

People & Culture Committee

Wed 11 May 2022, 09:30 - 12:30

Virtual Via MS Teams



Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

Chair

1.1. Welcome & Introductions

Chair

1.2. Apologies for Absence

Chair

To Note

1.3. Declarations of Interest

Chair

To Note

09:30 - 09:30 2. CONSENT AGENDA

0 min

2.1. Items For Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 13 October 2021

 2.1.1 Unconfirmed Minutes 13.10.21 P&C Committee 11 May 2022.pdf (12 pages)

2.1.2. Committee Ratification of Chairs Action - Pregnancy and Loss Policy

Chair

For Ratification of Chairs Action


 2.1.2 Pregnancy & Loss Policy Cover Report P&C Cmt 11.5.22 wpj.pdf (3 pages)

 2.1.2a Pregnancy and Loss Policy P&C Committee 11 May 2022.pdf (15 pages)

2.1.3. Committee Ratification of Chairs Action - Flexible Working Policy

Chair

For Ratification of Chairs Action

 2.1.3 Flexible Working Policy Cover Report P&C Committee 11 May 2022.pdf (3 pages)

 2.1.3a Flexible Working Policy P&C Committee 11 May 2022.pdf (22 pages)

2.1.4. Committee Ratification of Chairs Action - Industrial Injury Benefit

Chair

For Ratification of Chairs Action

 2.1.4 Industrial Injury Policy Cover Report P&C Committee 11 May 2022.pdf (3 pages)

 2.1.4a Industrial Injury Benefit Policy P&C Committee 11 May 2022.pdf (17 pages)

2.1.5. Committee Ratification of Chairs Action - Carers Leave

Chair

For Ratification of Chairs Action

- 📄 2.1.5 Carer's Leave Policy Cover Report P&C Committee 11 May 2022.pdf (3 pages)
- 📄 2.1.5a Carers Leave Policy P&C Committee 11 May 2022.pdf (20 pages)

2.1.6. Committee Annual Cycle of Business 2022-23

Georgina Galletly

For Approval

- 📄 2.1.6 Annual Cycle of Business Cover Report P&C Committee 13 May 2022.pdf (2 pages)
- 📄 2.1.6a Draft Annual Cycle of Business 2022-23 P&C Committee 11 May 2022 v2.pdf (3 pages)

2.1.7. Review of Standing Orders - Committee Terms of Reference

Georgina Galletly

For Noting/Review

- 📄 2.1.7 Terms of Reference Cover Report P&C Committee 11 May 2022.pdf (2 pages)
- 📄 2.1.7a Appendix 1 TORs P&C Committee 11 May 2022.pdf (10 pages)

2.2. Items for Noting

2.2.1. Inter Committee Referral - Quality & Safety Committee

Chair

The Quality & Safety Committee referred Issues in relation to Workforce Planning within Pathology, including Haematology and Immunology. It was referred because the Committee had been alerted to ongoing pressures and fragility of staffing within these three service areas. The Committee were asked to look at short term planning in order to address the issues and any actions that could be taken to address recruitment issues being experienced in the short and medium term.

An update is provided on the actions taken to address these issues in Agenda Item 3.2.5 under Workforce Planning Issues.

For Noting

2.2.2. Committee Terms of Reference

Georgina Galletly

For Noting

2.2.3. Action Log - to follow

Chair

For Noting

09:30 - 09:30
0 min

3. MAIN AGENDA

3.1. Governance

3.1.1. Organisational Risk Register

Georgina Galletly

For Discussion/Review

- 📄 3.1.1a- Organisational Risk Register March 2022- Cover Paper -P&C May 22.pdf (4 pages)
- 📄 3.1.1b Appendix 1 - Master Organisational Risk Register - March 22 - to P&C May 22.pdf (4 pages)

3.2. INSPIRING PEOPLE

3.2.1. Disclosure & Barring Service Assurance

Karen Wright

For discussion/Noting

 3.2.1 Disclosure & Barring Service P&C Committee.pdf (7 pages)

3.2.2. Employee Relations Report

Karen Wright

For Discussion/Noting

 3.2.2 Employee Relations Activity PC Committee 11 May 2022 (003).pdf (8 pages)

3.2.3. Management Leadership & Development - to follow

Michelle Hurley-Tyers

For Discussion/Noting

3.2.4. Employee Experience & Wellbeing

Clare Wright / Rebecca Watkins

For Discussion/Noting

 3.2.4 Employee Experience P&C Committee 11 May 2022 v2.pdf (9 pages)

 3.2.4a Employee Wellbeing Presentation P&C Committee 11 May 2022.pdf (12 pages)

3.2.5. Workforce Planning and Education Commissioning Programme

Helen Watkins

For Discussion/Noting

 3.2.5 Workforce Planning Education Commissioning P&C Committee 11 May 2022.pdf (8 pages)

3.2.6. Workforce Metrics Report

Hywel Daniel

For Discussion/Noting

 3.2.6 Workforce & OD Metrics P&C Committee 11 May 2022.pdf (9 pages)

09:30 - 09:30
0 min

4. OTHER MATTERS

4.1. Committee Highlight Report to Board

Chair

4.2. Forward Work Plan

Chair

 4.2 Forward Work Plan P&C Committee 11 May 2022.pdf (2 pages)

4.3. Any Other Urgent Business

4.3.1. How Did We Do Today?

Chair

09:30 - 09:30 **5. DATE OF NEXT MEETING**
0 min

10 August 2022 at 9:30 am



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

People & Culture Committee

Held on 13 October 2021 at 9:00 am
as a Virtual Meeting via MS Teams

Present:

Dilys Jouvenat	Independent Member (in the Chair)
Mel Jehu	Independent Member
Nicola Milligan	Independent Member

In Attendance:

Hywel Daniel	Executive Director for People
Helen Watkins	Deputy Director for People
Karen Wright	Assistant Director, Workforce & Organisational Development
Cally Hamblyn	Assistant Director of Governance & Risk
Greg Dix	Executive Director of Nursing & Midwifery
Ash Wagle	Assistant Medical Director for Workforce (interim)
Paul Harrison	Head of Workforce Productivity & E Systems
Ana Llewellyn	Nurse Director, Bridgend ILG (in-part)
Sharon Nash	Head of Organisational Development
Sharon O'Brien	Assistant Director of Nursing (in part)
Nick Carter	Learning & Development Manager
Ben Durham	Lead Nurse for Professional Practice and Quality Assurance (in part)
Sara Utley	Audit Wales (Observing)
Sara Mason	Head of Workforce & Organisational Development
Kathrine Davies	Corporate Governance Manager (Secretariat)

10.21.1 PRELIMINARY MATTERS

10.21.2 Welcome & Introductions

The Chair welcomed everyone to the meeting including Helen Watkins, Deputy Director for People, who was attending her first meeting of the Committee since joining the Health Board.

10.21.3 Apologies for Absence

Apologies for Absence were received from Michelle Hurley-Tyers, Assistant Director of Employee Experience and Wellbeing,.

10.21.4 Declarations of Interest

No declarations of interest were received.

10.21.5

CONSENT AGENDA

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

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

ITEMS FOR APPROVAL

10.21.6

Minutes of the People & Culture Committee held on 14 July 2021

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

Committee Ratification of Chairs Action - All Wales Secondment Policy (approved under the urgent Chair's Action following the July 2021 Meeting).

Resolution: The Policy was **APPROVED**.

Pregnancy Loss Leave Provision Policy

Resolution: The Committee **AGREED** to take Chairs Action outside of the meeting for ratification following approval by the Policy Group.

ITEMS FOR NOTING

10.21.7

Revised NHS Wales Raising Concerns Procedure (for approval via Management Board)

Resolution: The Procedure was **NOTED**.

MAIN AGENDA

GOVERNANCE

10.21.8

Organisational Risk Register

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 was **RECEIVED**.

The Committee **NOTED** that the Integrated Locality Groups (ILGs) had made good progress in cleansing their risks and were on track to complete by the end of October 2021.

In discussing the Risk Register the following points were raised:

N. Milligan queried risk 4157 and advised that this was now outdated, the task and finish group had not met since March 2021 despite numerous emails from the compliance team requesting the policy to be addressed. H. Daniel advised that this risk would need to be addressed and updated as a matter of urgency outside of the meeting.

K. Wright advised that it has been challenging to identify a nursing representative and agreed to escalate the request to the Director of Nursing.

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

Action: Discussions to be held outside of the meeting to finalise the Nurse Rostering Policy and update the Risk.

10.21.9

Internal Audit Report - Welsh Language Standards

K. Wright advised that the report concluded a 'reasonable assurance' rating. The report identified a number of issues that were being taken forward to support compliance. The terms of reference for the Welsh Language Group were being reviewed to ensure senior membership from the Integrated Locality Groups (ILGs).

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

IMPROVING CARE

10.21.10

Key Principles for International Nurse Induction

G. Dix, S. O'Brien and B. Durham presented the report that provided an update on the current status of the overseas nurses recruitment and the completion of the overseas competency booklet.

N. Milligan expressed disappointment that Ward Managers were having to be encouraged to send the Overseas Nurses on training and queried why the Nurse Managers were not issuing the competency booklets. H. Daniel advised that learning should be taken from this for future runs of international recruitment. One of the issues that had arisen was to ensure that there was support for the clinical areas that were joined by overseas nursing staff.. Nursing vacancies had increased since September 2019 which was positive, however, there still were significant vacancies to fill.

M. Jehu drew attention to the three key risks outlined in the paper and queried whether there were any actions to mitigate those risks seeking assurance that patient safety was not being compromised. In response, G. Dix advised that patient safety was not being compromised as if the Ward Manager or Senior Nurse felt that any individual had not reached their competency level they would remain at super numery. He advised that when the Nursing Medical Council (NMC) registered new nurses from a legal perspective they would have to be confident that they had reached their required standard to work as a registered nurse.

G. Dix advised that in relation to the competencies, there were specific competencies for specialist areas such as medicine that would be required for staff to work in those areas.

G. Dix highlighted that all of the Practice Development Nurses (PDNs) had been re-deployed at the height of the Covid-19 pandemic and Cohort 1 and 2 had been utilised for the un-commissioned capacity areas.

G. Dix advised that the comments in the Teams meeting chat bar with regard to following the lead of the BAME Network where they were actively supporting nurses within that network would be explored in terms of providing support to the overseas nurses.

Resolution: The Committee **NOTED** the report and; **NOTED** that due to the seconded staff no longer being in role, the route to completion of the competency booklet was limited to using the assistance of the generic PDN workforce within the Health Board. However this would be limited due to scarce availability of the PDNs, coupled with other education and training work streams taking priority.

INSPIRING PEOPLE

10.21.11

Living Wage Accreditation

K. Wright presented the report that provided the Committee with an update on the Health Board's ambition and commitment to becoming an accredited Living Wage Employer

Resolution: The Committee **NOTED** the Health Boards ambition and commitment to becoming an accredited Living Wage Employer;

NOTED the progress being made to become an accredited Living Wage Employer;

NOTED the Health Board was working towards achieving Living Wage Employer accreditation, by 31 January 2022.

10.21.12

Values & Behaviours Update

H. Daniel and S. Nash presented the report that provided an update on the progress against the initiatives designed for long-term sustainability and planned actions to sustain the work that has already been undertaken.

M. Jehu commented that he recognised the significant amount of work underway and advised that he was pleased to see the shift from the structures and surveys to now asking how people actually feel within the organisation. N. Milligan commented that a number of conversations had taken place in relation to this and it was felt that it was making strides with positive feedback from some staff that they do feel listened to and valued.

N. Milligan queried page five of the report where it stated "we invest in appointing individuals who are a strong fit for us organisationally, culturally or professionally" and advised that it should read as "culturally and professionally". In terms of value based recruitment the job descriptions should also be

more positive rather than negative statements such as managing conflict, dealing with grievances etc.

N. Milligan asked as it was world values week next week was there a plan for the Executive Team to consider the responses received from staff in relation to the questions and feedback to close the loop. S. Nash confirmed that the feedback would be fed back to the Integrated Locality Groups (ILGs) as well as posted on sharepoint.

A Wagle queried whether reverse mentoring had been considered. S. Nash confirmed that it had not as yet but would be considered in the future and would be led by the BAME network.

Resolution: The Committee **NOTED** the progress towards actions cited in the April 2021 update and **SUPPORT** the continued actions to move us closer to our desired culture.

10.21.13

CAMHS Update

Ana Llewellyn provided a presentation on the current CAMHS Service provision within the organisation.

N. Milligan advised that she had received a communication expressing some concerns with regard to culture within one area of the services and it was agreed that she would link in with A Llewellyn outside of the meeting.

The Chair thanked A. Llewellyn for her presentation and advised that CAMHS regularly reported to the Quality & Safety Committee who had noted that they were pleased to see improvements being made and the issues that had been raised taken seriously.

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

Action: N. Milligan and A. Llewellyn to discuss concerns raised in one specific area outside of the meeting.

10.21.14

Pathways to Employment

H. Daniel presented the report.

N. Milligan commented that she found the report really heartening as it showed investment in our population through these pathways.

The Chair advised that it was pleasing to read about the apprenticeships and queried whether value based recruitment would be used to promote the values. S. Nash confirmed that it would.

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

10.21.15

Fatigue and Facilities Charter for Medical Staff

D. Hurford and P. Harrison presented the report which outlined the establishment of a Fatigue and Facilities Committee to implement the British Medical Association's Fatigue and Facilities Charter.

P. Harrison circulated the Charter for members to review.

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

10.21.16

Just & Learning Culture

K. Wright presented the report that outlined the progress made over the last twelve months, to implement and embed the Listening, Learning and Improvement culture, across the Health Board.

M. Jehu queried paragraph 2.4 and the wording on the first bullet point which stated 'deliberate harm – was there intent' and advised that when a member of staff was asked to complete the form how would they establish if there had been any deliberate harm or intent and where was the duty of care to staff as this could possibly lead to huge implications. K. Wright clarified that there were a series of questions that should be explored with individuals around different aspects of the incident and if someone had clearly not followed that process resulting in harm when they should have followed the procedure. The process was well established and had been tried, tested and evaluated by several studies for incidents where there were system failures.

H. Daniel advised that there would be further discussions with the Medical Director and Director of Nursing with regard to the clinical and professional element prior to this being

implemented. Welsh Government had allocated £140k funding for training which would be undertaken by Mersey Care.

D. Jouvenat stated that the point with regard to the wording made by M. Jehu was very relevant and required review in order to ensure the Health Board avoided becoming a blame culture.

K. Wright advised that a clinical review would always be undertaken before the form would need to be completed.

G. Dix advised that he was a huge advocate of the work and it could transform organisations. However, as with all cultural change it could take time and thought needs to be given to the serious incident toolkit and the principles of how serious incidents were managed. With regard to the national release of the Quality Governance Framework the team were undertaking a gap analysis against the Health Boards local Quality Governance Framework and this work would need to be aligned to the work that L. Mann was undertaking with the patient safety team.

H. Daniel advised that this was a positive piece of work acknowledging there was still a lot more to do to ensure that it was woven into the patient safety process. The training would provide a good opportunity to carry out some meaningful face to face training. The work complements the activity being undertaken with the values and behaviours, freedom to speak up, the work in Princes Charles Hospital and CAMHS and there needs to be a clear plan working alongside the patient safety team.

The Chair thanked K. Wright for the report, recognising that this was an important piece of work but was still in its infancy.

Resolution: The Committee **NOTED** the progress made over the last 12 months, to implement and embed the Listening, Learning and Improvement culture, across the Health Board.

10.21.17

Statutory & Mandatory Training Progress Report

N. Carter presented the report providing the Committee with an update on progress with statutory and mandatory training compliance.

N. Milligan referred to page 3 and the table that showed fire and resuscitation training as low areas of compliance. N. Carter advised that a report had been submitted outlining a more robust approach for resuscitation training which should help to improve the levels of compliance.

N. Milligan advised that corporate staff were more fortunate to have access to the electronic staff record (ESR) unlike staff within clinical areas and queried what support would be provided to those staff in the learning week and with regard to protected time. N. Carter advised that the Learning and Development (L&D) team would liaise with the Heads of Workforce colleagues to agree the most suitable times for staff to engage and also to utilise the on-site libraries. N. Milligan suggested that the action for the red areas needs to be no further action from L&D.

G. Dix commented that it was good to see this all coming together in one report however, expressed concerns regarding compliance rates and suggested discussions should be held with the ILG Directors in terms of governance and compliance. It was stressed that it was not the responsibility of L&D colleagues to ensure that compliance rates were meeting targets, but it was a management responsibility along with professional colleagues and professional standards and this should be discussed by the Quality & Safety Committee.

N. Carter advised that this was a new team with a refocused agenda and they were meeting with workforce colleagues and clinical service groups to ascertain exactly what was required from staff and this work would begin at pace from November 2021, reviewing every clinical post within the Health Board to ensure that the right training requirements were in place, using a business partner approach to enable colleagues to work with the ILGs.

G. Dix queried the data for the levels of staff out of compliance with their statutory and mandatory training. N. Carter advised that he didn't have the data to hand but the data could be provided.

H. Daniel supported the comments made by G. Dix and queried whether there was a piece of work to do with regarding communicating to registrants about their statutory and mandatory training and the expectation of them to complete

this as professionals. The new pay progression due to commence in October 2022 should help as an incentive to increase the compliance, however a lot of staff were at the top of their pay band and not receiving increments until the fifth year and this should be taken into consideration. Work had been undertaken on ILG performance developing from the bottom up with the clinical service groups and the shift had been negligible and would require a separate discussion with the ILGs and the Chief Operating Officer.

G. Dix advised that with regard to risk stratification on training there had been some conversations held with the ILGs on compliance levels and where focus should be prioritised.

Resolution: The Committee **NOTED** the actions to improve compliance across CTMUHB and encourage compliance in their respective areas of work;

NOTED that a DATIX issue remained relating to over 1,400 posts not being provided the correct training requirements. In the short term, this issue would cause compliance to reduce, however in the longer term compliance would increase as a result of accurate reporting. To mitigate this risk, a process to update new and historic training requirements had commenced, which would terminate the risk. In the meantime, the risk incident remained and was being monitored on a monthly basis;

NOTED that significant reliance on L&D remained in relation to managing compliance activity. The Committee therefore **NOTED** the need for ownership and accountability for compliance to be held by respective managers and leaders in each of the ILGs and corporately.

NOTED that Pay Progression was due to commence in October 2022, and the Committee **NOTED** that staff who would be subject to pay progression would be required to complete 100% of their training, ensuring any barriers to completing compliance activities, specifically at level one, were addressed.

10.21.18

Employee Relations Report

K. Wright presented the report that provided a formal update in respect of ongoing Employee Relations cases and trends within the Health Board. The activity figures relate to the period 1 October 2020 – 30 September 2021.

H. Daniel advised that there had been significant caseloads in Prince Charles Hospital and the team had been working with Trade Union colleagues to conclude and the levels had now dropped back down to a more appropriate level. H Daniel extended his thanks to the team in Prince Charles Hospital and workforce colleagues.

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

10.21.19

Workforce Metrics Report

H. Daniel presented the report which provided the Committee with the key workforce metrics for the period July – August 2021, with historic trends shown as appropriate.

N. Milligan queried the length of time taken to move from unconditional to conditional offers with the average being 51 days and the target was 27. H. Daniel advised that there were considerable challenges in occupational health with staffing currently with reliance on agency staff. Pre-employment checks had increased by 50% to almost 3,000. The Executive Team had received an update on an external review that had been undertaken and were also exploring robotic solutions to the pre-employment questionnaire and trialing that approach. Workforce colleagues were working with ILG colleagues to find a solution in Bridgend.

D. Jouvenat queried whether all pre employment checks were referred to occupational health. H. Daniel advised that there was a process which identified those that required referral and those where checks could be completed in a written form.

G. Dix advised that maximising the use of risk assessments was fundamental, however, managers would require support to do this and noted that this would be raised through all the professional groups. This was discussed at the Nurse Directors meeting with the Chief Nursing Officer and the position was the same across Wales and support should be maximised for managers to undertake the risk assessments.

P. Harrison advised that overseas recruitment could sometimes make the figures higher and he would review the data to see if that was making the picture look worse than it should be.

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

Action: Review data for pre-employment checks to establish whether the overseas recruitment was making the figures look higher.

10.21.20 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.

10.21.21 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.

10.21.22 Any Other Urgent Business

No further items of business was identified.

10.21.23 How did we do today?

A discussion was held to evaluate the meeting. The following responses were provided:

- The Committee considered that the meeting had been managed well to allow for open and balanced discussion.
- The values were considered and acted in a way that supported them being embedded across CTM.
- The meeting maintained a strategic focus and sufficient assurance was received from a range of sources to allow the Committee to better understand the risks being managed that might affect the achievement of the strategic goals.

10.21.24 DATE AND TIME OF NEXT MEETING

9 February 2022 at 9.00 am.



AGENDA ITEM
2.1.2

PEOPLE & CULTURE COMMITTEE

RATIFICATION OF APPROVAL OF PREGNANCY AND LOSS POLICY

Date of meeting	11/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Workforce Policy Review Group	21.10.21	SUPPORTED
Urgent Chair's Action – People & Culture Committee Members by Email	11.11.21	APPROVED

ACRONYMS	



1. SITUATION/BACKGROUND

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

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

- 2.1 The Pregnancy and Loss Policy was reviewed in partnership and the revised version was agreed by the Workforce Policy Review Group on the 21 October 2021. Given the Committee had only recently met on 13th October 2021 and was not due to meet again until February 2022 Dilys Jouvenat, as Chair of the People & Culture Committee, agreed to this item being circulated to Committee Members seeking approval under Chair's Urgent Action.
- 2.2 This request was circulated seeking Committee Member approval on 11 November 2021. Such action requires support from the Committee Chair, two Independent Members of the Committee and the Executive Lead. This was gained on 15 November 2021 from the following:
- Dilys Jouvenat, Committee Chair
 - Mel Jehu, Committee Member
 - Nicola Milligan, Committee Member
 - Hywel Daniel, Executive Director for People.
- 2.3 Under Standing Orders a request seeking ratification of this Chair's Urgent Action would normally have been put before the Committee at its next meeting. On this occasion this was not possible due to the February 2022 meeting of the Committee being stood down due to Covid-19. The May 2022 meeting of the Committee is the first time for the Committee to have met since that time and ratification is duly sought.

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

- 3.1 The request for approval of the Pregnancy and Loss Policy under Chair's Urgent Action was actioned as per required processes as detailed above.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity 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 policy is not adhered to, as identified, if applicable, within the policy.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 The People & Culture Committee is asked to ratify the approval of the Pregnancy and Loss Policy undertaken via Chair's Urgent Action as set out above.

PREGNANCY AND LOSS POLICY

Document Type:	Policy
Reference:	WOD45
Author:	Karen Wright, Assistant Director of Policy, Governance and Compliance
Executive Sponsor:	Executive Director of People
Approved By:	Workforce Policy Review Group, Local Partnership Form (October 2021) and Management Board (25 November 2021)
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 and managers of Cwm Taf Morgannwg University Health Board and its hosted organisations.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: xx/xx/2021 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:	xx/xx/2021
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



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

Pregnancy loss is a term used to describe the death of an unborn baby (foetus) at any time during pregnancy. Cwm Taf Morgannwg University Health Board understands the loss of a pregnancy can be a devastating experience, for those directly affected. If you are reading this policy because you have suffered a pregnancy loss, we wish to offer you our condolences.

Sadly, pregnancy loss is more common than we think, occurring in as many as one in every four pregnancies, (three in four losses occur within the first trimester (before the 12th week of pregnancy)). However, it is still a matter, which many who have experienced or been affected by, do not speak openly about in the workplace. Consequently, this type of loss and bereavement are frequently not recognised nor are the associated short and longer term physical and physiological health and wellbeing effects, it can have on those directly affected.

The Health Board understands that there are many possible reasons why employees do not talk about their pregnancy loss. By putting in place this policy, which offers our eligible employee's bereavement leave with pay and providing a supportive work environment, we hope that it will encourage our employees regardless of their gender to open up and talk about pregnancy loss and help to break down this taboo subject. We also hope it provides our employees with the necessary reassurance that they can confide in, seek and receive support from their manager, to help manage the emotional and physical effects on their ability to attend and performance at work.

While there are a number of Workforce and OD Policies Procedures in place to balance an employee's personal and work needs at a time of bereavement, these provisions do not extend naturally to all of the circumstances and types of pregnancy loss.

The Health Board is therefore fully committed to supporting all employees who experience the loss of a pregnancy, whether it happens directly to them, their partner, surrogate, identified birth mother (matched adoption cases), and regardless of the nature of their loss, and whatever their length of service.

2. PRINCIPLES

This policy seeks to ensure the following principles:

- Employees subject to this policy will be treated fairly and with dignity and respect;
- Employees will not be discriminated against or judged by their manager, when requesting time off to recover from a pregnancy loss;
- The manager will apply the policy provisions contained in this policy flexibly, to respond to the employee's needs and wishes;
- The manager will consider the needs of the service when assessing the employee's needs;

- The policy is consistently applied, understanding that employee's specific circumstances and needs must also be taken into account;
- Employees affected by pregnancy loss are actively encouraged to be as open and honest as they can be with their manager. This will assist to review and work through the policy and support options, to ensure appropriate measures are put in place by the manager, to support the employee's needs;
- Managers will understand that every employee's experience and reaction to of pregnancy loss will be different, depending on the circumstances. The manager will be required to engage with the employee, to understand how they are feeling and their and needs, to assist them to cope with their loss and grieve;
- Information relating to a pregnancy loss, disclosed by the employee to their manager will be dealt with in a confidential and respectful manner;
- The manager will respect an employee's wishes, should they not wish their pregnancy loss disclosed to others. They should always ask the employee what information, if any, should be communicated to their colleagues, regarding their absence;
- The manager will understand that many employees, but not all, will need some time off work to recover from the physical and / or emotional trauma;
- The manager will understand that some employee's may prefer to be in work in the early stages of bereavement, to retain a sense of normality and may need time off work later, when they have come to terms with their loss; and
- The manager reminds the employee of the free and confidential support services available to them through the Health Board's Employee Assistance Programme, provided by [Vivup](#).

