

People & Culture Committee

Wed 06 November 2024, 09:30 - 12:00

The Hub Meeting Room, Royal Glamorgan Hospital Site



Agenda

09:30 - 09:35 1. PRELIMINARY MATTERS

5 min

1.1. Welcome and Introductions

Dilys Jouvenat, Chair

1.2. Apologies for Absence

Information Dilys Jouvenat, Chair

1.3. Declarations of Interest

Information Dilys Jouvenat, Chair

09:35 - 09:35 2. CONSENT AGENDA

0 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 7th August 2024

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

2.1.1 Unconfirmed Minutes 7.8.24 PC Committee 6 November 2024.pdf (10 pages)

2.1.2. Chairs Urgent Action: Approval of the All Wales Pregnancy Loss Policy

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

2.1.2 Ratification of Chairs Urgent Action Cover Report Pregnancy and Loss PC Committee 6 November 2024.pdf (4 pages)

2.1.2a All Wales Pregnancy Loss Support Policy FINAL English.pdf (9 pages)

2.1.3. Chairs Urgent Action: Approval of the All Wales Flexible Pensions Policy

Decision

2.1.3 Ratification of Chairs Urgent Action Cover Report Flex Pensions PC Committee 6 November 2024.pdf (4 pages)

2.1.3a Flexible Pensions Policy Final Approved.pdf (29 pages)

2.1.4. Approval of the Nursing and Midwifery Revalidation Policy

Decision Greg Padmore-Dix, Executive Nursing Director/Deputy CEO

2.1.4 Nursing & Midwifery Revalidation Policy Cover Report PC Committee 6 November 2024.pdf (4 pages)

2.1.4a Appendix 1 Nursing and Midwifery Revalidation Policy V2 Final.pdf (21 pages)

2.2. Items for Noting

2.2.1. Committee Annual Cycle of Business 2024-25

Information

Cally Hamblyn, Assistant Director of Governance & Risk

- 📄 2.2.1 Committee Annual Cycle of Business PC Committee 6 November 2024.pdf (3 pages)
- 📄 2.2.1a Annual Cycle of Business 2024-25 PC Committee 6th November 2024.pdf (3 pages)

2.2.2. Action Log

Discussion

Gareth Watts, Director of Corporate Governance/Board Secretary

The action log is captured in agenda item 7.1b due to the requirement to consider where any open actions will be considered in the new Committee structure.

09:35 - 09:55 3. MAIN AGENDA

20 min

3.1. Matters Arising Not Otherwise Contained Within the Action Log

Discussion

Dilys Jouvenat, Chair

3.2. Shared Listening & Learning Story - NHS Staff Survey DTPS Therapies Deep Dive - to follow

Discussion

Presentation to Follow

09:55 - 10:05 4. GOVERNANCE

10 min

4.1. Organisational Risk Register

Discussion

Cally Hamblyn, Assistant Director of Governance & Risk

- 📄 4.1a Organisational Risk Register PC Committee 6 November 2024.pdf (7 pages)
- 📄 4.1b Appendix 1 - Org Risk Register PC Committee 6 November 2024.pdf (4 pages)

10:05 - 11:05 5. INSPIRING PEOPLE

60 min

5.1. Welsh Language – More than Just Words Report

Discussion

Ben Screen, Welsh Language Lead/Natasha Weeks, Head of Engagement and Involvement

- 📄 5.1 More Than Just Words Report for People & Culture Committee.pdf (4 pages)
- 📄 5.1.a Diweddaiad Mwy na Geiriau BIP Cwm Taf Morgannwg 2024 (1).pdf (21 pages)
- 📄 5.1.b More Than Just Words Written Update Cwm Taf Morgannwg UHB 2024.pdf (21 pages)

5.2. Workforce Metrics Report

Discussion

Nicola Evans, Interim Assistant Director of Strategic Workforce Planning

5.3. Leadership Launch Programme for Care Groups

Discussion

George Shouler, Strategic Lead for People Development

The presentation for this item will be to follow.

- 📄 5.2 Workforce Metrics report for People & Culture Committee.pdf (12 pages)

11:05 - 11:30 6. SUSTAINING OUR FUTURE

25 min

6.1. Employee Relations

Discussion *Charlotte Clark, Head of People Service*

 6.1 Employee Relations Report for People & Culture Committee.pdf (10 pages)

6.2. Disclosure & Barring Service Checks

Discussion *Karen Wright, Assistant Director of Policy, Governance and Compliance*

 6.2 DBS Audit Assurance Report for People & Culture Committee.pdf (8 pages)

11:30 - 11:50 7. Legacy Matters


20 min


Decision *Cally Hamblyn, Assistant Director of Governance & Risk*

7.1. People & Culture Committee Final Close Down Legacy Report


Cally Hamblyn, Assistant Director of Governance & Risk

 7.1 Committee Final Close Down Legacy Report PC Committee 6 November 2024.pdf (4 pages)

 7.1a Appendix 1 PCC Close down Final Report 6 November 2024.pdf (6 pages)

 7.1b Appendix 2 Action Log PC Committee 6 November 2024.pdf (5 pages)

 7.1c Appendix 3 Forward Plan PC Committee 6 November 2024.pdf (2 pages)

 7.1d Appendix 4 Outcome of Committee Self Effectiveness Survey & Improvement Plan PC Committee 6 November 2024.pdf (4 pages)

11:50 - 11:55 8. OTHER MATTERS

5 min

Dilys Jouvenat, Chair

8.1. Any Other Urgent Business

Discussion *Dilys Jouvenat, Chair*

8.2. Forward Work Plan

Discussion *Dilys Jouvenat, Chair*

The forward work plan was discussed under agenda item 7.

8.3. Committee Highlight Report to Board

Discussion *Dilys Jouvenat, Chair*

8.4. How did we do today?

Discussion *Dilys Jouvenat, Chair*

11:55 - 12:00 9. CLOSE OF MEETING

5 min

Dilys Jouvenat, Chair

Unapproved Minutes of the People & Culture Committee

Date and Time of Meeting	Wednesday 7 th August 2024, at 09:30 am
Venue	Seminar Room 2, Dental Post Grade Unit, Prince Charles Hospital

Members Present	Dilys Jouvenat	Committee Chair/Independent Member
	Nicola Milligan	Committee Vice Chair/Independent Member
	Lynda Thomas (via Teams)	Independent Member
	Geraint Hopkins (via Teams)	Independent Member (In part)
In Attendance	Hywel Daniel	Executive Director for People
	Greg Padmore-Dix	Executive Director of Nursing/Deputy Chief Executive
	Karen Wright	Assistant Director of People Policy and Compliance
	Nicola Evans	Interim Assistant Director Strategic Workforce Planning
	Clare Wright	Strategic Lead for Wellbeing
	Lauren Edwards	Executive Director of Allied Health Professions and Health Science
	Sallie Davies	Deputy Medical Director
	Ben Screen	Welsh Language Lead
	Marc Penny	Director of Improvement and Innovation
	Sara Mason	Head of People for Primary Care & Mental Health, Children and Families
	Simon Blackburn	Director of Communications, Engagement and Fundraising
	Abi Landeg	Retention and Workforce Planning Lead
	Emma Walters	Head of Corporate Governance and Board Business
	Kathrine Davies	Corporate Governance Manager (Committee Secretariat)
Meeting Observers	Nil	



Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	<p>D. Jouvenat, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted.</p> <p>The Committee Chair advised that at the end of the meeting, she would be seeking Member's views as to how the meeting went.</p>
1.2	Apologies for Absence
	<p>Apologies were received from:</p> <ul style="list-style-type: none">• Dom Hurford – Executive Medical Director• Gethin Hughes – Chief Operating Officer• Richard Hughes – Deputy Director of Nursing
1.3	Declarations of Interest
	<p>There were no declarations declared.</p>
2.	CONSENT AGENDA BUSINESS
2.1	Items for Approval
2.1.1	Unconfirmed Minutes of the Meeting held on the 15th April 2024
	<p>The Minutes were APPROVED.</p>
2.1.2	Draft Committee Annual Report 2023-24
	<p>The Committee Annual Report was APPROVED</p>
2.2	Items for Noting
2.2.1	Committee Annual Cycle of Business 2024-25
	<p>The Annual Cycle of Business was NOTED.</p>
2.2.2	Action Log
	<p>The Action Log was NOTED.</p>
3.	MATTERS ARISING
3.1	Matters Arising Not Captured on the Action Log
	<p>There were none.</p>



3.2

Shared Listening and Learning Story – Lateral Moves – Member of Staff Story

A Landeg provided a presentation to the Committee, on the Lateral Moves Programme.

N. Milligan extended her thanks to A. Landeg for the tremendous amount of work that had been undertaken and advised that 25 moves was a very positive start. N Milligan added that she meets with A. Landeg on a monthly basis, to discuss the work being undertaken.

H. Daniel advised that this work was undertaken on a partnership basis and arose from a suggestion made by trade union colleagues. H Daniel thanked N. Milligan for her input into this work and advised that 25 moves in five months was a sixth of their turnover. H. Daniel added that triangulation was undertaken in relation to the persons experience on the ward and whether the ward managed to recruit after the person left. H Daniel extended his thanks to everyone involved.

L. Thomas commented that she also found the work to be excellent and extended her congratulations to the team. L Thomas added that in every other area of life, people will expect to seamlessly move from one post to another. However, within the NHS it appeared to be difficult for people to do that. L Thomas queried how this approach could be scaled up across the Health Board to include other professions, as opposed to nurses, to enable people to seamlessly move on. A. Landeg advised that they would be looking at other areas moving forwards, but at present this scheme was only open to the Band 5 Nurses and Midwives.

S. Blackburn queried what support was provided to staff if they were not successful in obtaining a move via this scheme. A. Landeg advised that whilst they had not experienced this as yet, they were signposting people to other posts within the organisation, which were not within their top three choices. Members noted that further work would be undertaken on this moving forwards.

L. Edwards commented that this was a brilliant piece of work and highlighted the importance of feedback. L Edwards advised that the comments made by L. Thomas, on opening it up to other professions was helpful and that therapies staff in particular would be keen to take part in this scheme. A. Landeg advised that they would be looking at other areas and also triangulation of data, such as in therapies where the turnover rates were high.

H. Daniel commented that over time they need to track why people want to move and review the data. H Daniel added that in relation to the point made by L. Thomas, in regards to scaling up, further consideration needed to be given to this and broadening for other professions, including Administrative and Clerical staff. A. Landeg advised that data was available which highlighted some trends which ward managers were aware of.



	<p>N. Milligan commented that future sustainability for this work needed to be looked at, given that this work was being undertaken by a very small team which required expansion.</p> <p>The Chair congratulated the team on the work.</p>
Resolution:	The story was NOTED.
4.	GOVERNANCE
4.1	Revised All Wales Respect & Resolution at Work Policy
	<p>K. Wright presented the revised all Wales Respect and Resolution at Work Policy.</p> <p>N. Milligan commented that whilst she had no issues with regard to the policy, she was concerned about the way in which the policy was managed. N Milligan advised that she had supported two cases recently, where the timescales had not been met and there had been a complete lack of communication with the member of staff and the trade union from the People Service Team. N Milligan added that members of staff needed to be kept updated, if timescales were not going to be met. N Milligan also highlighted another delay, in which the Chair of the investigation had sent the response letter to the People Service Team rather than sending it directly to the member of staff.</p> <p>K. Wright referred to the Employee Relations report that was on the agenda, and advised that the new Head of People Services had now commenced in post and the first significant piece of work they had undertaken was a deep dive into the Health Board’s employment relations activity, in relation to access, credibility and action ability which was being monitored and discussed. Members noted that the issues raised would be addressed moving forwards.</p> <p>H. Daniel advised that the policy aim was to try to reduce formal grievance situations and get to a repair situation, and that steps were being taken to weave this into processes.</p> <p>L. Edwards advised that there was a need to ensure that the restorative and just culture was being woven into all people policies, and added that the task and finish group were reviewing the qualitative data, that would feed into the approach moving forward.</p> <p>K. Wright advised that work was being undertaken to develop a framework document that would frontload all Employee Relation policies, and a process was being out into place, to ensure all information and facts were in place prior to proceeding with a formal process.</p>
Resolution:	The Policy was APPROVED.



4.2	Organisational Risk Register
	<p>E. Walters presented the report to the Committee to review and discuss the organisational risk register, and to consider whether the assigned risks had been appropriately assessed.</p> <p>N. Milligan referred to risk 3133, poor compliance with gas safety training, and advised that in the controls it talked about refresher training. N Milligan advised that this was not a control measure as attendance was poor and it also mentioned COVID-19 and requested that this should be refreshed and updated. E Walters agreed to discuss this risk further with the Assistant Director of Governance and Risk, to ensure this risk is reviewed and updated.</p> <p>N. Milligan referred to risk 1133, invest to save, at the Royal Glamorgan Hospital and requested an update. G. Padmore-Dix advised that this had now been completed and was now closed.</p>
Resolution:	The Committee REVIEWED the risks escalated to the Organisational Risk Register.
Action:	To review Risk 3133 and update the control measures.
5.	INSPIRING PEOPLE
5.1	Welsh Language Standards Annual Performance Report 2023-24
	<p>B. Screen presented the Welsh Language Standards Annual Performance Report, for 2023-2024.</p> <p>The Chair thanked B. Screen and commented that she was pleased to see that the Team were looking at Dementia, given that patients with Dementia tended to revert to their first language. The Chair added that she had been looking at the signs whilst visiting one of our hospital departments, and advised that whilst all the public signs were bi-lingual, the signs for staff were not, which needed to be looked at, to encourage staff to use the Welsh language.</p> <p>G. Hopkins referred to the Welsh Government’s strategic plan policy ‘More than just Words’, and queried how this complimented the standards work that was being undertaken.. G. Hopkins added that the Health Board’s priorities should be focussed particularly on the priority of care. B. Screen advised that they complete both, with ‘More than just Words’ focussing on leadership and culture and the piece of work regarding the competency model, aligned to this which was positive. B Screen added that recruitment was also important and advised that further work needed to be undertaken, in relation to recruiting into roles where Welsh Language was required, as part of the ‘More than just Words’ strategic framework.</p> <p>L. Thomas commented that in her role as a Welsh Language Champion, she had really enjoyed her time working with B. Screen and the Team, and she hoped that this work would continue with the new Board Champion. L Thomas congratulated the Team on the really good presence that the Health Board has had at the Eisteddfod.</p>



