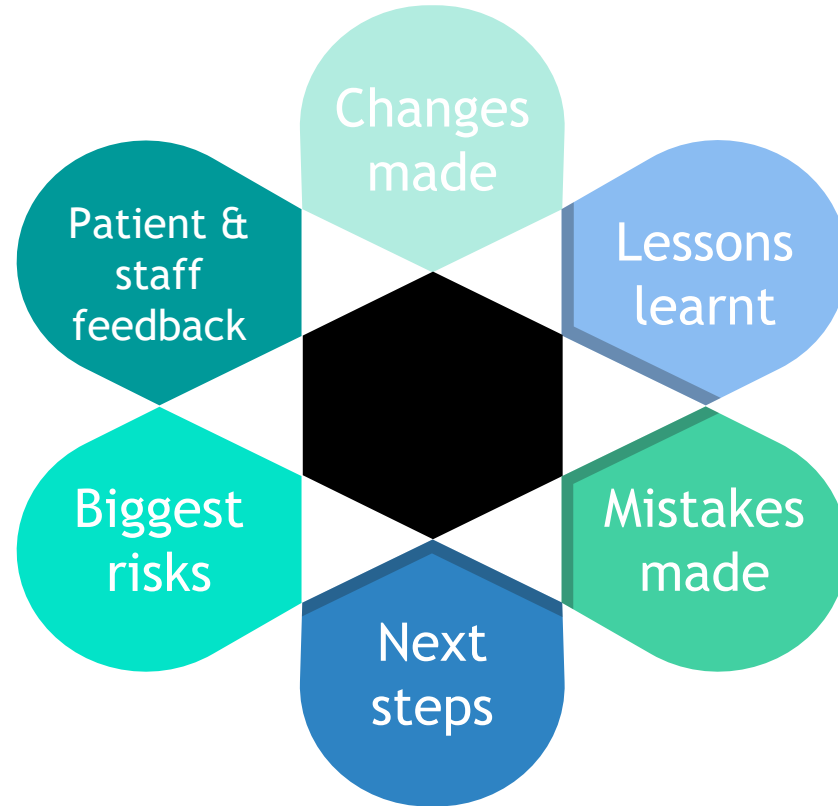
1. Investment in the workforce
2. New pathways developed
3. Environmental changes

Feedback

1. "Friendly staff, treated me very well, can see staff are always trying their very best even under the pressure"
2. "Staff communicated well, patient feels safe"
3. "I feel very privileged to have been part of this exciting improvement journey, working with such an enthusiastic team, we have made some fantastic improvements at great pace although there is still some more work to do"

Biggest risks

1. Losing the momentum
2. Dis-investment in the support
3. Losing the faith and credibility of the workforce
4. Focusing on HB wide uniform approaches thus overlooking the need for more personalized and bespoke approaches



Lessons learnt

1. Investing in tackling root causes via sustaining the changes
2. Local ownership and leadership - "not done to"
3. Importance of a robust Framework
4. Understanding the culture and tailoring the intervention
5. Whole system approach

Mistakes made

1. In the past - short term fixes
2. Assumptions made re how staff wanted to be engaged in activities
3. Seeking corporate comms support

Next steps

1. Identify new leadership and embed
2. Drive to deliver remaining actions
3. Continuous improvement via data and PREMS insights
4. Sharing the learning



Recommendation:

- Future assurance reports and presentations to be aligned to individual care groups.

The Board or Committee are asked to:

The Committee are asked to:

- *Consider the summary update of improvement.*
- *Consider the adjustment from PCH to Care Group reporting on future assurance report.*



Maternity & Neonatal Leadership & Culture Plan

People & Culture Committee – 8th February 2023



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



SUSTAINING
OUR FUTURE

Maternity & Neonatal Leadership & Culture Plan Update

- **Maternity & Neonatal Improvement Plan developed using IHI Framework for Safe, Reliable & Effective Care**
- **Plan developed to address RCOG/RCM (2019) review of former Cwm Taf:**
 - A culture that did not support learning & improvement
 - Teams that did not work well together
 - Women & Families not listened to, not included in decision making
 - Care which was not kind or compassionate
 - Disjointed and unsupported senior management team
 - Staff uncomfortable to report incidents – blame culture
 - Governance seen to be the work of midwives
 - Quality and Safety not prioritised
 - Cultural issues relating to cross-team working between maternity and neonatal services

Framework for Safe, Reliable, and Effective Care



Maternity & Neonatal Leadership & Culture Plan Update

- Culture & Leadership Plan approved at QSE September 2022.
- First Health Board in Wales to refresh its C4U Charter with RCM UK President Rebecca Davies 26.9.22
- Training & Learning Needs Analysis in place
- First Care Group C4U meeting held November 2022.
- RCOG Workplace Behaviour Champions identified July 2022





Leadership

- Aspire, Inspire, Ignite
- Staff Voices
- QI Training for MDTs
- Induction – week long programme new starters
- Professional Roles & Responsibility Update (B7 3.10.22)
- Coaching, Mentoring and ILM opportunities offered
- Compassionate leadership, accountability & human factors included in CSFM Group Supervision since August 2022)
- Monthly drop in with HOM
- Ward / Operational Managers working clinical shifts
- PDRs
- Working with HEIW & RCM to develop further opportunities
- Staff led Quality Improvement Initiatives

Psychological Safety & Staff Well-being

- Support of clinical psychologist (wellbeing and post incident)
- Clinical Supervision
- Coats, Stamps, Preceptorship Programme
- Positive incident reporting culture
- Recognition and Celebration Events
 - IDM 2022 & 2023
 - 3 finalists in RCN Wales Nurse of the Year Awards
 - 11 submissions to RCM National Awards
 - PROMPT – Faculty of the Year & further 6 awards



Accountability & Professional Standards

- Vision
- Roles and Responsibilities workshops
- Letter to all staff – expectations, policies and procedures
- Clinical Supervision for Midwives
- My Maternity My Way / PREMS / Triangulating intelligence / Maternity Partnership Voices Wales
- Thank you cards for staff recognised in providing positive experience
- Thank you cards for staff who have provided great care e.g. incidents

Teamwork & Communication

- PROMPT, CTG, Simulation Training
- MDT presentations at national learning events (e.g. MatNeo Network, audit and governance meetings)
- MDT Handover
- HEIW, Mat Neo SSP – opportunities

**IMSOP reflections
 December 2022
 Comments from our team**

“Our improvement journey was described as ‘chaotic’ despite 75% of recommendations being signed off but no advice was given as to how to be more organised”

“De-escalation from special measures – the team were advised at a Health Board & IMSOP joint meeting in 2021 that it will be a ‘feeling’ and ‘they will just know’”

Hearing in national meetings that the analogy being used is “like children learning to ride a bike, we’ll know when it’s time to take the stabilisers off”

“I was advised not to wear my uniform to work, there were reporters on site; I felt upset and ashamed to wear my uniform. I am proud to be a midwife and until this point had always worn it with pride. It is a symbol of my hard work, commitment, dedication and the love I have for being a midwife. I felt criminalised”.

“Constant scrutiny is exhausting and lonely”



Process

How have you found the process of working with the panel, being under scrutiny Consider constructive advice and support received

- Impact on clinician & programme team's health and well-being
- Agreed Framework / Quality Standards / Metrics or 'what good looks like' to benchmark nationally
- Embargoed reports / frustration, perceived lack of trust, parent-child relationship
- Boundaries – Welsh Government / IMSOP, constant political scrutiny
- Emotional resilience has strengthened

Strengths

What are your views/feedback on any strengths that could be replicated in future work

- The clinical support offered by the Panel members
- MDT Teamworking – collaboration between maternity & neonates = 'one team'
- Inspections – although challenging, good to have practice reviewed
- Learning shared nationally with some areas leading across Wales
- Opportunities for clinical teams to develop, learn and improve

Opportunities

What are your thoughts on any opportunities that could streamline the process, reduce duplication and provide more support with less pressure?

- Clarity of structure, roles and responsibilities, lines of communication
- Evidence provision, timescales and responses
- Recognition of competing demands – clinical & operational pressures
- Actions –specific to the service, aligned to Units of similar size and demographics.
- Avoid national recommendations
- Defined framework– how to we get in /out ?

HIW Unannounced Visit – September 2022

- 2 day unannounced inspection (no obstetric, neonatal or anaesthetic reviewer)
- 72 hr anonymous staff survey via QR code
- No immediate assurances:
 - Effective governance structure (audit, incident meetings)
 - Good compliance with mandatory training
 - Staff said they were able to access training to allow them to develop skills and knowledge relevant to their role
- Concerns raised in relation to staff feedback
 - Perceived negative culture
 - Staffing concerns
 - Rotation
 - Break relief
 - Not enough time to attend staff meetings
 - Improvements are required in communication between senior and middle managers and ward staff and the need to develop a trusting relationship

Staff are amazing, nothing is too much trouble

I've had everything explained to me and I'm not afraid to ask questions if I don't understand anything

Staff are really friendly and know what's going on with my care

HIW Unannounced Visit - Workforce

- 56 responses

- Senior management team who are visible, work clinically and are supportive to staff
- Appropriate staffing levels and skill mix on shift, retaining staff
- Confidentiality needs to be prioritised
- Bullying is a massive issue and gets covered up
- Better culture, more staff, fair opportunities for progression for all staff
- More support for staff after incidents,
- More training opportunities
- Too many changes in management since special measures – unsettling

Forward thinking & next steps

- Continue to embed Maternity & Neonates Leadership & Culture plan
- Continue to embed “Caring for you” action plan (live), partnership working
- Targeted intervention requirements
- HR Drop in sessions
- Sickness management deep dive
- Stability within the senior management and leadership teams
- Monitor HIW recommended actions
- Repeat Culture Survey
- Support & react - RCM survey responses ‘You Said, We Did’





AGENDA ITEM

4.4

PEOPLE & CULTURE COMMITTEE

EMPLOYMENT RELATIONS UPDATE

Date of meeting	08/02/23
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Helen Hoskins and Tony Charles, People Services Leaders
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Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
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Approving Executive Sponsor	Executive Director for People
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Report purpose	FOR DISCUSSION / REVIEW
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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 HR 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 MATTERS 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 October 2022 – 31 December 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 31 December 2022

- 3.1 There are currently 31 formal live ER cases* ongoing across the Health Board, compared with 32 cases on 30 September 2022. This represents a significant decrease in the total number of live ER cases when compared with the 56 reported on the 30 June 2022.

*These figures include ongoing Counter Fraud and Police / Safeguarding investigations

- 3.2 In the third quarter of 2022 / 2023, the Health Board closed 18 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 if they are less than five. However, the following trends are noted:

- The number of staff suspensions / exclusions from work for the third quarter of 2022/2023 continues to remain at a very low level, as the Health Board continues to use this option as a last resort. The Health Board acknowledges suspension / exclusion 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 / exclusion 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. During the last quarter, the Health Board undertook and concluded 10 fast track cases. On 31 December 2022, there were 6 outstanding cases. This mirrors the numbers of fast-track cases completed in the second quarter and an increase from the six cases conducted in the first quarter of 2022/2023.

- At the end of September 2022, the Health Board had 19 live ER investigations ongoing. By the 31 December 2022, 7 of these cases had been concluded, leaving 12 open cases.
- On 31 December 2022, the Health Board had a very small number of UPSW cases. The figure remained unchanged from quarter two.
- This period has again also seen a significant decrease in the number of Police and Safeguarding cases, which frequently requires the Health Board to undertake its own concurrent internal investigation or following the end of legal proceedings. From October to December 2023, 8 cases were closed, leaving 5 live cases.
- During the third quarter of 2022 / 2023 there continued to be a downward trend in the number of Respect and Resolution cases. At the end of October 2022, there were 12 live cases, which decreased to 7 on the 31 December 2022.
- 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, while cases that are more complicated can take several months to complete. Investigation timescales are impacted 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 third quarter of 2022 / 2023, the Health Board completed 5 formal investigations (including disciplinary, UPSW and respect and resolution). There were 11 formal ongoing investigations on 31 December 2023.

The timescales to conduct and complete investigations vary from 12 months plus, at one extreme to less than three months at the other. However, good progress continues to be made to close the Health Board's historical investigation cases. The standard summary has

not been presented in this report due to the low number of cases, which may make these individuals identifiable.

- The Health Board currently has a very low number of formal Counter Fraud cases 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 December 2022, the Health Board had a very low number of 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 Officers, Investigation Officers, employees and trade union representatives to bring several cases to a close and to explore informal or fast track routes (where appropriate) 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, to review the live cases to agree actions to discuss with the relevant parties i.e., Investigating and Disciplinary Officers, Meeting Chairs etc.;
- The People Coaches will continue to hold regular meetings with managers to discuss their ER cases, including progress, barriers, support which may be required where cases have become stuck;
- The People Coaches support managers to ensure the scope and matters to be investigated are clear from the outset and 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 hold monthly Professional concerns meetings with the Assistant Medical Directors to discuss UPSW cases and ensure consistency of Policy application;
- The Heads of People hold monthly Professional concerns meetings with their Group Directors, to discuss all informal and formal medic and professional concerns cases.

PROFESSIONAL REGISTRATION FITNESS TO PRACTICE REFERRALS

- 3.7 The People and Culture Committee has requested this information is presented on an ongoing basis as part of the Employment Relations Activity Report.
- 3.8 It is a requirement for most healthcare professionals to register with a professional body, to enable them to practice their profession. Professional registration is a means of demonstrating an individual's professionalism and a mechanism to hold them to account in respect of their abilities and adherence to ethical standards, within their profession.
- 3.9 There may be occasion when the employer believes a healthcare professional may not be fit to carry out their work because of their behaviour / conduct, professional skills or health. In these circumstances, the employer may be required to refer a registered healthcare professional to their professional body, to assess their fitness to practice.
- 3.10 In broad terms, there are three types of concerns, which employers are required to raise with a professional body:
- 1) Those that pose a serious risk to people who use the service and would be difficult to put right;
 - 2) Concerns that pose a serious risk to people who use the service and would be difficult to put right; and
 - 3) Concerns where local action cannot effectively manage any ongoing risks to people who use services.
- 3.11 Set out below is the referral activity to professional bodies across the Health Board, including the number of cases closed and the outcomes. Noting some data cannot be reported due to the low number of referrals, which may make these individuals identifiable.

General Medical Council (GMC)

No. of Active / Closed Cases	At 31 Jan 2023
No. of Active Cases	Due to low level activity numbers cannot be reported
No. Current Employees	0
No. Ex-Employees	0
No. Agency Workers	0
Cases Closed since October 2022	0
Closed Case Outcomes	Not applicable



Health and Care Professions Council (HCPC)

No. of Active / Closed Cases	At 31 Jan 2023
No. of Active Cases	Due to low level activity numbers cannot be reported
No. Current Employees	Due to low level activity numbers cannot be reported
No. Ex-Employees	Due to low level activity numbers cannot be reported
No. Agency Workers	0
Cases Closed since October 2022	Due to low level activity numbers cannot be reported

Nursing and Midwifery Council (NMC)

No. of Active / Closed Cases	At 31 Jan 2023
No. of Active Cases	23
No. Current Employees	10
No. Ex-Employees	8
No. Agency Workers	Due to low numbers, the figure cannot be reported
Cases Closed since October 2022	9
Closed Case Outcomes	Due to small numbers and therefore the potential for identification, we are unable to provide details. However these cases included findings of no case to answer as well as others where monitoring, support and learning was required.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined 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 Goal	Inspiring People

5. RECOMMENDATION

- 5.1 The People and Culture Committee are asked to **NOTE** the content of the ER report and progress being made to reduce and close these cases.
- 5.2 People and Culture Committee are asked to **NOTE** the professional referral activity across the Health Board and the progress being made to have these cases closed.