3. SCOPE

This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

When an expectant c suffers a pregnancy loss after 24 weeks, they will entitled to the provisions contained within Section 16 of the Health Board's Maternity, Paternity, Adoption and Surrogacy Policy. In these circumstances, their partner will be entitled to time off work, in accordance with the provisions contained within the Pregnancy and Loss Policy. They may also be entitled to apply for emergency leave, to care for their partner, in accordance with the provisions contained within Section 7.1.1 of the All Wales Special Leave Policy.

Pregnancy loss includes but is not limited to:

Reference:WODxx v2 Draft

Policy Title: Pregnancy and Loss Policy - NEW

- **Miscarriage:** the spontaneous loss of pregnancy until 24 weeks of gestation. [NHS Information on Miscarriage](#)
- **Stillbirth:** the loss of a baby after 24 weeks, before or during birth. [NHS Inform Information on Stillbirth](#) [NHS Information on Stillbirth](#)
- **Termination:** a medical or surgical procedure to end a pregnancy. [NHS Information on Termination](#)
- **Ectopic Pregnancy:** when a fertilised egg implants and grows outside of the uterus. [NHS Information on Ectopic Pregnancy](#)
- **Anembryonic Pregnancy:** when the cells of a baby stop developing early on, and the tiny embryo is reabsorbed. However, the pregnancy sac, where the baby should develop, continues to grow. [Miscarriage Association Information on Anembryonic Pregnancy](#)
- **Molar Pregnancy:** a rare form of pregnancy in which a non-viable fertilised egg implants in the uterus and will fail to reach full term. [NHS Information on Molar-Pregnancy](#)
- **Neonatal Loss:** the loss of a baby within the first 28 days after they are born, often caused by premature births or genetic disorders.

The provisions for the child-bearing parent in these circumstances are set out in the Maternity, Paternity, Adoption and Surrogacy Policy. In these circumstances, their partner will be entitled to time off work, in accordance with the provisions contained within Section 7.1.3 of the All Wales Special Leave Policy. Learn more about neonatal loss [Tommys Information on Neonatal Loss](#)

- **Embryo transfer loss** – when the embryo does not transfer during fertility treatment and results in no pregnancy. Learn more about embryo transfer loss www.liverpoolwomensnhs.uk

4. AIMS AND OBJECTIVES

The Health Board is committed to working practices, which support and enhance its reputation as a supportive and caring employer. In keeping with our values and behaviours the aims and objectives of this policy are to:

- Outline the support and advice that is available to employees and may be useful, should they need it, due to suffering a pregnancy loss, either directly or indirectly;
- Ensure that managers and colleagues listen to and respect the employee's wishes and specific needs during this time. That they learn from each unique experience, and in doing so, overtime help to improve employee's experience, at what may be a very difficult and sad time for them and their family; and

- Ensure managers and colleagues treat employees suffering pregnancy loss with dignity and respect. Recognising that pregnancy loss is a bereavement for many and that it is an issue that is not confined to women and heterosexual couples.

5. PROCEDURE

5.1 Paid Pregnancy Loss Leave

Regardless of the reason, employees (including partners, surrogates and the adoptive parents in an approved matched adoption placement) who have been affected by a pregnancy loss, before week 24 are entitled to a maximum of ten working days full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours.

Should the Health Board employ the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

Should an employee suffer more than one pregnancy loss in a calendar year they will be entitled to receive the maximum amount of paid leave, per episode.

To apply for leave following a pregnancy loss, the employee should complete the Pregnancy Loss Application Form (**Appendix A**). There is no requirement to provide a fit note from their Midwife / GP. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they discuss and verbally agreed the leave.

5.2 Additional Sickness Absence Leave

Emotional and physical recovery from a pregnancy loss does not have a time limit. Grieving could go on longer than the initial bereavement event.

The employee may therefore require a further period of absence from work, following the period of paid leave. The additional absence by the employee could be facilitated by the [Managing Attendance at Work Policy](#) and / or the [Flexible Working Policy](#) or by taking unpaid leave.

5.3 Paid Time Off for Medical Appointments

Employees will be entitled to receive additional paid time off to attend pregnancy loss related appointments, or to accompany their partner, should they not fall within the agreed period of paid pregnancy loss leave (10 working paid days, pro-rata part-time staff). This will include but is not limited to medical examinations, scans and tests, and mental health-related appointments.

Managers should recognise that it would not always be possible for employees to arrange these appointments around the demands of their work, due to the nature of pregnancy loss. Therefore, they should support employees in managing the impact

of time away from work, in these circumstances.

5.4 Flexible Working

The Health Board recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aims to facilitate flexible working requests for these employees, wherever possible.

The Health Board has an established [Flexible Working Policy](#) that allows employees to make a temporary or substantive change to their contract e.g. reduction in hours / working days.

Should the employee require short-term flexibility, they may wish to consider the following options:

- A phased return to work;
- Work from home on a temporary basis or a temporary hybrid office / work from home model;
- More breaks and time away from their computer;
- Flexibility to work in other areas of the building, when in the office to provide them with privacy;
- Earlier start times and finish times, to avoid peak travel times when travelling into work;
- Reducing the requirement to attend department / Health Board meetings; and
- Turning their camera off when on Teams calls;

N.B. This list is not exhaustive.

The employee is required to discuss and agreed any flexible working arrangement with their manager. The manager is responsible for reviewing the arrangement on a regular basis, to ensure these adjustments continue to meet the needs or are still required by the employee.

5.5 General Support

The Health Board aims to facilitate an open and understanding working environment. Employees are therefore encouraged to inform their manager that they are suffering a pregnancy loss at an early stage. This will help to ensure that they are provided with the necessary support, in a timely manner.

Where an employee does not initially feel comfortable discussing the issue with their direct line manager, they may find it helpful to have a confidential conversation with

- A trusted manager or colleague;
- A Mental Health First Aider;
- The Employee Assistance Programme – [Vivup](#)
- The Wellbeing Service;
- An Occupational Health Department Nurse or Consultant;

- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- An external bereavement support charity or organisations (See **Appendix B**);
- A ILG HR Business Partner; or
- A Trade Union representative:

6. MANAGERIAL RESPONSIBILITIES

- To be mindful of the potential immediate and longer-term effects of grief, when dealing with a bereaved employee;
- To be familiar with this policy and to implement the provisions fairly, equitably and with sensitivity and compassion;
- To have an initial conversation with the employee, to offer condolences, when they disclose their loss to them.
- To assure the employee, where necessary not to worry about any work related matters. Work related matters should only be discussed with the employee where they are business critical and there is no one else in the team that covers this element of work;
- To understand that it is common for some employees not to be able to talk to anyone about their loss, either immediately or very soon after it has happened. In these circumstances the manager should contact the employee by email or voice mail to give their condolences and confirm that they will contact the employee in a day or so;
- To understand the employee's rights in respect of paid time off work, in the event of a pregnancy loss;
- To understand that some employees may prefer to be in work in the early stages of bereavement, to retain a sense of normality. The manager should be mindful of keeping this option open to the employee, but without any pressure to take it up and with an acknowledgement that they may need time off work at a later date.
- To take into account the employee's particular circumstances and acknowledgement that they may need additional time off work, following a period of pregnancy loss leave;
- To understand the employee's right in respect of additional paid time off to attend medical appointments related to the pregnancy loss;
- To discuss with the employee, where appropriate, a phased return to work, any temporary changes or permanent adjustments that they may need to their hours

/ days of working, role etc. to enable them to return to work, when they are ready to do so;

- To welcome the employee back to work and check in with them on a regular basis to ensure that they are settling back in during the first few weeks of their return;
- To make the employees aware of the bereavement, counselling services etc. provided free and confidentially via the Health Board's Employee Assistance Programme [Vivup](#).
- To be aware that bereavement can have a long-lasting impact and that the employee may need ongoing flexibility and support.
- To record the approved pregnancy loss leave under the employee's ESR Special Leave record. Record the **Absence Reason** as **Bereavement** and the **Related Reason** as **Pregnancy Loss**.

7. EQUALITY IMPACT ASSESSMENT STATEMENT

The policy relevance to equality has been screened using the Equality Impact Assessment. There were not any negative impacts identified.

8. GETTING HELP

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

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

9. RELATED POLICIES

- All Wales Special Leave Policy;
- All Wales Menopause Policy (may be applicable following an ectopic pregnancy);
- Annual Leave Policy;
- Employment Break Scheme;
- Flexible Working Policy; and
- Maternity Paternity, Adoption and Surrogacy Policy.

10. INFORMATION, INSTRUCTION AND TRAINING

Managers and supervisors will receive support with the implementation of this policy, as required.

11. MAIN RELEVANT LEGISLATION

There are currently no provisions under Agenda for Change or Medical and Dental Terms and Conditions of Service to grant NHS employees paid time off work following pregnancy loss to provide them with time to grieve.

This policy has been developed in accordance with UK private sector organisation's best practice principles, following the implementation of pregnancy loss legislation in New Zealand, during early in 2021.

12. APPENDICES

- Appendix A - Pregnancy Loss Application Form**
- Appendix B - External Bereavement Support Charities and Organisations Contact Details**
- Appendix C - An Overview – Understanding Bereavement, Grief and Loss**



APPENDIX A

PREGNANCY LOSS APPLICATION FORM

Part A: To be completed by the Employee	
Employee's Name:	
Payroll Number:	
Job Title:	
Base:	
Contact Number and email address:	
Line Manager's Name:	
Please answer the questions below:	
Have you directly or indirectly suffered the pregnancy loss? Please circle your answer	<p>Directly i.e. child-bearer or surrogate</p> <p>Indirectly i.e. Partner or father of the baby or adoptive parents</p>
What date did the pregnancy loss occur?	_____ / _____ / _____
Number of days leave requested. (Maximum of 10 days full pay – Pro-rata part-time staff)	
From and To dates leave requested if taking the leave on consecutive days:	<p>From Date _____ / _____ / _____</p> <p>To Date _____ / _____ / _____</p>



Date you wish to take the leave as ad hoc days: Dates may be added to the form on an as and when basis to ensure that there is a full record of the leave granted and taken.	Dates:
Employee's Signature and Date:	<p><i>I can confirm that I have requested the above leave due to the direct or indirect pregnancy loss as outlined above:</i></p> <p>Signature: _____ Date: _____</p>
Part B: To be completed by the Manager	
Paid Pregnancy Loss Leave granted.	<p style="text-align: center;">YES NO</p> <p style="text-align: center;">If No please answer the question below</p>
If you answer No to the above question please provide the reason for your decision:	
Number of days paid leave granted. (Maximum of 10 days full pay)	
Manager's Signature and Date:	<p>Signature: _____ Date: _____</p>

Placed a copy on the employee's personal file and update their ESR
 Special Leave Record (*see Section 6 of the policy*).
 Complete the form retrospectively where you have granted
 leave verbally in advance.

Appendix B

External Bereavement Support Charities and Organisations

Many charities in the UK that provide help, support and information to those are suffering from a pregnancy loss. The following are some of the largest and where applicable, local charities:

♥ [ARC](#)

Is a charity that offers non-directive information and support to parents before, during and after antenatal screening; when they are told their baby has an anomaly; when they are making difficult decisions about continuing with or ending a pregnancy, and when they are coping with complex and painful issues after making a decision, including bereavement.

Telephone: 0207 713 7486. Helplines are answered by trained staff Monday to Friday, 10.00 to 17:30pm.

♥ [Cruse Bereavement Care](#)

Trained bereavement volunteers, who offer emotional support to anyone affected by bereavement, staff the Cruse Bereavement Care free phone national helpline.

Telephone: 0808 808 1677

Email: helpline@cruse.org.uk

Helplines are open Monday-Friday 09.30 to 17.00 (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings, when they are open until 20:00.

♥ [London Friend LGBT Bereavement Helpline](#)

Support for gay, lesbian, bisexual and transgender people expecting or experiencing bereavement.

Telephone: 0207 7837 3337 Tues 19:30 to 21:30

Webpage: www.londonfriend.org.uk

♥ [Miscarriage Association](#)

Provides advice and support to those who had experienced miscarriage, molar pregnancy or ectopic pregnancy.

Telephone: 01924 200799

Website: www.miscarriageassociation.org.uk

♥ [NHS Bereavement Helpline](#)

Qualified nurse that can provide guidance and support to individuals who are suffering a pregnancy loss runs the NHS Bereavement Helpline.

Telephone: 0800 2600 400 – Helpline is open every day 08:00 to 20:00.

♥ [Petals - The Baby Loss Charity](#)

Petals provide a free, counselling service to support women, men and couples through the devastation of baby loss. Their counselling programme meets the needs of those who have suffered pregnancy complications, pregnancy loss or the death of a baby. Their counsellors are

experts in this field, and have years of experience between them of counselling people after all types of baby loss.

Telephone: 0300 688 0068

Email: counselling@petalscharity.org

Website: Petalscharity.org

♥ [Stillbirth and Neonatal Death Society \(SANDS\)](#)

Welcomes calls from anyone affected by a stillbirth of a baby.

Telephone: 020 7436 5881

Email: helpline@uk-sands.org

Website: www.sands.org.uk

♥ [The Ectopic Pregnancy Trust](#)

A registered national charity established to meet the needs of people who have experienced ectopic pregnancy and the health care professionals who care for them.

Telephone: 020 7733 2653

Website: www.ectopic.org.uk

♥ [Tommys](#)

Tommys believe that every baby lost is one too many. Tommy's exists to support, care for and champion people, no matter where they may be on their pregnancy journey. They provide expert, midwife-led advice for parents before, during and after pregnancy, working together towards safer, healthier pregnancies. Click her for [Tommys Baby Loss Support Information](#)

If you would like to speak to one of the Tommys midwives about your pregnancy, or need support and advice following a pregnancy loss, you can contact the team directly.

Telephone: 0800 014 7800 (Monday to Friday, 09:00 to 17:00).

Email: midwife@tommys.org

Website: www.tommys.org

♥ [The Samaritans](#)

24 hour helpline support every day of the year for anyone in distress, including those who are bereaved.

Telephone: 08457 90 90 90

Website: www.samaritans.org

Appendix C

AN OVERVIEW - UNDERSTANDING BEREAVEMENT, GRIEF & LOSS

Bereavement, grief and loss can cause many different symptoms and they affect people in different ways. There is no right or wrong way to feel.

Some of the most common symptoms include:

- shock and numbness – this is usually the first reaction to loss, and people often talk about "being in a daze";
- overwhelming sadness, with lots of crying;
- tiredness or exhaustion;
- anger – towards the reason for the loss;
- guilt – for example, guilt about feeling angry, or not being able to stop their loved one dying.

These feelings may not be there all the time and powerful feelings may appear unexpectedly. It is not always easy to recognise when bereavement, grief or loss are the reason why a person is acting or feeling differently.

Experts generally accept that we go through four stages of bereavement or grief:

1. Accepting that your loss is real;
2. Experiencing the pain of grief;
3. Adjusting to life without the person or thing you have lost;
4. Putting less emotional energy into grieving and putting it into something new.

Most people go through all these stages, but often people will not necessarily move smoothly from one to the next.

It is important that managers and colleagues are mindful of changes in the behaviour, mood and performance of bereaved employees, to ensure that appropriate and timely support is offered, in a sensitive and compassionate manner. It is important to consider the context of other difficulties or work/life events the employee may be coping with, as this can affect how the person may experience and cope with a bereavement and returning to work.



AGENDA ITEM

2.1.3

PEOPLE & CULTURE COMMITTEE

**RATIFICATION OF APPROVAL OF
FLEXIBLE WORKING POLICY**

Date of meeting	11/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Workforce Policy Review Group	21.10.21	SUPPORTED
Urgent Chair's Action – People & Culture Committee Members by Email	11.11.21	APPROVED

ACRONYMS

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1. SITUATION/BACKGROUND

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

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

2.1 The Flexible Working Policy was reviewed in partnership and the revised version was agreed by the Workforce Policy Review Group on the 21 October 2021. Given the Committee had only recently met on 13th October 2021 and was not due to meet again until February 2022 Dilys Jouvenat, as Chair of the People & Culture Committee, agreed to this item being circulated to Committee Members seeking approval under Chair's Urgent Action.

2.2 This request was circulated seeking Committee Member approval on 11 November 2021. Such action requires support from the Committee Chair, two Independent Members of the Committee and the Executive Lead. This was gained on 15 November 2021 from the following:

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

2.3 Under Standing Orders a request seeking ratification of this Chair's Urgent Action would normally have been put before the Committee at its next meeting. On this occasion this was not possible due to the February 2022 meeting of the Committee being stood down due to Covid-19. The May 2022 meeting of the Committee is the first time for the Committee to have met since that time and ratification is duly sought.

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

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



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity 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 policy is not adhered to, as identified, if applicable, within the policy.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 The People & Culture Committee is asked to ratify the approval of the Flexible Working Policy undertaken via Chair's Urgent Action as set out above.

FLEXIBLE WORKING POLICY

Document Type:	Policy
Reference:	WOD64
Author:	Claire Nicholas
Executive Sponsor:	Executive Director for People
Approved By:	Workforce Policy Review Group, Local Partnership Form, People and Culture Committee
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	2

Target Audience:

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

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 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:	(00/00/0000)
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. Purpose

Cwm Taf Morgannwg University Health Board (UHB) is committed to the principles of equality and recognises that being able to work flexibly is important in promoting equality of opportunity. Flexible working is about challenging traditional full time working patterns and making adjustments so that organisational needs are met and so that staff can find a balance, which enables them to more easily combine work with their personal responsibilities and aspirations.

2. Policy Statement

- 2.1 The UHB accepts the importance of staff maintaining a work life balance appropriate to their lifestyle in order to enable them to successfully contribute towards the provision of critical and high quality healthcare.
- 2.2 Flexible working should be part of an integrated approach to the organisation of work and healthy work/life balance of staff.

3. Principles

- 3.1 Any change to working arrangements should only be introduced by mutual agreement whether sought by the employer or employee.
- 3.2 The organisation is required by law to consider requests for flexible working made by employees who have a statutory right to request flexible working. Agenda for Change Terms and Conditions of Service extend this facility to all staff.
- 3.3 This policy encourages flexibility by building on existing arrangements and extending those principles to other possible methods of working which might be considered by staff and managers. Success in introducing and maintaining flexible working options depends on:
 - Consultation.
 - Open communication.
 - Involvement of all team members.
- 3.4 Flexibility will only work when it is introduced following detailed discussion and by agreement with parties concerned. At all times the needs of the service will be paramount.

4. Scope

- 4.1 This policy is applicable to all employees, regardless of age, sex, gender, sexual orientation, race or any other protected characteristic or personal circumstances..
- 4.2 All jobs should be considered for flexible working unless there is a clear, demonstrable, operational reason why this is not practicable.
- 4.3 All employees have the contractual right to request flexible working from day one of employment. Employees can make more than one flexible working request per year and can do so regardless of the reasons for them.

5. Legislative and NHS Requirements

- Employment Rights Act 1996, Section 80F.
- Work and Families Act 2006.
- Apprenticeships, Skills, Children and Learning Act 2009.
- Flexible Working Regulations 2014.
- Agenda for Change Terms and Conditions of Service.

Employers are also required to consider flexible working options as part of their duty to make reasonable adjustments for employees and job applicants with a disability under the Equalities Act 2010.

6. Procedure

- 6.1 This policy enables employees to request to work flexibly. It does not provide an automatic right to work flexibly as there may be circumstances when the employer is unable to accommodate the employee's desired work pattern.
- 6.2 The employee has a responsibility to think carefully about their desired work pattern when making an application. Once an application is submitted, there may not be an opportunity to make further amendments.
- 6.3 The manager (employer) should ensure that all requests are considered carefully, weighing up the benefits of the proposed change against any potential adverse business effects. Managers are also responsible for ensuring that all applications are considered in a timely manner, within the legal framework and in line with Policy.
- 6.4 Any declined requests must be confirmed in writing by the line manager and must include the rationale for being declined (see section 6.14).
- 6.5 There are many different options of flexible working, the options that the UHB currently use include:
- Part time working, where a person works to a pattern and number of hours by mutual agreement;
 - Job Sharing, where two or more people share the responsibilities of one or more fulltime job(s), dividing the hours, duties and pay between them;
 - Flexi-time, where employees can choose their own start and finish time around fixed core hours;
 - Annual Hours contracts, where people work a specific number of hours each year, with the hours being unevenly distributed throughout the year.
 - Flexible rostering, using periods of work or differing lengths within an agreed overall period;
 - Compressed hours, where employees work their total number of agreed hours over fewer working days for example compressing a five day working week into four days;
 - Term-time working, where people work during the school term but not during the school holidays;

Reference: WOD 64

Policy Title: Flexible Working

- School Time Contracts
- Tele-working, where people work from home for all or part of their hours with a computer or telecommunication link to their organisation;
- Voluntarily reduced working time, where people work reduced hours by agreement at a reduced salary;
- Fixed work patterns where, by agreement, days off can be irregular to enable, for example, separated parents to have access to their children and flexible rostering;
- Flexible retirement depending on the pension scheme of the individual staff member.
- Varieties of shift patterns that enable the service to balance its needs as well as allow staff to have a work life balance.

(See Appendix 1 for full details of the above).

It is important to note that some of these arrangements could affect the employee's annual leave entitlement and this must be taken into account when discussing requests.

Please refer to the Annual Leave policy if looking to purchase additional annual leave.

6.6 There are also specific options in relation to retirement and these are covered by the Retirement Policy and Retire and Return Guidelines.

6.7 Employees may request a change to:

- the hours they work.
- times they are required to work.
- their pattern of work.
- working arrangements e.g. to work from home.

Making an Application for Flexible Working

6.8 Applications for flexible working should be made on a temporary basis, this provides both the employee and manager an opportunity to regularly review working arrangements. If a request is made for a permanent change, employees should note that this will mean a permanent change to the employee's terms and conditions of employment and the employee will have no right to return to their former terms and conditions. Changes of this nature should only be made in exceptional circumstances. All applications and any subsequent acceptances must clearly state the duration of the request. Should further changes be required or if the permanent change is no longer required, the employee would need to complete a further Flexible Working Request Form.

6.9 The employee must give careful consideration to the most appropriate working pattern for them to meet their work/life balance needs; any financial implications where the change will result in a reduction in salary; any effects it will have on the employer and how these might be dealt with. Once applications are accepted there may not be an opportunity to make further changes until the agreed review period.

6.10 It is advisable for both the employee and manager to agree a review period for a specified

length of time, with a review date. This must be clearly stated on the 'Flexible Working Application Acceptance Form'. This is the most appropriate option. If either party finds the flexible working option unsuitable, they must give clear reasons for this at the end of the review period. Both parties must then seek to reach a mutually agreeable alternative arrangement.

- 6.11 The employee will be required to make an application using the Application Form (Appendix 2 – Form 1). The form must be fully completed, giving full details of the request and must be signed and dated.
- 6.12 This should then be sent to the appropriate manager who must acknowledge the request promptly. They may ask for any missing information to be submitted before they arrange a meeting.

Managers dealing with the Application for Flexible Working

On receipt of a fully completed application, managers must acknowledge this by completion of the 'Flexible Working Receipt of application Form' (Appendix 2 – Form 2).

- 6.13 The manager must then arrange a meeting with the employee within 28 days at an appropriate time and place that is mutually convenient. The meeting will provide the manager and employee with the opportunity to explore the employee's desired work pattern and discuss how it might be accommodated. During this meeting, the Manager should complete Section 2 of the Application Form (Appendix 2 – Form 1). It will also provide the opportunity to consider other alternative working patterns if there are difficulties in accommodating the employee's desired work pattern.
- 6.14 If it is not possible to arrange a meeting within 28 days, the manager must seek the individual's agreement to extend otherwise they will be in breach of the procedure.
- 6.15 There is provision to postpone the application or appeal meeting if the person due to accompany the employee is not available to attend.
- 6.16 The employee may be accompanied by a staff side representative and the manager can also request that a Workforce representative is also in attendance.
- 6.17 Once the application has been discussed, the manager must give the employee notice of their decision on the application within 14 days of the meeting:
- (i) Accepted – staff should receive the completed Application Form (Appendix 2 – Form 1) from their manager stating confirmation of new work pattern and a start date. This should also advise on details of any compromise agreed at the meeting and the review periods discussed.
- (ii) Refusal – staff should receive the completed Application Form (Appendix 2 – Form 1) from their manager. This will need to include a clear business reason as to why the application cannot be accepted and why these reason/s apply in the specific circumstances. Applications for flexible working can only be declined based on the following reasons:
- the burden of additional costs.
 - an inability to reorganise work amongst existing staff.

- an inability to recruit additional staff.
- a detrimental impact on quality.
- a detrimental impact on performance.
- a detrimental effect on ability to meet customer demand.
- insufficient work for the periods the employee proposes to work.
- a planned structural change.

Refused Applications

- 6.18 If applications for flexible working are refused, the manager must inform the employee of their right to appeal against a refusal. It may also be helpful to hold a further discussion which will allow the employee the opportunity to discuss your decision.
- 6.19 The provisions of the All Wales Respect and Resolution Procedure will apply should they wish to appeal. However, employees may wish to refer their issue to 'Resolve' mediation service in the first instance.
- 6.20 Once received, all applications, including any appeals must be concluded within a 3 month period.