	<p>K. Wright extended her thanks to B. Screen and the Team for the incredible amount of work that had been undertaken by the small Team and added that the Team were moving along at pace, with more collaboration being undertaken with leaders in the Care Groups. In terms of the Eisteddfod, K Wright also extended her thanks to the Communications Team who had done a fantastic job in attracting a wide range of health care professionals, who had come to staff the stand which had really put the organisation on the map.</p> <p>L. Edwards advised that she had joined a taster session recently, which she had found to be helpful, in terms of the information and support provided to people wishing to learn Welsh.</p> <p>H. Daniel advised that he echoed all the positive comments made and extended his thanks to B. Screen and K. Wright for the work undertaken in this area. H Daniel advised that in terms of the Committee’s role on assurance, he recommended that the Committee may need to seek assurance on a couple of areas from within the wider organisation, such as telephony, given that there were no Welsh speakers currently on switchboards and receptions across the organisation, which was something that should be highlighted on the organisational risk register. H Daniel added that the Welsh Language Standards Report was not currently being received at the Executive Leaderships Group, which should be considered moving forwards.</p> <p>K. Wright advised that discussions were taking place to add this potential risk to the Health Board’s Risk Register.</p> <p>S. Blackburn advised that B. Screen had played a big part in the Eisteddfod, working alongside the Head of Engagement and Involvement, and added that their first Seren Awards winner was one of the overseas staff who had learned to speak Welsh.</p> <p>M. Penny referred to compliance and advised that whilst a number of areas were showing green, the Emergency Departments had the lowest score for people trying to access services in Welsh. B. Screen advised that the data is important, and that he would be discussing this matter further with colleagues within the areas with poorer compliance.</p>
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Resolution:	The Committee ENDORSED FOR BOARD APPROVAL.
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5.2	<p>Culture Update Report</p> <p>C. Wright presented the report that updated the Committee on the activities and achievements of each of the services involved, and the planned activity for 2024-25.</p> <p>N. Milligan commented that this was an excellent report which included so much information on the work that the team had undertaken. N Milligan referred to page 7 of the Update on Activity Report, where it stated that 46% of staff who had booked on a Wellbeing Course did not attend, which appeared to differ to</p>
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	<p>the pie chart which stated that it was 63%. C. Wright advised that if staff want to access the service they complete an access form with a drop down menu, and what tended to happen is that staff would choose lots of workshops that may not be appropriate for them. Members noted that the information submitted was reviewed by the Team each week, who then share the most appropriate links with staff based on the information provided, which then resulted in staff then not booking onto courses. C Wright added that the Team were looking to revise the form and were now offering a resource appointment to staff, for a discussion to be held, to determine what is suitable and appropriate for them.</p> <p>C. Wright advised that they were working with managers for them to release staff to attend courses. N. Milligan advised that it was an issue, as managers did not see the importance of losing staff for one hour, rather than them going off sick.</p> <p>H. Daniel advised that this was a similar theme with all training, and added that steps were being taken to shift mind sets.</p> <p>The Chair thanked everyone for the work that had been undertaken.</p>
Resolution:	The Committee NOTED the report.
5.2.1	<p>Restorative, Just and Learning (RJL) and Speaking Up Safely (SUS) Working Group Action Plan Updates</p> <p>L. Edwards presented the report that provided the Committee with an update on current progress and activity taking place, within each of the Task and Finish Groups.</p> <p>L. Edwards advised that G. Watts, Director of Corporate Governance was leading on the Speaking Up Safely Task and Finish Group.</p> <p>H. Daniel thanked L. Edwards and everyone involved for the work that was being undertaken, in relation to this work and advised that he was keen to have a clinical voice on the RJL and SUS Task and Finish Groups. H Daniel advised that more concerns had been raised since the launch of SUS, which was positive as people were taking the opportunity to speak up. H Daniel added that consideration needed to be given to how this could be invested in further, from an Integrated Medium Term Plan (IMTP) perspective for next year, in order to try to make some quick changes for people to easily navigate the processes.</p> <p>N. Milligan commented that whilst there was a lot of work being undertaken, it appeared that progression of the work was quite slow. N Milligan made reference to the three neighbouring Health Boards, who had employed SUS Champions. N Milligan raised concern in relation to the framework that had not resulted in change, and highlighted the need for processes to be right, and for some real timescales to be put into place, prior to moving this work forwards.</p>



	M. Penny referred to paragraph 1.5 and paragraph 1.11, where there was an error with dates identified. K. Wright advised that this would be amended and re-published.
Resolution:	<p>The Committee NOTED:</p> <ul style="list-style-type: none"> • The work being undertaken by the Policy and Procedures Task and Finish Group (T&FG) and the progress made to date; • The work being undertaken by the Understanding Data T&FG, and the progress being made to date; • The work being undertaken by the Education and Training T&FG, and the progress made to date; • That to align the SUS work to the RJI approach, the current Working Group will form a T&FG, which will report to the RJI Working Group. The work of this Group will utilise the NHS Wales SUS Framework, to create a culture where our employees feel safe and able to speak up about anything that gets in their way of delivering safe, high-quality care, or which negatively affects their employment experience.
Action	Report to be amended to reflect updated dates.
5.3	<p>Workforce Metrics Report</p> <p>N. Evans presented the report that updated the Committee on key workforce metrics, for May – June 2024.</p> <p>G. Padmore-Dix referred to the shortlisting process for Ward managers, who could get up to 50 or 60 applicants, with a lot from overseas applicants, when going out to advert for one post, and queried whether they could be supported with the sifting process, as it was challenging for them to undertake this at present. N. Evans advised that work was being undertaken with Shared Services, with regard to this, such as putting compliance up front on the job advert, however, at present there was no easy solution to this.</p> <p>H. Daniel advised that there was no facility in TRAC to ask upfront if an applicant had an NMC registration and added this this needed to be undertaken manually prior to SIFT, and advised that further work was needed to address this.</p> <p>N. Milligan referred to page 3, where it mentioned the Task and Finish Group and advised that she had concerns, in regards to available capacity to support, the Task and Finish Groups, given that the same people were sitting on a number of groups. N Milligan also referred to page 4, where it mentioned turnover for healthcare support workers, and suggested that they needed to be supported in relation to the lateral moves programme.</p> <p>L. Thomas advised that in her NHS England organisation, they outsource all of this work in relation to Sift, which had enabled the organisation to reduce recruitment times from 60 days to a week. H. Daniel suggested that it would be helpful if a discussion could be held with L Thomas on this, outside the meeting.</p>