AGENDA ITEM
4.5

PEOPLE & CULTURE COMMITTEE

**DISCLOSURE BARRING SERVICE (DBS)
ASSURANCE UPDATE**

Date of meeting	08/02/2023
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Claire Nicholas, Head of Policy, Compliance and Agenda for Change
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Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
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Approving Executive Sponsor	Executive Director for People
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Report purpose	FOR NOTING
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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

DBS	Disclosure Barring Service
ESR	Electronic Staff Record
CRB	Criminal Records Bureau
FAQ	Frequently asked questions

1. SITUATION/BACKGROUND

- 1.1 Following the conviction of Mr W an Abertawe Bro Morgannwg employee, for the murder of his neighbour, HIW undertook a review of the Health Board's handling of his recruitment and the subsequent allegations made by three patients, alleging sexual misconduct. The review found that Mr W had not been required to undertake a Disclosure and Barring Service (DBS) check by the Health Board, despite the role requiring him to work with vulnerable adults with learning disabilities and it being a mandatory requirement to complete such a check.
- 1.2 In response to the HIW findings all NHS Wales Organisations were required to audit their compliance and take retrospective action to ensure all employees requiring a DBS check had one and it was documented in their ESR record.
- 1.3 This work has proved to be challenging for NHS Wales organisations. The work involved, when scoped was found to be administrative and processing resource intensive, to deal with the volume of missing DBS checks found. Some organisations have allocated dedicated resources to deal with their missing checks quickly, while others such as the Health Board are endeavouring to do this work using their current resources.
- 1.4 As there is no national solution, NHS Wales organisations have been required to implement their own local plans. The Health Board has been trying to manage this work using our limited Compliance Team staff resources, which has been challenging. This is because the staff resources to undertake the administration of locating these missing DBS checks on paper personnel files, following up those staff who have been identified as not having one on file and processing new checks is resource intensive.
- 1.5 To make progress in response to the audit requirements, the People and Culture Committee were informed in May 2022, regarding the plans to pilot modern technology to reduce the administration associated with improving the Health Board's compliance in this area.
- 1.6 This report presents an update in respect of the proposed pilot, using Microsoft Forms technology, to contact those employees who do not have evidence of a DBS check on their ESR record, collate the employee's responses automatically, which will significantly reduce

the administration resource required to collect and collate this retrospective information.

- 1.7 The pilot did not commence as quickly as anticipated due to the need to develop the process and work with an internal consultant to develop the technology and make adjustment to make it fit for purpose.
- 1.8 On 31 January 2023, 2,725 employees, employed before April 2019, still do not have a DBS Check on their ESR record, which continues to pose a significant organisational risk. While action is being taken to reduce the risk, it is acknowledged progress has been too slow and therefore, significant progress needs to be made at pace over the next few months.

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

- 2.1 On 24 November 2022, a Staff Bulletin article informed employees, to ensure compliance with legislation and to safeguard our employees and patients, the Health Board would be contacting those employees working in regulated roles, with no record of a DBS / CRB Check on their employment record.
- 2.2 The article confirmed the Health Board would be undertaking a pilot, to increase DBS check compliance. Employees in the pilot areas were advised those without evidence of a DBS check on their ESR record, would be emailed with instructions regarding the urgent action they must take, to ensure compliance.
- 2.3 Managers and employees were informed that a SharePoint Page had been set up, to provide them with access to useful DBS information, FAQs (Frequently Asked Questions) and to signpost employees to the CTM wellbeing resources and services, where appropriate for support, should they have any undeclared historical criminal record(s) [DBS SharePoint page](#).
- 2.4 The action required by these employees was for them to provide their manager, via an online Microsoft Form with DBS evidence, either completed when appointed to a role within CTM, or another NHS Wales Organisation, by a stated deadline date.
- 2.5 At the end of November 2022, the Health Board began piloting the new process with 135 employees in the following areas:

- Bridgend Obstetrics, Gynaecology and Sexual Health;
 - Bridgend Paediatrics, Acute and Community; and
 - Bridgend CAMHS.
- 2.6 These specific areas were chosen for the pilot, as previous review data relating to the level of DBS check compliance amongst former Abertawe Bro Morgannwg University Health Board employees, at the time of transfer (1 April 2019), confirmed almost 50% of all DBS check information was missing from their ESR records.
- 2.7 The system collects response data and has an inbuilt reminder email alert, sent weekly to those piloted employees who have not responded to the request for DBS information. The reminder is also sent to the manager of the employee.
- 2.8 Where an employee indicates via the process that they do not have a DBS certificate and their role requires one, the process alerted the Compliance Team of this requirement. The People Services Team then make contact with these eligible employees to make an appointment to undertake a new DBS check.
- 2.9 Below are the statistics in respect of the responses received by the 31 January 2023:
- 135 employees contacted - 49 have responded (29% of the pilot);
 - 12 employees have provided evidence they have a DBS certificate (9% of the pilot);
 - 35 employees have responded they do not have a copy of a DBS certificate (26% of the pilot);
 - 2 employees have confirmed their current role does not require a DBS check (This is self-assessed via the NHS Employers DBS Check Eligibility Tool) (1.5% of the pilot); and
 - 86 employees have not responded (63.5% of the pilot).
- 2.10 The response rate has been very disappointing, despite the work of the Compliance Team and the inbuilt automatic reminder email alert functionality. The Compliance Team has spoken with staff who have responded to ask them of their experience of using the technology and whether any improvements could be made. These staff confirmed they found the technology user friendly and easy to use.
- 2.11 In summary the pilot has confirmed the technology works well. However, employees have not been as responsive in taking the

necessary action as expected. This is despite the technology sending the employees and their manager's weekly reminders, which should encourage participants to take the action required.

- 2.12 To understand the reasons for the very low pilot response, The Compliance Manager along with the Head of People for Primary Care, Mental Health, Children, and Families are meeting with the relevant Heads of Service and some of the pilot managers and employees who have not responded, during early February. The intelligence gained from these discussions will be used to review and amend the process, as applicable, to gain employee / manager commitment to provide the information and ensure compliance for staff in their areas.
- 2.13 It is recognised that this is not a priority for staff at this time due to the pressures on the service. Therefore, the Compliance Team will be introducing a hybrid process in February 2023. While they will continue to use the technology, they will also provide an option for staff to book to attend a local DBS surgery in their workplace, to make it easier for them to provide their DBS check, if they have one, or complete the necessary paperwork if they do not. It is anticipated this dual approach will help to increase compliance rates at pace.
- 2.14 The Compliance and the People Services Team will work together using the surgery approach, to significantly reduce the total missing DBS Check figures before the end of the current financial year. By allocating extra People Services resources, it will enable this work to gain pace to reduce non-DBS check compliance amongst those employees that historically do not have one on their ESR record.
- 2.15 To assure the Committee, when the Health Board now recruits a new employee, the Compliance Team, Staff Bank Team and Medical Workforce monitor DBS compliance via a monthly new starter's report. This approach ensures the Health Board continues to maintain high levels of DBS check compliance among all eligible new employees.

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

- 3.1 The risk of an eligible new employee commencing work within CTM without an appropriate DBS check is limited, due to the robust on boarding / recruitment pre-employment check processes. Noting a

DBS record can be lost during the recruitment process because of the transfer of data between various IT systems. However, the

monitoring undertaken by the Compliance Team, Staff Bank Team and Medical Workforce via a monthly new starters report helps to mitigate the risk by locating the missing DBS checks.

- 3.2 As at the 31 January 2023, 2,725 employees were identified as not having a historic DBS Check on their electronic staff record. Therefore, the Health Board has no assurance it is appropriate to employ these employees in the roles, which they are currently working in.
- 3.3 Employees and their managers are not proactively engaging in the pilot scheme to locate the missing DBS Checks, despite the weekly auto-reminder emails. As set out in the report above, discussion will take place with the pilot Heads of Service, managers, and employees to understand the barriers, which are preventing them from complying with the request. This information will inform any necessary change to the new process or a change of approach.
- 3.4 Undertaking new or rechecks of existing employees, with no current DBS recorded on ESR may uncover historical offences that had not been disclosed previously to the organisation. Managers can mitigate this risk by utilising the DBS Policy and DBS Guidance for Managers and seeking advice from People Services Team, as appropriate.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Patient safety may be compromised if eligible employees do not have a DBS check or the appropriate level of DBS check.
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)
	Not required
Legal implications / impact	Yes (Include further detail below)
	Potential for individuals to be working in DBS applicable posts without a suitable DBS

	check. Risk of harm to patients and legal claims against CTM.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The cost of undertaking new DBS ranges from £18 for a standard/basic check to £38 for enhanced, per employee check.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The People & Culture Committee is asked to **NOTE** the content of the report and the actions taken to date to try to improve the compliance of DBS checks among those employees who historically do not have this information on their ESR record.
- 5.2 The People & Culture Committee is asked to **NOTE** the Health Board has robust processes in place to ensure new employees that require a DBS check have this evidence on their ESR record.

AGENDA ITEM
4.6

PEOPLE & CULTURE COMMITTEE

STRATEGIC WORKFORCE PLANNING AND RETENTION

Date of meeting	08/02/2023
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Natalie Price, Assistant Director of Strategic Workforce Planning
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Presented by	Natalie Price, Assistant Director of Strategic Workforce Planning
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Approving Executive Sponsor	Executive Director for People
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Report purpose	FOR DISCUSSION / REVIEW
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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	
CTM	Cwm Taf Morgannwg
IMTP	Integrated Medium Term Plan

1. SITUATION/BACKGROUND

- 1.1 Turnover and retention are areas of both challenge & priority within the NHS at an organisational, a local, and a national level. The context of ever-increasing pressures within our healthcare system makes it now more than ever vital that we retain and value our people.
- 1.2 Retention is crucial to our ability to deliver great care to our communities. It is a key pillar of our workforce plans - whilst we focus on strengthening our workforce supply, we must ensure that we continue to prioritise our existing teams – supporting them, developing them and encouraging them to remain within our employment.
- 1.3 This paper seeks to outline the local & national context with regard to NHS Turnover & Retention. It also updates on Cwm Taf Morgannwg (CTM) University Health Board’s turnover and retention position: outlining a summary of the data, activities that are underway to support retention and the plans to expand this work. It reflects and reiterates our commitment to taking positive action – better understanding why people leave our employment alongside developing, implementing and reviewing plans to support our people to remain with us and help us to deliver our organisational objectives.
- 1.4 Unless otherwise specified, turnover is defined as the percentage of total number of leavers from CTM in a 12-month period, excluding doctors, dentists in training & Bank, Locum & Honorary staff. Leavers are staff whose employment from CTM has been terminated, so internal moves are not included. Unless otherwise specified the turnover position given is 12-month rolling.

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

Strategic Workforce Planning & Retention

- 2.1 As an organisation we are embarking on an ambitious transformation programme, focused on ensuring that our services are delivered in the best way possible to our communities. Strategic workforce planning sits at the very heart of this and is one of our core 10 People Priorities. A robust, modernised and agile workforce will be

fundamental to our ability to deliver against our aims, both now and in the future. Workforce planning is in its essence the process of balancing our workforce supply (skills) with demand – both now and in the future. It's about getting the right number of people, with the right skills employed in the right place at the right time. Supply is not only how we recruit, but how we retain our current workforce – optimising their skills and maximising all opportunities to grow our own.

- 2.2 The importance of retention to both our People & organisational strategies is emphasised within 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' (2020) and NHS England's 'People Plan & People Promise'. These reflect both a recognition of the importance of our staff, but also the challenges regarding retention at a local and national level.
- 2.3 Healthy turnover, monitored & understood through high quality data, will always need to be factored into our workforce plans, which in turn are integrated into our service & IMTP plans on a Care Group and organisational level. Maintaining quality service provision within the context of high turnover rates can be extremely challenging. If turnover rates in an organisation reach unsustainable levels the risks include: a negative impact on organisational performance, increased pressure on our existing workforce, a worsening employee experience, a reliance on high-cost temporary staffing and an urgent need to recruit in a challenging market. These risks are particularly high in our staff groups where we know there to be national, and in some cases international, skills shortages. In these areas finding and training new employees can be protracted, time consuming and costly – if indeed such new employees are found.

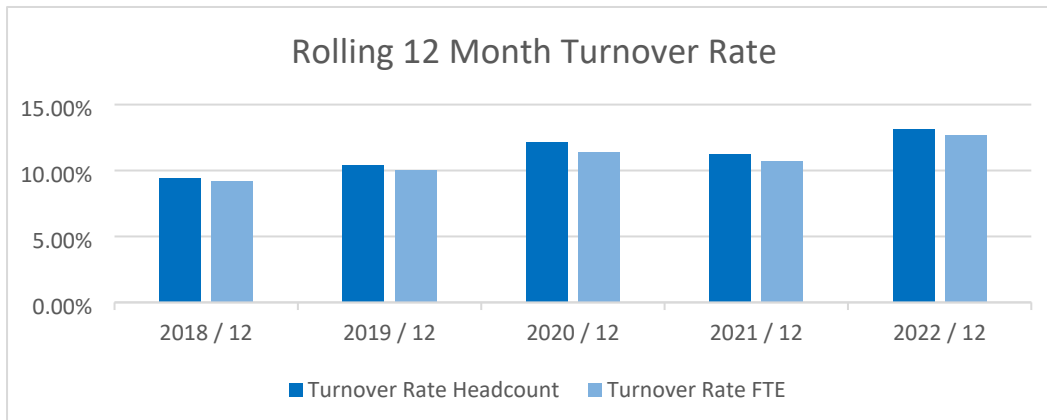
Turnover at CTM

- 2.4 There is a wealth of turnover data available within CTM, NHS Wales and the wider NHS. As outlined above, monitoring and understanding this data is fundamental to our ability to effectively workforce plan. Understanding the "who" and the "why" with regards to leavers will allow us to further develop, implement and refine evidence-based retention improvement plans. Outlined below is a high level summary of our data, a key next step in our retention work is a fuller analysis of this data and the story it tells.
- 2.5 When CTM turnover is taken in totality our overall organisational rate reached 12.71% in December 2022. A comparison of the years 2018-2022 is shown below:



Rolling 12 Month Turnover

	2018 / 12	2019 / 12	2020 / 12	2021 / 12	2022 / 12
Turnover Rate FTE	9.21%	10.05%	11.41%	10.73%	12.71%



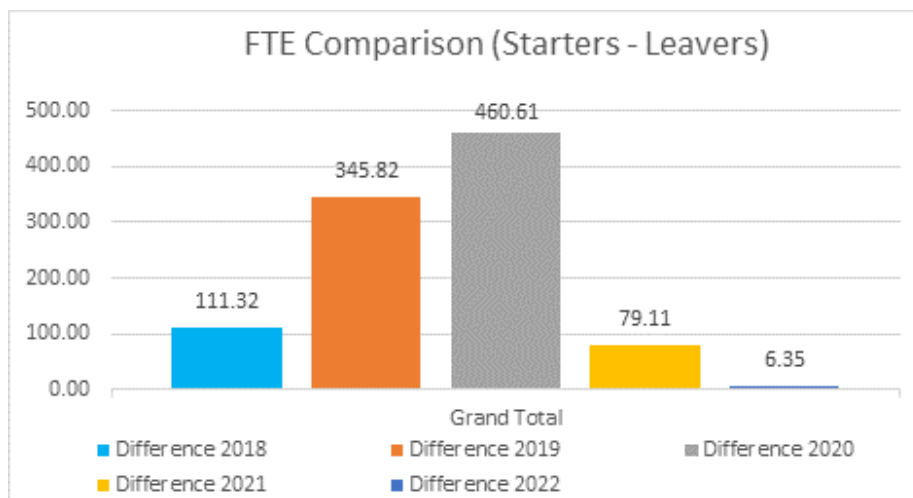
By Staff Group

2.6 The table below shows our staff in post headcount, headcount turnover percentage and headcount for leavers for the years 2021-2022. A table including the data for the years 2018- 2022 is included in Appendix 1. Turnover has increased across our staff groups, with high numbers of staff leaving nursing and midwifery, additional clinical services (which includes Healthcare Assistants) and administrative & clerical staff groups. These represent our biggest staff groups and for each the turnover rate was worse in 2022 than in the previous four years, representing an increasing large volume of leavers. For some groups (e.g. healthcare scientists) the fluctuations in turnover rates are affected by the relatively small number of staff.