Following the Decision

- 6.21 Written notification should be sent to the staff member concerned, and also a copy placed on their personal file.
- 6.22 When a request is accepted, the paperwork should be forwarded to both Employee Services (Payroll) and the relevant Workforce Team as to implement the necessary changes of pay and benefits.
- 6.23 Where the request is accepted, managers should include review points scheduled throughout the new working pattern to ensure that the new arrangements are still suitable for both the employee and the organisation. This should be set in place annually but for situations which have proved complex, then no less than every 6 months.

Extension of Time Limits

- 6.24 Any extension to any of the time limits stated above must be agreed by the manager and the employee. An agreement must be recorded in writing by the manager, specifying what time limit the extension relates to, specifying the date on which the extension is to end, be signed and dated and be sent to the employee.
- 6.25 The provision is intended to cover situations where a manager has indicated willingness to consider a compromise flexible working arrangement but needs time to further assess the feasibility and likely impact on the service.
- 6.26 It also covers situations where the person who normally considers such applications is absent, for example on annual leave or sick leave. The time limit will be extended to the date falling 28 days after the date on which that individual returns to work.

Withdrawal of Application for Flexible Working

- 6.27 If the employee decides to withdraw their application, they should in the first instance discuss this with their manager, which should then be confirmed in writing (Appendix 2 – Form 3). It should be noted that in some instances, it may not be possible for a manager to accept a withdrawal to work flexibly.
- 6.28 Should an employee not attend the scheduled meeting to discuss the flexible working application a further meeting will be arranged. If, the employee fails to attend this rearranged meeting (without good reason) the manager can consider the application withdrawn.
- 6.29 In all cases, the manager must confirm in writing the withdrawal of the request.

7. Training Implications

All staff should be aware of flexible working policies via internal mechanisms such as corporate and departmental induction and team brief.

8. Review, Monitoring and Audit Arrangements

- 8.1 Applications and outcomes should be discussed with the relevant Workforce representative.
- 8.2 Monitoring information should be analysed and used to review and revise policies and procedures to ensure their continuing effectiveness.
- 8.3 Applications and outcomes should be kept on personal files and reviewed in accordance with records management procedures.

This policy will be reviewed every 3 years, additional reviews may be required if any changes are made to Legislation or Terms and Conditions of Service apply.

9. Managerial Responsibilities

Divisional and Clinical Service Group Managers have a duty to ensure that this policy is applied fairly and consistently.

Managers must take overall responsibility for ensuring that this policy is implemented and monitored effectively, they must ensure that all of their employees are aware of their responsibilities.

10. Retention/Archiving

The Executive Director for People will ensure that copies of this policy are archived and stored in line with UHB records management policy, and are made available for reference purposes should

any situation arise where they are required.

11. Non Conformance

All employees are expected to comply with this policy, failure to comply with the policy is a serious offence and could result in disciplinary action.

12. Equality Impact Assessment Statement

This policy has been subject to a full Equality Impact Assessment and no implications found.

Contents

- 1. Part Time Working**
- 2. Job Sharing**
- 3. Flexi-Time**
- 4. Annual Hours Contracts**
- 5. Flexible Rostering**
- 6. Compressed Hours**
- 7. Term Time/School Time Contract**
- 8. Working from Home**
- 9. Voluntary Reduced Working Time**
- 10. Fixed Work Patterns**
- 11. Flexible Retirement**
- 12. Varieties of Shift Patterns**

1. Part Time Working

Part time work is when employees are contracted to work for anything less than the normal basic full-time hours.

2. Job Sharing

This is a formal agreement whereby the duties and responsibilities of a full-time post can be shared by two or more employees. The salary and benefits of the post are divided between the job sharers in proportion to the number of hours they work. This arrangement has the constraint that if one party to the job share leaves, the employment of the second party is affected.

- Each employee holds a separate contract of employment with the salary, allowances, hours and holidays allocated on a pro rata basis. Individuals who share jobs may be placed on different incremental points depending on their experience. Each partner will also receive a Job Share agreement at appointment setting out in detail the conditions of their particular job share.
- Each employee will be eligible for overtime payment when they exceed their normal contracted hours of work for the full time job. Any additional hours worked, for example if one partner covers the hours of the other, payment will be made at the normal rate or

time given in lieu.

- Sharers would not normally be expected to cover for each other's sickness absence or annual leave – although such agreement may be made. It will however be expected that sharers take their annual leave at different times.
- In the case of promotion, job sharers would generally be promoted individually by merit, but may also apply jointly for promotions.
- It may be necessary to implement an overlap period into both working patterns, so as to ensure that there is regular and effective communication.
- Any amendments to the working arrangements, temporary or permanent, shall only be made after consultation with both partners.
- In the event of one partner ceasing to continue in their post, if the remaining hours are to be filled, they should be offered to the continuing partner in the first instance. If they do not wish to accept these hours then they will be advertised. If a replacement cannot be found within a suitable time frame (no less than two months from the last day of service of previous sharer), alternative arrangements for covering duties of the post must be considered.

3. Flexi-Time

Flexi-Time is a scheme of working which allows employees to choose the time they begin and finish work around a set core time during their working day.

Flexi-Time arrangements are agreed locally within a specific work area. There is no UHB wide arrangement.

4. Annualised Hours

The employee agrees to a number of hours per year to work rather than a standard number each week. The actual number of hours worked by a member of staff during the week will then be "flexed" to match workload requirements.

- Hours may vary week to week and they may also be varied seasonally and/or according to fluctuation of service demands.
- Hours and shifts will be decided jointly between management and employee. Staff are issued with a provisional rota for each month.
- If the workload is reduced for any reason and staff on that shift are underutilised, the roster can be reduced accordingly and staff can be asked if they would prefer not to work that day.
- Reserve Hours – staff will be rotated to be on call in case they are required. In these circumstances they will need to be available to work within an hour or so. Employees do not get paid anything extra for attending work on these occasions because it is all included in the monthly salary. These hours can also be used for training.
- Sickness – Time off work due to sickness will be paid in accordance with the terms

and conditions of employment. For part sickness, payment shall be made in accordance with contracted hours. For full week's sickness, payment will be made in accordance to contracted hours of employment.

- The Annual Leave Policy provides guidance on calculating annual leave for annualised hours.

5. Flexible Rostering

Using periods of work of differing lengths within an agreed overall period.

6. Compressed Working Hours

This option allows employees to "compress" their working hours into fewer full working days, without reducing the overall total number of hours per week.

- Typically a full-time employee may compress their hours into four and a half longer days rather than five; or into nine days out of ten. All hours should be agreed with management in advance.
- Not all staff may be able to work a longer day – due to the nature of their role.

Cover must be maintained, so that popular days off must be fairly distributed.

7. Term Time Working/School Time Contracts

Term time working allows staff to remain on a permanent contract and gives them the right to unpaid leave during the school holidays.

- Focussed specifically on accommodating out of term periods, the scheme can be used by employees who have direct responsibilities for children of school age.
- Staff are usually expected to take their annual leave during the school holidays.
- Agreement is reached between the member of staff and their manager on how much additional unpaid leave is required to cover the school holiday period and when their paid leave is to be taken. These arrangements should be made as much as a year in advance.

Term Time Working

School Time Contracts can be offered in addition to term time contracts or as an alternative.

- Staff may commence work and finish to fit in with their child's school attendance times.
- The ability to access this will depend on the type of job and the impact on the service these hours may make.
- Terms and conditions are in line with part time and/or term time conditions.

- The Annual Leave Policy provides guidance on calculating annual leave for term time working.

8. Working from Home

Staff can work from home (WFH) for all or part of their hours with a computer or telecommunication link to their organisation. Staff will complete their working day from home, either as a temporary arrangement or on a permanent basis. Dependent on the type of role this option may only be available to a certain portion of Cwm Taf Morgannwg staff. Resources will need to be provided to assist staff working from home, these resources will be dependent again on the role.

- Staff will be expected to be available to their manager or colleagues in the same manner as they would if they were in on site.
- Staff and management will agree the day or days that they will be working from home and this will be reviewed periodically.
- Staff should be aware that there will need to be a degree of flexibility when requests are made to attend site on a WFH day e.g. due to a necessary training event or team briefing.
- Staff should not use the WFH option to assist with child care arrangements. If employees are considering working from home, a WFH form should be completed.

Working from Home with Patient/Staff Identifiable Information (PII)

- PII should only be taken home in exceptional circumstances.
- Written permission must be obtained from the line manager before PII and/or sensitive information is taken home. Permission must be recorded and stored.
- The line manager must discuss and assess any potential risk(s) before permission is given; this must be recorded. If necessary, a formal risk assessment must be undertaken.
- PII must not be stored on the hard drive of home computers.
- All PII taken off UHB premises must be tracked.
- Staff will be expected to comply with all UHB Information Governance policies and related procedures, protocols and guidance when working from home. The security and confidentiality of any information which is taken off UHB premises is of paramount importance; failure to protect such information would be regarded as a disciplinary offence.

9. Voluntarily Reduced Working Time

Staff work reduced hours by agreement at a reduced salary. Staff can reduce their hours for a temporary period of time to support their work-life balance issues.

- Consideration must be given to how long this period will last.
- The level of reduction in working hours.

- For a 6–12 month agreement a return to full-time work is guaranteed for the employee. If the agreement is longer than this or renewed, the reduced hours may be reassigned on a permanent basis. At the end of this extended period the employee will return to their substantive terms and conditions.
- Pay, pension and other benefits will be pro rata for the period. Contact Employee Services (Payroll) or the NHS Pension Agency for pension contribution details.

10. Fixed Work Patterns

A fixed working pattern where, by agreement, the days off can be irregular or set days off to enable, for example, separated parents to have access to their children and flexible rostering.

11. Flexible Retirement

This agreement would depend on the pension scheme of the individual staff member. Please refer to the Retire and Return Guidelines.

12. Varieties of Shift Patterns

Shift patterns that enable the service to balance its needs as well as allow staff to have a work life balance.

Application Form for Flexible Working
(Section 1 to be completed by Employee)

Section 1

Personal Details

Name:		Payroll No:	
Job Role:		Base:	
Team:		Telephone:	
Line Manager:		Email:	

Please explain what changes you are requesting (include current hours and working pattern and any changes you wish to these):

Is this request permanent or for a temporary period? (if temporary please state period of time):

What impact (if any) will this have on the service?

What impact (if any) will this have on business delivery?

What are the benefits to you?

If the request is refused or amended, what would the impact be?

Employee

Signed:.....

Date:.....

Print Name in full:

**THIS FORM SHOULD BE SUBMITTED TO YOUR
LINE MANAGER FOLLOWING COMPLETION.**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Flexible Working Receipt of Application from Manager

To (Employee Name) : _____

I confirm that I have received your Application Form, making a request to work flexibly.

I shall arrange a meeting with you within 28 days, and we will complete Section 2 of the Application Form during the meeting.

Signed (Manager): _____

Name (Print) : _____

Date: _____



Application Form for Flexible Working

(Section 2 to be completed by the Manager during the meeting with the Employee)

Section 2

Date/s of meeting to discuss application:

Discussion points:

Outcome:

If application is rejected, tick the applicable business reason and provide further information to support this reason:

If you are unhappy with the decision you may appeal against it to the next level of management using the All Wales Respect and Resolution Policy.

- The burden of additional costs.
- An inability to reorganise work amongst existing staff.
- An inability to recruit additional staff.
- A detrimental impact on quality.
- A detrimental impact on performance.
- A detrimental effect on ability to meet customer demand.
- Insufficient work for the periods the employee proposes to work.
- A planned structural change.

Details of review timescales:

Manager

Signed:.....

Date:.....

Print Name in full:

**MANAGERS TO SEND A COPY OF THIS COMPLETED FORM TO THE WORKFORCE
AND OD TEAM
(BOTH GRANTED AND REFUSED FLEXIBLE WORKING REQUESTS).**

Flexible Working Notice of Withdrawal

Note to the Employee

This form provides notification to your Line Manager that you wish to withdraw your application to work flexibly.

To (Manager Name): _____

I wish to withdraw my application to work flexibly which I submitted to you on (insert date): _____

Signed (Employee): _____

Date of Signing: _____

NOW RETURN THIS FORM TO YOUR MANAGER

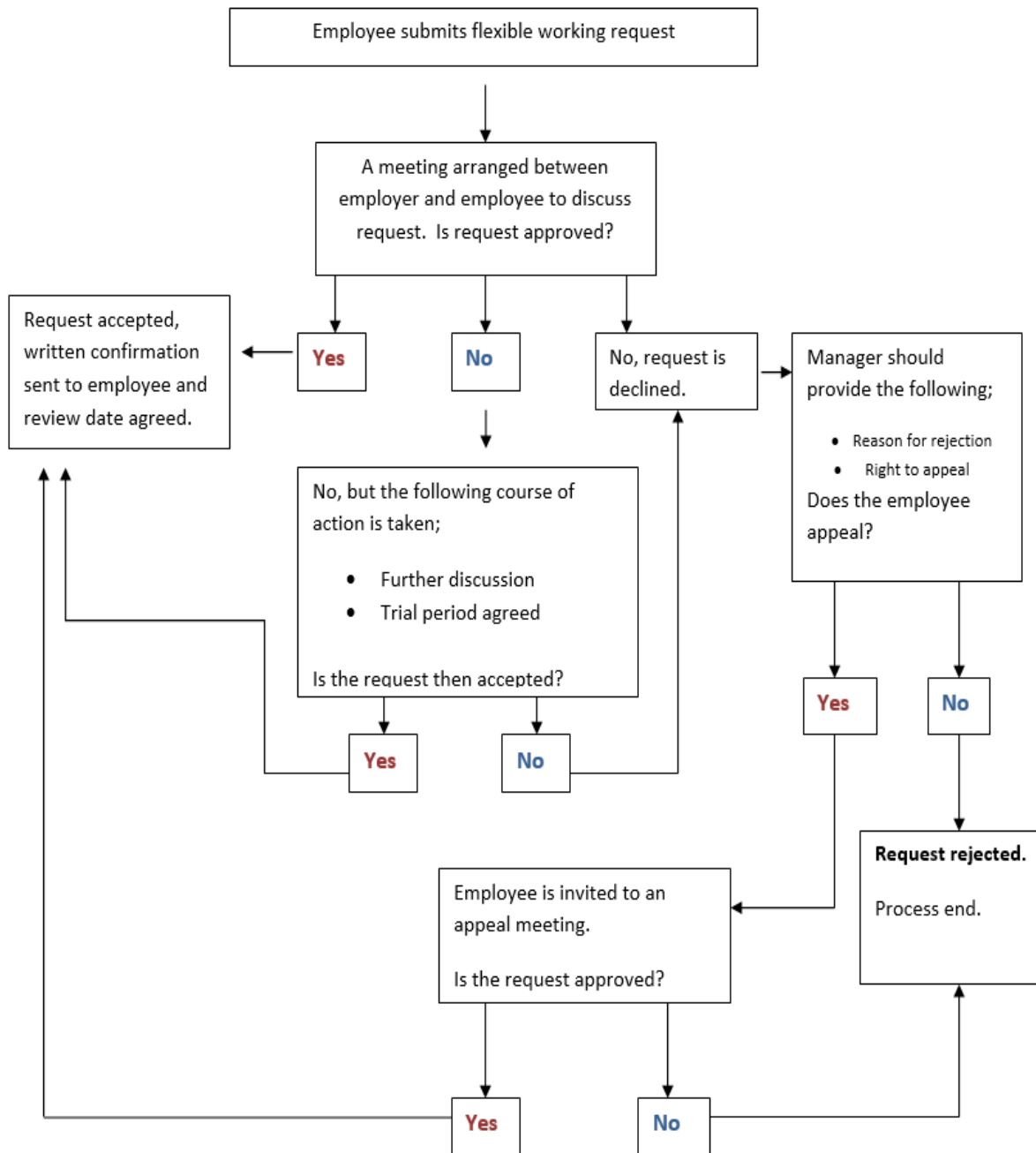
Note to the Manager

Once the employee has completed this form and returned it to you, the application is considered as withdrawn and you are not required to give it any further consideration.

You must send acknowledgement to the employee for the submission of this form.

Flexible Working Process Flow Chart

Flexible Working Requests – Process flowchart



AGENDA ITEM

2.1.4

PEOPLE & CULTURE COMMITTEE
**RATIFICATION OF APPROVAL OF
INDUSTRIAL INJURY POLICY**

Date of meeting	11/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Local Partnership forum	29.11.2022	SUPPORTED
Urgent Chair's Action – People & Culture Committee Members by Email	20.01.2022	APPROVED

ACRONYMS

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1. SITUATION/BACKGROUND

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

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

2.1 The Industrial Injury Policy was reviewed in partnership and the revised version was agreed by the Local Partnership Forum on the 29 November 2021. Given the Committee had only recently met on 13th October 2021 and was not due to meet again until February 2022 Dilys Jouvenat, as Chair of the People & Culture Committee, agreed to this item being circulated to Committee Members seeking approval under Chair's Urgent Action.

2.2 This request was circulated seeking Committee Member approval on 20th January 2022. Such action requires support from the Committee Chair, two Independent Members of the Committee and the Executive Lead. This was gained on 20 January 2022 from the following:

- Dilys Jouvenat, Committee Chair
- Nicola Milligan, Committee Vice Chair
- Lynda Thomas, Independent Member
- Hywel Daniel, Executive Director for People.

2.3 Under Standing Orders a request seeking ratification of this Chair's Urgent Action would normally have been put before the Committee at its next meeting. On this occasion this was not possible due to the February 2022 meeting of the Committee being stood down due to Covid-19. The May 2022 meeting of the Committee is the first time for the Committee to have met since that time and ratification is duly sought.

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

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



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity 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 policy is not adhered to, as identified, if applicable, within the policy.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 The People & Culture Committee is asked to ratify the approval of the Industrial Injury Policy undertaken via Chair's Urgent Action as set out above.

Industrial Injury Benefit Policy

Document Type:	Policy
Reference:	WOD10
Author:	Claire Nicholas
Executive Sponsor:	Executive Director for People
Approved By:	Workforce Policy Review Group, Local Partnership Form, People and Culture Committee
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	2

Target Audience:

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

Integrated Impact Assessment:

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



Disclaimer:

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

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1 Introduction

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

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

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

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

- an industrial injury, incident or accident at work (including psychological harm), which has been reported to the manager as close to the time it occurred as practicable and where an incident report has been completed.
- Or
- a serious condition acquired at work and which has been notified to the manager.
- Or
- Diarrhoea and vomiting (D&V) or similar infection, which is considered by Infection Control or Occupational Health to be associated with an outbreak in the working environment.

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

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

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

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

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

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

2 Background

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

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

3 Eligibility

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

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

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

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

3.2 Situations where Injury Allowance may be considered

Some examples but not exhaustive:

- physical or psychiatric injury sustained or disease contracted due to a specific incident or series of incidents;
- injury sustained or disease contracted that does not manifest itself for several years, for example, asbestosis or Hepatitis C following a needle stick injury;
- injury sustained while travelling on official duty, for example, road traffic accident (RTA), while travelling in an official car from one NHS premises to another;

- injury sustained off duty, for example, while providing professional treatment which required professional training or knowledge at the scene of a road traffic accident;
- injury inflicted off duty, the cause of which can be attributed to NHS employment (for example, being assaulted on the way home from work by an ex-patient);
- injury, disease or other health condition contracted due to a series of incidents relating to NHS employment (for example, exposure to noxious substances causing injury, condition or disease over a period).

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

Injury Allowance cannot be considered in the following circumstances:

- Where an employee is injured while on a normal journey to and from work, except where the journey is part of their NHS contractual duties of employment;
- Where an employee is on sickness absence as a result of disputes relating to employment matters such as investigations or disciplinary action, or as a result of a failed application for promotion, secondment or transfer;
- Where an employee sustains an injury or disease, which is aggravated by their own negligence or misconduct.

Neither is it payable:

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

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

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

- where the injury or disease is attributable to some other cause, for example the natural progression of a pre-existing condition, normal wear and tear of a non-work related injury, condition or disease;
- where a person suffers from a pre-existing or non-work related condition (injury or disease), unless there is some new work related cause and effect over and above the original problem.

Further guidance can be sought from [NHS Employers Injury Allowance – Guide for Employers](#).

4 Industrial Injury Claims

4.1 Employee Responsibilities

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

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

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

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

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

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

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

4.2 Manager Responsibilities

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

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

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

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

5 Decision Process

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

- Head of Department (from outside the employee's department) – Chair the panel
- Workforce & OD Representative
- Health & Safety Manager
- Trade Union Representative (not from the same union supporting the employee)

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

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

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

If the claim is successful, the Payroll Department will be notified by the workforce & OD representative on the Review Panel, to issue a letter to the employee requesting authorisation for the Benefits Agency to provide details of any additional payments

being made to them. Once the Benefits Agency have confirmed the amount and which benefits are / will be received by the employee, this will enable Injury Allowance to be paid, to top up any reduced earnings to 85% of salary.

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

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

6 Dispute Resolution

If an employee disagrees with the outcome of a Review Panel decision about their Industrial Injury claim, it should be handled under the Appeals stage of the NHS Wales Respect and Resolution Policy.

7 Equality Impact Assessment Statement

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

8 Training and Awareness

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

9 References

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

Industrial Injury Claim Form

PART A – TO BE COMPLETED BY EMPLOYEE*

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

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

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

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



What support were you offered? Was this support timely? Has it been on going?	
If you did not report your concerns to your line manager, can you provide the reason for not doing so?	
Are you aware of the following Health Board policies and services? <ul style="list-style-type: none"> • Respect and Resolution Policy • Raising Concerns Policy • Wellbeing Service • Occupational Health Service • Employee Assistance Programme (Vivup) 	Yes / No Yes / No Yes / No Yes / No Yes / No
Have you accessed any of the support mechanisms available to staff, such as the policies referenced above, and/or services?	
If yes , What advice was provided? Did you feel that the support was adequate? What did you feel could have been done differently?	
If no , please provide the reason(s) for not accessing the policy / service.	
Did you discuss your situation with any other member of staff, including a trade union representative? If no, please provide the reason(s).	
Please include any other information which you feel is relevant evidence to support your application*	
Name	
Signature	
Date	

*Please continue on a separate sheet if required.

Checklist of Documents to Attach to Part A of Claim Form

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

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

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

Appendix 2

PART B – TO BE COMPLETED BY LINE MANAGER*

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

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

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

<i>support your view with relevant information / evidence e.g. Occupational Health report.</i>	
Please include details of how the injury or disease affects the employee's ability to work and / or carry out normal contractual duties and activities:	
Was there a specific incident or trigger? If yes please give details such as time and date of onset as accurately as possible:	
Are you aware of any other factors that have contributed to the injury sustained or disease contracted? If yes please provide details here (without breaching confidentiality of any third parties, if applicable):	
Did the employee report the incident to you previously? If so, please include when and the details of what was reported:	
<p>What support did you offer?</p> <ul style="list-style-type: none"> • Respect and Resolution Policy • Raising Concerns Policy • Wellbeing Service • Occupational Health Service • Employee Assistance Programme (Vivup) <p>Was this support timely? Has it been on going?</p>	
Was the support offered by you accepted to your knowledge? Provide details where applicable:	
Please provide any other relevant information*	
Name:	
Signature:	
Date:	

*Please continue on a separate sheet if required.

Checklist of Documents to Attach to Part B of Claim Form

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

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

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

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

Appendix 3

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

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

*Please continue on a separate sheet if required.

For successful claims:

- The Chair of the Panel notifies employee and line manager in writing within 7 days of review panel meeting.
- The Workforce and OD Representative on the Review Panel will notify the Payroll Department;
- The line manager will notify the Payroll Department of any monies owed (e.g. USH payments);
- The Payroll Department will send the employee forms to complete to determine eligibility for Injury Allowance, should the employee move to half sick pay during their sickness absence (where the reason for absence remains due to the confirmed industrial injury).

For unsuccessful claims:

- The Chair of the Panel notifies employee and line manager in writing within 7 days of review panel meeting.
- Employee may appeal in writing within 14 days of the date on which the decision was communicated in writing.
- Follow the appeals stage of the All Wales Respect and Resolution Policy.
- The appeal must be sent to the Workforce Assistant Director of Policy, Governance and Compliance.



AGENDA ITEM

2.1.5

PEOPLE & CULTURE COMMITTEE

**RATIFICATION OF APPROVAL OF
CARERS LEAVE POLICY**

Date of meeting	11/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Local Partnership forum	29.11.2022	SUPPORTED
Urgent Chair's Action – People & Culture Committee Members by Email	20.01.2022	APPROVED

ACRONYMS

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1. SITUATION/BACKGROUND

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

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

- 2.1 The Carer's Leave Policy was reviewed in partnership and the revised version was agreed by the Local Partnership Forum on the 29 November 2021. Given the Committee had only recently met on 13th October 2021 and was not due to meet again until February 2022 Dilys Jouvenat, as Chair of the People & Culture Committee, agreed to this item being circulated to Committee Members seeking approval under Chair's Urgent Action.
- 2.2 This request was circulated seeking Committee Member approval on 20 January 2022. Such action requires support from the Committee Chair, two Independent Members of the Committee and the Executive Lead. This was gained on 20 January 2022 from the following:
- Dilys Jouvenat, Committee Chair
 - Nicola Milligan, Committee Vice Chair
 - Lynda Thomas, Independent Member
 - Hywel Daniel, Executive Director for People.
- 2.3 Under Standing Orders a request seeking ratification of this Chair's Urgent Action would normally have been put before the Committee at its next meeting. On this occasion this was not possible due to the February 2022 meeting of the Committee being stood down due to Covid-19. The May 2022 meeting of the Committee is the first time for the Committee to have met since that time and ratification is duly sought.

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

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



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity 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 policy is not adhered to, as identified, if applicable, within the policy.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 The People & Culture Committee is asked to ratify the approval of the Carer's Leave Policy undertaken via Chair's Urgent Action as set out above.