	<p>G. Padmore-Dix advised that he meets with the ward managers every month, and if the team wanted to meet with them, he would be happy to set this up.</p> <p>L. Edwards referred to turnover rates for Allied Health Professionals (AHPs) that was not contained within the report, and queried if this had improved. N. Evans advised that the fact that the data had not been included was because it was not a hotspot, however, she suggested that she would take this away as an action and review the data.</p>
Resolution:	The Committee NOTED the report and associated metrics.
Action:	To review the data for AHP turnover rates, outside of the meeting.
6. SUSTAINING OUR FUTURE	
6.1	<p>Strategic Workforce Planning</p> <p>N. Evans presented a report and provided a presentation on Strategic Workforce Planning.</p> <p>M. Penny referred to the data and analytics challenges, and the correlation of numbers of staff for CTM and across Wales. H. Daniel advised that the numbers were not correlating, which was in the process of being addressed, and added that it may take up to a month to ensure the number of vacancies were correct. N. Milligan referred to retention rates, and advised that CTM should have the highest retention rates, given staff tend not to move out of this area. H. Daniel commented that people do move around more than people thought, as there were a number of local hospitals surrounding the CTM area.</p> <p>N. Milligan referred to staff wellbeing, and advised that it referred within the report to an assessment centre for staff on a Band 8C and above. N Milligan advised that the majority of issues being raised were in regard to inappropriate management of staff in a Band 7 posts, and not the Bands 8C and above. N. Evans advised that she would be happy to review this, and added that there would be a higher volume of staff to deal with.</p> <p>G. Padmore-Dix referred to the point in relation to wellbeing for ward managers, and queried what the barrier were for them to feel psychologically safe in managing all of this. G. Padmore-Dix advised that a skills analysis had been completed with the ward managers, in the Royal Glamorgan Hospital, and one of the things that frustrated them was in relation to the online form for HR advice. G. Padmore-Dix suggested that it would be helpful if members of the People Services Team could have drop in sessions on site once a month for ward managers. K. Wright confirmed that this was now being offered.</p>
Resolution:	<p>The Committee NOTED:</p> <ul style="list-style-type: none"> • The significant amount of work to support the infrastructure of workforce planning; • Seeking collaboration and integration with key stakeholders on the approach and plans to embed into business as usual.



	<ul style="list-style-type: none"> This has to be integrated with the CTM service delivery plans, to support the here and now, as well as building the workforce to meet the medium and longer term delivery plans, to achieve CTM2030 and the NHS Implementation Plan.
6.2	<p>Employee Relations Report</p> <p>K. Wright presented the report that provided a formal update in respect of ongoing ER cases and trends within the Health Board.</p> <p>N. Milligan referred to the significant increase in disciplinary fast Tracks, and suggested that it would be helpful to have a deep dive into this, to see if there were, for example, any training elements required. K. Wright advised that she would feed this back to the People Service team for further review.</p>
Resolution:	The Committee NOTED the report.
Action:	Deep Dive to be undertaken with regard to the increase in disciplinary Fast tracks, to ascertain any themes and trends.
7.	OTHER MATTERS
7.1	Forward Work Plan
	The Chair asked Members of the Committee if they had any items that they would like to include for future meetings, to let the Corporate Governance Team know.
7.2	<p>Committee Highlight Report Board</p> <p>The Committee AGREED that the report would be prepared by the Governance Team following the meeting.</p>
7.3	<p>Any Other Urgent Business</p> <p>The Chair advised the Committee that this was the last meeting for N. Milligan and L. Thomas, as their tenure as Independent Members was coming to an end. She thanked them both for their huge contribution to the Committee with their invaluable knowledge and expertise, which had made a huge impact to the Committee. She also thanked N. Milligan for her support as Vice Chair of the Committee which had been invaluable.</p>
7.4	<p>How did we do in this meeting:</p> <p>The Chair advised that if anyone had any comments to feedback, they could do that outside of the meeting, if they so wished</p>
8.	DATE AND TIME OF NEXT MEETING
	6TH November 2024 at 9:30 am



Agenda Item

2.1.2

People & Culture Committee

**RATIFICATION OF CHAIRS ACTION:
APPROVAL OF THE ALL-WALES PREGNANCY AND LOSS POLICY**

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Welsh Partnership Forum	17/08/2024	Endorse for approval
Urgent Chair's Action – People & Culture Committee Members by Email	17/09/2024	Approved

Acronyms / Glossary of Terms



1. Situation /Background

- 1.1 The purpose of the report is to present the new All Wales Pregnancy and Loss Policy, which has been endorsed for implementation by the Welsh Partnership Forum.
- 1.2 A request seeking urgent support for approval of policy was circulated on the 17 September 2024 following agreement with the People & Culture Committee Chair. This resulted in the following responses indicating support from Committee IMs:
 - Dilys Jouvenat – Independent Member (Committee Chair)
 - Kath Palmer – Independent Member/Health Board Vice Chair
 - Helen Lentle – Independent Member
 - Ian Wells – Independent Member
 - Rachel Rowlands – Independent Member

This was approved on the 18 September 2024 and the Assistant Director of Governance, Policy and Risk was notified.

2. Specific Matters for Consideration

2.1 All Wales Pregnancy and Loss Policy

- 2.2 The Welsh Partnership Forum has recently developed in partnership, an All-Wales Pregnancy and Loss Policy. The new policy was approved at the Welsh Partnership Forum meeting held on 17 July 2024. This All Wales Policy applies to all NHS Wales employees.
- 2.3 The purpose of the policy is to provide the support people need during this tough time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement. The policy supports pregnant employees and their employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues, and friends at work about what has happened. It challenges attitudes that pregnancy loss is a taboo subject, and that people must suffer in silence.
- 2.4 The policy encourages affected employees to reach out to the People Services Team or manager, to ensure that they receive the appropriate support they need at this time.
- 2.5 The policy has been developed at an All-Wales level, in partnership with trade union colleagues. This policy is based on the Health Board's current Pregnancy and Loss Policy which was implemented in November 2021 and the recently published NHS England Pregnancy and Loss Policy.



2.6 The Local Partnership Forum endorsed the All-Wales Pregnancy and Loss Policy to be presented to the People and Culture Committee for approval on the 17 September 2024.

3. Key Risks / Matters for Escalation

3.1 The policy sets out best practice in respect of supporting employees affected by pregnancy and loss.

3.2 The All-Wales Pregnancy and Loss Policy will replace the Health Board's current Pregnancy and Loss Policy.

4. Assessment

5. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies, please list below: Inspiring our People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies, please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies, please list below: A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies, please list below: Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies, please list below: Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies, please list below:



Environmental / Sustainability Impact (5Rs)		
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality POSITIVE All People Policies are subject to an EWLIA Outcome for Welsh Language POSITIVE People Policies are available in Welsh	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report. There could be legal implications if the policies are not adhered to, as identified and if applicable.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

6. Next Steps

- 6.1 Following approval, the policy will be uploaded onto SharePoint and distributed across the Health Board for immediate implementation.