Staff Group	Headcount Staff in Post	Headcount Leavers	Headcount Turnover	Headcount Staff in Post	Headcount Leavers	Headcount Turnover	% change 2021 Vs. 2022
	31-Dec-21	2021	2021	31-Dec-22	2022	2022	
Add Prof Scientific and Technic	399	52	13.27%	424	59	14.29%	Up
Additional Clinical Services	2383	337	14.08%	2425	358	14.91%	Up
Administrative and Clerical	2540	263	10.58%	2574	374	14.66%	Up
Allied Health Professionals	802	93	11.86%	814	115	14.29%	Up
Estates and Ancillary	1435	147	10.24%	1404	153	10.79%	Up
Healthcare Scientists	205	39	18.44%	213	19	9.07%	Down
Medical and Dental	902	52	7.58%	797	78	11.10%	Up
Nursing and Midwifery Registered	3994	410	10.50%	4024	497	12.49%	Up
Students	19	4	6.84%	69	1	2.17%	Down

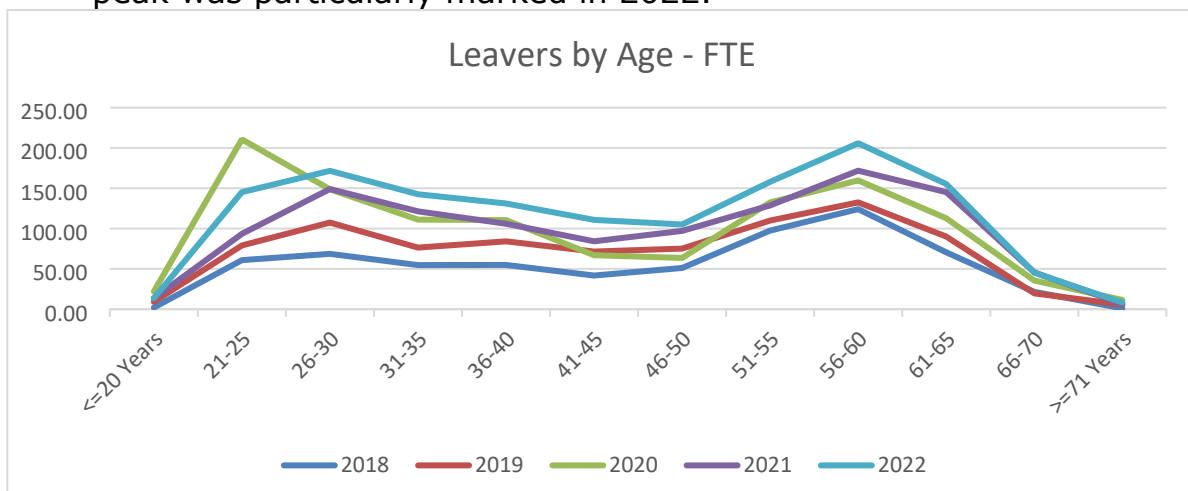
Starters & Leavers

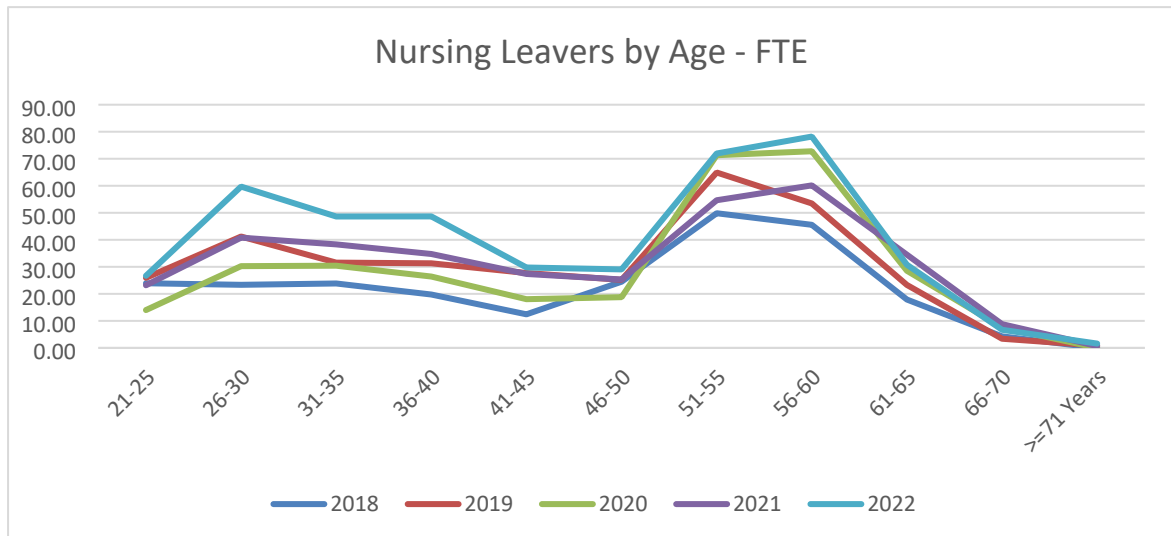
2.7 Within the graph below yearly new starters at CTM are offset against our leavers. In 2020 an increase in recruitment and a slight downturn in turnover led to an improvement in this position – we were gaining more members of staff than we were losing. However, 2021 saw a marked decrease and in 2022 when the number of leavers (FTE) is taken away from number of starters (FTE) it leaves only 6.35 fte. This emphasises that recruitment efforts alone will not suffice in improving our supply position.



By Age

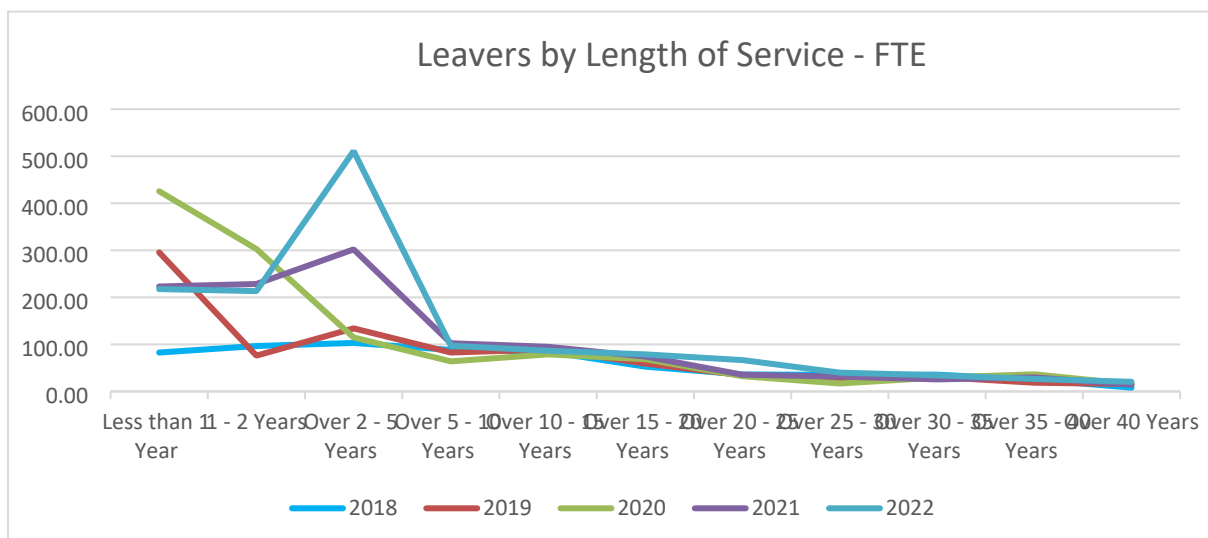
2.8 There has been an increase in leavers across our age bands from 2018-2022. Historically the volume of leavers peaked at the ages of 50-65, however a developing trend is a second peak at the ages 21-35, and particularly the age group 26-30. As shown in the second graph below within our nursing & midwifery workforce this second peak was particularly marked in 2022.

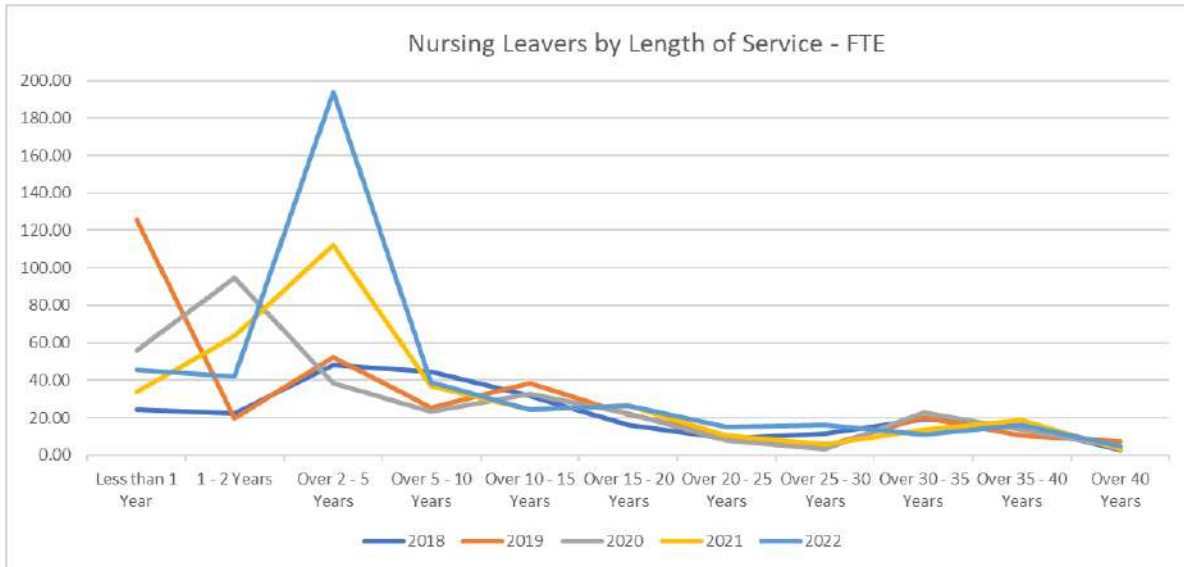




By Length of Service

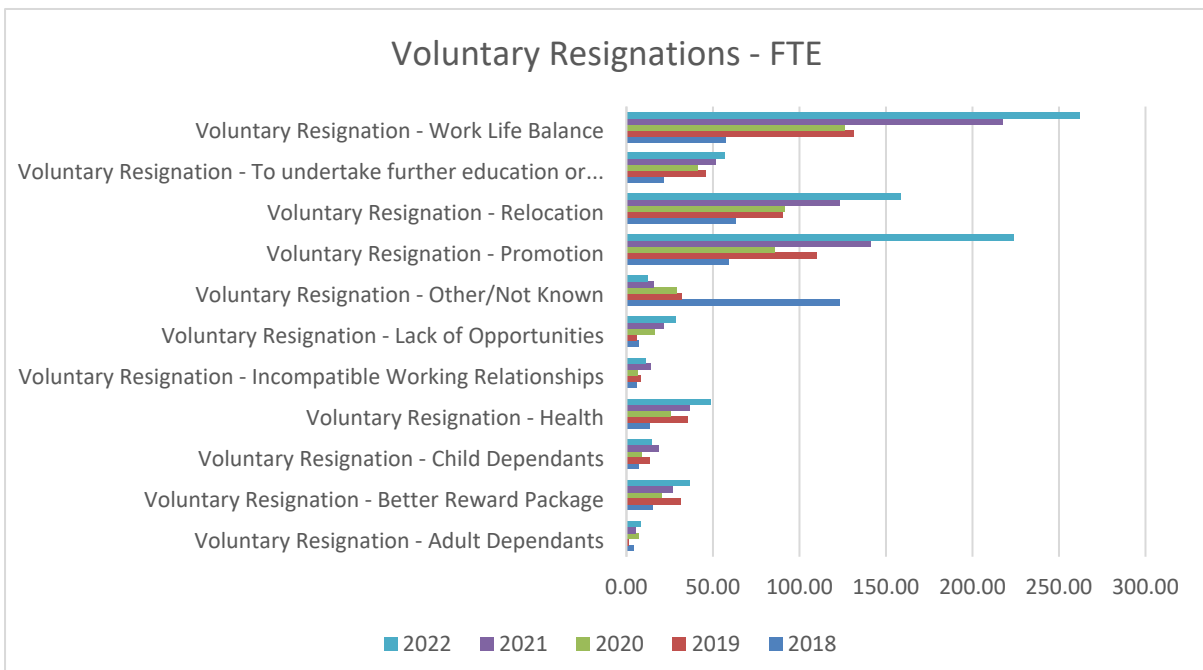
2.9 There has also been an increase in staff leaving within 5 years of joining CTM. Our number of leavers (FTE) is highest between 2-5 years, as is shown in the second graph this is particularly apparent with our nursing & midwifery workforce. There has been little change in the numbers of staff leaving after 5 years of service.



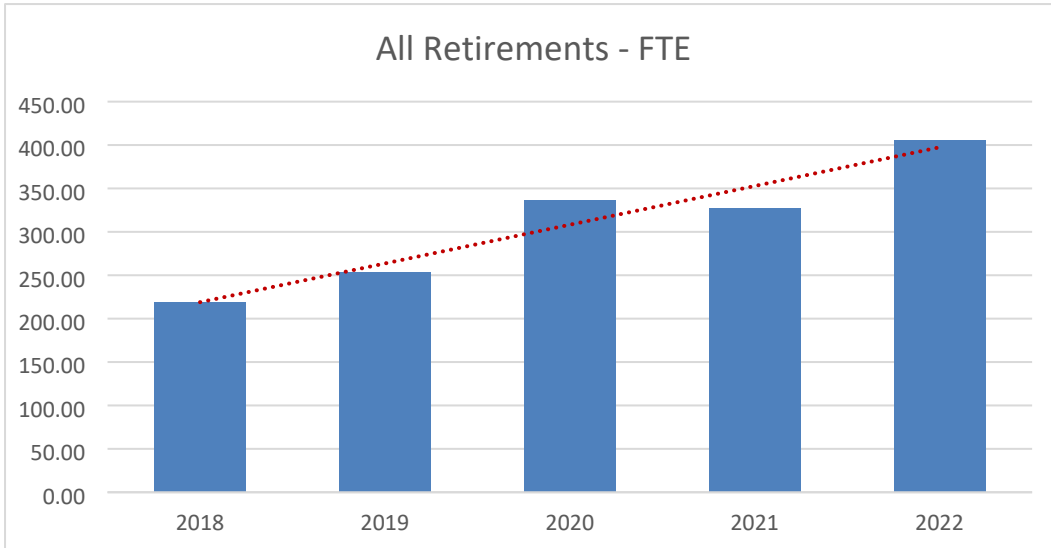


Reasons for Leaving & Retirements

2.10 Understanding why our staff leave is a key first step in refining our retention strategy. In 2022 the top 3 reasons for leaving captured within our ESR data were: work life balance (30%), promotion (26%) and relocation (18%). We must now look to expand our understanding of the reasons why our staff are leaving within each of these categories.

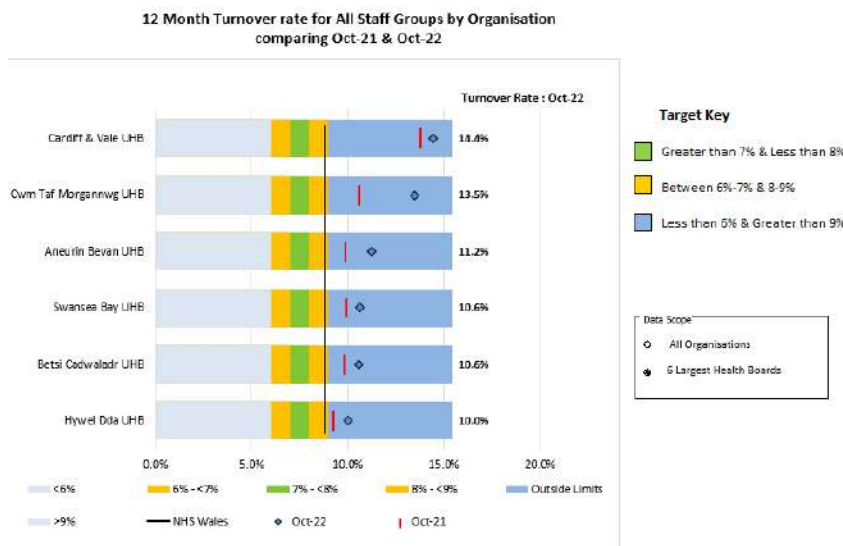


2.11 There has also been a year-on-year increase in the number of retirements. With over 35% of the workforce aged 51 and above this is a trend that is likely to continue to increase.