CARER'S LEAVE POLICY

Document Type:	Policy
Reference:	WOD21
Author:	Claire Nicholas, Head of Policy, Compliance and Agenda for Change
Executive Sponsor:	Executive Director for People
Approved By:	Workforce Policy Review Group, Local Partnership Form, People and Culture Committee
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	3

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: 12/08/2021 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:	12/08/2021
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



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

Increasing individuals find themselves juggling unpaid caring for disabled, elderly or seriously ill family members or friends, while continuing to work. The 2011 Census confirmed that 1 in 9 employees in the workplace (an estimated 3 million people), are juggling paid work and care. Research from Carers UK suggests over 2 million people have given up work at some point, to care for loved ones and 3 million have reduced working hours.

This research also estimates that there will be approximately 9 million unpaid carers by 2037. The demographic data also suggests that this trend of individuals providing unpaid care while active in the workforce will continue.

The Welsh Government's Carers Strategy for unpaid Carers (2021), sets out revised priorities for unpaid carers.

- Identifying and valuing unpaid carers. All unpaid carers must be valued and supported to make an informed choice about the care they provide and to access the support they need while caring and when the caring role comes to an end.
- Providing information, advice and assistance. It is vital that all unpaid carers have access to the right information and advice at the right time and in an appropriate format.
- Supporting life alongside caring. All unpaid carers must have the opportunity to take breaks from their caring role to enable them to maintain their own health and well-being and have a life alongside caring.
- Supporting unpaid carers in education and the workplace. Employers and educational / training settings should be encouraged to adapt their policies and practices, enabling unpaid carers to work and learn, alongside their caring role.

In 2019 Cwm Taf Morgannwg University Health Board (CTMUHB) devised a statement of intent for carers, setting five aims which support the Welsh Government's Strategy for Unpaid Carers.

Aim1

Raise awareness amongst the public and our staff about who carers are, what they do and how important it is to identify them and understand their caring role. This will ensure they are aware of the support available to them. We must recognise the value of their caring role and that they are key partners in the care they provide, involving them in decisions that affect them and the person they care for.

Aim 2

Make it easier for people to find out about care and support services available in their area, both for themselves as a carer and for the person they care for.

Aim 3

Enable carers to access appropriate support to help them carry out their caring role effectively and meet a range of needs, including maintaining their physical and emotional health and wellbeing, accessing education, training and employment opportunities and participation in activities outside their caring role.

Individuals, their families and carers may require care and / or support from more than one professional or organisation. Where this is the case, the care and support they receive should be effectively coordinated and delivered.

Aim 4

Improve carer involvement in decision making within the Health Board to ensure that carers are valued as partners in care and the care and support they provide is recognised.

Aim 5

Working in partnership with carers, statutory and voluntary organisations to create and sustain an environment where adults, young people and families have access to information, support and opportunities relevant to their caring roles. We will need to deliver local services in a joined up manner to meet the needs of individuals and maximise the resources available, to ensure carers and their families achieve a greater degree of independence and improved quality of life

CTMUHB recognises, by implication, some employees currently have long term or permanent caring responsibilities for sick, elderly or disabled relatives, partners, friends and family. It also recognises that other employees may have similar responsibilities in the future. CTMUHB therefore believes that in supporting its employees with responsibilities in their lives, it will make a major contribution to enhanced organisational values, staff retention, attendance and staff morale.

2. PRINCIPLES

This policy seeks to ensure the following principles:

- Employees are actively encouraged to inform their line manager if they have or take on a caring role and ask for a Carers Assessment Form to be completed. In many cases, this may be difficult to predict in advance.
- The manager and employee will complete a Carers Assessment Form and will agree a Carer's Support Plan, taking into consideration the level of need of the person for whom they care for can vary from day to day or over time.
- Issues raised between employees and their manager and their link ILG HR team are dealt with in a confidential manner.
- There is a consistency of approach between staff with caring responsibilities, while the individual needs and circumstances of each case are always taken into account.
- Staff are not discriminated against on the grounds of their caring responsibilities and there is an open culture where they can talk and gain support, is encouraged.

- The needs of the service must always be considered when assessing the employee's needs.

3. SCOPE OF POLICY

This policy applies to all substantive employees of CTMUHB, who have recognised caring responsibilities.

The Social Services and Well-being (Wales) Act 2014, defines a carer as:

"someone who provides unpaid care to an adult or disabled child. The cared for person may be a family member or a friend, who due to illness, disability, a mental health problem or an addiction cannot cope without their support. A carer could be a husband caring for his wife, a parent caring for their child who has care and support needs or a child caring for their parent."

This policy does not usually include childcare or other dependant responsibilities, unless the child or dependant in question has a serious short or long-term health problem or disability.

4. AIMS AND OBJECTIVES

CTMUHB is committed to working practices which support and enhance its reputation as a caring employer. This policy aims to support employees, enabling them to effectively manage the balance between their employment and caring responsibilities.

5. PROCEDURE

CTMUHB is committed to a 'carer friendly' approach as part of our overall 'family friendly' values. Carers may find themselves in very difficult, challenging situations. Therefore, their requests should be dealt with quickly and appropriately.

There are a number of possible solutions and this section will provide an overview of the available options.

Planned carer's leave is primarily designed to cover the following situations:

- Nursing care, following serious illness or discharge from hospital;
- Relocation situations (i.e. to or from the cared for person's home into residential care);
- Attending DSS Benefit or Legal hearing, on behalf of the cared for person.

Where the employee has more long-term caring responsibilities, they shall be encouraged to use the Flexible Working Policy, Parental Leave Policy or All Wales Employment Break Policy, although eligibility would depend on their length of service. The Special Leave Policy may apply in emergency and unforeseen situations.

Employees are actively encouraged to inform their line manager if they are caring for a dependant. If the need for time off is urgent, special leave may be appropriate in the first instance. However, if the need is ongoing, the manager should arrange to meet the employee and discuss the issues listed in Appendix A.

The manager and employee will complete a Carers Assessment Form and will agree a Carer's Support Plan, making use of other policies such as Flexible Working, All Wales Employment Break or Parental Leave as appropriate.

In many cases, employees may be able to meet their responsibilities by adjusting their working arrangements on either a temporary or permanent basis. They may do so under the provision of CTMUHB's Flexible Working Policy. Where the dependant is a child under 18 years of age, Parental Leave may be appropriate. For any planned leave in excess of 2 months, an employment break for the employee should be considered. (N.B. Employment breaks can be approved for a minimum of 3 months up to a maximum of 5 years, but it can be split depending on the needs of the service and of the individual). Unpaid leave may also be considered.

Where carer's leave is considered more appropriate or is needed, in addition to any of the above, the employee will be entitled to request time-off using the form in Appendix B.

Such leave will last for a defined period, which would not normally be more than 5 days per annum (pro rata for part time staff). It should be agreed in advance with the line manager that the employee will 'match' time off from their annual leave entitlement wherever possible. For example if 4 days are required, 2 will be taken as planned carer's leave and 2 taken as annual leave. If the employee has used their annual leave entitlement or if it is already committed, this should be discussed with the link ILG HR Team.

In some instances, it may be appropriate for the time to be taken in hours rather than days. Carer's leave whether paid or unpaid must be recorded on ESR or Health Roster by the manager.

Every effort will be made to accommodate requests for carer's leave. Where a request cannot be accommodated, endeavours should be made to reach a compromise arrangement. If, however the line manager is not able to accommodate the request, due to service need, reasons will be provided to the employee both verbally and in writing.

Employees who are carers should not be treated less favourably than other employees who do not have caring responsibilities. The Equality Act 2010 protects employees against direct discrimination or harassment if they are associated with someone who has a protected characteristic, for example a disability. The employee has the right to appeal under the Respect and Resolution Policy where carer's leave is declined.

CTMUHB will support carers by encouraging access to Well Being Services available via the Employee Assistant Programme (Vivup), in-house Well Being services and Occupational Health Services.

Support may also be available from external organisations and carers are encouraged to make use of their local council's services. Full details can be found on each council's websites. Carers Wales undertake policy work and campaigns but also provide information and support to carers. The Disability and Carers Service,

Department of Work and Pensions may also provide financial support to the cared for person or the carer. Details of these organisations can be found in Appendix D.

6. MANAGERIAL RESPONSIBILITIES

Line managers have a duty to ensure that this policy is applied fairly and consistently. They are also required to record and monitor all carer leave absences within ESR (Appendix F) or via Health Roster (Appendix G).

The line manager must look at all options and seek, where possible, to reasonably accommodate a long or short-term caring need, on an individual basis, while balancing the needs of the service. Both the manager and the employee should be open to being flexible in identifying alternative options, if original request cannot be met. This should include, where necessary looking at alternative ways in which responsibilities and tasks can be undertaken.

Where a particular need cannot be accommodated and alternatives have been explored the manager needs to provide clear and justifiable written reasons for the decision.

7. EQUALITY IMPACT ASSESSMENT STATEMENT

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

8. GETTING HELP

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

All managers and employees are expected to comply with this policy; failure to comply with the policy is a serious offence and could result in disciplinary action.

9. RELATED POLICIES

All Wales Employment Break Policy
All Wales Special Leave Policy
Flexible Working Policy
Parental Leave Policy
Annual Leave Policy

10. INFORMATION, INSTRUCTION AND TRAINING

Support with the implementation of this policy will be given to managers and supervisors as required.

11. MAIN RELEVANT LEGISLATION

This policy is based on good practice principles and guidelines and in accordance with legal and Agenda for Change obligations. Carers are protected by the following employment legislation:

- Work and Families Act 2006
- Equality Act 2010
- Employment Act 2002
- Employment Relations Act 1999
- Employment Rights Act 1996
- Flexible Working Regulations 2014 (SI 2014/1398)

There is also other legislation which covers other aspects such as access to services.

12. APPENDICES

APPENDIX A

CARER ASSESSMENT FORM AND SUPPORT PLAN

Name	Job Title
Department	Line manager
Contact Details (Work)	Contact Details

This is a record of the reasonable adjustments agreed between the employee and their line manager with regards to the employees responsibilities as a carer as defined within the Carer's Leave Policy.

The purpose of this agreement is to:

- ensure that both the employee and the employer have an accurate record of what has been agreed;
- minimise the need to renegotiate reasonable adjustments every time the employee changes job, is relocated or is assigned a new manager within the organisation; and
- provide the employee and their line manager with the basis for discussions about reasonable adjustments at future meetings.

This agreement may be reviewed and amended as necessary with the agreement of both parties:

- at any regular one-to-one meeting;
- at six-monthly and/or annual appraisals;
- before a change of job or duties, or the introduction of new technology or ways of working; **or** before or after any change in circumstances for either party
- Service Redesign

This agreement is a live document and should be reviewed regularly by both the employee and the line manager and be amended as appropriate. However, expert advice from third parties, such as occupational health advisers or WOD professionals may be needed before changes can be agreed and implemented.

It is important to remember that treating everyone the same does not mean that everyone is treated fairly. The Equality Act 2010 requires people to be treated differently according to their needs, by making reasonable adjustments for them.



Who is being cared for?	Are you the only carer Or do you share this responsibility with some else / others?
Is this a temporary or long term arrangement?	
Where does the caring take place? Do you have to travel to undertake your caring responsibilities?	On average how many hours per week do you have to allocate to your caring responsibilities?
My responsibilities as a carer affect my work in the following ways.	
I am requesting the following support/adjustments to allow me to continue to fulfil my role within CTMUEB while undertaking my responsibilities as a carer.	

When things are breaking down this impacts on my working day as follows:

Emergency contacts

Relative	Social Worker
Friend / Neighbour	

I will let you know if there are changes to my situation that have an effect on my work and/or if the agreed adjustments are not working. We will then meet privately to discuss any further reasonable adjustments or changes that should be made.

If you notice a change in my performance at work or feel that these reasonable adjustments are not working, I would be happy to meet you privately to discuss what needs to be done.

To be completed by line manager

Advice sought from Occupational Health, Wellbeing or WOD

If requests for support/reasonable adjustments cannot be made please specify why

Support Plan Agreed



--

An up-to-date copy of this form will be retained by the employee and line manager to make sure copy is placed in employee personal file.

A copy of this form may also be given to a new or prospective line manager with the prior consent of the employee. If the employee changes job, is relocated or is assigned a new manager, the new manager should review and discuss the adjustments outlined in this agreement.

Employee's signature	
Date	
Manager's signature	
Date	

APPENDIX B

CARER SUPPORT PLAN DISCUSSION

Before this meeting takes place you must complete a Carer's Assessment Form. This will help direct the discussion and will form the basis of any agreed support going forward.

A suggested structure for the discussion is set out below:

We appreciate that some people may decide that they do not wish to share some details of their caring roles. However, the more your manager can understand about your caring responsibilities the better placed they will be to offer support. These are some areas that your manager should cover at the interview.

Background

Who is being cared for (relative/partner) and why do you need to provide support e.g. because of age, illness or disability?

Are you the only carer or do you share responsibility with others?

Where does the caring take place, e.g. in your home or at the home of the person being cared for or elsewhere?

If it is away from home, how much travelling is involved?

What is the nature and extent of your caring responsibilities?

How much time is involved?

How long have you been caring for this person and is it a temporary or a long-term arrangement?

How do your caring responsibilities affect your work? Both on good days and also on not so good days where support is breaking down.

Areas where support at work may be available: refer to Special leave, Flexible Working and Employment Break policies

Is it appropriate to consider any changes to working patterns, hours of work or place of work on either a short or longer-term basis?

Taking Carers' leave at short notice

Do you sometimes need to take leave at very short notice?

What is the likely frequency?

What is the likely purpose of the leave?

Using Carers' leave allowance in hourly blocks

Do you sometimes need to take small amounts of leave, eg to accompany the person you care for to medical appointments?

What is the likely frequency of the time off you require?

Will this be planned or at short notice?

Do you need to make and/or receive private telephone calls in relation to your caring responsibilities?

This may be accommodated in a number of ways, depending on the work location. Examples are: allowing the employee to make reasonable use of personal mobile phones away from the immediate office or work area; enabling the employee to use a manager's office at a convenient pre-arranged time; or permitting the reasonable use of privately located pay phones.

The employee will normally be expected to make personal calls at their own expense, except in a genuine emergency.

OTHER:

Are there any other ways in which CTMUHB can offer support?

This discussion should lead to a jointly agreed assessment and support plan which should be recorded in writing, retained by both the manager on the personnel file and by the employee and reviewed and amended as necessary with the agreement of both parties.



APPENDIX C

APPLICATION FOR CARER’S LEAVE

Please complete section 1 and pass the form to your Line Manager for authorisation.

SECTION 1 - TO BE COMPLETED BY THE EMPLOYEE

Name: _____

Post held: _____

Department: _____

Clinical Service Group: _____

DETAILS OF LEAVE REQUESTED (REASON)	DATE(S)	NO OF DAYS/HOURS CARER LEAVE PAID OR UNPAID	NO OF DAYS/HOURS ANNUAL LEAVE

Signed: _____

Date: _____

SECTION 2 – TO BE COMPLETED BY LINE MANAGER

Carer leave approved as requested: YES / NO

Is it: PAID / UNPAID

Carer leave absences, paid or unpaid, need to be recorded on ESR or Health Roster if you use an e-rostering system.

If NO, please state reason:

Date employee informed: _____

Signature of Line Manager: _____

Please print name: _____

APPENDIX D

Support Organisations

Cwm Taf Morgannwg UHB
CTM_Carers@wales.nhs.uk

RCT Council www.rhondda-cynon-taf.gov.uk
Tel: 01443 424000

Carers Support Project RCT 01443 281463
CarersSupportProject@rctcbc.gov.uk

Merthyr Council www.merthyr.gov.uk
Tel: 01685 725000

Bridgend Council www.bridgend.gov.uk
Tel: 01656 643643

Carers Wales www.Carers.wales.org
Tel: 029 2081 1370 or 0808 808 7777

Disability and Carers Service, Department of Work and Pensions
www.direct.gov.uk/disability
Tel 08457 123456 Textphone 08457 224433

Carers Trust South East Wales
Tel Ffôn: 01656 336969
www.ctsew.org.uk

APPENDIX E

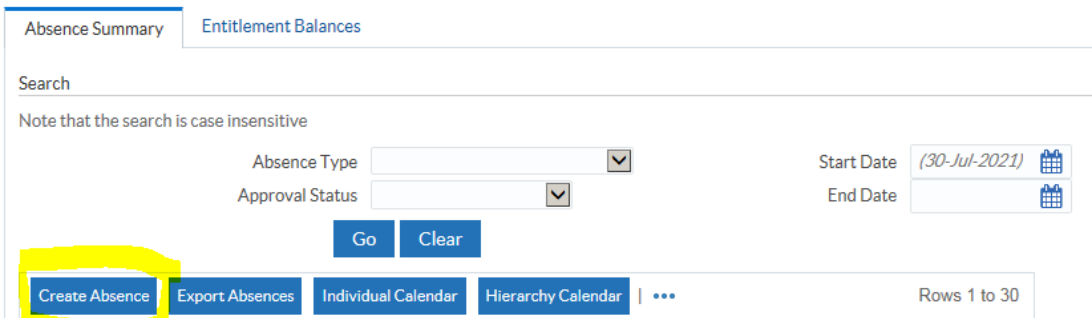
WHAT SUPPORT IS AVAILABLE FOR CARERS?

Emergency Situations	Long term caring responsibilities	Short term caring responsibilities
<ul style="list-style-type: none"> A dependant being admitted to hospital or becoming ill or injured. 	<ul style="list-style-type: none"> An employee who is a carer for a parent/in law/sibling etc. Potentially living with the cared for person or live elsewhere. 	<ul style="list-style-type: none"> Attendance at legal hearings on behalf of cared for person. Care for a dependant following a serious illness. 5 days maximum pro rata per annum
Special Leave Policy	Flexible Working Policy Parental Leave Policy Carers Support Plan	Carers Leave Policy
This can be used in unforeseen circumstances. The purpose of this is to deal with the initial emergency and put longer term care needs in place should they be required.	For longer care caring arrangements the flexible working policy can be used. Options could include: <ul style="list-style-type: none"> condensed hours term time working working from home annualised hours A carers support plan should be completed for all long term carers.	This can be used following a serious illness or emergency situation where additional short term care is required. This could also be used to sort out longer term care arrangements e.g. meeting with Nursing Homes, or to attend legal hearings on behalf of the cared for person.

Appendix F - Guidance for inputting paid or unpaid carer's leave into ESR.

When Carer's leave has been agreed ESR needs to be updated by the manager via manger's self service. Firstly find your employee and click on 'Create Absence':

Absence Management



Absence Summary Entitlement Balances

Search

Note that the search is case insensitive

Absence Type Start Date (30-Jul-2021)

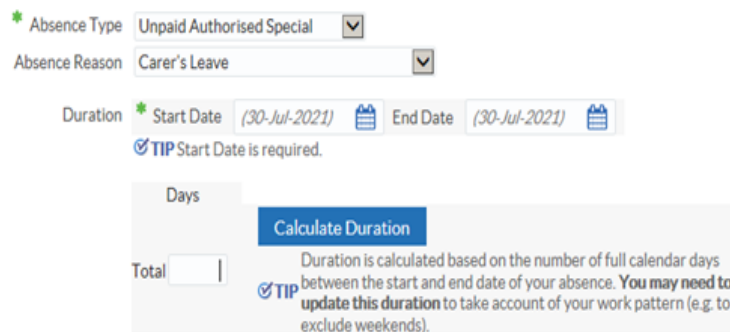
Approval Status End Date

Go Clear

Create Absence Export Absences Individual Calendar Hierarchy Calendar | ... Rows 1 to 30

If the Carer's leave has been agreed as **UNPAID** choose 'Unpaid Authorised Special' in 'Absence Type' and 'Carer's Leave' in 'Absence Reason'. The date fields need to be updated and the 'Total' field to include the number of hours. Please note depending on when it is entered, the hours may not be deducted from salary the same month in which the unpaid leave was taken.

Select an Absence Type, and enter any other information you want to record for your request. You can choose the Calculate Duration Button to see the number of days or hours you are requesting.
* Indicates required field



* Absence Type Unpaid Authorised Special

Absence Reason Carer's Leave

Duration * Start Date (30-Jul-2021) End Date (30-Jul-2021)

TIP Start Date is required.

Days

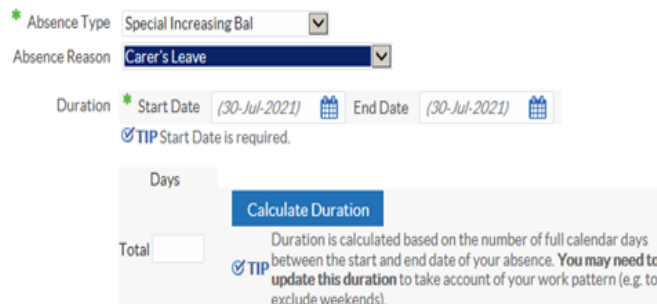
Calculate Duration

Total

TIP Duration is calculated based on the number of full calendar days between the start and end date of your absence. You may need to update this duration to take account of your work pattern (e.g. to exclude weekends).

If the Carer's leave has been agreed as **PAID** choose 'Special Increasing Bal' in 'Absence Type' and 'Carer's Leave' in 'Absence Reason'. The date fields need to be updated and the 'Total' field to include the number of hours.

Select an Absence Type, and enter any other information you want to record for your request. You can choose the Calculate Duration Button to see the number of days or hours you are requesting.
* Indicates required field



* Absence Type Special Increasing Bal

Absence Reason Carer's Leave

Duration * Start Date (30-Jul-2021) End Date (30-Jul-2021)

TIP Start Date is required.

Days

Calculate Duration

Total

TIP Duration is calculated based on the number of full calendar days between the start and end date of your absence. You may need to update this duration to take account of your work pattern (e.g. to exclude weekends).

If **annual leave** is agreed then the **employee** needs to enter this in their usual way via ESR.

Reference:WOD21 v3

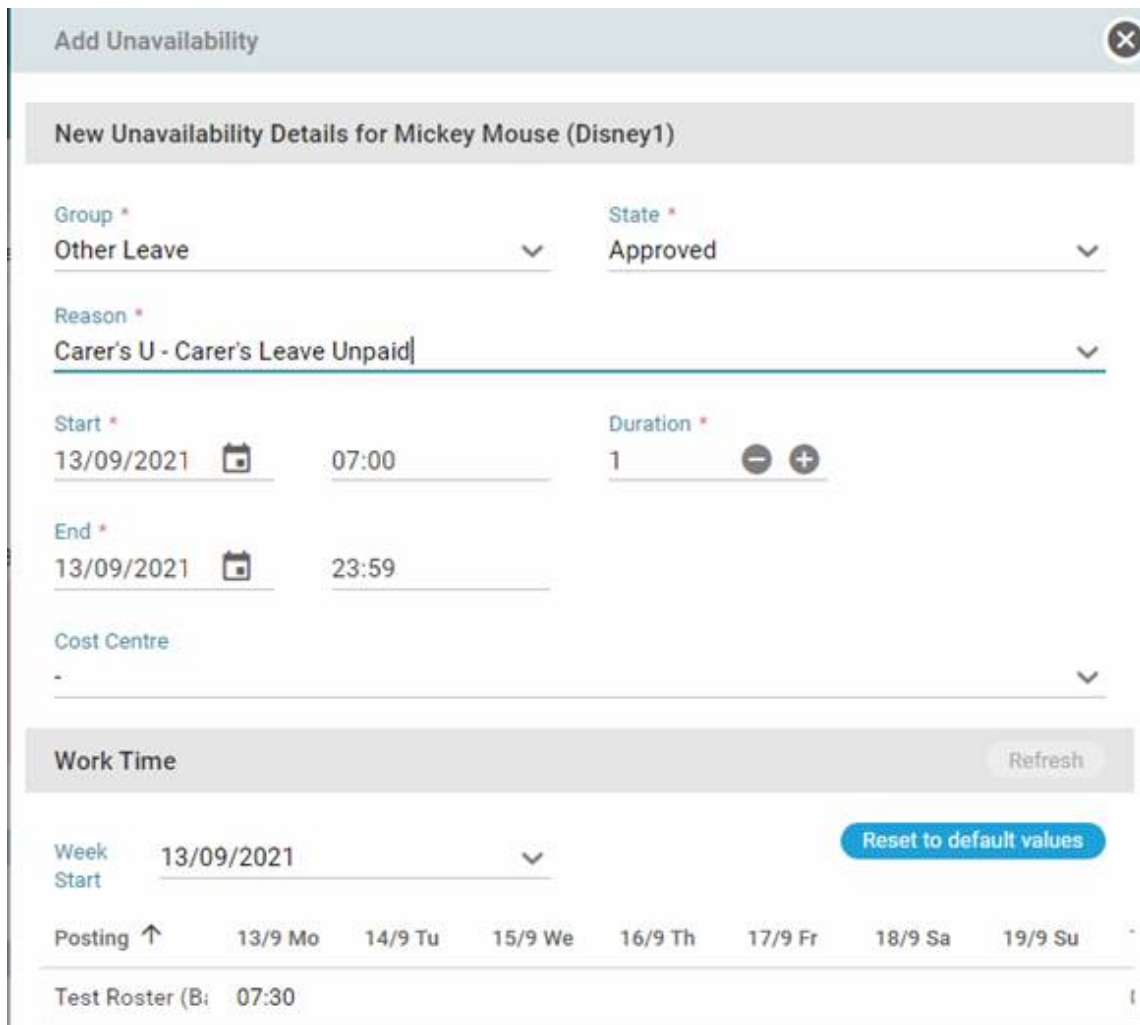
Policy Title: Carer's Leave Policy

Appendix G

Guidance for inputting unpaid or paid carer's leave into Health Roster.