NHS Wales
Pregnancy Loss Support Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru *yn*
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Version: FINAL July 2024

NHS Wales

Pregnancy Loss Support Policy

1.0 Background

1.1 The aim of this policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.

1.2 It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened. It challenges attitudes that pregnancy loss is a taboo subject, and that people have to suffer in silence.

1.3 If an employee is reading this document, it is likely they are either going through or supporting somebody through this very difficult period so please do reach out to your local workforce department or a manager to talk with in order to ensure that you receive appropriate support.

2.0 Scope

2.1 The scope of policy is defined in Appendix 1 and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.

2.2 This policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns. If you are not an employee but have experienced pregnancy loss, we encourage you to speak with your normal point of contact in our organisation [our Pregnancy and Baby Loss Champion] or a member of the HR Department. They will be able to discuss with you what support is available.

2.3 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.

2.4 When an expectant employee suffers a pregnancy loss after 24 weeks, they will still be entitled to statutory maternity leave and SMP if their baby is born early; is stillborn after the start of their 24th week of pregnancy or dies after being born. This is in addition to the provisions contained within Section 23: Child Bereavement Leave of the NHS Terms and Conditions of Service Handbook (the provisions equivalent to those contained in section 23 will apply to medical and dental staff); as well as the provisions within local organisational policies.

2.5 If an employee is affected by pregnancy loss but is not the carrier of the pregnancy, the partner of the employee carrying the pregnancy or the intended parent in a surrogacy or adoption arrangement, they should speak with their line manager or the HR Department about how they can be supported.

2.6 The NHS Organisation recognises the distress, both physical and emotional, that may result from pregnancy loss and the impact this may have on individual employees regardless of when or how the loss occurs. This policy has been prepared to provide paid time off and support in relation to pregnancy loss. However, it is appreciated that no situations will be identical, and that pregnancy loss can result in grief unlike other types of grief. Employees are therefore encouraged to discuss with their line manager or a member of the HR Department what support they may need.

2.7 [An employee may prefer to speak with our Pregnancy and Baby Loss Champion in the first instance, while keeping in mind that their line manager or the HR Department may need to be involved in subsequent discussions.]

Note: - An employer may wish to appoint a Pregnancy and Baby Loss Champion. This individual would be trained in pregnancy and baby loss and perhaps have some experience of this type of loss themselves. Appointment of a Pregnancy and Baby Loss Champion would enable employees experiencing pregnancy loss to speak with someone outside of their reporting line and HR who would be well-equipped to listen to their questions or concerns. If an employer appoints a Pregnancy and Baby Loss Champion, appropriate references should be included in this policy.

3.0 Experiencing Pregnancy Loss at Work

3.1 If a pregnancy loss starts while at work, employees are encouraged to speak with their line manager or a trusted colleague. They can then arrange for your preferred contact to be notified and find a suitable place for you to remain while any medical care is organised, or arrangements are made for you to travel home.

3.2 It is recognised how traumatic the experience may be, both physically and emotionally. Consequently, the NHS Organisation wants to ensure that no employee feels that they have to go through the experience on their own or continue with their work. The employee's line manager or colleague should agree with you on how your absence will be communicated to others, if needed.

3.3 The preferred contacts of an employee experiencing pregnancy loss will be allowed to leave work at short notice to provide support.

4.0 Pregnancy Loss Paid Leave

4.1 Those affected by a pregnancy loss, regardless of the reason (See Appendix 1 for further information), 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. It is appreciated that some employees may not want to take leave straight away, or at all. If an employee

does want to take leave under this policy, they are asked to take it within 26 weeks of the pregnancy loss.

4.2 If the NHS Organisation employs the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

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

4.4 In order to apply for leave following a pregnancy loss, the employee should contact their line manager in the first instance who will advise them on any local arrangements. An employee may self-certify any leave taken in accordance with this policy. They will not be required to provide a Fit Note or letter from a healthcare professional. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they have discussed and verbally agreed the leave.

4.5 It is recognised that it will not always be possible to request pregnancy loss leave in advance. However, an employee is encouraged to speak with their line manager or a member of the HR Department as soon as possible if they are considering taking pregnancy loss leave in accordance with this policy.

5.0 Additional Leave

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

5.2 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. Leave taken under this policy will not count for monitoring purposes under the Managing Attendance at Work policy. Where appropriate, and with the consent of the employee, consideration will also be given to an occupational referral or temporary redeployment.

5.3 The NHS Organisation recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aim to facilitate flexible working requests for these employees, wherever possible. Further guidance around Flexible Working can be found in the All-Wales Flexible Working Policy.

5.4 We recognise that returning to work after pregnancy loss may be challenging and the preferred support will vary from employee to employee. With this in mind, we encourage employees to speak with their line manager about how they can support a return to work. If an employee has any suggestions for steps that can be taken as to support you during this time, they should discuss these with their line manager.

6.0 Paid Time Off for Medical Appointments

6.1 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.

6.2 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.

7.0 General Support

7.1 The NHS Organisation 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.

7.2 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, e.g.

- A trusted manager or colleague;
- The Staff Psychological Wellbeing Service;
- A member of the Occupational Health Team;
- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- An external bereavement support charity or organisations (See Appendix 2);
- Member of Workforce & OD Team; or
- A Trade Union representative

8.0 Responsibilities

8.1 Everyone is expected to be sensitive to the impact of pregnancy loss and to consider their colleagues with kindness and understanding.

8.2 It is the manager's responsibility to support the employee with kindness, compassion and flexibility. Each person is different, and individuals may also need temporary work adjustments, or other levels of support.

8.3 Employees who have experienced pregnancy loss are actively encouraged to reach out and talk to someone they trust at the earliest opportunity, if they feel they need additional support or signposting.

9.0 Talking about a loss

9.1 It is entirely the employee's decision whether or how much to talk about their loss. The organisation will endeavour to provide an open and welcoming environment in which an employee can do so.

9.2 Equally, it is appreciated that there may be circumstances in which an employee may want to limit the number of individuals who know about their pregnancy loss, to the extent this is possible in the circumstances. If an employee chooses to discuss their pregnancy loss with their line manager, they are encouraged to speak with them about how they would like any related absences from work to be communicated to colleagues.

9.3 Any information you provide to us about your health will be processed in accordance with our Data Protection Policy. We recognise that this data is sensitive and will handle it in a confidential manner.

Pregnancy loss includes but is not limited to:

- **Miscarriage:** the spontaneous loss of pregnancy until 24 weeks of gestation. [NHS Information on Miscarriage](#)
- **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](#)
- **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

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. Tommys 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

♥ [Canopi \(nhs.wales\)](#)



Agenda Item

2.1.3

People & Culture Committee

**RATIFICATION OF CHAIRS ACTION:
APPROVAL OF THE ALL-WALES FLEXIBLE PENSIONS POLICY**

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Partnership Forum	19/09/2024	Endorsed for approval
Urgent Chair's Action – People & Culture Committee Members by Email	04/10/2024	Approved

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The purpose of the report is to present the new All Wales Flexible Pensions Policy, which has been endorsed for implementation by the Welsh Partnership Forum.
- 1.2 A request seeking urgent support for approval of policy was circulated on the 4 October 2024 following agreement with the People & Culture Committee Chair. This resulted in the following responses indicating support from Committee IMs:
- Dilys Jouvenat – Independent Member (Committee Chair)
 - Rachel Rowlands – Independent Member
 - Carolyn Donoghue – Independent Member

This was approved on the 11 October 2024 and the Assistant Director of Governance, Policy and Risk was notified.