Turnover & Retention: The Local & National Context

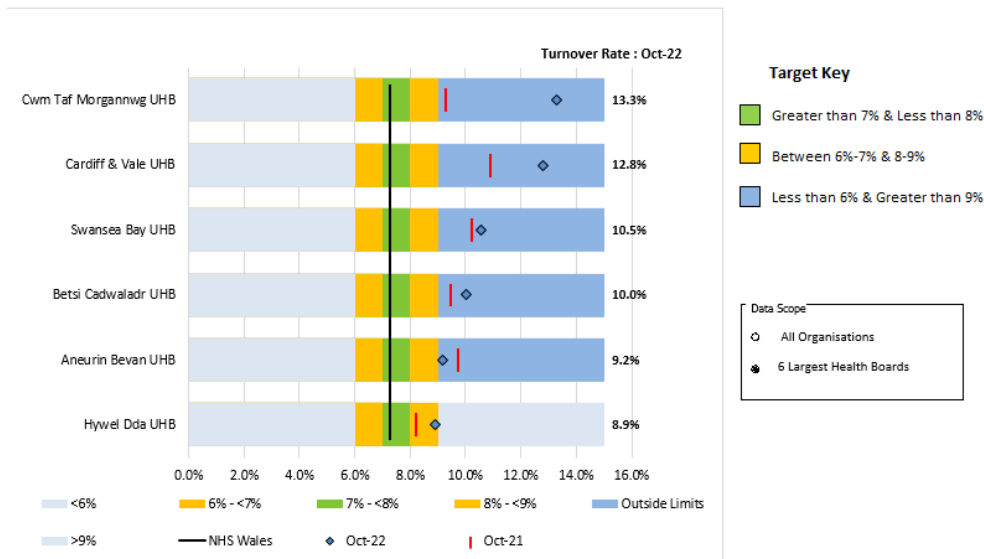
2.12 Our challenges with regards to turnover & retention are reflective of the local and national NHS picture. As shown below within Wales's six largest Health Boards in October 2022 the turnover range was between 10% - 14.4%. CTM at 13.5% had the second highest rate. Within the graph below the blue diamond is the position in October 2022 and the red line indicates 13 months previous.



2.13 Regarding the nursing & midwifery staff groups within those six Health Boards the CTM rate in October 2022 was the highest:



12 Month Turnover rate for Nursing and Midwifery Registered by Organisation
comparing Oct-21 & Oct-22



2.14 The NHS turnover rate in England is also increasing, with a rate of 12% at September 2022 (*NHS Digital NHS Hospital & Community Health Service workforce statistics*). Turnover in the U.K is set in a context where vacancies remain very high by historic standards (*Labour Market Statistics, December 2022*). Within the latest LMS report the Institute for Employment Studies emphasises the importance of retention, and the role of flexibility in the workplace for both retention and recruitment.

Retention Initiatives

2.15 At a local and national level, in the context of the challenges outlined above, there is a recognised need to focus on Retention strategies. An All Wales Nurse Retention Group has recently formed as part of the work on the All-Wales Strategic Workforce Plan for Nursing, recognising the specific national challenges with the nursing workforce. The purpose of this work is to develop a toolkit for use by Health Boards and Trusts. This will look to learn from the Nursing Retention Toolkit developed within England, which enables organisations to undertake a self- assessment against the seven elements of the NHS People Promise. NHS Wales is also also engaging with NHS England to understand the impact of their approach and share good practice.

2.16 Within CTM our People Priorities guide a range of work plans which are linked to retention. These pieces of work span across our teams and include well-being, employee experience, values & behaviours, leadership and management development, and strategic workforce planning. The work of the Employee Experience team is designed to improve our staff experience and support retention. A key piece of

work currently underway is the development of a new Moving On exit questionnaire. It has been recognised that exit questionnaires were previously not routinely completed. The new process will launch on the 30th January 2023, capturing both leavers and internal movements. This, along with our ESR data, will crucially enable us to have a better understanding of why our people leave – and what we could do to retain them.

2.17 Another recent key piece of work has been the scoping exercise by People & Nursing colleagues to assess our progress on retention against the NHS England Retention toolkit and produce a series of recommendations.

Next Steps on Retention

2.18 Our ambition is to further strengthen our approach to Retention through the formation of a Retention Steering Group. This would enable oversight of the full breadth of this complex agenda as we refine and further develop our strategy & programme of work.

This group would:

- Be formed in partnership between People, Nursing and Trade Union colleagues
- Ensure we access, monitor & understand all relevant data
- Assess the impact of retention initiatives
- Consider the learning from the implementation of the English Retention Model & what we adapt for use
- Learn from best practice across the NHS and beyond
- Ensure active participation in the All-Wales Retention group and influence on a national level

It is recommended that the initial focus of the group be Band 5 Registered Nurses and Healthcare Assistants.

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

3.1 If the turnover position continues to worsen there is an increasing risk it will impact on our ability to delivery care to our communities, our employee experience and our financial position.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)



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.	Choose an item.
	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 contents of this paper, and **SUPPORT** the approach to developing a Retention Steering Group, which will develop a programme of retention activities to minimise turnover.



Appendix 1

Staff Group	Headcount Staff in Post	Headcount Leavers	Headcount Turnover	Headcount Staff in Post	Headcount Leavers	Headcount Turnover	Headcount Staff in Post	Headcount Leavers	Headcount Turnover	Headcount Staff in Post	Headcount Leavers	Headcount Turnover	Headcount Staff in Post	Headcount Leavers	Headcount Turnover
	31-Dec-18	2018	2018	31-Dec-19	2019	2019	31-Dec-20	2020	2020	31-Dec-21	2021	2021	31-Dec-22	2022	2022
Add Prof Scientific and Tech.	308	35	11.42%	363	55	16.44%	385	46	12.37%	399	52	13.27%	424	59	14.29%
Additional Clinical Services	1483	108	7.35%	2216	171	9.29%	2407	177	7.79%	2383	337	14.08%	2425	358	14.91%
Administrative and Clerical	1701	155	9.17%	2298	177	8.86%	2438	170	7.14%	2540	263	10.58%	2574	374	14.66%
Allied Health Professionals	477	48	10.18%	714	81	13.60%	766	78	10.40%	802	93	11.86%	814	115	14.29%
Estates and Ancillary	988	72	7.31%	1457	94	7.69%	1436	117	8.09%	1435	147	10.24%	1404	153	10.79%
Healthcare Scientists	168	20	11.73%	210	10	5.33%	219	26	12.12%	205	39	18.44%	213	19	9.07%
Medical and Dental	681	40	9.21%	1052	56	10.33%	1013	64	9.65%	902	52	7.58%	797	78	11.10%
Nursing and Midwifery Registered	2503	282	11.21%	3679	381	12.33%	3812	378	10.07%	3994	410	10.50%	4024	497	12.49%
Students	5	0	0.00%	15	0	0.00%	98	9	2.35%	19	4	6.84%	69	1	2.17%

(Agenda Item) 4.6a **8th February 2023** **People & Culture Committee** **Nurse Retention**

Report Details:

FOI Status:	Please select: Open
If closed please indicate reason:	
Prepared By:	Rebecca Watkins and Becky Gammon
Presented By:	Rebecca Watkins
Approving Executive Sponsor:	Executive Director of Nursing & Midwifery
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Shared with Greg Dix – Executive Nurse Director and presented to Debbie Bennion Assistant Executive Nurse Director and Nicola Milligan – RCN

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	
Has an EQIA been undertaken?	No not necessary
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes If Yes please include brief detail. If the recommendations are approved this may have a wider impact for implementation
Link to Strategic Goals	Please Select: Sustaining Our Future: Yes Inspiring People : Yes Improving Care : yes Creating Health : Yes

Nurse Retention Scoping Exercise.

Background:

- The World Health Organisation estimates a projected worldwide shortfall of 18 million health workers by 2030
- Wales' 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' launched in 2020 with 32 key actions in the first 3 years
- CTM Data show a high turnover across Nursing for past 5 years
- All Wales Retention Group – lead for CTM is Helen Watkins

What are we already doing?

- Supported a Programme for International Overseas Nurses
- Apprentice scheme
- Leadership development
- Schools and colleges career fairs
- Streamlining
- Values and behaviour
- CTM 2030
- Established Wellbeing Service
- Your conversation
- All Wales Respect and resolution policy
- Access to education opportunities
- Equality, Diversity & Inclusion Networks

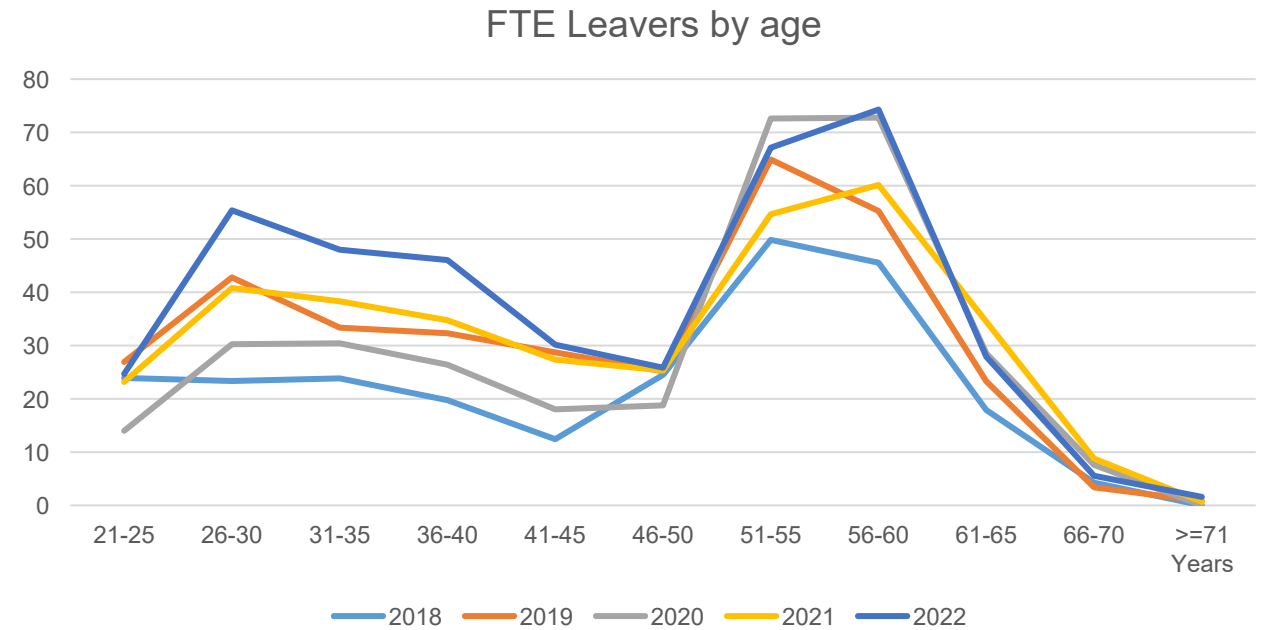
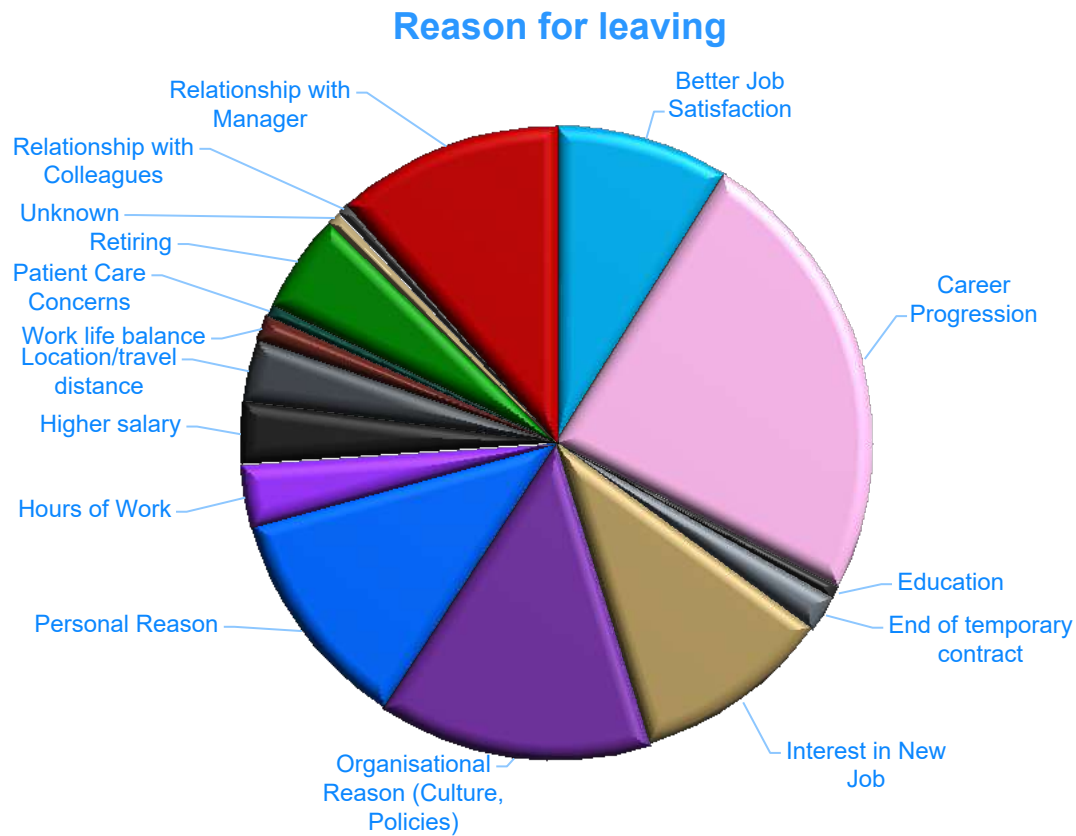
Scoping information

- Retention appears to be on lots of agendas with little overall ownership and progression
 - People Team
 - Nursing
 - Medical
 - HEIW / Welsh Government
 - Care groups
 - Finance
- All Wales Retention Group – Helen Watkins, Deputy Director for People
- Inconsistencies with ESR data and analysis
- Lack of accurate data showing Nursing vacancies

Scoping Information – NHS England Retention tool

- Tool is not fit for purpose in NHS Wales
- Part completed by some stakeholders
- Health & Wellbeing was an area of significant progress
- Initial areas of concern were:-
 - **Pride and Meaningful Recognition** – no formal recognition programme as a Health Board
 - **Leadership & Teamwork** – Bullying concerns, no freedom to speak up guardians
 - **Flexible working** – Lack of flexible working opportunities for staff, flexible working dashboard