When Carer's leave has been agreed Health Roster needs to be updated by the manager

If the Carer's leave has been agreed as **UNPAID**



Add Unavailability

New Unavailability Details for Mickey Mouse (Disney1)

Group *
Other Leave

State *
Approved

Reason *
Carer's U - Carer's Leave Unpaid

Start *
13/09/2021 07:00

Duration *
1

End *
13/09/2021 23:59

Cost Centre
-

Work Time Refresh

Week Start 13/09/2021 Reset to default values

Posting ↑ 13/9 Mo 14/9 Tu 15/9 We 16/9 Th 17/9 Fr 18/9 Sa 19/9 Su

Test Roster (B: 07:30

if **unpaid** carers leave is added to Health Roster a follow up email would need to be sent to payroll at NWSSP.PayrolleSystems@wales.nhs.uk with the following information:

Name
Payroll number
Date
Number of hours

If the Carer's leave has been agreed as **PAID**

Add Unavailability

New Unavailability Details for Mickey Mouse (Disney1)

Group *
Other Leave ▼

State *
Approved ▼

Reason *
Carer's P - Carer's Leave ▼

Start *
13/09/2021 📅 07:00

Duration *
1 ⊖ ⊕

End *
13/09/2021 📅 23:59

Cost Centre
- ▼

Work Time Refresh

Week Start 13/09/2021 ▼ Reset to default values

Posting ↑	13/9 Mo	14/9 Tu	15/9 We	16/9 Th	17/9 Fr	18/9 Sa	19/9 Su
Test Roster (B: 07:30							

If **annual leave** is agreed then the **manager** needs to enter this via Health Roster.



AGENDA ITEM
2.1.2

PEOPLE & CULTURE COMMITTEE

PEOPLE & CULTURE COMMITTEE ANNUAL CYCLE OF BUSINESS

Date of meeting	13/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies, Corporate Governance Manager
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	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 March 2022 to 1 April 2023.

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.

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 April 2022 – 31st March 2023)

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 April 2022 to 31st March 2023.

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 April 2022 – 31st March 2023)

Item of Business	Executive Lead	Reporting period	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
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		✓										
People Policies for Approval	Director of People	As necessary		✓			✓			✓			✓	
People Metrics	Director of People	Each Meeting		✓			✓			✓			✓	
Medical Efficiency	Director of People	Six Monthly					✓						✓	
Employment Relations	Director of People	As necessary		✓										
Disclosure & Barring Service Checks	Director of People	Six Monthly		✓						✓				
Management Development & Leadership	Director of People	Six Monthly		✓						✓				
Values and Behaviours including Listen & Learn Culture	Director of People	Six Monthly					✓						✓	
Culture & Leadership Programmes (including transformation e.g. Neonates & maternity work, CAMHS)	Director of People	Every Meeting		✓			✓			✓			✓	
Pathways to Employment (including L&D updates)	Director for People	Annually								✓				
People Strategy	Director of People	As necessary												
Staff Survey	Director of People	Annually								✓				
Welsh Language Annual Report	Director of People	Annually					✓							
Employee Experience & Wellbeing	Director of People	Six Monthly		✓						✓				

Item of Business	Executive Lead	Reporting period	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Equality, Diversity & Inclusion	Director of People	Six Monthly					✓						✓	
Welsh Language	Director of People	Six Monthly					✓						✓	
Organisational Risk Register	Director of Corporate Governance	Each Meeting		✓			✓			✓			✓	
Internal & External Audit Reports	Director of People	As necessary following finalisation of report		✓			✓			✓			✓	



AGENDA ITEM

2.1.7

PEOPLE & CULTURE COMMITTEE

COMMITTEE TERMS OF REFERENCE

Date of meeting	11/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies, Corporate Governance Manager
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance and Board Business
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
People & Culture Committee	27/07/2020	ENDORSED FOR BOARD APPROVAL
Health Board	30/07/2020	APPROVED

1. SITUATION/BACKGROUND

- 1.1 Under our Standing Orders, Board Committees are required to review their Terms of Reference on an annual basis and these are attached as **Appendix 1** for that purpose. Any suggested changes will need to be brought to the attention of the Director of Corporate Governance for consideration. If there are no suggested amendments the Committee



is able to note that the review has been undertaken in its Annual Report which is currently being drafted and will be received at the next meeting of the Committee in August 2022.

2. 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

3. RECOMMENDATION

5.1 The Committee is asked relay any suggested amendments via the Chair by 31st May 2022.

Schedule 3.5

BOARD COMMITTEE ARRANGEMENTS

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

PEOPLE & CULTURE COMMITTEE

Terms of Reference & Operating Arrangements

INTRODUCTION

The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate a committee to be known as the **People & Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

CONSTITUTION & PURPOSE

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

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

SCOPE AND DUTIES

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

Culture & Values:

- Agree and oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.

- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence;
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Ensure the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Supporting the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

Organisational Development & Capacity:

- Ensure the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce
 - analysis and use of sound workforce, employment and demographic intelligence
 - the planning of current and future workforce capacity
 - effective recruitment and retention
 - new models of care and roles flexible working
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills
 - talent management
- Review plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning.
- Receive and consider people & Organisational Development strategies providing assurance to the Board that all strategic developments are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

Performance Reporting

- Seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise risks on the Organisational Risk Register that fall within the remit and control of the Committee.
- Advise the Board on aligning service, workforce and financial performance matters into an integrated approach in keeping with the Health Board's commitment to the Sustainable Development Principle defined by the Well-being of Future Generations (Wales) Act 2015.
- Ensure there is an effective planning and performance management cycle that meets the needs of the Board in delivering the Health Board's people and organisational development objectives.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities on people
 - organisational culture
 - strategies to promote and protect staff Health & Wellbeing
 - workforce utilisation and sustainability
 - recruitment, retention and absence management strategies,
 - strategic communications
 - workforce planning
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management.
 - Training, development and education
 - Management & leadership capacity programmes,
- Ensure the credibility of sources of evidence and data used for reporting to the Committee, in relation to the Committee's purpose and function.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development

performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.

- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.
- Consider and ratify Welsh Government Workforce & Organisational Development policies, procedures and initiatives prior to implementation across the Health Board.

Statutory Compliance

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

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

DELEGATED POWERS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

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

AUTHORITY

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and

- Any other committee, or group set up by the Board to assist in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board’s procurement, budgetary and other requirements
- approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

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

ACCESS

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

MEMBERSHIP

Members:

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

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

Attendees

- Executive Director of OD and Workforce (Committee Executive Lead)
- Executive Director of Therapies and Health Sciences
- Representative from the Integrated Locality Group
- Director of Corporate Governance / Board Secretary or their Deputy
- Staff side representatives (nominated by Local Partnership Forum)

By Invitation:

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Secretariat

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

Member Appointments

The membership of the Committee shall be determined by the Chair of the Board, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

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

The Board shall ensure succession planning arrangements are in place.

Support to Committee Members

The Director of Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development.

COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

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

Withdrawal of individuals in attendance

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

Circulation of Papers

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

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee
- ensure appropriate escalation arrangements are in place to alert the CTMUHB's Chair, Chief Executive or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the organisation.

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the

organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through the Committee Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

CHAIR'S ACTION ON URGENT MATTERS

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

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

REVIEW

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



AGENDA ITEM

3.1.1

PEOPLE & CULTURE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	11 th May 2022
FOI Status	Open
If closed please indicate reason	Not applicable – Public Meeting
Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR REVIEW & APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	February/March 2022	RISKS REVIEWED
Strategic Leadership Group	16 th March 2022	MANAGEMENT SIGN OFF RECEIVED
Health Board Meeting	31 st March 2022	RISKS REVIEWED AND APPROVED
Audit & Risk Committee	28 th April 2022	RISKS REVIEWED

ACRONYMS

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the People & Culture Committee to review and discuss the organisational risk register and consider

whether the risks escalated to the Organisational Risk Register have been appropriately assessed.

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

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

- Monthly Risk Management Awareness Sessions (Virtually via Teams) were implemented from January 2021 with increasing engagement and attendance growing month on month. The monthly sessions are set in the calendar until the end of 2022 and will continue beyond that date if required. 326 members of staff trained from January 2021 to date.
- Targeted training session undertaken with District/Community Nursing Team and the Patient, Care and Safety Function.
- Risks on the organisational risk register have been updated as indicated in red.
- The entries on the Organisational Risk Register have been aligned to the new Strategic Goals.
- The revised Board Assurance Framework, Risk Appetite Statement and Risk Domain Matrix was received at the Board Development Session on the 23rd February 2022 and approved by the Board on the 31st March 2022.

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

3.1 **NEW RISKS**

Nil as assigned to the People & Culture Committee.

3.2 **CHANGES TO RISKS**

a) Risks where the risk rating **INCREASED** during the period

Nil as assigned to the People & Culture Committee.

b) Risks where the risk rating **DECREASED** during the period

Nil as assigned to the People & Culture Committee.

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

Patient Care & Safety

- Datix ID 3899 - Clinical staff resuscitation training compliance. Risk closed as superseded by new risk Datix ID 5031.

The rationale for closure is captured in Appendix 1.



3.4 DISCUSSION POINTS

- Locality Group Return – RTE and Bridgend:
 - The Rhondda Taf Ely (RTE) ILG Director Triumvirate returned the March update on risks to their Clinical Service Group leads to provide a more robust update on risk mitigation and therefore no updates were received for the Organisational Risk Register on RTE risks on this occasion whilst this is undertaken. The return will therefore be captured in the next iteration of the Organisational Risk Register in May 2022.
 - Due to staff absence a risk update return was not received from Bridgend ILG on this occasion although risks 4149 and 4253 have been updated following a formal request by the Board at the January 2022 meeting.

It should be noted that this risk submission coincided with extreme operational flow pressures and the Welsh Government 'reset' period meaning CSG Managers were unable to dedicate additional time to make the necessary improvements.

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

Consequence	5				4080	
	4				4106 4157 4500	1133 4679
	3					3638 4888
	2					
	1					
CxL	1	2	3	4	5	
Likelihood						

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Aim to mitigate risks to patients and staff
Related Health and Care standard(s)	Governance, Leadership and Accountability
	All Health and Care Standards are included
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue	There is no direct impact on resources as a



£/Workforce) implications / Impact	result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care.

5. RECOMMENDATION

5.1 The Committee are asked to:

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

Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4080	Executive Medical Director	Improving Care	Patient / Staff /Public Safety	Failure to recruit sufficient medical and dental staff	If: the CTMUHB fails to recruit sufficient medical and dental staff. Then: the CTMUHB's ability to provide high quality care may be reduced. Resulting in: a reliance on agency staff, disrupting the continuity of care for patients and potentially affecting team communication. This may affect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	<ul style="list-style-type: none"> Associate Medical Director for workforce appointed July 2020 Recruitment strategy for CTMUHB being drafted Explore substantive appointments of staff undertaking locum work in CTMUHB Feedback poor performance and concerns to agencies Development of 'medical bank' Developing and supporting other roles including physicians' associates, ANPs 	<p>The response to Covid-19 has impacted the original timeframes for these actions due to the requirement to focus on clinical operational service delivery during the pandemic. Revised dates have been included below:</p> <ol style="list-style-type: none"> 1. AMD and workforce to develop recruitment strategy - 31.3.2021 Update October 2021: The Health Board is in the process of introducing patchwork across Merthyr & Cynon ILG on 6th October and Rhondda Taf Ely on 20th October. This will give an indication of the gaps and the spend, allowing the ILG's to establish a medical recruitment strategy. 2. AMD and DMD to develop retention and engagement strategy - 31.3.2021 - Revised Date February 2022. 3. Reduce agency spend throughout CTMUHB - Update January 2022 - Patchwork rolled out across CTM. Data gathering currently. When sufficient data will have the discussions with HR and clinicians on a fair and appropriate rate card. 4) Task and Finish group to look into conversion of ADHs into permanent posts. 5) Task and Finish group Retire and return (emphasis on recruit new consultants (and therefore join on call) than R&R approach, use R&R on 1 year contracts and re-advertise posts on yearly cycle. 	Quality & Safety Committee People & Culture Committee	20	C5 x L4	15 (C5xL3)	↔	01.08.2013	07.01.2022	31.03.2022
4679	Executive Director for People (Executive Lead for Occupational Health)	Improving Care	Patient / Staff /Public Safety	Absence of a TB vaccination programme for staff	If: the Health Board is not providing TB vaccination to staff Then: Staff and patients are at risk of contracting TB Resulting in: Failure to comply with the Department of Health and Social Care guidance and lack of confidence in the service	<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>	<p>Action plan collated-To clarify current screening process in relation to local and National guidance via specialist respiratory nurses prior to administering BCG. OH Senior screening nurse to compile written instructions and staff information leaflet. Training requested via the respiratory team. Meeting to discuss training needs set for 9th June 2021</p> <p>Update January 2022 - Training of OHN to deliver BCG vaccinations remains outstanding due to difficulty resourcing training within CTMUHB. Alternative training has now been resourced via CAV UHB Respiratory Team and dates for training to be agreed. Continuing to risk assess TB status as part of Pre-employment clearance process.</p> <p>Update March 2022 - Ongoing difficulties accessing BCG training in CTM and CAV UHB. OH currently exploring alternative training options in order to introduce BCG vaccinations. TB assessment as part of pre employment Health Questionnaire screening process ongoing.</p>	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 (C4xL2)	↔	09.06.2021	07.03.2022	29.04.2022
4106	Executive Director of Nursing and Midwifery	Improving Care	Patient / Staff /Public Safety	Increasing dependency on agency staff cover which impacts on continuity of care, patient safety	If: The Health Board increasingly depends on agency staff cover Then: the Health Board's ability to provide stability and consistency in relation to high quality care could be impacted. Resulting in: disruption to the continuity, stability of care and team communication. Potential to impact on patient safety and staff wellbeing. There are also financial implications of continued use of agency cover.	<p>Recurring advertisements of posts in and nursing continue with targeted proactive recruitment employed in areas of high agency/locum use.</p> <p>Provision of induction packs for agency staff</p> <p>Agency nursing staff are paid via an All Wales contract agreement, any off framework agency requests must be authorised by an Executive Director prior to booking (system of audit trail in place).</p> <p>Fixed Term Contracts being offered to all existing HCSW and RN currently on the Nurse Bank.</p> <p>Redesign services wherever possible to embrace a healthier Wales and therefore impact upon the workforce required to deliver services.</p> <p>Overtime incentives offered to workforce in response to Covid-19 pandemic.</p> <p>As of July 2021 - the overseas recruitment campaign has ceased pending further scoping exercises by Workforce and Organisational Development.</p> <p>Bi-Annual Nursing Staffing Levels Wales Act - Acuity Audit to be undertaken in June 2021 to report to Board in October 2021. Completed: This has been completed and received by the Board.</p>	<p>Deputy Exec DON is currently reviewing the nurse rostering policy in conjunction with the workforce team in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's. Established a new nursing workforce taskforce. Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021. Update November 2021: The Revised policy which was based on SBUHB's current policy (in terms of content / KPI's etc. was taken to Local Partnership forum where it was identified further amendments were requested, these were made in terms of making the clear distinction between the current break times in some areas of POW and that of the rest of CTMUHB. The policy is currently with an ILG Nurse Director who has kindly offered to make the policy more "user friendly" Timescale: 31st December 2021</p> <p>All Wales "Safer Care Module" on e-roster system due to be received in due course. WG led so await WG timescales. No Change as at 4.5.2021. Update November 2021 - No update from WG as of November 2021</p> <p>Nursing & Midwifery Strategic Workforce Group, Chaired by the Deputy Director of Nursing to recommence in April 2021. The Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. The Strategic workforce group is scheduled to meet on the 11th May 2021. November 2021 update: Bi monthly workforce meetings have been stood down and the ILG's are establishing their own workforce meetings. The Nursing and Midwifery Strategic Workforce Group met in May 2021; ToR amended and membership agreed. Next meeting scheduled for December 2021 .</p>	Quality & Safety Committee People & Culture Committee	16	C4 x L4	12 (C4xL3)	↔	01/06/2015	05.11.2021	31.12.2021
4157	Executive Director of Nursing and Midwifery	Improving Care	Patient / Staff /Public Safety	There is a risk to the delivery of high quality patient care due to the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives	If: the Health Board fails to recruit and retain a sufficient number of registered nurses and midwives due to a national shortage Then: the Health Board's ability to provide high quality care may be impacted as there would be an overreliance on bank and agency staff. Resulting in: Disruption to the continuity and stability of care and team communication Potential to impact on patient safety and staff wellbeing. There are also financial implications of continued use of agency cover.	<ul style="list-style-type: none"> Proactive engagement with HEIW continues. Scheduled, continuous recruitment activity overseen by WOD. Overseas RN project continues. Targeted approach to areas of specific concern reported via finance, workforce and performance committee Close work with university partners to maximise routes into nursing Block booking of bank and agency staff to pre-empt and address shortfalls dependency and acuity audits completed at least once in 24 hrs on all ward areas covered by Section 25B of the Nurse Staffing Act. Deputy Exec DON is currently reviewing the nurse rostering policy in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's Reporting compliance with the Nurse Staffing Levels (Wales) Act regularly to Board Regular review by Birth Rate Plus compliant, overseen by maternity Improvement Board Implementation of the Quality & Patient Safety Governance Framework including triangulating and reporting related to themes and trends. successful overseas RN recruitment. There is an operational Nursing Act Group that reconvened from April 2021. <p>Impact assessment signed off from a Mental Health Nursing perspective in relation to an extension to the Nurse Staffing Act 2016.</p>	<p>Established recruitment campaign - which is monitored at the Nursing Workforce Strategic Group - group due to meet/recommence in April 2021.The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021. This action has been overtaken by the Nursing Productivity Programme.</p> <p>Revised nurse rostering policy currently being taken through the relevant approval process - Timescale 31.3.2021.Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021.Complete and currently with WF&OD to finalise through to Approval.</p> <p>Await review of Birth Rate Plus Compliant Tool by WG - Timescale - WG led so await WG timescales - No further update at this time. Remains the same as at February 2022.</p> <p>Impact assessment relating to Health Visiting provision with regards to compliance of the draft principles of the Nurse Staffing Act 2016 to be completed by the end of March 2022. Ward Assurance Pilot Tool tested within PCH and to be rolled out across the other two Acute Hospitals by the end of April 2022.</p>	Quality & Safety Committee People & Culture Committee	16	C4 x L4	12 (C4xL3)	↔	01/01/2016	02.03.2022	30.04.2022
4500 Linked to 4483.	Executive Director of Therapies & Health Sciences Therapies hosted by Merthyr & Cynon Integrated Locality Group	Improving Care	Patient / Staff /Public Safety	There is a risk to the delivery of high patient care due to the difficulty in recruiting sufficient numbers of registered therapists and health scientists.	If: the Health Board fails to recruit and retain a sufficient number of therapists and health scientists due to increasing numbers of vacancies and shortages of professional staff. Then: the Health Board's ability to provide certain services may be compromised. Resulting in: increased waiting times for diagnosis and treatment, missed opportunities to diagnose at an earlier stage, potential for poorer outcomes for patients.	<p>Links via the Director Therapies to HEIW for planning.</p> <p>Proactive recruitment for difficult to fill posts.</p> <p>Use of Agency/Locum staff where available.</p> <p>Director of Therapies & Health Sciences have supported participation in streamlining to appoint AHP summer 2021 graduates to band 5 vacancies. This is the first time AHPs have recruited in this way and it is too soon to ascertain whether this will impact positively on staff retention.</p>	<p>Continue with active recruitment wherever possible.</p> <p>Ensure workforce plans included and supported in the Integrated Medium Term Plan (IMTP).</p> <p>Utilise 'novel' staffing approaches where indicated.</p> <p>Update January 2022 - Opportunities to enhance workforce via planned care funding 22-23 has the potential to increase workforce. Current focus lies in workforce education commissioning.</p>	Quality & Safety Committee People & Culture Committee	16	C4 x L4	8 (C4xL2)	↔	21.12.2020	07.01.2022	15.03.2022.
1133	Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Improving Care	Patient / Staff /Public Safety	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	If: the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH; Then: the Health Board will be unable to deliver safe, high quality services for the local population; Resulting in: compromised safety of the patients and staff and possible harm.	<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.</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>	Quality & Safety Committee. People & Culture Committee - Workforce aspect	16	C4 x L4	12 (C4xL3)	↔	20.02.2014	7.9.2021	13.12.2021

Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
3638	Chief-Operating-Officer Executive Medical Director Pharmacy & Medicines Management	Inspiring People	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Pharmacy & Medicines Management - Training & Development Infrastructure	If: the planned HEIW led changes to the education and training of pharmacists and pharmacy technicians with increased numbers of trainees across both primary and acute care are fully implemented Then: the there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees. Resulting in: a lack of appropriately qualified pharmacy professionals to meet future service demands in all sectors and particularly in hard to recruit to ILGs such as Merthyr where we have established a "grow our own" model. This can impact the primary care sustainability MDT model. Also a reduction in reputation of a HB that has a very high level of % qualifying and a reduction in future applicants. Current capacity is overstretched and a robust education, training and development infrastructure is needed to meet these demands for specialist & advanced practitioners in primary and secondary care.	SBAR submitted to CBM in March 18 to increase training capacity in order to meet the demand. Included in IMTP and prioritised as number one priority. A bid was included as part of the primary care pacesetter for education and development in primary care academic hubs and was successful. This element of the ed/tr will be implemented in 2018 for 3 years with evaluation. The secondary care elements were not supported in the IMTP prioritisation process and so this still leaves significant risks. SBAR needed to describe the impact of the new technicians training qualification. Funding approved for primary care lead pharmacist - commenced in post April 2019. Included a new case in 2019/20 IMTP as high priority. SBAR for Nov CBM on new technician training requirements. Progress and evaluate primary care pacesetter plan to increase training infrastructure to inform business case to continue funding and scale up.	Update June 2021: HEIW have agreed training support grants for trainers to support pre-registration foundation posts which mitigates the risk for this group of staff. However this funding is only temporary and not guaranteed beyond 2022-23, which presents a potential risk around recruitment of suitable staff. The post-registration foundation programme has been deferred until 2022 which buys some time for health boards to explore solution to the significant financial shortfall that will arise from the lack of on going funding for these posts. Update July 2021 - No further update to that recorded in June 2021. Review 30.09.2021. Update November 2021 - as reported to the Quality & Safety Committee: Discussion with HEIW have resulted in a delay to the financial changes until 2024, which will allow the service related impact to be better transitioned into the planning cycle. Update February 2022 - Risk remains as funding for the posts will be significantly reduced from 2023 onwards as HEIW will reduce from 50% to 20% funding. The shortfall in funding between establishment and post costs remains the risk. The funding resource is being captured in the IMTP submission for 22-23 in preparedness for the impact in 2023-4. Funding gap is approximately £90k pa. This equates to 2 posts. Decision of funding is required by March 2022 to allow for recruitment process in 2023.	People & Culture Committee	15	C3 x L5	6 (C3xL2)	↔	02.01.2018	11.02.2022	30.04.2022
4888	Executive Director for People	Creating Health	Statutory duty / Inspections	Insufficient resource in the Welsh Language Team	If: the resources of the Welsh Language Team remains as it is, the Health Board will not be able to fully meet its legislative duties set out in Compliance notice (no7) issued by the Welsh Commissioner in November 2018. Then: the team will not be able to effectively monitor compliance, there will be a reduction in staff and community engagement and cultural activities and the demand for translation will continue to exceed capacity. Resulting in: Significant use of expensive external translation agencies, non-compliance in many areas of the health board (including hosted bodies) and a high risk of investigations, financial penalties and reputational damage.	*Translation team prioritise patient related work. *Careful management of compliance monitoring and translation for Primary Care (work with Dental completed) *Ongoing programme of translation of the Health Board website and Social Media. (Member of team attends Communication team meetings) *Use of external translation agencies for large pieces of work e.g. Annual Reports.	Low level of resources in the Welsh Language Team impacts the Health Board's ability to meet the Welsh Language Standards. Develop a business case setting out the additional resources required within the Welsh Language Team to enable the Health Board to implement the actions set out in the Welsh Language Commissioners compliance notice. The business case needs to be reviewed/approved by the People and Culture Committee and appropriate Executive Forum. The business case needs to be incorporated into the IMTP for 2022/2023. A business will be submitted to the People and Culture Committee following a discussion with the Assistant Director. (NOV 21). Timeframe for completion: 31.03.2022. Risk Reviewed March 2022 - and the above mitigation remains.	People & Culture Committee	15	C3 x L5	12 (C3xL4)	---	28.10.2021	04.03.2022	31.03.2022

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

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Closure Rationale
3899	Executive Director of Nursing & Midwifery	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Clinical staff resuscitation training compliance	<p>IF: there continues to be poor compliance with resuscitation training in relation to clinical staff.</p> <p>Then: the Health Board's ability to provide high quality and safe care would be reduced.</p> <p>Resulting in: a risk that clinical staff are not up-to-date with their resuscitation training and therefore potentially not able to offer the most up-to-date evidence based care to patients requiring resus. There is a secondary risk that if ESR records are not accurate there is no clear organisational picture which of our staff are resus trained and who are not, presenting a particular risk for rota planning.</p>	<p>ESR record is being reviewed and data checked for accuracy - doctors records need updating as currently ESR not routinely used by Medical staff.</p> <p>New models of training with robust demand and capacity training planning in place need to be identified. This will need to have appropriate resus officer training capacity.</p> <p>An internal restructure has now taken place to ensure a more robust management line. Resus dept. is now managed by the Senior Nurse Clinical Education.</p> <p>2 x band 7 resuscitation practitioner posts successfully recruited to and both in post end of May 2020.</p> <p>Covid re-emergence in September / October will have a further impact on training availability & compliance levels. Staff availability for training also impacted.</p> <p>All training taking place is compliant with social distancing / PPE requirements for COVID.</p> <p>High turnover/ retirement / long term sickness/ redeployment due to Covid of qualified Resuscitation staff recently have all impacted on capacity to deliver training. Key appointments have now been made, redeployed staff are returning and recruitment to current vacancies in is place.</p> <p>Resuscitation Training Standards agreed at June CTMUHB RADAR meeting. Resus Team now fully staffed with redeployed staff now returned.</p>	<p>Risk reviewed by RADAR committee in November 2021: Progress was noted in trajectory of training compliance and that ESR has now been populated with new training standards. Expected go live in December 2021 so a clearer picture of compliance against new standards will be available in 2022. However it was agreed that risk should remain at current score due to the following factors:</p> <ol style="list-style-type: none"> 1) there is still a higher than normal demand for resus training due to the covid vaccination programme, where capacity for training remains static. 2) Lack of permanent suitable training accommodation remains an issue with current arrangements at YGT and YS only temporary. 3) DNA training rates remain high potentially due to clinical pressures at ward level. This has been escalated to Exec Director of Nursing. 4) Pressures due to Covid mean that we are asking some staff to work outside their normal areas and so there is an additional training need. 	People & Culture Committee	Closed	Closed	Robust review of risk undertaken in February 2022 and this risk has been superseded by new risk ID 5031 - Clinical Education & Training Accommodation, which is considered to more appropriately reflect the risk held by Clinical Education.