2. Specific Matters for Consideration

2.1 All Wales Flexible Pensions Policy

2.2 The Welsh Partnership Forum has recently developed in partnership, an All-Wales Flexible Pensions Policy. The new policy was approved at the Welsh Partnership Forum meeting held on 19 September 2024. This All Wales Policy applies to all NHS Wales employees.

2.3 The purpose of the policy is to: -

- Ensure promotion and consistent application of the flexible NHS pension options;
- Promote a cultural shift in approach which advocates that these pension flexibilities are of the mutual benefit, with the expectation that conversations and applications will be progressed and approved. This means that the default position will be that a request to access one of the pension flexibilities options that meets the requirements of the Pension Regulations, will be approved, and every avenue explored to facilitate this. Requests will only be declined where there are clear business reasons in policy and law that present approval;
- Help employee to understand the range of options available to access their pension and combine this with flexible working;
- Enable employers to understand, promote and discuss flexible pension options with their staff;
- Ensure that employees later in their careers will feel valued, rewarded, and recognised by their employer for their experience, service, and commitment;



2.4 The Local Partnership Forum endorsed the All-Wales Flexible Pensions Policy on 1st October 2024, to be presented to the People and Culture Committee for approval on the 6 November 2024.

3. Key Risks / Matters for Escalation

3.1 The policy enables employees and employers to make informed choices regarding the appropriate use of the flexible pension options available.

3.2 This All-Wales Policy when approved will replace the existing CTM Retire and Return Policy and Guidance.

4. Assessment

5. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies, please list below: Inspiring our People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies, please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies, please list below: A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies, please list below: Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies, please list below: Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality POSITIVE All People Policies are subject to an EWLIA Outcome for Welsh Language POSITIVE People Policies are available in Welsh	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	There could be legal implications if the policies are not adhered to, as identified and if applicable.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The People & Culture Committee is asked to **RATIFY** the **APPROVAL** of the All-Wales Flexible Pensions Policy undertaken via Chair's Urgent Action as set out above.

6. Next Steps

- 6.1 Following approval, the policy will be uploaded onto SharePoint and distributed across the Health Board for immediate implementation.



Flexible Pensions Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Approved September 2024
Welsh Partnership Forum
Medical and Dental Business Group

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Section 1

Policy scope, principles and benefits

1. Introduction

The definition of retirement is changing and broadening. Many employees are considering how they can gradually adjust their working patterns to achieve a healthy work-life balance and a smoother transition from their working life into retirement. This shift towards retiring flexibly leaves behind the expectation that retirement means permanently leaving the workplace and employment, or that full time work should immediately be replaced with full time retirement.

Flexible working is just as valuable for staff approaching the end of their careers, and for retired staff who are returning to the NHS, as it is for those joining the NHS for the first time or returning from parental leave.

Flexible working is key to retention, employee engagement and supporting staff to live healthy working lives, and NHS Wales is committed to offering more flexible, varied roles and opportunities to their employees.

To support employees to access flexible working later in their careers this policy has been developed to provide an overview of the options available to employees who are members of the NHS Pension Scheme to access their pension or part of it and/or plan for retirement through utilising the flexibilities available within the scheme which fit with employees' aspirations for flexible working and work/life balance.

2. Policy statement

NHS Wales is committed to developing and maintaining arrangements which make it a great place to work and learn, and to the delivery of a quality service, recognising that our staff are fundamental to our success, and that we need to attract new staff from a varied range of backgrounds. NHS Wales also understands that it is vital to retain the embodied investment in knowledge, skills and experience of staff over many years, which we commit to maintain both now and in the future.

Consistent with this commitment to ensuring all staff can access the benefits of flexible working, NHS Wales is committed to supporting and enabling staff to utilise the flexible pension provisions and benefits offered through membership of the NHS Pension Scheme.

3. Scope

To ensure promotion and consistent application of flexible pension options, this policy has been developed in partnership, for use within all NHS Wales organisations and supersedes/replaces any existing policies, guidance, minimum standards e.g. Retire & Return Policies at employer/organisation level.

<i>This Policy:</i>
✓ <i>Will enable employees to understand the range of options available to access their pension and combine this with flexible working</i>
✓ <i>Will enable employers to understand, promote and discuss flexible pension options with staff.</i>
✓ <i>Sets out the expectations and requirements of employees and employers in pursuing and considering applications to access one of the options.</i>
✓ <i>Seeks to ensure that employees later in their careers will feel valued, rewarded, and recognised by their employer for their experience, service and commitment.</i>
✓ <i>Forms part of the contract of employment for staff working in NHS Wales.</i>

The aim of this policy is to enable employees and employers to make informed choices regarding the appropriate use of the flexible pensions available. The approach advocated by Welsh Government, employers and trade union partners is that these flexibilities are of mutual benefit with the expectation that conversations and applications will be progressed and approved.

This means that the default position will be that a request to access one of the pension flexibilities options, that meets the requirements of the Pension Regulations, will be approved, and every possible avenue explored to facilitate this. Requests will only be declined where there are clear business reasons in policy and law that prevent approval.

NHS Wales will not discriminate, either directly or indirectly, on the grounds of any of the characteristics protected by the Equality Act 2010 or any other personal characteristic in the implementation of this policy. We aspire to a diverse workforce and recognise that compassionate leadership does not mean treating everyone the same but treating them fairly and considering detailed knowledge of each individual staff members' needs, circumstances and background.

4.Principles

Flexible pension options support the following principles:

To support:	Through:
Work-life balance	➤ employees working flexibly later in their careers helping to achieve a healthy work-life balance
Retaining experience	➤ enabling experienced employees to stay in the NHS for longer and pass their valuable skills and knowledge to colleagues.
Health and Wellbeing	➤ supporting the health and wellbeing of employees who are later in their careers.
Financial Wellbeing	➤ supporting the financial wellbeing of employees through offering retired staff,

	the option to re-join the NHS Pension Scheme after full or partial retirement thereby enabling employees to build up further pension.
Managing work later in careers	➤ providing employees with flexible working options as a bridge between taking their NHS Pension and receiving their State Pension benefits.
Managing pension growth	➤ controlling pension growth to support staff affected by the annual allowance.

5. Benefits

The NHS Pension Scheme offers several flexible pensions options. These options can support employers attract and retain experienced staff whilst supporting employees, through a range of options, to access pension benefits whilst continuing to work for NHS Wales.