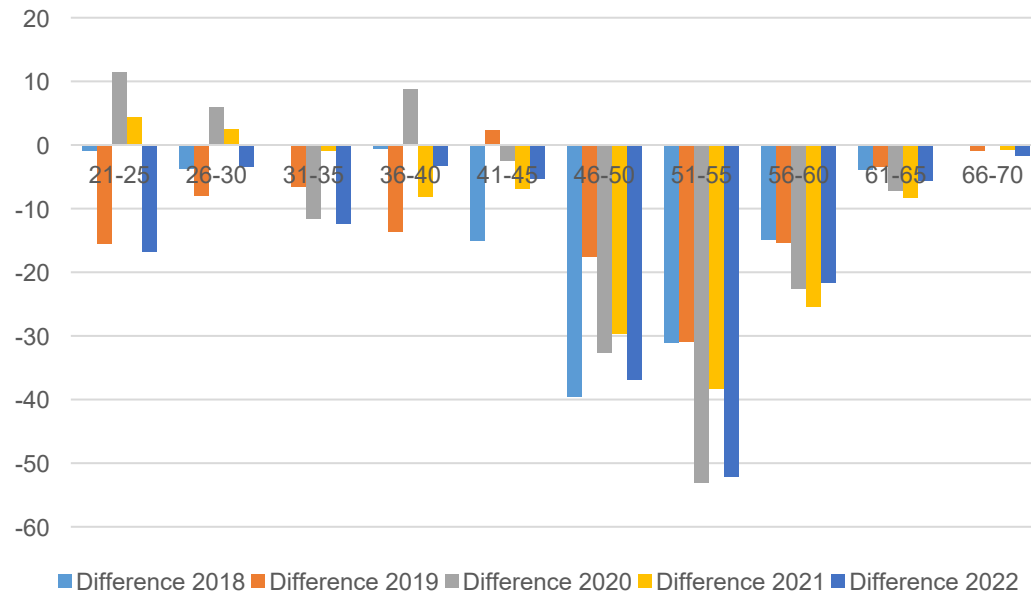
Exit Data



Leaver Data.....continued

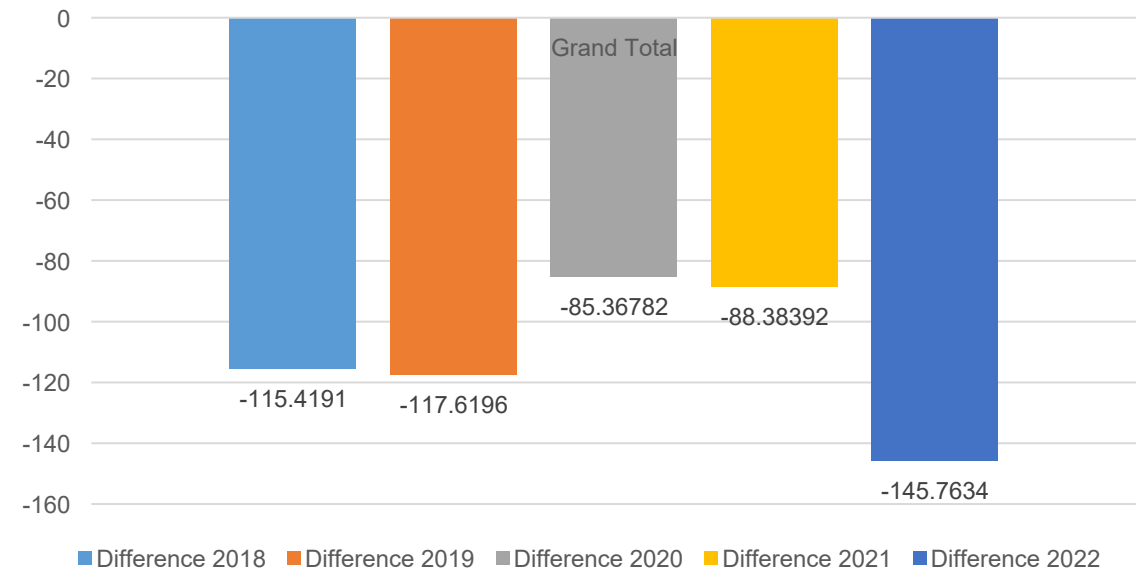
More staff are leaving than are joining us over the last 5 years across majority of age groups.

FTE starters - FTE leavers (Nursing Staff)



Starter and the number of leavers

FTE Deficit (Starters - Leavers)





Recommendation:

- Focus on small wins
 - Further work to scope feasibility of 'Itchy Feet campaign' for band 5 Nurses (initially)
 - Focused recruitment on local community to CTM including overseas registered nurses living in the community
 - Transition between bank and substantive roles made easier
 - Promote 'join ctm' webpage
- Establish Nursing Recruitment and retention steering group to feed into wider Workforce and Organisational Development and People Team
- Data analyst to work on retention and tell the data story and look at success measures
- Accurate vacancy figures
- Consideration of brave workforce modelling between Local Authority and Secondary care for HCSW's
- Over establish in high turnover areas and high temporary staff areas

The Board or Committee are asked to:

Example:

The Committee are asked to:

- *Acknowledge work to date*
- *Review the recommendations and support for further work*



AGENDA ITEM
4.7

PEOPLE & CULTURE COMMITTEE

Workforce Metrics Report

Date of meeting	08/02/2023
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager Paul Harrison, Head of Workforce Productivity and eSystems
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Presented by	Natalie Price, Assistant Director Strategic Workforce Planning
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Approving Executive Sponsor	Executive Director for People
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Report purpose	FOR NOTING
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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 November/December 2022, with historic trends shown as appropriate.

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

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: Job Planning

Narrative: With the exception of Consultants in Bridgend, all areas have shown improvement. With the SAS grade especially, there has been consistent pressure from the Medical Director, the eSystems team, and Heads of People, as having an in date job plan is a requirement for transition to the new contract.

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. This comprises of highlighting 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.

Topic: Recruitment performance (A4C substantive)

Narrative: The recruitment modernisation changes came into effect in CTM in late August 2022. The measure most affected by these changes is the *offer letter to checks OK (T11)*. Whilst the overall performance is still reported as outside the KPI target, when we break this down to review only the records progressed under the new process, the performance shows a significant improvement (36.3 days overall versus 26.35 days in December for new process records).

The People team are continuing to monitor progress and performance, and it is acknowledged that older records need to be reviewed and cleansed.

In addition to the changes around pre-employment checks, a trial is underway in a single care group to reduce the number of A4C vacancy authorisers required – this is due to run until the end February 2023.

2.2 Areas for Improvement

Issue: Turnover

Narrative: The turnover has increased across all staff groups except Estates and Ancillary and Nursing Midwifery Registered (where the reductions in turnover are minor). All staff groups have seen an increase in total FTE across the last 3 months – the most significant increases are Nursing Midwifery Registered (up 116.81 FTE) which is likely due to overseas nurses obtaining registration and newly registered nurses from the September cohort joining, and Administrative and Clerical (up 57.89 FTE). Work by the employee experience team is ongoing to create a mechanism to collect data from staff leaving, to allow for a better understanding of why we have such high rates currently.

Issue: % appraisal review completed by staff group

Narrative: After previously seeing an increase in compliance rates, the last quarter has seen a slight reduction in compliance. This is likely, at least in part, a reflection of the pressures experienced across the services during the winter period.

Issue: Return to work

Narrative: In all areas this is less than 80%. In the majority of areas it is less than 60%. Improvement is required on this and the People Services team will engage with Care Groups to explain the importance of the process. Additionally, guides will be shared and signposted that are already available from the ESR website, this will allow less confident staff to have a reference on how to complete the process.

3. IMPACT ASSESSMENT

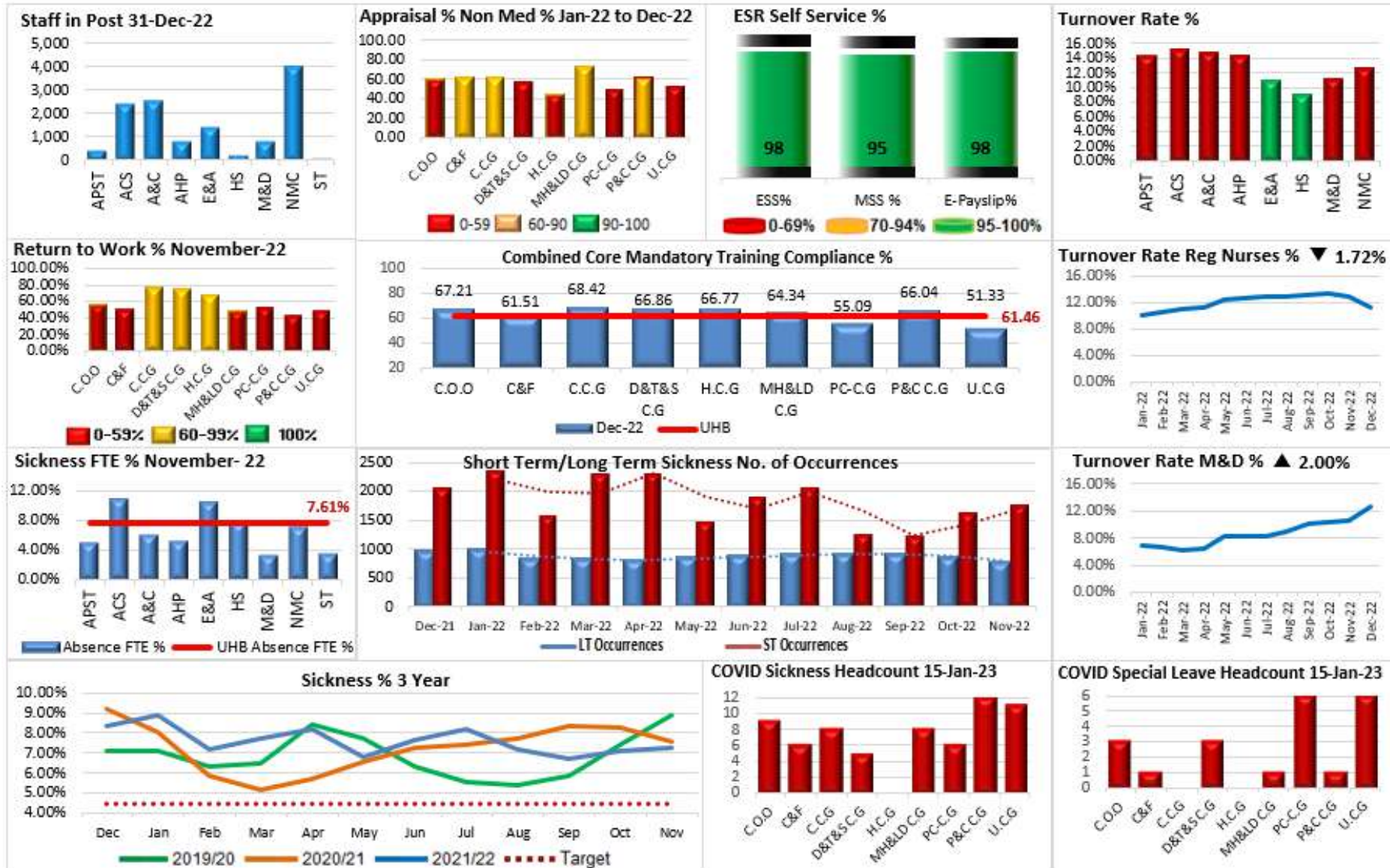
Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The quality, safety, patient experience implications result from the availability of the right staff being available with the right skills, at the right place and time to deliver effective safe patient care.
Related Health and Care standard(s)	Staff and Resources
	Staying Healthy, Safe Care, Effective Care Dignified Care, Timely Care, Individual Care

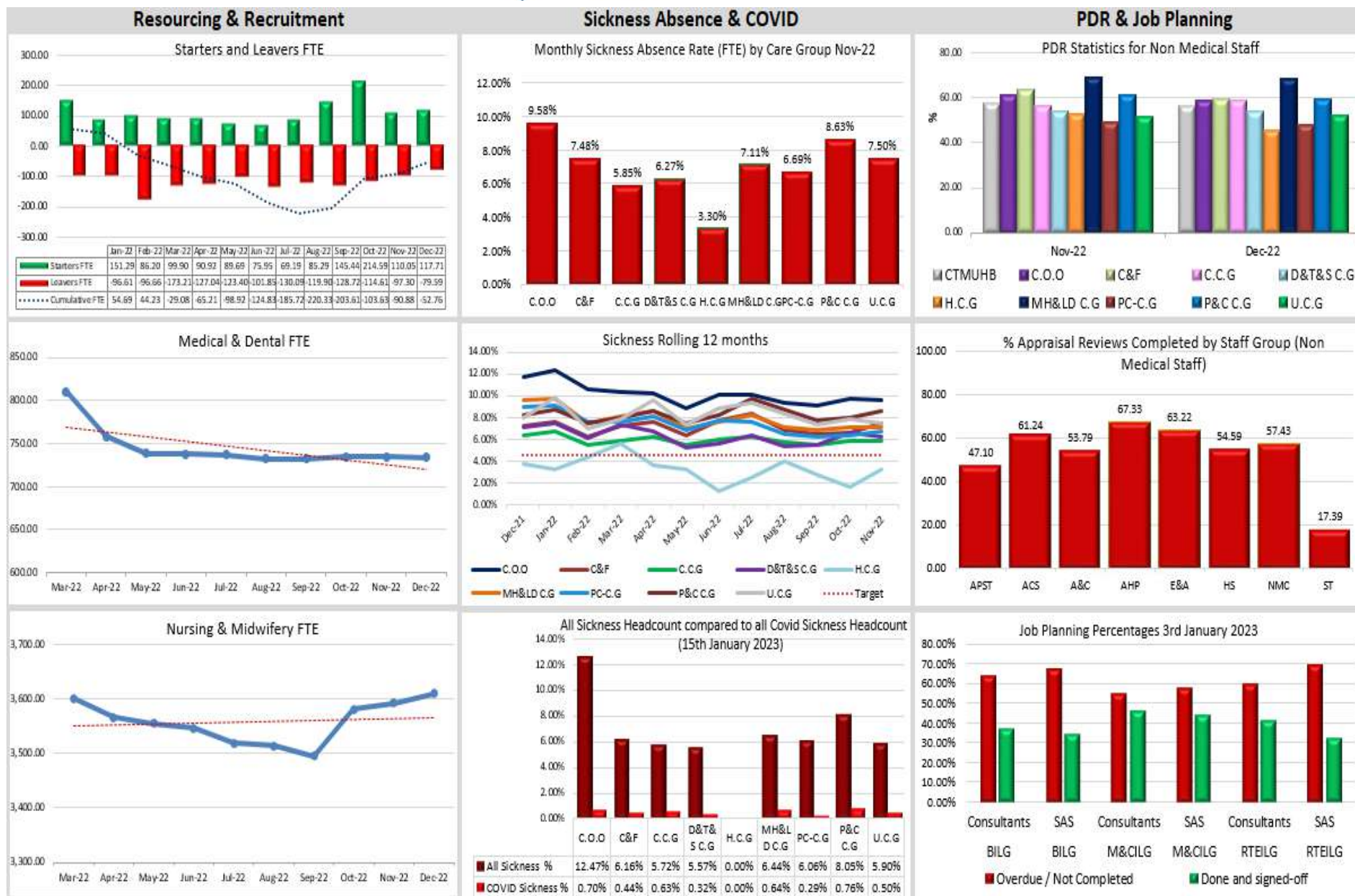


<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the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

4. RECOMMENDATION

4.1 THE Committee are asked to discuss the report and associated metrics and **NOTE** the detail.





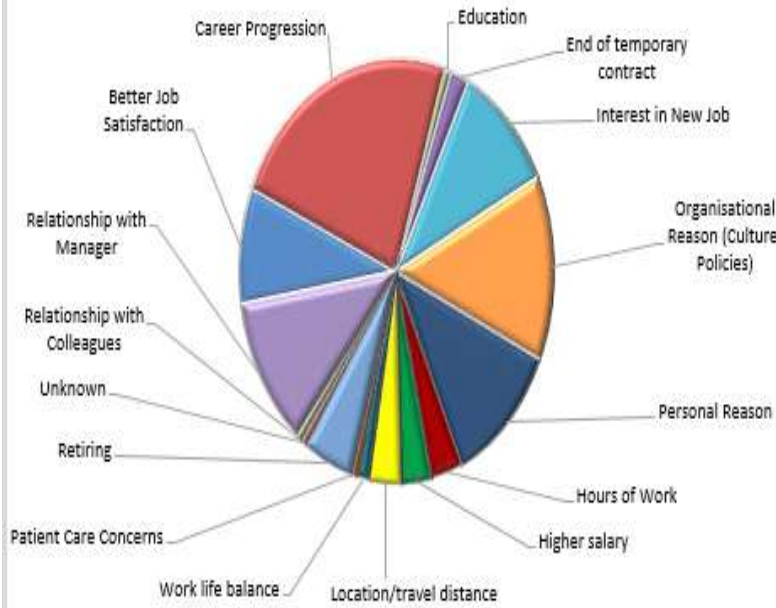


Exit Questionnaire & Efficiency of Recruitment Process

Recruitment Volumes	2016-17 totals (6m)	2017-18 totals	2018-19 totals	2019-20 totals	2020-21 totals	2021-22 totals	Dec-22	2022-23 total YTD
Number of Vacancies Raised	678	1311	1713	2759	2715	2993	615	3986
Number of FTE Raised	1064.78	2041.12	2479.97	3905.88	4634.7	4632	815.3	5750.4
Number of posts advertised	-	-	-	-	-	2982	384	3040
Number of FTE advertised	-	-	-	-	-	4044.8	473.3	3840.3
Number of Conditional Offers Sent	629	1213	1346	2271	2859	3800	377	2800
Number of ID Checks Completed	649	1163	1364	2272	2491	3743	152	2332
Number of Occupational Health Clearances	526	1043	1254	2012	2203	3069	225	2418
Number of Sponsorships Requested	0	0	0	0	0	18	0	78
Number of References Received	627	1179	1278	1998	2213	3284	188	1935
Number of DBS Checks	0	0	812	1372	1925	2926	203	1982
Number of all checks compl New 2021/2	-	-	-	-	-	2977	171	2300
Number of Start Dates Requested	605	1118	1222	2082	2271	2971	203	2327
Number of Contracts Issued	727	1169	1140	2049	2150	1976	303	3380
Number of Ad Hoc DBS Checks	50	67	35	42	16	35	27	78