AGENDA ITEM

3.2.1

PEOPLE & CULTURE COMMITTEE

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

Date of meeting	(11/05/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Claire Nicholas, Head of Policy, Compliance and Agenda for Change
Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

DBS	Disclosure Barring Service
ESR	Electronic Staff Record
HIW	Health Inspectorate Wales
CRB	Criminal Records Bureau
NWSSP	NHS Wales Shared Services Partnership
FAQ	Frequently asked questions



1. SITUATION/BACKGROUND

- 1.1 Following the conviction of Mr W for the murder of his neighbour, Health Inspectorate Wales (HIW) undertook a review of Abertawe Bro Morgannwg Health Board's (ABMUHB) handling of the recruitment of Mr W 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 ABMUHB, 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 Following the publication of the HIW findings in mid-2019, all NHS organisations were requested by Welsh Government to review their DBS check compliance rates and take remedial action, as required.
- 1.3 In response to the HIW Report, the CTM Compliance Workforce Team undertook an internal audit of DBS check compliance, against staff ESR records. The audit found a significant number of eligible CTM staff did not have a DBS check recorded on their ESR record. This was identified as an organisational risk, as the Health Board could not be sure or have evidence whether these staff had been checked and deemed to be suitable to work with children and or vulnerable adults, without putting their wellbeing and safety at risk.
- 1.4 The CTM internal findings resulted in DBS check compliance being placed on the Health Board's Risk Register. Consequently, regular reports are presented to the People and Culture and Quality and Safety Committees, to keep them informed of progress to mitigate and close the risk. A paper was last presented to the People and Culture Committee in July 2021.
- 1.5 This report presents an update of the current position, as at 1 April 2022, in relation to DBS compliance, progress to mitigate the risk and provide assurance of ongoing actions being taken to close it.

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

- 2.1 An updated ESR DBS compliance report produced on 1 April 2022 set out information regarding all eligible Health Board employees and workers who did not have a DBS check logged on their ESR record.



- 2.2 The updated position is set out in the table below. It should be noted the number of employees and workers in post alters daily, it is therefore impossible to compare the previous figures side by side, as there are constantly new starters, leavers, and employees changing posts internally, which may result in a different level of DBS check being required or indeed no DBS check required. This factor will account for the increase in missing DBS checks.
- 2.3 In the table the arrows demonstrate the progress that has been made in finding missing and matched DBS checks for new appointees and workers and those previously identifying employees and workers who were employed by CTM, or predecessor organisations, before CRB (now DBS) checks were required.

	Match	Not required	Missing	% Missing
Agenda for Change (A4C)	7807	2279	1767	14.91% ↓
Medical and Dental (M&D)	713	0	172	19.44% ↑
Bank	1067	173	525	29.75% ↑
TOTAL	9587	2452	2464	16.99% ↓

- 2.4 From 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 DBS information was missing from the ESR records of the transferring employees.
- 2.5 As reported previously, at the beginning of 2021 work was undertaken, to check all electronic systems for evidence of missing DBS checks. Additional temporary agency resources (two part-time workers) were engaged to undertake this work over a two-month period. This involved checking recruitment records on Trac and ESR, to establish whether a DBS check had been recorded on a previous staff record, electronic personnel files etc. This exercise was undertaken for bank workers, medical and dental and all other staff groups. Because of this work, 1188 DBS check records were found and updated on employee / worker ESR records.
- 2.6 To date, given the resource and time constraints imposed on the Compliance Team during COVID-19, limited work has continued over the past 12-month period, to continue to locate the identified missing DBS checks.



- 2.7 The Compliance Team has developed a new plan, using email and Microsoft Forms technology, to contact those employees who do not have evidence of a DBS check on their ESR record. This technology will collate the employee's responses automatically, which will reduce significantly the administration resource, previously required to collect and collate the information.
- 2.8 Where an employee responds they have a DBS check, they will be directed to input the details into a Microsoft Form, which will be sent automatically to their line manager and the Compliance Team Excel Spreadsheet records. The line manager will receive an email notification informing them that their employee will be submitting a DBS check for them to verify, prior to final submission of this information to the Compliance Team. Once the information is received, it will be inputted into ESR, to sit in the appropriate employee's ESR record.
- 2.9 It is anticipated, once this process is rolled out in June 2022, the Health Board will see DBS check compliance rates will begin to improve significantly within a period of three months. At the end of the three-month period, the Compliance Team will review and report updated progress to the People and Culture Committee.
- 2.10 Where an employee indicates via the process, they do not have a DBS certificate and their role requires one, the process will alert the Compliance Team of the requirement to contact them to request they undertake a new DBS check.
- 2.11 It is recognised that some employees may feel anxious and worried, especially if they have historical offence(s) and they were not requested to provide a DBS (or previous CRB) check as part of their appointment and pre-employment check process. All employees will therefore be encouraged to make a voluntary disclosure on the Microsoft Form if appropriate, and provided with assurances that CTM will take an understanding, balanced and considerate approach to this information, in the strictest of confidence.
- 2.12 The voluntary disclosure of offences process will be underpinned by a risk assessment, undertaken with the employee by their line manager. The risk assessment will consider the nature of the voluntary disclosed offence(s), the duties that are required to perform, patient contact, with particular reference to children and vulnerable adults and the circumstances in which the work is carried out, pending the completion of a new DBS check.

- 2.13 Offences previously disclosed, where a decision was made to continue with offer of employment, will have previously been noted and risk assessed at the time of appointment. This process will not overturn any decision previously made about an individual’s employment.
- 2.14 A SharePoint Page will be set up, to provide employees and managers with access to useful information, Frequently Asked Questions (FAQs) and as a means to signpost employees to the CTM wellbeing resources and services, where appropriate for support.
- 2.15 As CTM is constantly recruiting new employees, monitoring continues to be undertaken by the Compliance Team, Staff Bank Team and Medical Workforce, via a monthly new starter’s report, to check DBS compliance for all eligible new employees and workers.
- 2.16 The purpose of the report is to ensure that those employees who require a DBS check have completed one and the details are noted on their ESR record. Where information is missing this will be identified and followed up immediately. This approach will ensure that CTM continues to maintain high levels of DBS check compliance moving forward, while still actively taking steps to reduce the overall number of missing DBS checks.

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. However, due to transfer of data between various IT systems, the DBS record can be lost at various stages during the recruitment process. This in turn compromises compliance assurances, which is provided within this report.
- 3.2 Undertaking new or rechecks of existing employees, with no current DBS recorded on ESR may uncover historical offences that had not previously been disclosed. Managers utilising the DBS Policy and DBS Guidance for Managers and seeking advice from their Workforce Business Partner, as appropriate, can mitigate this risk.

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 and Culture Committee is asked to **NOTE** the content of the paper, the action plan and timescale to roll out the new process, which should quickly and significantly increase DBS compliance rates across the Health Board.

Appendix 1 - High level action plan

Description	Responsible Person	Deadline
New starter report to be run monthly to identify employees and workers who require a DBS check have completed one and the details are recorded on ESR.	Workforce Efficiency Manager	First week of every month from May 2022
From new starter report, identify records where DBS information in ESR is missing, manually search personnel files and electronic systems to find information. Input DBS details into ESR record.	Staff Bank Team Medical Workforce Compliance Team	By end of every month from May 2022
Email Staff where no DBS information is on record to request it.	Compliance Team	June 2022
Collate information on DBS information submitted and input onto ESR.	Compliance Team	Ongoing from June 2022
Undertake new DBS checks on staff with no information recorded, and ensure ESR records are updated.	HR Business Partner Teams / Compliance Team / Staff Bank Team / Medical Workforce	Ongoing from June 2022
Reminders to key staff in relation to the DBS check requirements related to non-recruitment changes (e.g. retire and return, redeployment etc.) in post, as covered by Workforce Policies.	Compliance Team	Via Team Meetings
In all stages of the new process, the Compliance and or the HR Team will liaise with the Workforce Information Team to ensure they are provided with amendments and/or adjustments to position number settings, to ensure the base line data for comparison is correct in relation to DBS level required for the position role.	HR Business Partner Teams / Compliance Team / Staff Bank Team / Medical Workforce / Workforce Information Team	Ongoing from June 2022



AGENDA ITEM
3.2.2

PEOPLE & CULTURE COMMITTEE

EMPLOYMENT RELATIONS UPDATE

Date of meeting	(11/05/2022)
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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	Karen Wright, Assistant Director of Policy, Governance and Compliance
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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	
CPD	Continued Professional Development
ER	Employee Relations
ET	Employment Tribunal
HR	Human Resources



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
 - ensure compliance 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 consider 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 2021 – 31 March 2022. ER data was last reported to the People and Culture Committee on the 20 October 2021.
- 2.2 This report provides an update, in respect of the plan to commence developing and embedding a listening, learning and improvement culture (Just and Learning Culture) within the Health Board over the next few years.

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

3.1 Current ER Cases – As at 31 March 2022

There are currently 79 formal live ER cases ongoing across the Health Board compare with 63 cases at September 2021. The total number of live ER cases has therefore increased very significantly, when compared with the previous 6-month reporting period. These figures also includes ongoing Counter Fraud and Police / Safeguarding investigations. In addition to these 79 live cases, the Health Board concluded and closed 27 ER cases from 1 October 2021 – 31 March 2022.

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

- Upholding Professional Standard Wales (UPSW) (Medical Staff Disciplinary Policy) cases;
- Informal Disciplinary Discussions;
- Fast Track Disciplinary Hearings;
- Formal Disciplinary Hearings;
- Informal Respect and Resolution Approaches (previously referred to as Dignity at Work cases);
- Formal Respect and Resolution Meetings (previously referred to as Grievances and Dignity at Work cases);
- Appeals Hearings;
- Police / Safeguarding Investigations; and
- Counter Fraud Cases;

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



- The number of staff suspensions / exclusions from work continue to remain at a very low level, as increasingly the Health Board's approach is to use this option as a last resort. It is acknowledged, suspension / exclusions from work is not a neutral act and can have a negative impact on the staff member's health and wellbeing. This approach helps to keep staff in 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 fast-track option (non-medical staff only). The Health Board, supported by trade union colleagues are proactively encouraging the use of the fast-track procedure, when appropriate to do so.

Over the past 6-month period, over a third of all non-medical disciplinary cases have been dealt with via the fast-track procedure. The fast-track approach is being utilised by managers, in conjunction with the Workforce & OD Teams and trade union colleagues to manage appropriately low-level ER cases within the Health Board, in a timely manner.

- The number of formal ongoing investigations increased significantly from 23 to 41 cases, since the last reported position in October 2021. An increase in the number of UPSW cases has contributed significantly to this increase. Over the past 6-month period, the number of UPSW cases have increased, with the Health Board having ten cases.
- This period has also seen an increase in the number of Police and Safeguarding cases, which frequently requires the Health Board to undertake its own internal investigation, concurrently or following the end of legal proceedings.
- The new NHS Wales Respect and Resolution Policy, implemented during June 2022, replaced the former Grievance and Dignity at Work Policy. The policy aim is to ensure that all employees have access to a process to help deal with any requests for resolution relating to their employment, including bullying, harassment and any form of unacceptable behavior in the workplace. Therefore, reporting now uses the heading "Respect and Resolution" to report on these cases.
- Since the introduction of the new Policy, the number of formal respect and resolution cases across the Health Board has remains static, as increasingly staff are opting to engage in the available informal resolution approaches.



- 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. Investigation timescales are also influenced by factors such as the release time of the Investigating Officer, the availability of the individual being investigated (should they are off work on sick leave), availability of witnesses, Police / Safeguarding and Counter Fraud involvement etc. The Health Board therefore does not 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 reasonable possible.
- During this period, the Health Board has completed 25 formal investigations (including disciplinary, UPSW, grievance and respect and resolution) with a further 16 ongoing. This is a reduction of 16 cases, compared with the previous 6-month period.
- The timescales to conduct and complete investigations vary from 12 months plus, at one extreme to less than three months at the other. During the past 12 months:
 - An external investigation took in excess of 12 months to complete;
 - 11 investigations took between 6 – 12 months to complete;
 - 8 investigations took 3 – 6 months to completed;
 - 5 investigations took less than 3 months to complete; and
 - 16 investigations are still ongoing.

The timescales to undertake and conclude investigations has not decreased significantly over the last 6-month period, with the majority of cases still taking between 6 – 12 months to complete.

There are no particular patterns in the types or number of ER cases dealt with by the Health Board each year. The Heads of Workforce and OD and the Executive Director for people regularly review new and ongoing cases. These reviews seek assurance that these cases are being proactively and appropriately managed to a satisfactory and timely conclusion, limiting the risk of future Employment Tribunal claims.

4. DEVELOPING AND EMBEDDING A LISTENING, LEARNING AND IMPROVEMENT CULTURE

- 4.1 It is estimated over 6,000 workers are currently suspended in the public sector, at a cost upwards of £50 million. This may be because of bullying / harassment, disciplinary or clinical incidents etc., which are dealt with in retributive rather than a restorative way, which sadly can result in people suffering long term health and wellbeing issues.



4.2 Restorative just culture practises recognise the important role played by dealing with adverse events and incidents by asking:

- What has not gone as expected?
- Who is hurt?
- What do they need? and
- Whose obligation is it to meet those needs?

The success of restorative responses hinges on getting the wider team(s) involved in collaboratively resolving those questions and arriving at a solution that is respectful to all parties, such as, patients, families, caregivers, trade union representatives, regulators and legal and union representatives.

4.3 A restorative just culture considers accountability in a forward-looking, rather than a punitive, backwards-looking manner, asking who needs to do what now, given their role and the expectations that come with it.

4.4 The Health Board has received funding from the Welsh Government to run a restorative and just culture course for senior managers and trade union colleagues, who are involved in the management and wellbeing of a range of stakeholders, including employees, patients, family members etc.

4.5 The Health Board has commissioned Mersey Care NHS Foundation, in partnership with Northumbria University, to run a four day CPD Principles and Practises of Restorative Just Culture Course, for 30 Health Board staff.

4.6 The course will run over a three week period commencing 7 June 2022, with a post-programme action learning set, which takes place six weeks (4 August 22) after the programme concludes.

4.7 The course learning objectives are to help individuals, through practitioner and academic insights to learn how to develop, implement and evaluate a restorative just culture in the Health Board. The learning is based on the journey of Mersey Care NHS Foundation Trust, who share their experiences of implementing a restorative just culture. Their approach has resulted in a 75% reduction in disciplinary investigations since 2016, and a significant reduction in dismissals and suspensions, which has not only reduced unnecessary employment relation activity but also lead to a substantial reduction in costs, despite the organisation more than doubling in size in 2019.

- 4.8 Participants on the course will learn how to manage disciplinary, respect and resolution, adverse incidents / events etc. in a restorative way, which helps to minimise the negative impacts and maximise the learning to develop an organisational culture, where people feel safe and one built on trust.
- 4.9 The course will offer the participants, the opportunity to explore and critically analyse the concepts of the Restorative Just Culture approach and in addition, how these can be applied within the Health Board environment and context. The course will cover a range of techniques, approaches; review the underpinning theories, making connections to their application to practice in the workplace. The course will also provide participants with a wider range of knowledge to draw from, when working and dealing with adverse events and incidents, within the context or their professional role.
- 4.10 Following the completion of the course, the learning will be used to develop an in-house training course for managers and trade union colleagues. This will be further underpinned by the development of a range of training materials and HR and OD resources and interventions, which will align to the Health Boards Values and wider organisational objectives.
- 4.11 To assist our managers and staff to make and understand the connection between a restorative just culture and our values and behaviours, the Health Board will brand this cultural change approach as developing and embedding a **Listening, Learning and Improvement Culture**.

5. 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.	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.



	There is no requirement to EQIA the information contained within this paper.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
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 when ER cases are not appropriately managed. The cost of the restorative and just culture training is being fully funded by the Welsh Government.
Link to Strategic Goals	Sustaining our Future

6. RECOMMENDATION

- 6.1 The People and Culture Committee is asked to **DISCUSS** and **NOTE** the content of this report.

People & Culture Committee

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



CTM 2030
**Our Health
Our Future**
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Employee Experience

Our CTM Experience

Is about the four pillars that are: -

- Listening
- Our People
- Our Processes
- Our Environment

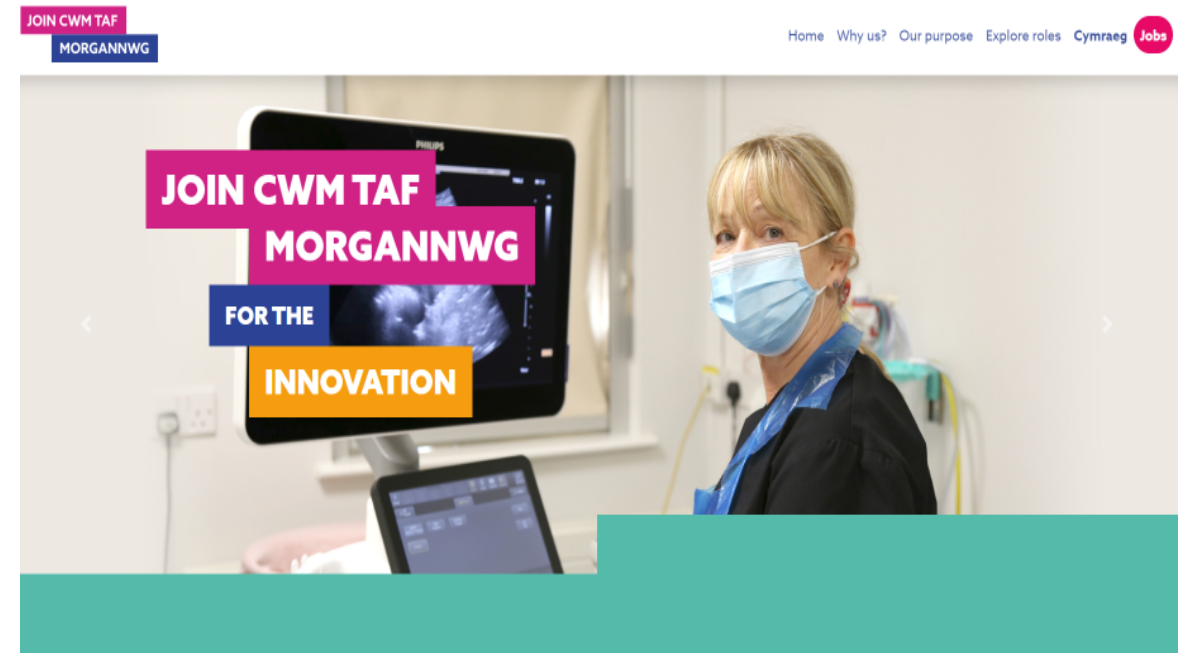


Achievements to date

- ✓ Employee Experience is now one of the strategic objectives for WF&OD
- ✓ WF&OD colleagues will have an employee experience objective in their PDR/Your Conversation
- ✓ Review of the redeployment process
- ✓ PDR 'Your Conversation' launched with fantastic feedback
- ✓ Launch of a Recognition Survey for staff
- ✓ Kickstart – 30 placements with 1 already in permanent employment

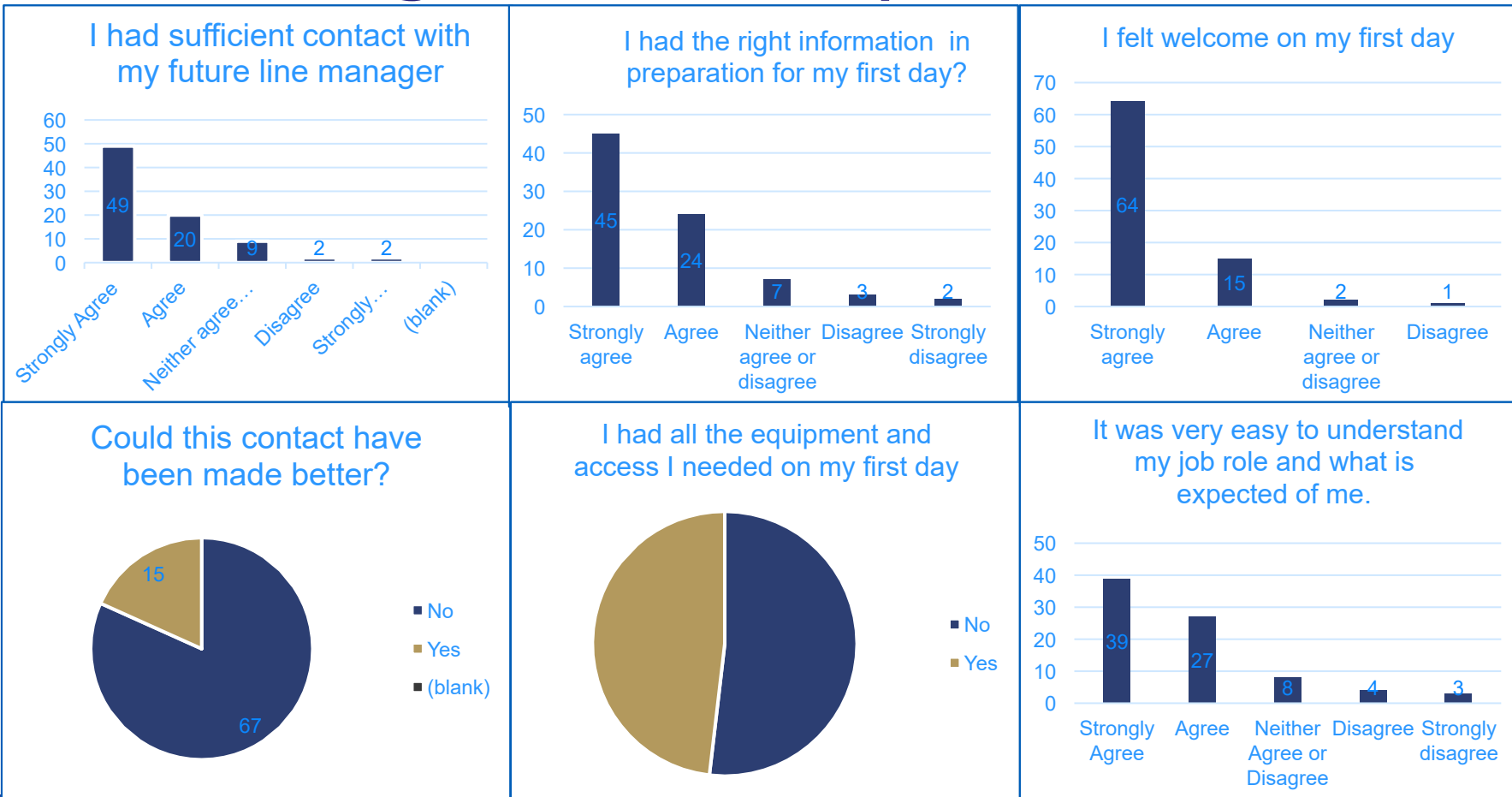
Join CTM Microsite

- Purpose
- Feedback from staff
- Includes the Strategic Goals
- Launched by May 2022
- <https://joinctm.wales/>





Starting Well Survey Results



What could have made my experience better?

- Access to IT
- Induction
- Details of internal departments e.g. HR, Payroll
- Organisational Structure
- Contact with manager
- Contract of employment



Moving on feedback

Manager Feedback

66% of managers did not signpost their staff to the leavers questionnaire

Need for joined up process linked with termination form

Make form more accessible to staff (maybe personal email address)

Process does not allow discussion between leaver and senior staff

Lack of awareness of process and what needs to happen

Balance between open conversation with managers and anonymity.