NHS Pensions and NHS Employers both provide further information on the NHS Pension scheme and the wider scheme design and contractual considerations of flexible retirement. Their resources can be accessed by following these links:

[NHS Pensions](#)

[NHS Employers](#)

Flexible pensions options support employees to:

- work flexibly towards the end of their careers
- to achieve a healthy work-life balance
- stay working in the NHS for longer and pass their valuable skills and knowledge to colleagues.
- maintain their experience within NHS Wales supporting the delivery of high-quality patient care.

By enabling employees to retire flexibly, employers can:

- Support the health and wellbeing of employees who are approaching the end of their careers.
- Develop working arrangements which fit with lifestyles and desired attendance patterns. Such arrangements support ongoing retention of employees and their productivity, while reducing rates of stress, fatigue and burnout.
- Offer retired employees the option to re-join the NHS Pension Scheme after full to supporting financial wellbeing, as it allows employees to build up further pension and may help to bridge any gap between taking their NHS Pension and State Pension benefits.
- Through partial retirement support employees who may be affected by the annual allowance, as the ability to take all or part of their pension whilst continuing to work may help some employees to control their pension growth.

Section 2

Flexible pensions guide and options

6. Pensions considerations

6.1 The NHS Pension Scheme - overview

There are 2 NHS Pension schemes. There's the 1995 / 2008 Scheme and the 2015 Scheme. From 1 April 2022, all active members of the NHS Pension Scheme are members of the 2015 Scheme.

The NHS Pensions website has extensive information on the schemes and sets out the benefits of membership withing the two member guides:

- The [1995/2008 Member Guide](#)
- The [2015 Member Guide](#)

6.2 How do I know what Pension Scheme an individual is in?

The NHS Pension Scheme has had several changes since 1995, and members may have service in more than one scheme. The [Total Reward Statement](#), which can be accessed through ESR, provides information on an individual's NHS Pension Scheme membership.

An individual may have service in more than one scheme, particularly if they have been an NHS Pension Scheme member since before 1 April 2012, and if so, their service will be detailed in two separate parts in the Pension Statement e.g. there would be an Annual Benefit Statement for 2015 Scheme service and an Annual Benefit Statement for 1995 Scheme service.

6.3 Considering the impact of the McCloud remedy

The McCloud remedy has been put in place following a legal case ruling (McCloud) and is the process of removing age discrimination that was judged to have arisen in public service pension schemes, including the NHS Pension Scheme.

Employees who joined the NHS Pension Scheme on or before 31 March 2012 and who were still members of the scheme on 1 April 2015 are eligible for the McCloud remedy. If an individual is considering applying for one of the Flexible Pension options, it is important that they understand their position in respect of the McCloud remedy.

As part of the McCloud ruling, affected members have had their pensionable service for the McCloud remedy period - 1 April 2015 to 31 March 2022 - put back into the 1995/2008 Scheme.

If this affects the individual once, they will be contacted by NHSBSA in the 12 months after they have accessed all or part of their pension and asked to choose between keeping these benefits in the 1995/2008 Scheme or taking 2015 Scheme benefits for the remedy period instead.

When it comes to making this choice, the part of the Scheme that's better for them could be different depending on how long they continue to work after they've taken partial retirement. Their McCloud choice means there are other factors to consider when deciding what percentage of their pension to take at partial retirement, as it could affect their tax position, or their final salary link, if they have one. And if they later choose to take 2015 Scheme benefits for the remedy period, they may have lump sum overpayments to pay back.

Further information about the McCloud remedy is available on the [public services pensions remedy – McCloud](#) (NHSBSA) links to modelling tools to support the decision-making process.

6.4 Choosing when to retire

Each member of the NHS Pension Scheme has a normal pension age (NPA), at which they can retire and claim pension benefits. This age is defined by the scheme they are a member of (or additionally have preserved benefits in e.g. the 1995 scheme).

There is also a minimum pension age (MPA) which is the earliest age at which individuals are eligible to take their NHS pension.

Scheme	Normal pension age (NPA),	Minimum pension age (MPA)
1995	60 (55 for Special classes)	Age 50 if joined pre 06/04/2006 and not had a break of 5 years or more. Otherwise, age 55*
2008	65	55*
2015	State Pension Age	55*

* The minimum age that an individual can start taking their pension is changing from 55 to 57 from 6th April 2028.

The NHS Pension Scheme enables members to be flexible about the age at which they retire to suit their plans. This allows individuals to retire earlier or for the 2008 and 2015 schemes, later than their NPA.

If an individual is considering retirement:

- before their NPA, the pension they receive will be reduced because it is being taken earlier. This is because their pension will be paid for longer.
- later than their NPA, their pension benefits may increase by the application of late retirement factors. Late retirement enhancement is only available for membership of the 2008 scheme and 2015 scheme.

6.5 Early retirement

As noted, taking pension benefits before NPA will result in a reduction to the pension because it is being paid earlier. This is called an “actuarial reduction” and is based on the earlier age at which the individual is choosing to take their benefits compared with their NPA.

The term ‘actuarial reduction’ refers to the tables used to calculate the reduction to their benefits if they retire early. An individual incurs this reduction when their pension is paid earlier than normal and, therefore, potentially it will be in payment for longer. NHS Pensions have produced a factsheet which can be accessed [here](#), setting out the early retirement percentage reductions across the different schemes.

Where an individual has membership in more than one NHS Pension scheme, then the actuarial reduction is applied to each specific period of membership in each scheme. For example, someone aged 58 (without Special Class Status) with a state pension age of 67 wishing to retire early would have any of their 1995 membership reduced by 2 years because they are retiring 2 years before age 60, however any membership they have in the 2015 scheme would be reduced by 9 years because their normal pension age (NPA) is the same as the state pension age i.e.67.

It is important to note that the pension paid to dependents will be based on their pension before actuarial reduction and further information is set out in their Total Reward Statement section on [Adult Dependant’s Pension](#).

6.6 Early retirement reduction buy out (ERRBO)

Early Retirement Reduction Buy Out (ERRBO) is part of the 2015 scheme. If an individual claims their 2015 pension before their Normal Pension Age (NPA), it will be reduced, however they can plan to buy out one, two or three years of any reduction before their NPA but no earlier than age 65. Through purchasing an ERRBO this would enable the individual or the employer if they agree, to pay extra contributions so they can buy out the reduction that would apply to their 2015 Scheme benefits if they retired before their NPA.

NHS Pensions have produced a [ERRBO Factsheet](#) which provides more information regarding the scheme and the costs of additional contributions which are payable to buy out 1,2 or 3 years of reduction.

6.7 Employer pension contributions recycling/alternative payment

In certain circumstances an individual’s pensionable pay may result in a pension growing to a level which exceeds the annual allowance.

The arrangements set out in Section 7 Flexible Pensions provide mechanisms which can support members of the NHS Pension Scheme to manage their pension growth which enables individuals to manage their level of annual allowance.

However, individuals who are under the Normal Pension Age (NPA) are not able to manage their pension growth in this way and they may seek to reduce their pensionable pay through a reduction in their clinical activity as a way of managing any annual allowance liability/charge. Maintaining clinical activity is critical for NHS Wales services and a specific facility has been established on an All-Wales basis to support such individuals through a

scheme where they can apply, on an annual basis, to receive an alternative payment in place of their employer pension contributions whilst they are opted out of the NHS Pension Scheme.