Trac Report Code	Target Times	Responsibility	Trac Recruitment Health Check	Average 16/17 (6m)	Average 17/18	Average 18/19	Average 19/20	Average 20/21	Average 21/22	Oct-22	Nov-22	Dec-22	Average YTD
T0a	5	Manager	Notice Date to authorisation start date		36.6	41.0	41.9	42.9	35.8	50.7	43.8	38.0	46.4
T1a	10	Org	Time to approve vacancy request	14.2	12.9	10.6	14.1	14.3	14.1	21.3	22.0	17.2	21.2
T1b	2	NWSSP	Time to advertise	2.0	1.7	1.6	1.6	2.5	2.2	1.9	2.0	1.7	1.7
T3	Variable	Manager	Duration of advertising	9.2	8.8	8.3	8.7	8.4	9.2	8.8	8.6	8.6	8.8
T3a	2	NWSSP	Time to move to shortlisting	1.7	1.0	1.0	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	7.6	7.0	7.8	7.4
T4	3	Manager	Time to Shortlist (cleansed)	-	-	4.7	5.2	6.2	6.1	5.5	4.6	6.6	5.7
T5	2	NWSSP	Time to send interview invites	1.0	1.3	1.0	1.0	1.5	1.0	0.9	0.8	0.7	0.9
T5a	Variable	All	Notification given to applicants for interview	8.9	9.5	8.9	9.2	8.8	8.4	8.0	7.5	7.9	8.2
T5b	3	Manager	Time to update interview outcomes	4.8	4.7	2.5	3.4	2.7	2.4	3.6	4.7	3.1	2.8
T6	5	NWSSP	Time to send conditional offer	3.3	3.6	3.8	3.6	3.4	4.1	3.6	3.5	3.5	3.6
T7	3	Candidate	Conditional Offer to ID appointment booked	4.1	6.3	5.9	3.7	5.6	5.0	18.4	16.6	12.5	10.2
T7a	10	Candidate	Conditional Offer to ID appointment attended	8.1	10.1	8.6	7.8	8.7	8.6	12.6	11.9	8.6	10.3
T7b	7	Candidate	ID appointment booked to ID appointment attended	5.7	5.8	5.1	6.0	5.2	5.7	3.4	3.9	2.8	4.7
T7c	1	Candidate	ID appointment attended to DBS form submitted	5.6	3.2	3.7	3.3	3.8	11.6	10.6	12.9	6.8	10.5
T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received			4.7	4.7	4.8	6.8	5.9	8.5	6.9	7.2
T8		Candidate/OH	Conditional offer to OH clearance					17.3	22.6	24.0	12.6	10.0	22.4
T12e	Variable	All	Checks ok to start date	17.2	14.4	18.9	18.8	20.1	28.1	15.8	16.7	20.3	20.1
T12	2	NWSSP	Checks ok to unconditional offer	3.3	1.7	1.6	1.7	1.8	5.8	1.8	1.8	1.8	1.9
T13	44	All	Vacancy Creation to conditional offer	51.6	51.1	40.8	44.6	46.8	46.4	53.7	48.9	51.9	52.6
T10	49	All	Advertising start date to checks ok						76.0	75.4	74.1	66.9	80.8
T11	25	All	Conditional offer letter to Checks OK							42.2	45.3	36.3	49.9
T14	71	All	Vacancy Creation to unconditional offer	88.7	92.3	74.7	76.9	80.1	85.4	93.6	100.5	89.1	102.0
T23	27	All	From conditional offer to unconditional offer without outliers	25.0	27.3	21.6	21.9	21.7	36.3	22.0	22.0	22.8	24.4
T23	27	All	From conditional offer to unconditional offer with outliers	40.8	41.0	32.7	33.4	33.2	40.9	42.1	49.7	35.5	50.3
T26	Variable	All	Unconditional Offer to start date	15.7	18.3	19.1	17.6	19.0	19.6	14.6	16.0	18.3	18.4

Reason for Leaving





(Agenda Item)	(Date of Meeting)	(Name of Meeting)	(Title of Item)
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	
Prepared By:	Clare Wright, Strategic Lead for Employee Experience and Wellbeing
Presented By:	Clare Wright, Strategic Lead for Employee Experience and Wellbeing
Approving Executive Sponsor:	Hywel Daniel, Director for People
Report Purpose	For Noting
Engagement undertaken to date:	Joint Executive Team

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Staff Wellbeing is evidenced to have an impact on Patient Experience and Clinical Outcomes
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	No. Not Required
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Improving Care Creating Health

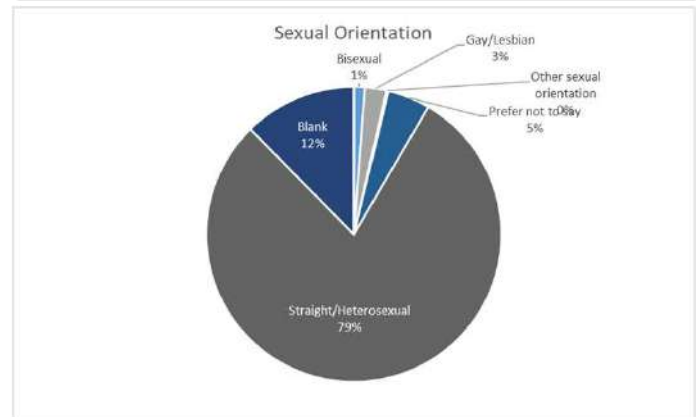
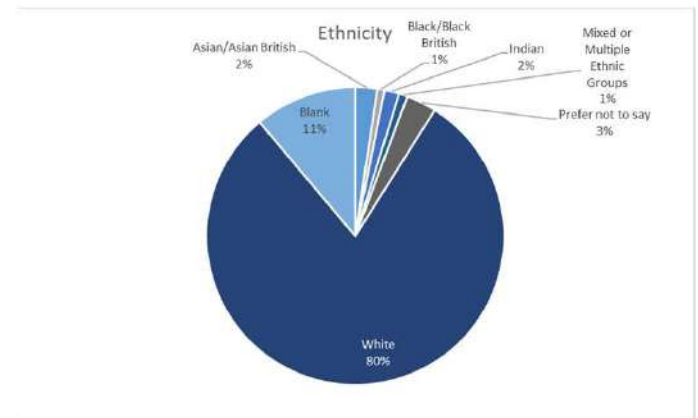
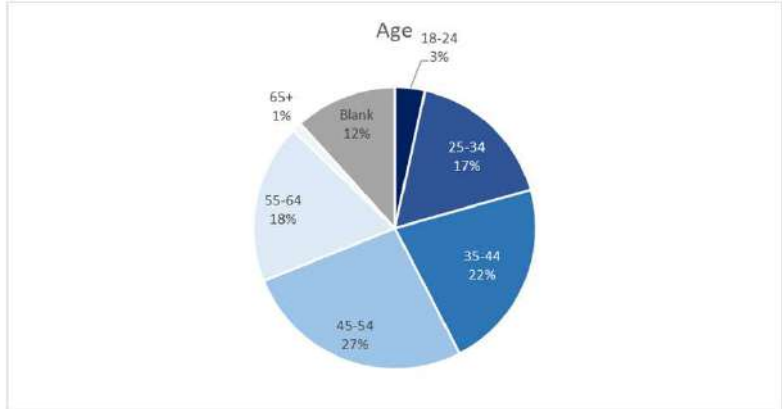




Response Rate:

2692 (21.2%) in 2022 – survey open for 6 weeks compared with
 2636 (21%) in 2021 – survey open for 9 weeks

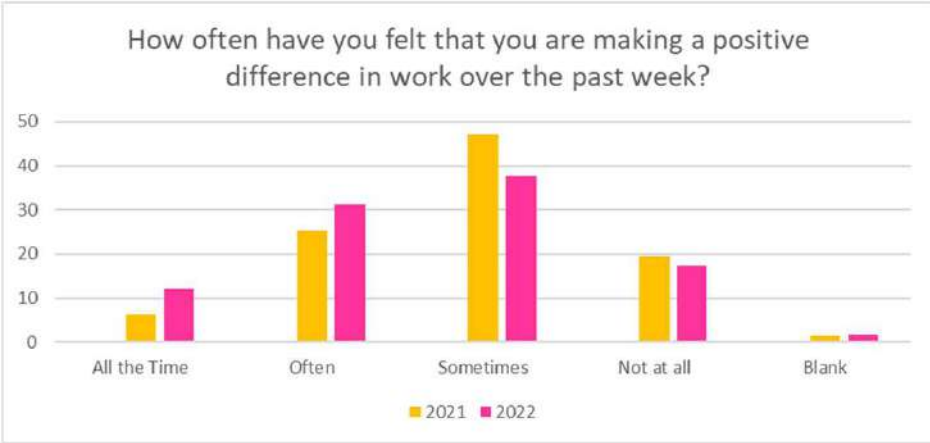
Demographic Information of Respondents:





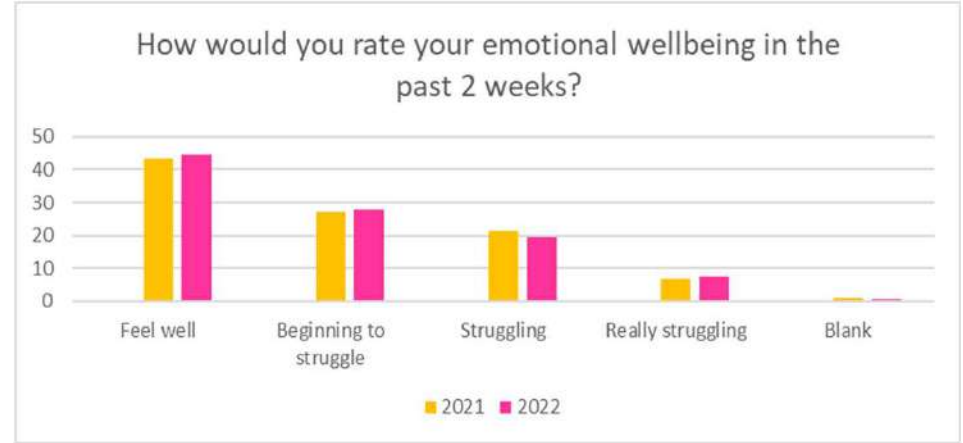
Engagement Result

- 12% All the time
- 31% Often
- 38% Sometimes
- 17% Not at all
- 2% Left this question blank



Emotional Wellbeing Results

- 45% Feel well
- 28% Beginning to Struggle
- 20% Struggling
- 7% Really Struggling



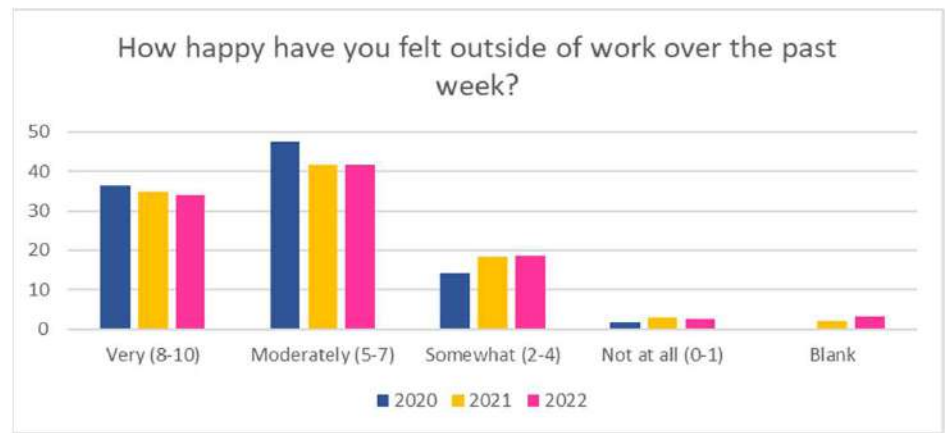
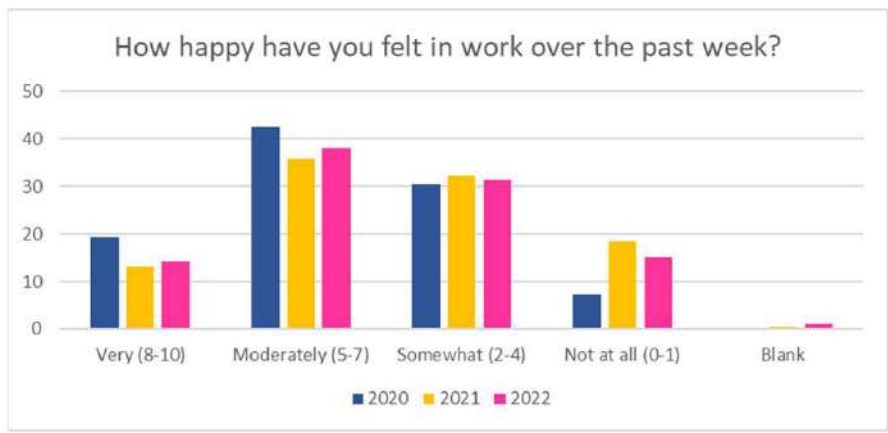


Emotional Wellbeing Results

Overall Happiness:

52% moderately to very happy in work
 76% moderately to very happy outside of work

Not much change since 2021. Staff happier outside of work than in work.
 Overall happiness was highest in October 2020 during the pandemic

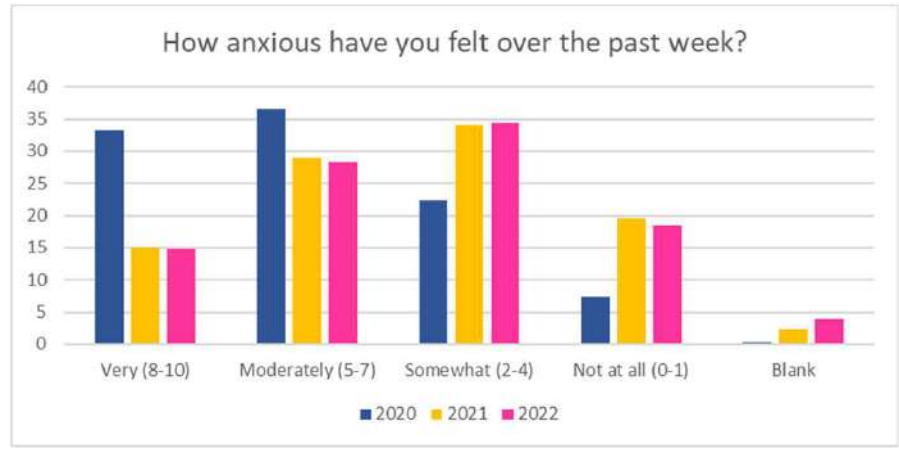




Emotional Wellbeing Results

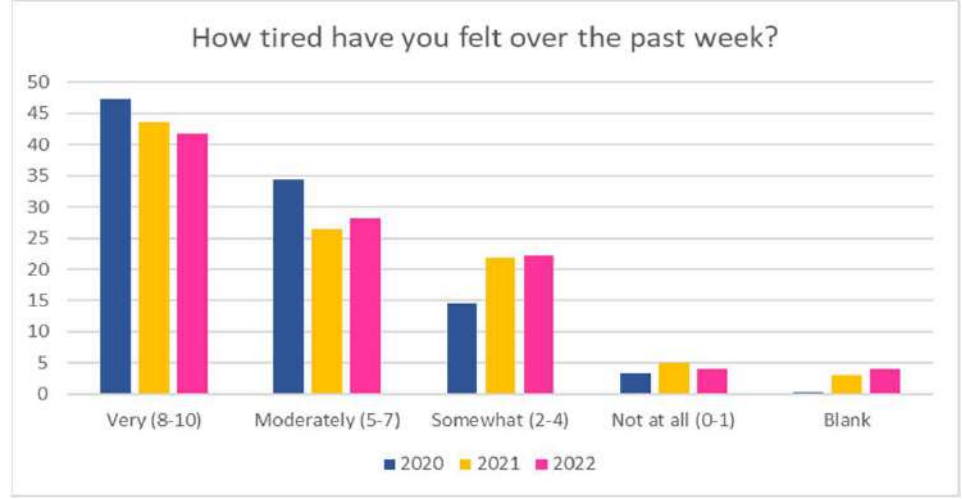
Anxiety: 43% moderately to very anxious
 Levels similar to 2021, down from 2020 rates.