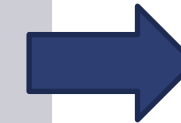
Need for feedback mechanism for managers

Leaver Feedback

When asked, could CTMUHB have done anything differently to keep you with us? 66% stated yes

83% were not aware of the leaver's questionnaire on our intranet

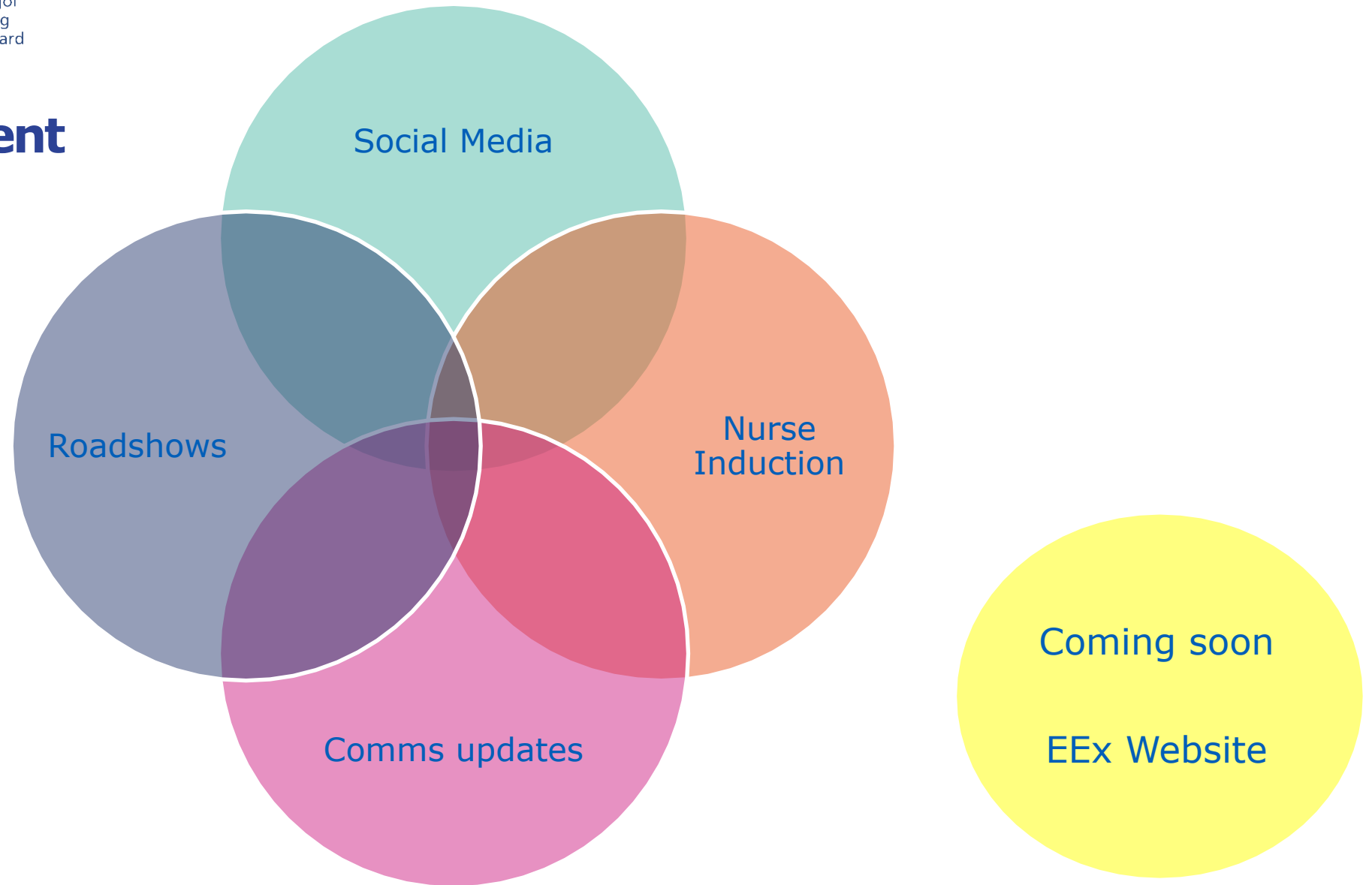
Only 17% had completed the leavers questionnaire



Next steps and focus areas: -

- Improving and communicating the leavers process
- Making the questionnaire accessible to our staff
- Asking the right questions
- Acting on the data

Staff Engagement



Wellbeing & Employee Experience Roadshow

Purpose

Raise the profile

Listen to staff

Discussion Topics

Healthy Lifestyle

Keeping Hydrated

Physical Wellbeing

Wellbeing & Employee Experience

ROADSHOW

The Wellbeing & Employee Experience Team will be visiting sites across CTM to showcase the work that is going on to make CTM a great place to work.

We hope that you will have time to visit us to help us to help you make positive changes to your working day

Supported by the Innovation Team and the 'Simply Do' concept where you can submit your ideas to improve your day to day work.



Come and visit us, we'd love to meet you!

TUESDAY 3RD MAY 2022

POW Outside Canteen 8am to 8pm	Glanrhyd Boardroom 1pm to 5pm	Ysbyty Seren Boardroom 9am to 12 noon	Maesteg Waiting area 12 to 2pm
---------------------------------------------	--------------------------------------------	----------------------------------------------------	---------------------------------------------

WEDNESDAY 4TH MAY 2022

RGH Canteen area 8am to 8pm	Dewi Sant Reception area 9am to 5pm	YCR Canteen area 9am to 5pm	YGT Reception area 12 to 2pm
------------------------------------------	--------------------------------------------------	------------------------------------------	-------------------------------------------

THURSDAY 5TH MAY 2022

YMH Reception area 11 am to 1pm	PCH Canteen entrance 8am to 8pm	KHHP Reception area 9am to 5pm	YCC Canteen area 9am to 5pm
----------------------------------------------	----------------------------------------------	---------------------------------------------	------------------------------------------

CTM.WellbeingService@wales.nhs.uk

CTM.employee-experience@wales.nhs.uk

PROFIAD Y GWEITHWYR
EMPLOYEE EXPERIENCE MATTERS

Lies yn Wellbeing at
Cwm Taf Morgannwg

LLEISWCH
EICH BARN
LET YOUR
VOICE
BE HEARD

Employee Experience

Thank you for listening

Also find us on



@CTMWellExp

CTM 2030

Ein Hiechyd Ein Dyfodol

DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD



CTM 2030

Our Health Our Future

BUILDING HEALTHIER
COMMUNITIES TOGETHER



Employee Wellbeing Service

Employee Wellbeing Service



Employee Wellbeing Services

To access any of our services, please email us at CTM.WellbeingService@wales.nhs.uk

How might I be

Supporting self

Supporting others



I feel well and want to stay emotionally healthy

- Follow us on Twitter and Facebook @CTMWellExp
- Mindfulness one off sessions
- Virtual Reality Headsets to practice relaxation and mindfulness
- Staying Well workshop to maintain daily wellbeing



I am beginning to struggle with my emotional wellbeing

- Management Booths – Individual wellbeing support for managers
- **Menopause@CTM** – Support for people experiencing the menopause
- Healthy Lifestyle course to support weight loss and sustainable lifestyle changes
- Long Covid emotional support Group
- Wellbeing Workshops: Anxiety, Low Mood, Sleep, Unwinding, Stress & Burnout

- 24/7 Vivup telephone helpline – 03303 800 658
- Free on-line resources on cwmtafmorgannwg.wales/staffwellbeing & www.vivup.co.uk
- Reading Well self-help books via CTM Library service and public libraries



I am struggling with my emotional wellbeing

- Referral (self/manager) to Vivup Counselling service – www.vivup.co.uk / 03303 800 658
- Mindfulness based living course – 8 week course
- Work-based Therapy Service to support staff back into their workplace (please see specific criteria on referral form)

- Health for Health Professions Wales helpline (9am-5pm, Monday to Friday) 0800 058 2738 or www.hhpwales.co.uk



I am really struggling with my emotional wellbeing: Speak to your GP



Mental Health Awareness Training for Managers
Accessed via CTM.
MHFAStaffWB@wales.nhs.uk

Mental Health First Aid training
Accessed via CTM.
MHFAStaffWB@wales.nhs.uk

How am I, How are you?
4-8 hour facilitated learning space offering ideas/concepts to teams to learn how to support each other at work.

Wellbeing Team Intervention
Support for teams that are struggling

Management consultation slots
A space to discuss the wellbeing of a colleague struggling with their emotional wellbeing



MENOPAUSE at CTM

Managing and leading staff through the menopause sessions

Menopause Cafés

Information

Chillo Pillows

Mindfulness for menopause

Sanitary onsite boxes - 'SOS'

Permission to Pause-menopause support course

Supporting your menopause journey

Please get in touch if you want to book a session or to find out what's on offer through Menopause@CTM or Wellbeing@CTM
Email: CTM.WellbeingService@wales.nhs.uk

Menopause@CTM
Heart to Heart



Men's Wellbeing@CTM

Menopause@CTM

Men's Wellbeing@CTM

Mindfulness@CTM

LIVING & WORKING MINDFULLY AT CTM

Mindfulness training can help us become more aware of our thoughts and feelings, so instead of being overwhelmed by them we are better able to manage them. Learning simple techniques can improve and enhance personal awareness, insight, relationships and wellbeing.

Living and working together mindfully @ CTM, with awareness, insight and compassion.

Please get in touch with your Wellbeing Service, if we can support you or your team with any of the sessions below:

'8 week MBLC' (Mindful Based Living Course)

8x 2 hour weekly sessions, supporting you to integrate mindfulness into your daily life. Stress management, managing anxiety, interest, improving emotional regulation, Emotional Intelligence and overall wellbeing. Drop in sessions and What's App group available following completion of MBLC. Training on line or in person.

Monday Middy Mindfulness

Drop in one hour session to top up your practice, open to those who have completed the MBLC.

Compassion Based Living Course

2x 8 hour weekly sessions, supporting you to enhance your mindful living with compassion practices which enhance acceptance, gratitude and self-compassion.

'Rest, Re-charge and Re-connect' Session

Two hour session supporting you to take some time for yourself, build emotional resilience and understand the causes of anxiety and stress. Learn basic skills to enhance wellbeing.

Compassionate Spaces for Listening

Join a small group to learn how to create safe spaces with others to talk about our own lived experiences and beliefs, and those of others without judgement or opinion. A space to reflect, re-energise and transform.

'My Care - Your Care' Workshop

Understanding the components of compassion and why self-compassion is essential, especially in the health care environment. Learn to manage emotions, thoughts and sensations with compassion based mindfulness practices, resources and an APP. Time for you!

One hour 'Take a Breath' Session

Time to quieten the mind and ground the body, learn some basic mindfulness techniques to use in everyday life.

Please email
CTM.WellbeingService@wales.nhs.uk



Wellbeing Initiatives

April 2021 to March 2022

Support for Self

62

staff engaged in Back to Base/
Work Based Therapy Service
100% returned to work
100% report reduction in
difficulties

69

Mindfulness Based
Living Course
93% reduction in anxiety,
depression, stress

11

participants engaged in
Permission to Pause
– Launched Feb 2022

16

staff attended Exceptional
Circumstances therapy
– 134 sessions provided

215

Menopause support
in October

44

staff regularly attended Long
COVID Group
"I was in a deep dark hole, all
alone and nowhere to turn,
when you reached out your
hand and showed me I'm not
alone ... Without you I may
not be here"

126

Wellbeing drop-ins / debrief
sessions

26

staff engaged in Management
Booths (launched Jan 2022)
"As a manager it is easy to
neglect yourself and put
everyone else first, it helps
to have strategies to manage
your own wellbeing."

20

Menopause cafes
(launched Nov 2021)
"It was great to connect
and talk to others who are
experiencing similar/same
symptoms and definitely helps
to overcome embarrassment I
feel about this stage of life."

82

staff borrowed a
virtual reality headset

102

sites with provision
of SOS boxes

Training Workshops

26 staff attended
Recognising and
understanding Anxiety
100% said that they feel more
equipped to recognise and manage
anxiety after the workshop

21 sessions
delivered
Staying Well
Workshop –
Approx 168
people attended

11
staff
attended
Unwinding
after work

34 staff attended
Stress, Burnout
and Trauma
100% said that they feel more
equipped to recognise and manage
sleep problems after the workshop

23 staff attended
Understanding Low mood
100% said that they feel more
equipped to recognise and
manage low mood after the
workshop

26 staff attended
Understanding and
improving sleep
100% said that they feel more
equipped to recognise and manage
sleep problems after the workshop

8 completed
Healthy Lifestyles course
(Launched Feb 2022)
100% report improved self
esteem, average weight loss
10lbs per person over 10 weeks

VIVUP Activity Data

658
incoming calls
from new
users

348
completed
assessments
for counselling

305
new staff
taken on for
counselling

1,290
counselling
sessions
provided

140
Self Help
workbooks
downloaded

95%
staff completing
counselling show a
reduction in difficulties
– Clinical outcome data

Support for Others

77
Wellbeing Activists

Approx. **200**
participants in wellbeing
focus groups

89

staff attended
Team interventions
"Good session, lot of information
given. Being able to speak openly
about feelings and realising what
a fab team we are"

14

Manager support
and consultation slots
(Launched Nov 2021)
"Very helpful session that
allowed me to provide tools
to my staff".

Training Workshops

99 staff attended
Mental Health Awareness Training
for Managers
• 88% said they feel better equipped to have
wellbeing conversations with staff after the
training
• 90% said they feel more informed about
wellbeing services available to staff



91 staff trained
Mental Health First Aid
• 100% said they feel better prepared to
support someone in emotional distress



69 staff attended
Peer support training



Contact

Email: CTM.WellbeingService@wales.nhs.uk

Website: cwmtafmorgannwg.wales/staffwellbeing

Draft Financial Wellbeing Care Pathway

If financial concerns are impacting your emotional wellbeing, please visit (insert link to Employee Wellbeing Care Pathway) for more information about available support.

I want to learn how to manage my finances well

Free courses for CwmTaf Morgannwg UHB staff.

- If you would like help to gain greater understanding and confidence in managing your finances, the Affinity – Focus on your Finances Course covers information about budgeting, borrowing, pensions, mortgages, tax, savings and investments.
- For those soon to retire, the Affinity Preparing for Retirement Course guides you through the key financial issues you may need to consider. To book a place on either course email bookings@affinityconnect.org
- The Money Helper Couch to Financial Fitness on line course is a step by step plan to build your confidence in dealing with money and is available here [MoneyHelper's Couch to Financial Fitness - Money Helper](#)
- There is also an online course which explains the basics around employment, understanding tax and national insurance, employee benefits and salary sacrifice schemes which can be found at [Employment | Help with employment-related issues | MoneyHelper](#)

Budgeting Support

- Guidance on saving money on household bills and how to live on a budget is available here [Budgeting | MoneyHelper](#)
- A free online budget planning tool to work out how much money you have coming in, and what you are spending it on, is available here [Budget Planner | Free online budget planning tool | MoneyHelper](#)

When your personal circumstances change

- On line advice on how changes in family life (e.g. becoming a parent / divorce / children going to university/ care for the elderly etc) can impact your financial wellbeing can be accessed here [Family & care | MoneyHelper](#)

Pensions Advice Salary Sacrifice scheme

Cwm Taf Morgannwg University Health Board operates a scheme which allows staff to save Tax and National Insurance on the first £500 worth of pensions-related Financial Advice, each tax year, when offered through a salary sacrifice scheme. More details are available at- [Pension Advice through Salary Sacrifice](#)

Draft Financial Wellbeing Care Pathway

If financial concerns are impacting your emotional wellbeing, please visit (insert link to Employee Wellbeing Care Pathway) for more information about available support.

I want to maximise my income

Information and advice on claiming state benefits

If you need to know more about what benefits you may be entitled to claim, on line advice is available at the following sites [Benefits | MoneyHelper](#) or <https://www.entitledto.co.uk> or <https://www.turn2us.org.uk>

Financial support for people with cancer

MacMillan Cancer Support provide advice for staff with cancer and their families, either through the National Macmillan Cancer Support Line 0808 808 00 00 or we have two McMillan Welfare Benefits Advisors on site, Tony Green, McMillan Welfare Benefits Advisor based at RGH based – 07766924226 or Shirley Melly, at PCH - 01685 721721 ext 26995

Financial support for people living with a long term physical or mental health condition

If you have a long term physical or mental health condition which impacts everyday living, advice on state benefits including Personal Independence Payments (PIP), and grant applications is available at <https://www.gov.uk/pip>

Draft Financial Wellbeing Care Pathway

If financial concerns are impacting your emotional wellbeing, please visit (insert link to Employee Wellbeing Care Pathway) for more information about available support.

I need some guidance on managing my finances

Free and Impartial Financial Guidance

Free and impartial financial guidance is available for NHS staff, from the NHS telephone support line - 0800 448 0826. Monday to Friday, 8am to 6pm.

I am losing my job / being made redundant

Online financial information related to losing your job is available at [Losing your job | Help with redundancy | MoneyHelper](#). This provides guidance to help you understand redundancy pay and advice on how to budget when you are not working.

Avoiding Scams and what to do if you have been the victim of a scam.

Tips to spot and avoid being scammed are available here, along with help on what to do if you believe you have been the victim of a scam. [Scams | MoneyHelper](#)

Draft Financial Wellbeing Care Pathway

If financial concerns are impacting your emotional wellbeing, please visit (insert link to Employee Wellbeing Care Pathway) for more information about available support.

I am in financial difficulty and need help

Managing Debt

Support and advice to help you take control of debt, and information on how to borrow affordably, is available at [Dealing with debt | MoneyHelper](#). This shows you how to speak to the people you owe money to and gives tips to help you pay pack your debts in the right order. If you need help to find free advice on managing debt, a debt advice locator is available here [Use our debt advice locator | MoneyHelper](#).

I am struggling to pay my bills

The Citizens' Advice Bureau provide specific support and advice on what to do if you are struggling to pay your bills, are behind with your rent or mortgage payments or have credit card debts. That can be found at [Get help with bills - Citizens Advice](#)

Available grants and Financial assistance from Charities

A range of charitable organisations are able to provide assistance. Details can be found here- [NHS England » Financial wellbeing support](#)

Support from trade unions

If you are a member of a trade union, help may also be available to you in the form of a grant. The following organisations provide hardship schemes

Unison <https://www.unison.org.uk/get-help/services-support/there-for-you>

RCN [Hardship Grants](#) | [RCN Foundation](#) | [Royal College of Nursing](#)

Unite: <https://www.unitetheunion.org/why-join/member-offers-and-benefits/member-offers/benevolent-fund/>

I need help with gambling

Help is available from the Citizens Advice Bureau if gambling has become a problem for you. This can be accessed at [Get help with gambling problems - Citizens Advice](#)

My finances are being controlled by someone else

If someone close to you is controlling your money or how or what you spend your money on, or if you think someone you know may be being financially abused, support is available 24/7 at Live Fear Free Helpline – call 0808 8010800, Text 07860077333, email info@livefearfreehelpline.wales or go to <https://gov.wales/live-fear-free>



Physical Wellbeing

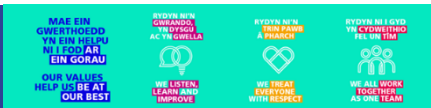
- 85% of CTMUHB staff live within the Cwm Taf Morgannwg region, therefore population level data is broadly representative of our staff.
- Higher % of the CTM population are overweight (64% compared to 60% Wales average). 27% of adults are obese (CTM, 2021).
- A recent survey of the nursing and midwifery workforce in Wales reported a range of physical and mental wellbeing challenges facing staff. This included, 39% reported physical inactivity and 69% reported not eating at least 5 fruit or vegetables daily (Gray et al, 2020) .
- Economic analysis to support the development of NICE guidance on physical activity in the workplace found that physical activity counselling and fitness programmes were cost effective (Bending & Hutton, 2008).
- Clear link between physical exercise and improved emotional wellbeing

Sources:

Cwm Taf Morgannwg University Health Board (2021). Annual Report and Financial Statements 2020- 2021. Available from: <https://senedd.wales/media/bq2ab52e/agr-ld14372-e.pdf>

Bending M, Beale S & Hutton J (2008). An Economic Analysis of Workplace Interventions that Promote Physical Activity. NICE PHAC Report. York Health Economics Consortium

Gray BJ, Bright D, Bolton S and Davies AR. (2020). Towards a healthy and sustainable workforce for the future. The current health and wellbeing of the nursing and midwifery workforce in Wales. Cardiff: Public Health Wales NHS Trust





Physical Wellbeing – Next Steps

- Current Scoping Exercise to discover
 - What initiatives already exists for staff?
 - What new initiatives would be of interest to staff?
 - When is the best time to offer these?
 - Who would be interested in partnering with the Wellbeing Service as Physical Health Activists / Champions.
- Currently investigating local activity providers / schemes
- 2030 Engagement Session planned for 25th May with Paul Mears (CEO)



Wellbeing Service



CYNNAL
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SUSTAINING
OUR FUTURE



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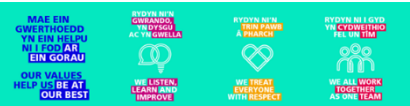
CREATING
HEALTH

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@CTMWellExp



STARTING
WELL



GROWING
WELL



LIVING
WELL



AGEING
WELL



DYING
WELL



AGENDA ITEM

3.2.5

PEOPLE & CULTURE COMMITTEE

**WORKFORCE PLANNING AND EDUCATION
COMMISSIONING**

Date of meeting	(11/05/2022)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Helen Watkins, Deputy Director for People
Presented by	Helen Watkins, Deputy Director for People
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Education Commissioning submission – Executive Leadership Group	March 2022	Choose an item.
Nurse Workforce Modelling – Strategic Nursing and Midwifery Workforce Group	April 2022	

ACRONYMS

HEIW	Health Education and Improvement Wales
HCSW	Health Care Support Worker
IMTP	Integrated Medium-Term Plan
CTM	Cwm Taf Morgannwg



1. SITUATION/BACKGROUND

- 1.1 Flexible and effective workforce planning has been essential over the past two years given the need to resource a workforce that meet the needs of Covid-19 in addition to business-as-usual requirements.
- 1.2 As CTM moves from Pandemic, the organisation faces an immediate challenge of ensuring appropriately resourced clinical services with the right workforce with the right skills, values, and behaviours in the right place to deliver ambitious recovery plans within a challenging financial envelope while always providing high quality patient care of which CTM can be proud.
- 1.3 At the same time, as the CTM 2030 Clinical Strategy is finalised, the Health Board has an opportunity to consider longer-term future workforce planning solutions through partnerships and multi-agency working across Health and Social Care with Local Authorities and Third Sector and regional working across health to support regional clinical services.
- 1.4 Given this context the purpose of the paper is outline for the People and Culture Committee two areas of work to progress workforce planning across the Health Board; the education commissioning process ensures we are planning for the right skills; and nurse workforce modelling which is enabling a greater understanding of nurse recruitment challenges.
- 1.5 In addition, following a discussion at the Quality and Safety Committee on the 9th February 2022, the People and Culture Committee was asked to review Pathology workforce planning in the short and medium term including the links with Health Education and Improvement Wales (HEIW) and skills development for existing staffing with Pathology services and to provide an update.

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

Education Commissioning

- 2.1 The commissioning of education is an essential component of the workforce planning process as the organisation ensures that CTM people are equipped with the appropriate skills and education to be able to deliver modern healthcare services and enabled to contribute at the top of their license and ability.

- 2.2 As part of the annual education commissioning process co-ordinated by HEIW, CTM is required to submit its education commissioning requirements for undergraduate, postgraduate, Health Care support Worker (HCSW) and apprenticeship education. This submission both informs the Health Board's workforce planning element of the Integrated Medium Term Plan (IMTP) and the development of the national HEIW Education and Training Plan.
- 2.3 The remit for the education commissioning is Nursing and Midwifery, Allied Health Professionals, Healthcare Scientists, Pharmacy plus apprenticeship programmes that include education provision for Clinical Coding and Facilities as well as HCSW education. It does not cover Medical and Dental education albeit the ambitions for multi-professional planning will impact Medical and Dental colleagues.
- 2.4 The submission has seen increases in numbers requested across specialisms reflecting turnover in the workforce and the need to succession plan. Of particular note are increases in the commissioning of:
- Nurses at an increased level reflecting forecasted levels of turnover and retirements and an ambition to get to a sustainable position on no nursing vacancies.
 - Psychology education given current national shortages and recruitment challenges and new models of care moving forward.
 - HCSW programmes and places enabling Level 4 education to enable HCSWs to access year 2 of Nurse Education. This supports the principle of the HB growing its own future workforce.
 - Independent prescribing which in part reflects a need for midwives to be independent prescribers.
- 2.5 The education commissioning process also provides opportunities to consider new workforce models including the Physicians Associate role. There is significant enthusiasm for the role and a recognition of the opportunities they provide to quality of patient care; however, work is needed to determine the Health Board strategy in respect of the use, funding model and development of this workforce which will progress during 2022.
- 2.6 The education commissioning process is expanding its remit and this year includes commissions for the education for Facilities staff at Levels 2, 3 and 4 and Health Informatics apprenticeships.
- 2.7 Through the discussions that took place across the Health Board to determine the education required, the feedback has identified opportunities to expand skill sets and work differently across different

staff groups and acute/community pathways and highlights the opportunities for multi professional workforce planning across CTM.

- 2.8 In addition, a number of themes emerged from the feedback. They are: staff development; the need for robust succession planning; improved establishment control to provide improved workforce data; multi-professional workforce planning; further work to understand impact of retire and return and aging workforce; opportunities with advanced practice; development of the support worker role, and the impact of retirements on the loss of specialist skills and leadership skills.
- 2.9 The ambition and enthusiasm for exploring and planning new ways of working was evident throughout this year's education commissioning process. To support CTM build on this, discussions have commenced with Procurement to enable the engagement of external consultancy support as a guide and critical friend to develop a workforce planning approach for CTM that encompasses all elements from establishment control and improved workforce analytics to improved attraction and recruitment approaches to employ the best people from the widest possible pool.

Workforce Planning in Pathology

- 2.10 Following discussion at the Quality and Safety Committee, concerns were raised about the ongoing fragility of staffing within Pathology services, including Haematology and Immunology and a request that the issues are considered at the People and Culture Committee.
- 2.11 To note that the Immunology service has been outsourced and has been provided by Cardiff and Vale and Swansea Bay Health Boards since March 2020.
- 2.12 A significant amount of work has been undertaken across Pathology Services to understand the workforce challenges and an action plan has been developed. The plan involves:
- Demand and capacity service review to inform the workforce need and opportunities for workforce and service redesign. This work has commenced and will be the focus of the Management Graduate who joins the service in May 2022.
 - Development of workforce plans with priority on Cellular pathology, followed by Haematology, to review establishment and skill mix to enable staff to work at the top of their licence. There will be a focus on clinical and non-clinical workforce and work with HEIW to explore opportunities for training Junior Doctors at CTM. This will also consider working patterns to enable cover out of hours and review existing rotas to support the design of flexible job plans to support the retention of staff.



- A review of training and development to ensure staff are appropriately skilled and developed to deliver current and new service developments. This will include a review of the current Training Lead and Trainer posts to focus on the development needs of existing staff as well as students. The service is also engaging with HEIW for their input and advice on a Training Needs Analysis (TNA) model with a view to establishing a training plan.
- A focus on the culture to ensure the Health Board's values and behaviours are lived and evident. A senior team away day has taken place with a further eight engagement sessions planned during May 2022 during which the results of the Pulse Survey will be shared. The focus of these sessions is the future vision for Pathology based on care, compassion, and value.
- Within the Haematology service the roster remains fragile with a reliance on locum use. Haematology Development Group has been established to carry out a complete service review and will address workforce planning elements identified above.

2.13 While there are workforce challenges across Pathology services, through the recent education commissioning process the service also identified opportunities to develop Clinical Scientist roles in Microbiology and progress specialist band 6 colleagues through an extended portfolio. It also outlined opportunity to grow existing staff by developing support workers, using distance learning and apprenticeships to allow them to gain qualifications.

2.14 The workforce planning process will provide the service the opportunity to sure up existing challenges while also considering future opportunities to for new roles or ways of working.

2.15 It is important to note that the challenges experienced by CTM in this area reflect national concerns on the shortages of band 6 Biomedical Scientists. Given this, the Health Board is actively engaged in national pathology workforce discussions through the All-Wales Pathology Workforce and Education Group and aligned to national discussions.

Nurse Workforce Modelling

2.16 The use of workforce data to analyse and forecast future workforce demand and challenges is a key element of workforce planning.

2.17 At the request of the Chief Executive's Group, Trusts and Health Boards have been involved in a nurse workforce modelling exercise building on the modelling undertaken as part of the IMTP. The purpose of the work has been to understand the level of nursing vacancies across Wales and the modelled impact of different



initiatives and interventions to commission, train, recruit and retain the nursing workforce.

- 2.18 Using a tool developed by another HB, the modelling was high-level with the input of recruitment, turnover and vacancy level data to model projections forward.
- 2.19 An initial discussion of the approach took place at the Nurse Workforce Modelling – Strategic Nursing and Midwifery Workforce Group in April 2022 and generated much discussion about the quality of data, the need for establishment control and how this could inform our recruitment focus to enable a greater emphasis on growing our own talent.
- 2.20 Detail of the model and the forecasts will be shared in the accompanying presentation.

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

- 3.1 The development of a model for workforce planning is a key priority given the challenges and opportunities captured above to enable the development of local operational workforce resource plans that minimise vacancies and optimise the skills of the existing workforce to ensure CTM has plans to grow its own talent and future workforce supply.
- 3.2 It is also important that the Health Board also has a longer-term perspective to ensure an understanding of the skills and capabilities and education required to deliver the future health needs of the CTM population.
- 3.3 Less focused on the workforce numbers required, this strategic approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and Artificial Intelligence (AI) are commonplace.
- 3.4 Given the ambitions and appetite across the organisation to engage in workforce planning, the HB is seeking to engage external consultancy support to act as expert and critical friend to assess where CTM is in terms of our workforce planning process; an analysis of date to identify potential opportunities for new workforce models; an assessment of digital opportunities for the workforce. The output

of this work would be the construction of a strategic workforce plan for CTM.

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.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) The employment of a skilled workforce enables the delivery of high quality services to patients and avoids reliance on temporary workforce or additional hours at premium rates.
Link to Strategic Goals	Sustaining our Future

5. RECOMMENDATION

People and Culture Committee is asked to:

- 5.1 **Note** the work undertaken to inform the Education Commissioning submission to HEIW including the high level themes.
- 5.2 **Note** the specific work happening in Pathology services and progress made to understand future workforce required to deliver sustainable services.



- 5.3 **Note** the emerging modelling work to better forecast nursing and midwifery vacancies to inform the education pipeline and recruitment best practices
- 5.4 **Note and endorse** the engagement of an expert critical friend to provide diagnostic analysis and advise on an approach to workforce planning that delivers our immediate needs and enables us to consider the opportunities for longer-term strategic workforce planning.



AGENDA ITEM
3.2.6

PEOPLE & CULTURE COMMITTEE

WORKFORCE AND ORGANISATIONAL DEVELOPMENT METRICS REPORT

Date of meeting	11 th May 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Tanya Challenger, Workforce Information Manager / Sharon Page, Workforce Efficiency Manager
Presented by	Hywel Daniel, Executive Director for People
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR NOTING

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

ACRONYMS	
CTM	Cwm Taf Morgannwg
NWSSP	NHS Wales Shared Services Partnership
ILG	Integrated Locality Group
FTE	Full Time Equivalent
BILG	Bridgend ILG
M&CILG	Merthyr & Cynon ILG



RTEILG	Rhondda Taf Ely ILG
CILG	Corporate ILG
DEILG	Delivery Executive ILG
HILG	Hosted Organisations ILG
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

To update the Committee on the key workforce metrics for March / April 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: Reduction in Covid special leave (staff in isolation due to contact)

Narrative: There has been a significant reduction in the number of staff on special leave due to being exposed to Covid. This means a number of staff are back at work, which is critical to both our services and the wellbeing of these staff and their teams.

Topic: PDR (Personal Development Review) compliance

Narrative: We have seen a slight improvement in the non-medical PDR compliance levels since the last report. With the recent launch of the revised PDR process, 'Your Conversation', and the planned workshops and training sessions running over the next few months, we expect to see further improvement.

Topic: Reduction in long term sickness

Narrative: There has been a significant reduction in the numbers of long-term sickness absences through the close management of this group and improvements in the Occupational Health referral process. Short term sickness, however, has increased, this is in part due to Covid related sickness as we continue to see high community infection rates.

Topic: Job Planning progress

Narrative: There has been a significant increase in job planning compliance from the low point of the last report, which had been a result of pausing job planning due the pandemic. There has been a concerted effort between the Medical Directors office, Medical Workforce and the eSystems team to improve job plans being completed and signed off. It is expected that this improvement will continue due to multiple factors.

- The Medical Director has made it a standing item on the Medical Workforce Sustainability Group, where the job planning rates will be scrutinised bi-monthly with the ILG directors responsible for ensuring high levels of compliance.
- The Heads of Workforce are now taking job planning data to their respective ILG senior meetings to share and scrutinise.
- Transition of staff to the new SAS contract is dependent upon having a current and signed off job plan.
- Training is being provided on contractual elements of job planning by Medical Workforce
- Guidance documentation has been developed and issued by Medical Workforce on job planning
- Guidance documentation has been developed on direct clinical care and supporting professional activity by the Assistant Medical Director for Workforce.
- Training on the eJP package is being provided regularly by the eSystems team.

2.2 Areas for Improvement

Topic: Turnover

Narrative: Turnover has increased for all areas except Healthcare Sciences since the last report. Higher levels of turnover have been expected as we move away from the Covid environment as we know a number of staff returned to us to support the pandemic response, along with a number who postponed retirement. In relation to nursing and midwifery, CTM is actively involved in two all Wales projects – overseas nurse recruitment has recently

recommenced, and work is underway to model the nursing midwifery workforce demand and position over the next 3 to 5 years. For AHP, nursing, midwifery, and biomedical sciences, CTM is also involved with student streamlining to attract graduates to join our organisation.

Issue: Statutory and Mandatory training

Planned Intervention: This compliance has remained largely static since the last report, but with Adult Learning Week (16-27 May) approaching, there will be opportunities to attend development sessions related to the statutory and mandatory subjects. As a result, an improvement in the overall position is anticipated.

Issue: Recruitment performance

Planned Intervention: As part of the Recruitment Modernisation programme, NWSSP Recruitment Services are now able to progress work around changing the internal fast track process for internal to organisation and internal to NHS Wales moves. As well as considering changes to the pre-employment checks that are mandatory before an appointee starts, they are looking at those that can be undertaken after the start date using a risk-based approach. This area is one of the prioritised areas of focus as it will bring the biggest benefits to both managers and applicants in terms of streamlining and reducing the time to hire. When combined with planned changes to the Occupational Health pre-employment screening process, this should deliver improvements in onboarding appointees.

3. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The quality, safety, patient experience implications result from the availability of the right staff being available with the right skills, at the right place and time to deliver effective safe patient care.
Related Health and Care standard(s)	Staff and Resources
	Staying Healthy Safe Care Effective Care Dignified Care Timely Care Individual Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	The report covers the presentation of workforce related data, there is no policy or service change included.

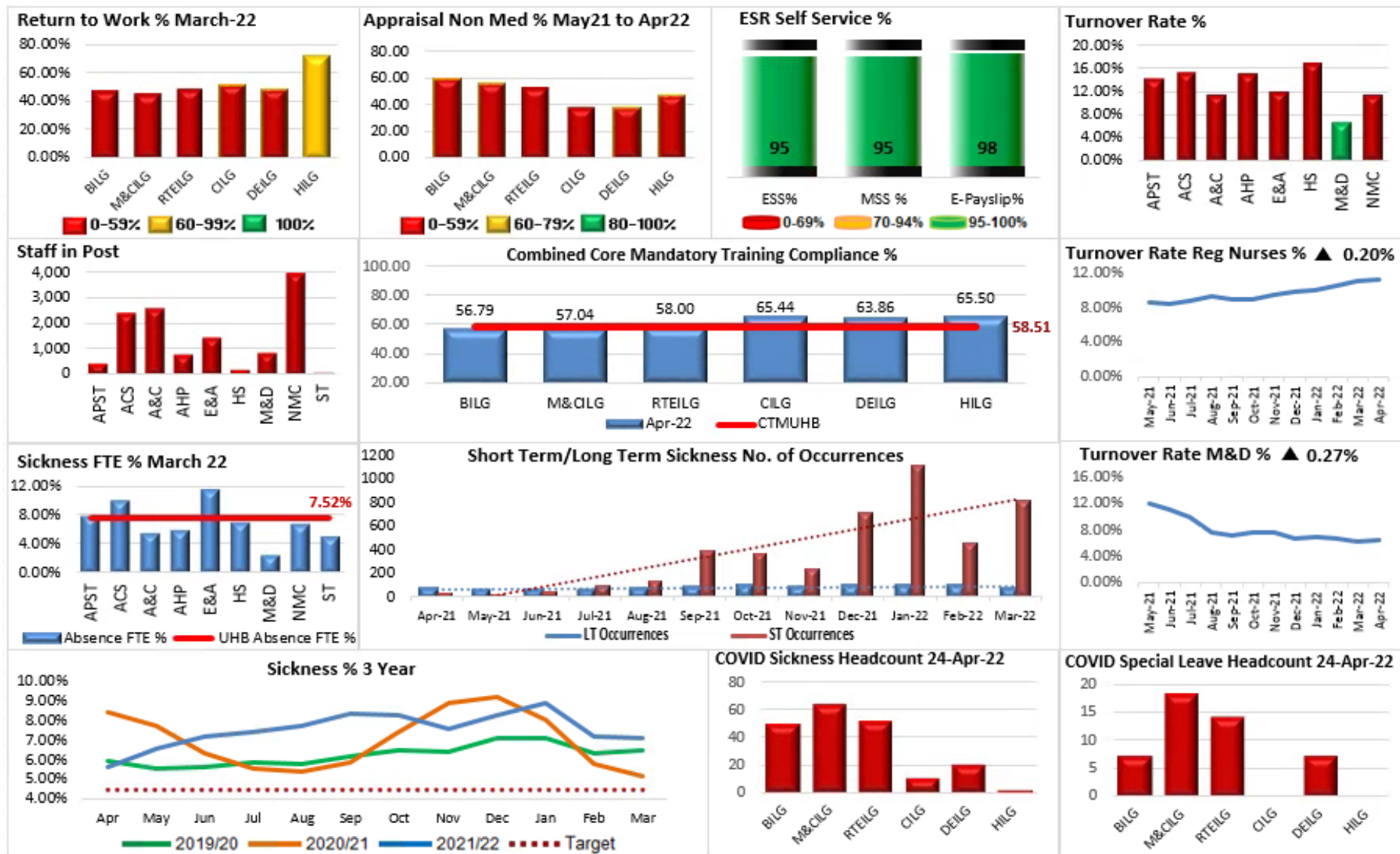


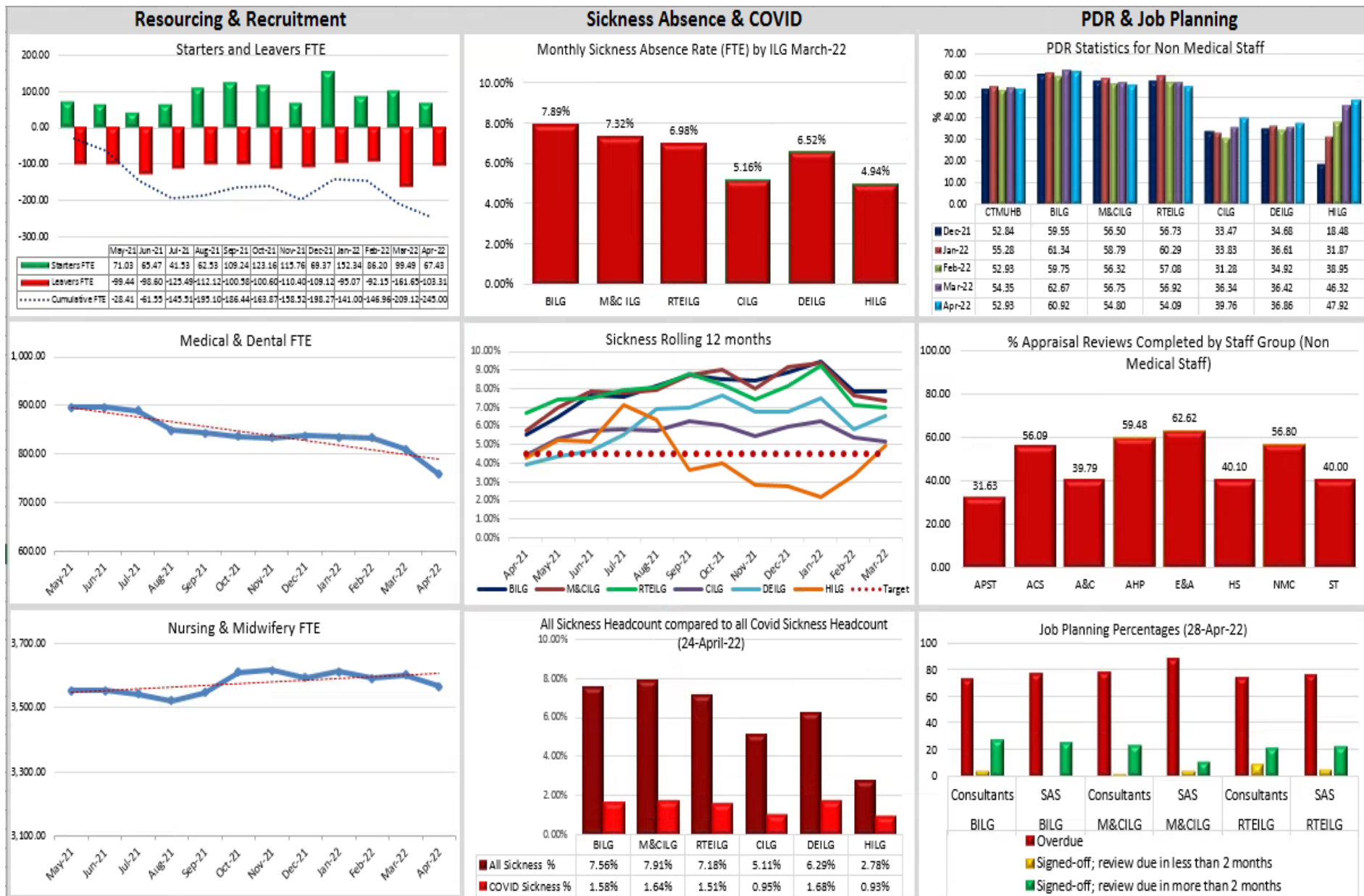
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining our Future

4. RECOMMENDATION

The Committee is asked to: Discuss the report and associated metrics and report and **NOTE** the detail.

Appendix 1 - Dashboards





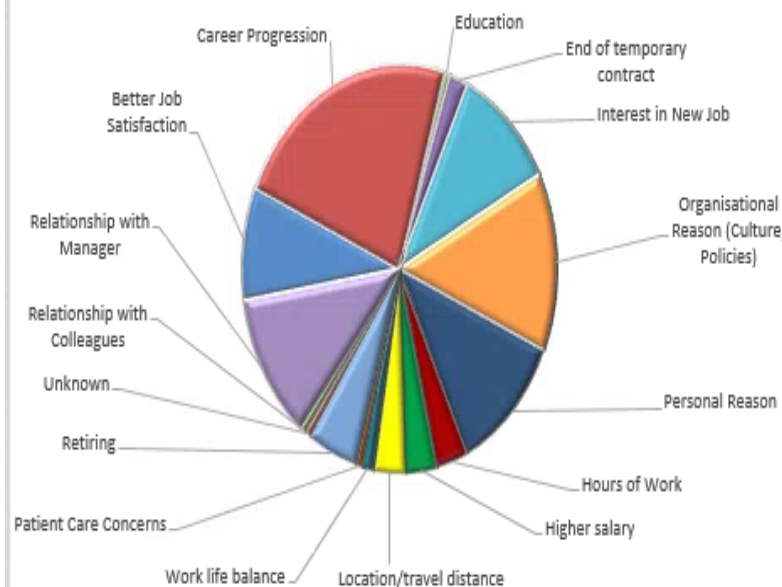


Exit Questionnaire & Efficiency of Recruitment Process

Recruitment Volumes	2016-17 totals (6m)	2017-18 totals	2018-19 totals	2019-20 totals	2020-21 totals	Mar-22	2021-22 totals
Number of Vacancies Raised	678	1311	1713	2759	2715	204	2993
Number of FTE Raised	1064.78	2041.12	2479.97	3905.88	4634.7	261.5	4632
Number of posts advertised New 2021/2	-	-	-	-	-	232.0	2982
Number of FTE advertised New 2021/2	-	-	-	-	-	320.4	4044.8
Number of Conditional Offers Sent	629	1213	1346	2271	2859	318	3800
Number of ID Checks Completed	649	1163	1364	2272	2491	282	3743
Number of Occupational Health Clearances Received	526	1043	1254	2012	2203	288	3069
Number of Sponsorships Requested	0	0	0	0	0	18	18
Number of References Received	627	1179	1278	1998	2213	268	3284
Number of DBS Checks	0	0	812	1372	1925	272	2926
Number of all checks compl New 2021/2	-	-	-	-	-	282	2977
Number of Start Dates Requested	605	1118	1222	2082	2271	306	2971
Number of Contracts Issued	727	1169	1140	2049	2150	484	1976
Number of Ad Hoc DBS Checks	50	67	35	42	16	7	35

Trac Report Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days	Average 18/19	Average 19/20	Average 20/21	Mar-22	Average 21/22
T0a	5	Manager	Notice Date to authorisation start date	41.0	41.9	42.9	53.1	35.8
T1a	10	Org	Time to approve vacancy request	10.6	14.1	14.3	17.0	14.1
T1b	2	NWSSP	Time to advertise	1.6	1.6	2.5	1.8	2.2
T3	Variable	Manager	Duration of advertising	8.3	8.7	8.4	10.2	9.2
T3a	2	NWSSP	Time to move to shortlisting	1.0	1.0	1.0	1.0	1.0
T4	3	Manager	Time to Shortlist (original)	6.8	7.9	9.3	8.5	8.2
T4	3	Manager	Time to Shortlist (cleansed)	4.7	5.2	6.2	6.9	6.1
T5	2	NWSSP	Time to send interview invites	1.0	1.0	1.5	1.5	1.0
T5a	Variable	All	Notification given to applicants for interview	8.9	9.2	8.8	8.8	8.4
T5b	3	Manager	Time to update interview outcomes	2.5	3.4	2.7	2.4	2.4
T6	5	NWSSP	Time to send conditional offer	3.8	3.6	3.4	3.5	4.1
T7	3	Candidate	Conditional Offer to ID appointment booked	5.9	3.7	5.6	7.2	5.0
T7a	10	Candidate	Conditional Offer to ID appointment attended	8.6	7.8	8.7	10.5	8.6
T7b	7	Candidate	ID appointment booked to ID appointment attended	5.1	6.0	5.2	4.5	5.7
T7c	1	Candidate	ID appointment attended to DBS form submitted	3.7	3.3	3.8	6.8	11.6
T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received	4.7	4.7	4.8	8.8	6.8
T8		Candidate/OH	Conditional offer to OH clearance			17.3	24.9	22.6
T12e	Variable	All	Checks ok to start date	18.9	18.8	20.1	19.0	28.1
T12	2	NWSSP	Checks ok to unconditional offer	1.6	1.7	1.8	3.0	5.8
T13	44	All	Vacancy Creation to conditional offer	40.8	44.6	46.8	44.1	46.4
T10	49	All	Advertising start date to checks ok				80.7	76.0
T14	71	All	Vacancy Creation to unconditional offer	74.7	76.9	80.1	97.3	85.4
T23	27	All	From conditional offer to unconditional offer without outliers	21.6	21.9	21.7	24.6	36.3
T23	27	All	From conditional offer to unconditional offer with outliers	32.7	33.4	33.2	46.4	40.9
T26	Variable	All	Unconditional Offer to start date	19.1	17.6	19.0	16.0	19.6

Reason for Leaving



Appendix 2 – Data Definitions

Appraisal Rate	The percentage of employees that have a completed appraisal for a selected period. (Appraisals Completed / Headcount) * 100
Mandatory Training	The percentage of employees that have a completed the mandatory training for a selected period. (Training Completed / Headcount) * 100
Job Planning	The number of Signed/Unsigned and Overdue Job Plans
ESR Self Service	The percentage of staff who are able to access ESR via Employee Self Service; Percentage of staff who have a valid ESR Supervisor; percentage of staff who have an online payslip.
FTE - Medical & Dental / Nursing & Midwifery	Total FTE of Medical & Dental / Nursing & Midwifery at selected date (monthly)
PDR Rate - Non Medical Staff	The percentage of employees that have a completed PDR for a selected period. (PDR Completed / Headcount) * 100
COVID Related Absence	The headcount of both the COVID sickness related absence and COVID self-isolation related absence for a selected period.
Short Term / Long Term Sickness	Long Term and Short Term Absence - Number of Absence Occurrences for a selected period.
Sickness % 3 Year	The sickness percentage during a specified 3 year period. (FTE * Calendar Absence Days Lost) / (FTE * Calendar Days in Period) * 100
12 Month Rolling Sickness	Running sum of (FTE * Calendar Absence Days Lost) / (FTE * Calendar Days in Period) * 100 for a selected period
Staff in Post	The number of staff employed by the CTMUHB at a selected date. Headcount / SUM(Headcount) * 100
Turnover Rate	An overall turnover rate for a selected period. (Number of Leavers / Average Employee Headcount) * 100
Filled versus Unfilled Hours	Filled – FTE delivered by bank, overtime, and agency workers Unfilled – FTE requested but not filled by any of the above sources
Reason for Leaving	Number of exit questionnaires received with the various leaving reason quoted
Recruitment Volumes	Number of activities completed by the Recruitment Services team (excludes Bank and Medical/Dental). FTE where stated for advertising.
Recruitment Health Check	Working days to complete the various performance indicators

FORWARD LOOK –PEOPLE & CULTURE COMMITTEE (updated 4.5.22 v1)

11 MAY 2022

Meeting	Deferred or Ad hoc Items	Periodic Reports	ILG Report Schedule
9 th February 2022 - STOOD DOWN	<ul style="list-style-type: none"> • Maternity & Neonates Update on Cultural Improvements • Education Commissioning Programme • Committee Annual Cycle of Business 2022-23 	<ul style="list-style-type: none"> • People Policies (as appropriate) • Employee Relations Update • Equality, Diversity & Inclusion • Disclosure & Barring Service Assurance Report • Employee Experience & Wellbeing • Management Leadership & Development 	ILG Highlight Reports
11 th May 2022	<ul style="list-style-type: none"> • Education Commissioning Programme • Committee Referral from Quality & Safety Committee – Workforce Planning for Pathology, Haematology and Immunology (on consent agenda for noting – update contained within agenda item 3.2.5 Workforce Planning) 	<ul style="list-style-type: none"> • People Policies (as appropriate) • Committee Annual Cycle of Business 2022-23 • Committee Terms of Reference • Disclosure & Barring Service Assurance Report • Employee Relations • Employee Experience and Wellbeing • Management Leadership & Development 	ILG Highlight Reports
10 August 2022	<ul style="list-style-type: none"> • Maternity & Neonates Progress on Cultural Work • Equality, Diversion & Inclusion – BAME Story • Medical Workforce (deferred from May) • Listening, Learning & Improvement (Deferred from May) • People Directorate Operational Model 	<ul style="list-style-type: none"> • People Policies (as appropriate) • Committee Annual Report 2021-22 & Self-Assessment Survey Improvement Plan • Employee Relations Update • Welsh Language Annual Report 2021-22 • Outcome of Committee Self Effectiveness Survey 	ILG Highlight Reports
9 November 2022	<ul style="list-style-type: none"> • PCH Improvement • Pathways to Employment (will include any other relevant L&D updates) 	<ul style="list-style-type: none"> • People Policies (as appropriate) • Employee Relations Update • People Strategy • Values and Behaviours (including Listening, Learning and Improvement Culture) • Management Leadership & Development 	ILG Highlight Reports

Meeting	Deferred or Ad hoc Items	Periodic Reports	ILG Report Schedule
February 2023	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • People Policies (as appropriate) • Employee Relations Update • Medical Efficiency 	