Employee Wellbeing Service (EWS) Response:
 1. Keep providing anxiety prevention workshops
 2. Develop anxiety treatment course to reduce levels further.



Tiredness: 70% moderately to very tired
 Levels similar to 2021, down from 2020 rates.

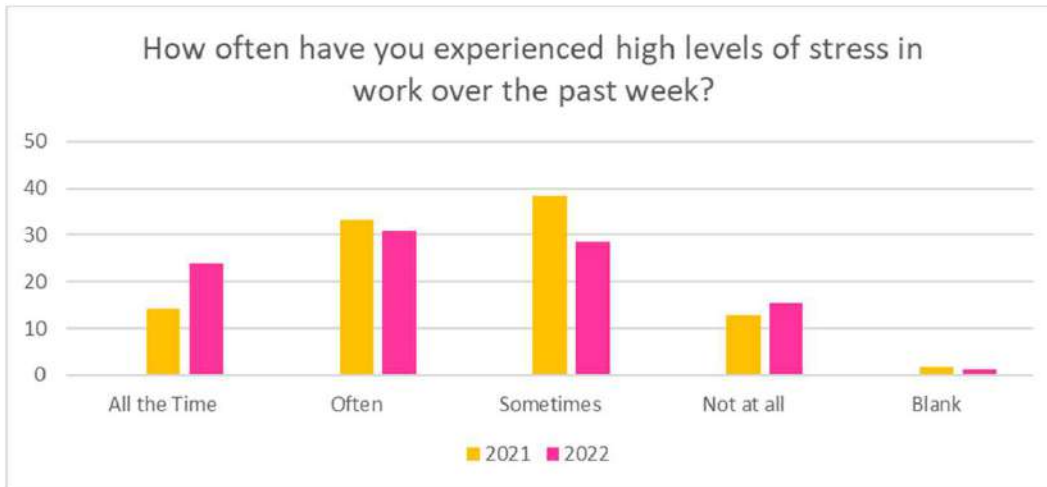
EWS Response:
 Keep providing Virtual Reality Headsets, unwinding after work,
 Mindfulness retreat days and sleeping well workshops



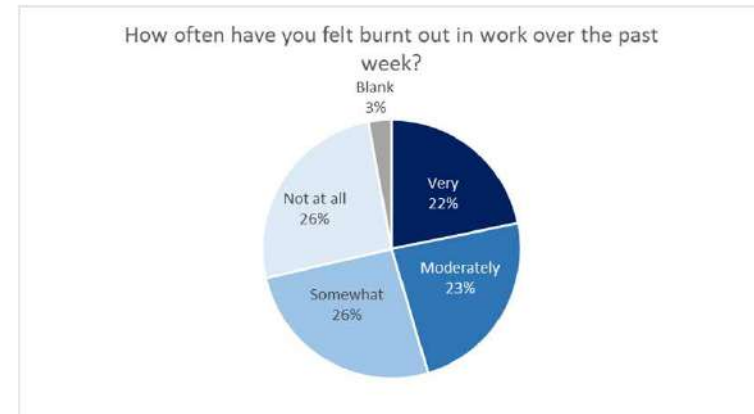


Emotional Wellbeing Results

Stress: 55% are often stressed or stressed all the time
 Levels increased from 2021 rates (not measured in 2020).



Burnout



EWS Response:

1. Keep providing stress/ burnout prevention workshops
2. Develop a stress treatment course to reduce levels further

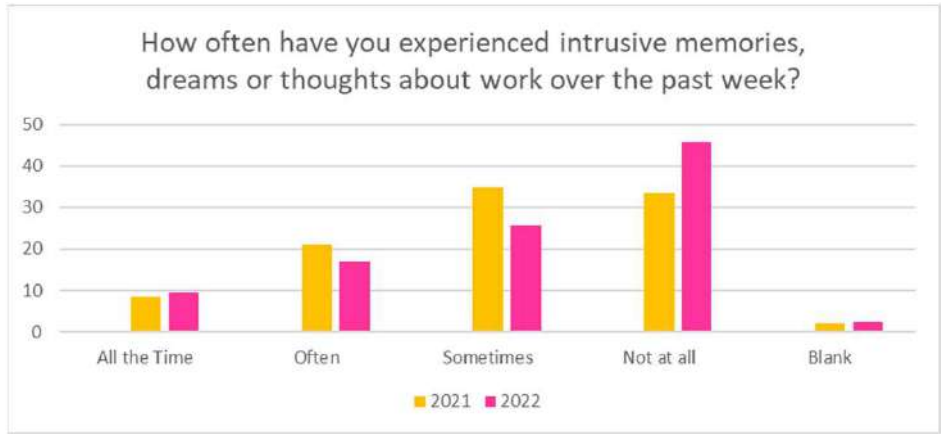


Emotional Wellbeing Results

Psychological Trauma: Results show a reduction in rates compared with 2021.

EWS Response:

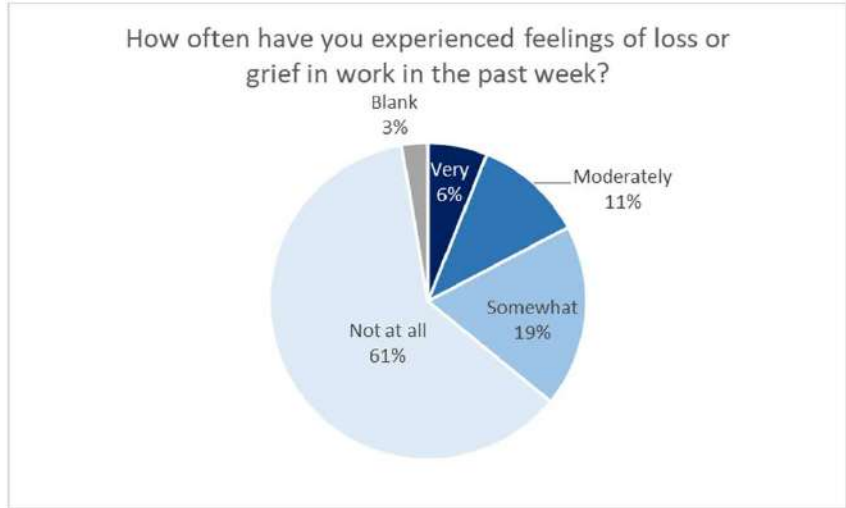
1. Keep providing recently introduced Trauma First Aid
2. Keep providing SPRING – a Trauma Therapy Coaching intervention or Exceptional Circumstances therapy (see next slide)



Grief: Results do not show as big a problem as expected (not measured in 2020 or 2021)

EWS Response:

1. Keep sign posting to Vivup
2. Keep providing guidance to managers on how to support bereaved staff.





A note on Trauma

When an emotionally distressing or traumatic incident occurs there is often a strong desire to intervene immediately with some form of wellbeing intervention. **This is contrary to NICE Guidance for the treatment of Psychological Trauma.** In addition, managers often feel they should conduct some form of critical incident debrief (CID) as a means of supporting staff. **This is also contrary to NICE Guidance. CIDs are at best ineffective and at worst re-traumatise the staff involved in the incident.**

The Wellbeing service provide an evidenced based **Trauma First Aid** response. This involves:

1. Providing support and guidance to managers on how best to support staff. The most effective form of support immediately following a traumatic incident or bereavement is peer / manager support.
2. Providing psychological education to staff (1-3 days post incident) on what to expect in the first few days and weeks immediately following a trauma and how to manage the impact.
3. Instigate watchful waiting for 4 weeks. The vast majority of people will recover naturally from a traumatic experience and it is important to allow this natural recovery period to take place. **Asking people in depth questions about their emotions or experiences at this point is re-traumatising and unhelpful.** The Wellbeing Service will then revisit the team after 4 weeks and assess and signpost anyone who is still experiencing distressing symptoms. This could include referral to

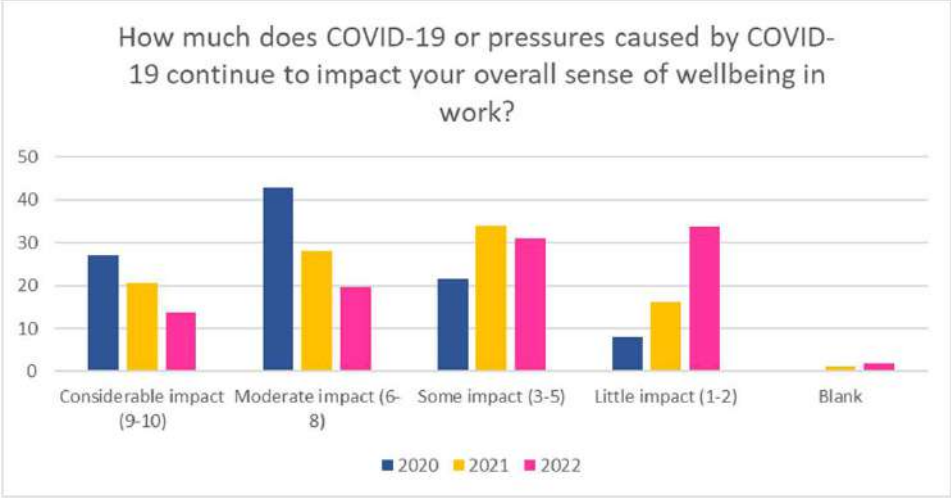
SPRING – an 8 week therapy coaching for people who have been effected by a single trauma/traumatic event at work and presenting with symptoms of PTSD

Exceptional circumstances Therapy – 6 weeks of therapy for those who feel extremely distressed by a traumatic work based event.

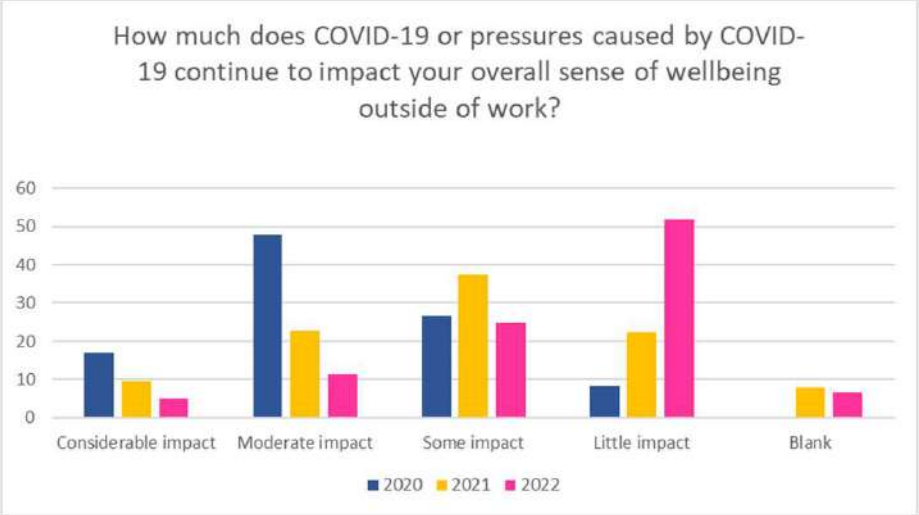


Emotional Wellbeing Results

Impact of Covid at Work:



Impact of Covid outside of work



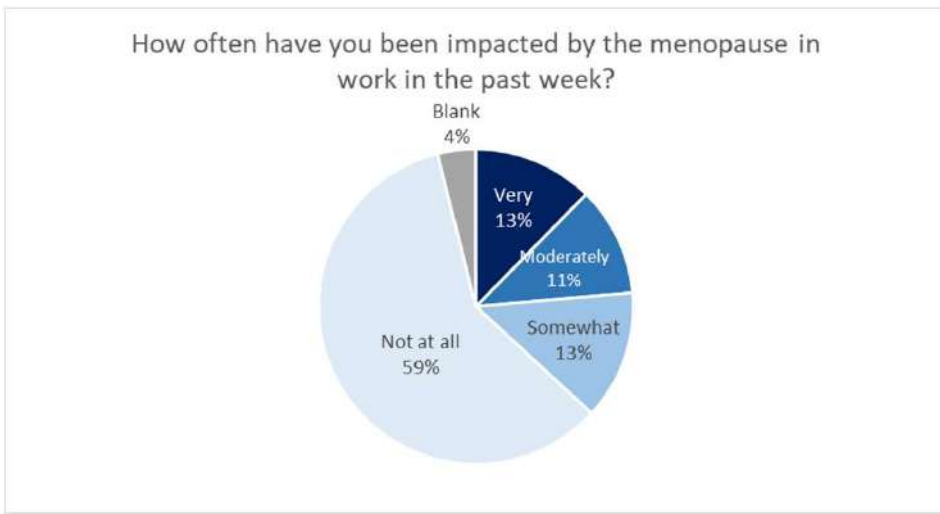
The data shows a significant reduction in the impact of Covid on staff both in and outside of work





Physical Wellbeing Results

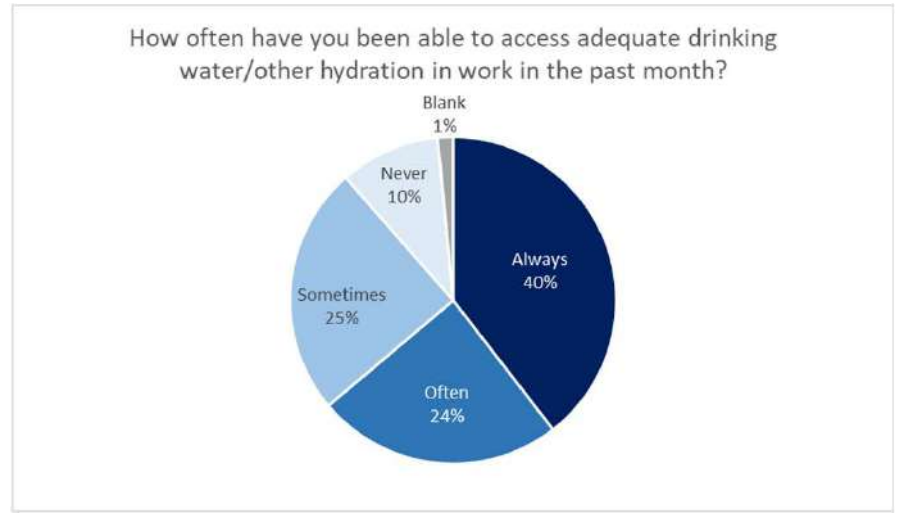
Impact of Menopause (not measured in 2020 or 2021):



EWS response:

1. Continue to offer Menopause@CTM interventions
2. Promote recently launched Menopause training for managers

Hydration



Employee Experience (EEX) Response

1. Publicise results of the Hydration audit and recommendations
2. Repeat audit in August 2023.





Physical Wellbeing Results

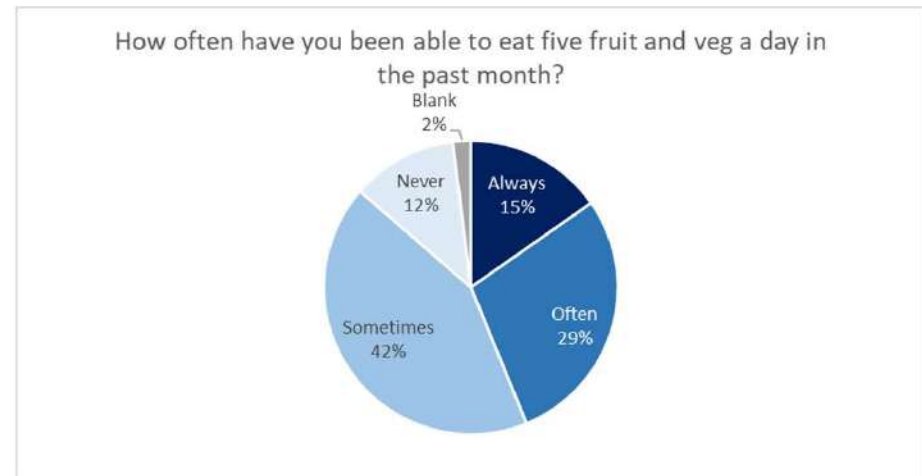
Levels of Physical Activity



EWS / EEx response:

1. Launched a Barriers to Exercise Course January 2023
2. Continue to promote exercise in all interventions
3. Signpost to local walks /community facilities
4. Exploring End to End challenge scheme

Nutrition



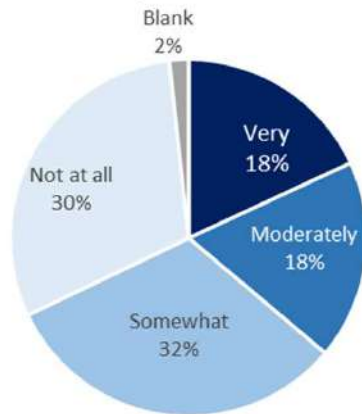
EEx Response

1. Continue to work with Catering to implement the Veg Pledge
2. Evaluate RGH Pilot and, if successful, launch fruit and veg stalls at POW (in 2023) and PCH (2023/24)



Financial Wellbeing Results

How often have you felt worried about your finances in the past week?



EWS Response

1. EWS became a voucher holder with the Trussell Trust in January 2023, to increase staff access to food banks.
2. Trussell Trust food banks also provide hygiene products on request. EWS assess and request this service where required.
3. Promote existing Vivup cost savings and discounts – currently only 900 staff registered who can access this scheme.
4. Promote the Blue Light Card which provides staff discounts.
5. Promote the guidance and support available from HSBC
6. Explore the Wagestream scheme to provide financial education, support and weekly overtime / bank payment
7. Work with other key stakeholders to implement an effective car sharing scheme to reduce travel costs to and from work.
8. Work with Wellbeing Activists to promote local ideas to support staff.
9. Continue to promote 'Ask Bill' and update and promote the EWS Financial Wellbeing Care pathway.

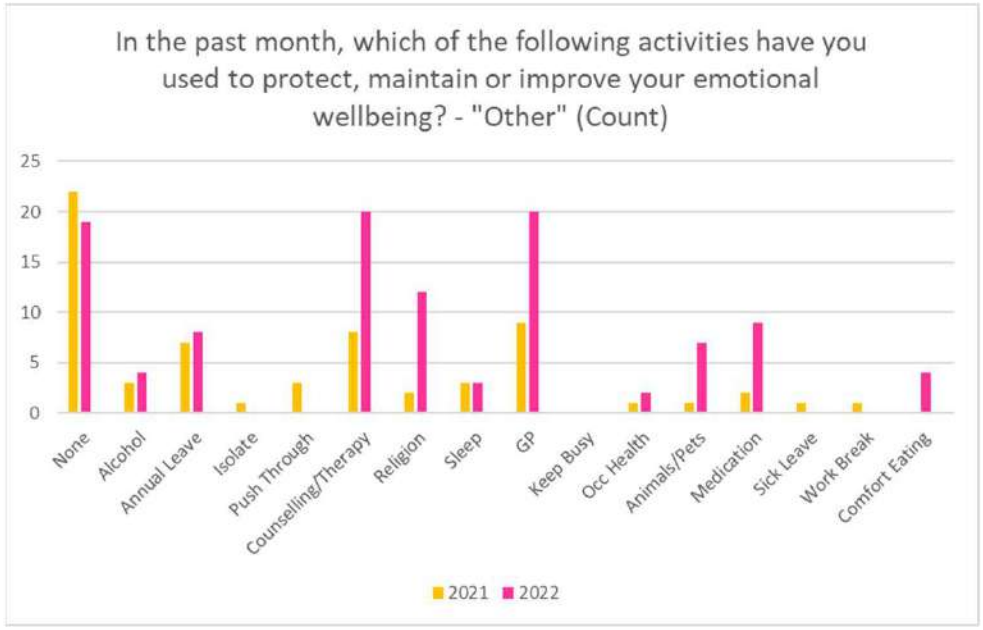
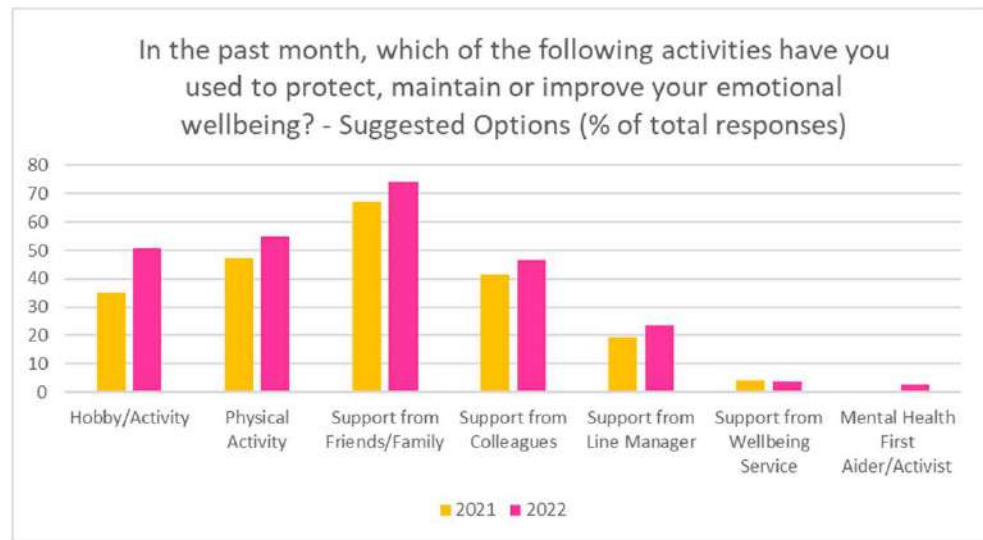




Managing Wellbeing

How supported do you feel to access Wellbeing Services?

All the time 23%
 Sometimes 48%
 Not at all 27%





Referral rates

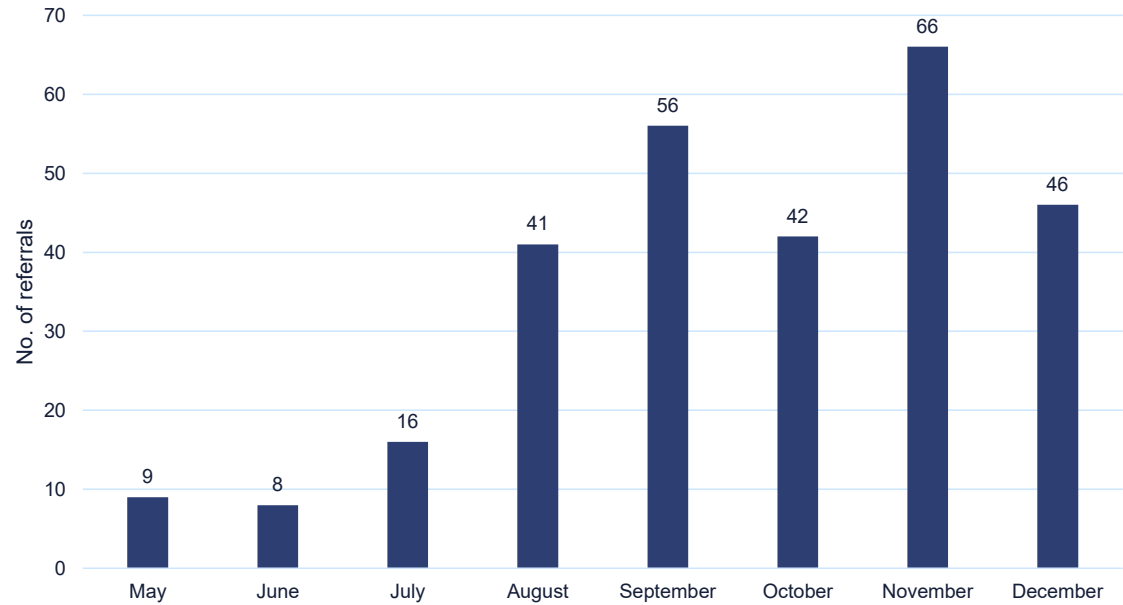
In summary, the EWS is suggesting developing and delivering the following additional services:

1. Anxiety treatment course
2. Stress treatment course
3. Barriers to Exercise course
4. Foodbank referral scheme
5. Work with partners to develop / promote car sharing scheme

At the same time, demand for existing EWS services has significantly increased in recent months.

NB while we received no referrals between 23rd – 29th Dec 2022, we have received over 50 in the first 2 weeks of January 2023.

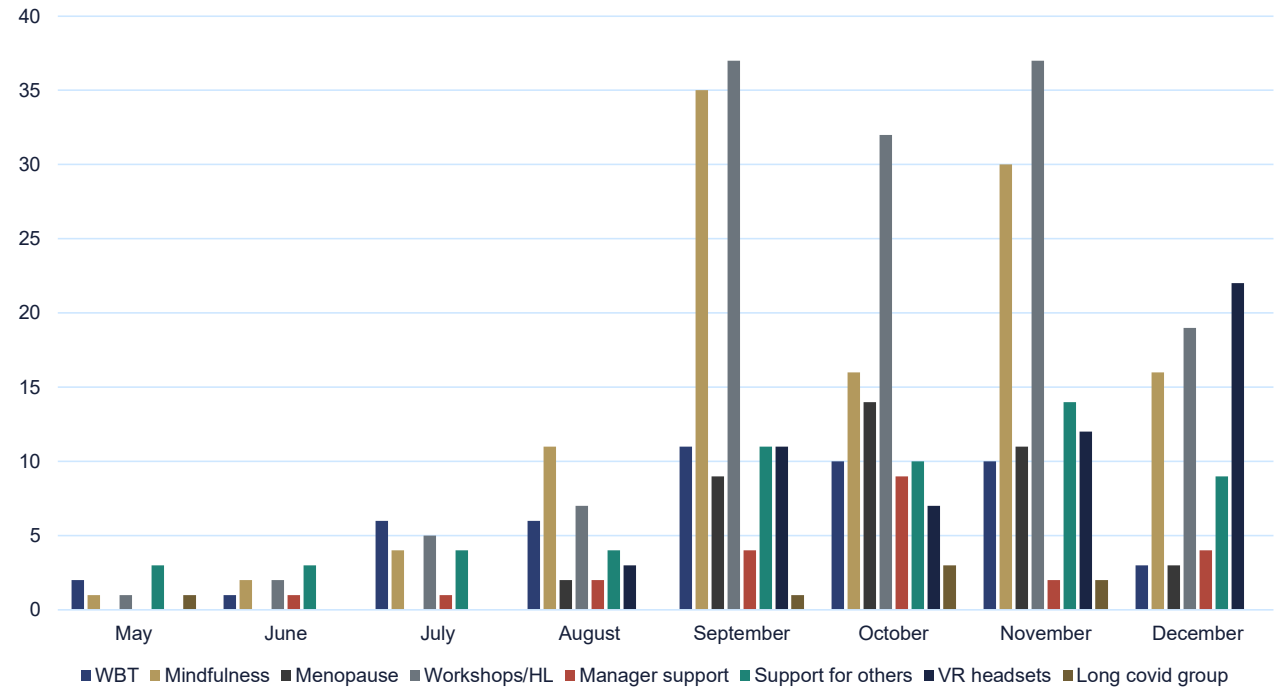
Wellbeing Service Referrals
 01/05/22 - 31/12/22





The biggest increases in referrals have been for our workshops, Healthy Lifestyles course and for Mindfulness Based Living interventions

Breakdown of Referrals





Recommendation:

The Board or Committee are asked to:

- *Note the results of the 2022 Wellbeing Staff Survey and the proposed actions*



PEOPLE & CULTURE COMMITTEE- FORWARD WORK PLAN 2023/24				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Deferred from November 2022 meeting.	Additional Item	Employee Wellbeing Policy	Assistant Director of Policy, Governance & Compliance	8 February 2023
Requested at agenda planning for November meeting to add to forward plan	Additional Item	Anchor Institution Activity Report	Tom Powell	8 February 2023
Requested at agenda planning for November meeting to add to forward plan	Additional item	Equality Annual Report	Assistant Director of Policy, Governance & Compliance	8 February 2023
Requested at agenda planning for November meeting to add to forward plan	Additional item	Gender Equality Report	Assistant Director of Policy, Governance & Compliance	8 February 2023
Requested at agenda planning for November	Additional Item	Outcome of the Staff Wellbeing Survey	Assistant Director of OD and Wellbeing	8 February 2023

meeting to add to forward plan				
Requested at agenda planning for November meeting to add to forward plan	Additional Item	PCH: Progress on Cultural Transformation & Improvement Work	Richard Hughes	8 February 2023
Requested at agenda planning for November meeting to add to forward plan	Additional item	Maternity & Neonates: Progress on Cultural Transformation & Improvement Work	To be confirmed	8 February 2023
Requested at agenda planning for February 23 meeting.	Additional Item	Overview and Ambitions for the Strategic Equality Plan	Assistant Director of OD and Wellbeing	8 February 2023
Requested at agenda planning for February 23 meeting.	Additional item	Overview and Ambitions for the Strategic Equality Plan – Deep Dive	Assistant Director of OD and Wellbeing	10 May 2023
Action arising from the November 22 meeting	Additional item	Staff Recognition Programme	To be confirmed	10 May 2023

Completed Activity from the Forward Work Programme

Requested at agenda planning for November 22 meeting	Additional Item	Ratification of Chairs Action – Nursing & Midwifery Rostering Policy	Assistant Director of Policy, Compliance & Governance	9 November 2022 - Completed
Requested at agenda planning for November 22 meeting	Additional Item	Industrial Injury Policy	Assistant Director of Policy, Compliance & Governance	9 November 2022 - Completed
Requested via email	Additional Item	Alternative Pension Payment Contributions for Medical and Dental Staff	Assistant Director of Policy, Compliance & Governance	9 November 2022 - Completed
Action arising from August 22 meeting	Additional Item	Outcome of Committee Self Effectiveness Survey	Director of Corporate Governance	9 November 2022 - Completed
Requested at agenda planning for November 22 meeting	Additional item	Pathology: Cultural transformation & Improvement Work	Clinical Service Group Manager, pathology	9 November 2022 - Completed
Requested at agenda planning for November 22 meeting	Additional Item	Maternity & Neonates; Cultural Transformation & Improvement Work	Care Group Nurse Director	9 November 2022 - Completed
Requested at agenda planning for November 22 meeting	Additional Item	Nursing Workforce Update	Deputy Director for People	9 November 2022 - Completed
Requested at agenda planning for	Deferred item	Medical Staffing Value & Efficiency Progress Report	Medical Director	9 November 2022 - Completed

August 22 meeting deferred to November 22				
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