This provision is open to staff who can demonstrate that their level of earnings in the NHS (which may be a projection of earnings) will result in their being impacted by the annual allowance in any financial year and who are unable to manage their pension growth through accessing the partial retirement provisions or reduce their level of pensionable pay without an impact on their activity.

To approve an alternative payment, employers are required to take legal considerations into account and to evidence whether there is an objective justification based on the risk to service delivery posed by an individual reducing hours or being reluctant to take on additional work.

Further details on the criteria and considerations regarding employer pension contributions recycling are included in the ¹[Employer Pension Contributions - Model Alternative Payments Policy](#) process which employers administer in line with the provisions at a local level.

6.8 What is abatement?

The Scheme regulations say a pensioner cannot receive more in pension and re-employed salary than the salary earned before retirement. This is known as an earnings margin.

If this earnings margin is exceeded, the annual pension will be reduced. This is known as abatement.

In March 2020, the Department of Health and Social Care (DHSC) suspended abatement for members who have Special Class (SC) and Mental Health Officer (MHO) status and claim age retirement pension benefits before age 60.

On 1 April 2024, abatement will be removed for these members if they retire and return.

Abatement is also the term used to describe the reduction or removal of pension payments if pensionable earnings have increased to pre partial retirement level within the first 12 months of partial retirement.

When will abatement apply?

Retire and return

If the individual is under their Normal Pension Age (NPA), abatement will apply if they retire on one of the following grounds and return to NHS work before their NPA:

- ill health under the previous ill health retirement arrangements
- ill health Tier 1 or Tier 2 under the current ill health retirement arrangements
- early payment of deferred benefits due to ill health
- redundancy if you retired before 1 October 2011
- early retirement in the interests of the [efficiency of the service](#)

¹ This Model Policy was previously issued by NHS Wales Employers as a guide for employing organisations. It is not an All Wales Policy agreed with BMA. Please contact your Workforce Department for the local policy/position.

Their pension being reduced depends on:

- their earnings while re-employed
- when they left the Scheme
- when they claimed their pension benefits
- the type of pension benefits claimed.

Abatement rules stop once they reach their NPA of the Section or Scheme which they've claimed their pension benefits from.

Individuals will not be subject to abatement if:

- they were over their NPA when they retired
- they are receiving redundancy benefits and retired after 30 September 2011
- they are receiving Actuarially Reduced Early Retirement (ARER) benefits.

Partial retirement

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay).

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. Their pension payments will therefore be “abated”.

Individuals will not be subject to abatement if there has been no change to their terms of employment, e.g. they have not been appointed to a new role at a higher rate of pay, not increased their substantive contracted hours.

7. Flexible pensions – the options

Summary of Flexibilities			
Flexibility	What is it?	What is the benefit	Considerations
Partial retirement	You can take between 20% and 100% of your pension benefits, without having to leave your current job. You can also continue to build your pension benefits in the 2015 Scheme.	Partial retirement enables you to claim all or some of your pension, whilst continuing to work, but without having to take a break and leave your job.	Whilst you won't need to take a break or change jobs, you will need to work with your employer to change your terms (such as by adjusting your hours) so your “pensionable pay” is reduced by 10% for the first year.
Retire and return/re-join	Accessing your full pension, then returning to work after a short break and, if you wish, re-joining the 2015 NHS Pension	If you're not ready to stop work altogether and you don't want to reduce your pensionable earnings, you can access your pension and re-	If you decide to re-join the NHS, you can work as many hours as you choose and in most cases your pension payments won't be reduced or

Summary of Flexibilities

	Scheme to keep building your future pension benefits.	commence work in your current role after a 24-hour break.	stopped (known as 'abatement').
Step down	You may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment.	This option enables you to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain your skills and experience. You may wish to use this option where you wish to change role as you approach retirement, but you don't want to access your pension.	With this option you may be eligible to have your higher level of pensionable pay protected, which would mean that your final salary benefits are not affected when you do access your pension
Reduction in Hours/wind down	You may wish to reduce the number of hours or days that you work but remain in your current post	This option may support you to remain in work for a longer period before retirement through reducing the hours or days which you work. You may wish to use this option where you wish to reduce your hours as you approach retirement, but you don't wish to access your pension.	Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995/2008 scheme will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns.

7.1 Partial retirement

Partial retirement, sometimes referred to as draw down, enables active NHS Pension Scheme members who have reached minimum pension age to take all or part of their pension whilst continuing to work.

NHS Pensions have produced an [Employers Factsheet](#) and a [Members Factsheet](#) which should be read alongside this policy.

To be eligible for Partial Retirement an individual must:

- ✓ Have reached their minimum pension age.
- ✓ Be an active member of the Scheme (if they are not an active member, they would need to rejoin and be an active member for at least one month before taking Partial Retirement).

- ✓ Reduce their actual pensionable pay by at least 10% for the 12 months starting from the date they take Partial Retirement (for GP's, Dental Practitioners, Ophthalmic and non-GP Providers a 10% reduction in commitment is required).
- ✓ Make sure their 10% reduction in pensionable pay is calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement.
- ✓ Have a change in their terms and conditions of employment to reflect their reduction in pensionable pay.
- ✓ Expect their new level of pensionable pay to last at least 12 months from the point partial retirement is taken.
- ✓ Not have already claimed partial retirement on two occasions.

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay). There is no need for the individual to end their contract of employment or have a break in service to take their pension benefits. Annual leave entitlements, salary and additional earnings such as clinical excellence awards will continue based on the new working pattern/revised terms and conditions.

For most staff, this reduction can be achieved via a reduction in working hours.

However, if an employee does not want to reduce their working hours, employers may consider alternative ways of meeting this requirement including split contracts (separate employment contracts/assignments) which would enable the employee to opt out of the NHS Pension Scheme for one of the contracts in order to reduce their pensionable pay by at least 10% for at least 12 months or work (non-pensionable) overtime to maintain their working hours. Further guidance on these options is set out in 7.1.1 – 7.1.3.

After taking partial retirement, individuals will continue to build up further pension in the 2015 Scheme unless they choose to opt out of the NHS Pension Scheme.

7.1.1 Achieving the 10 per cent reduction in pensionable pay

If an individual is considering partial retirement, they will need to have a conversation with their manager to agree a change to their terms and conditions of employment to achieve the required 10 per cent reduction in pensionable pay.

The 10% reduction in pensionable pay will be calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement, ending on the day they take partial retirement.

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. During this period, they may still be able to do additional work that doesn't count towards their pension, such as "overtime" or bank work (if opted out for the bank contract). If a member receives a nationally agreed pay award in the 12 months after taking partial retirement, they would still be eligible for their pension as their terms of employment would not have changed.

Agreement needs to be reached on how to reduce the individual's pensionable pay before they proceed with their application for partial retirement.

Open conversations between the individual and manager are key to understanding the circumstances, needs and preferences. These will need to be considered and balanced alongside the aims and priorities of the manager and employer, to agree a solution which suits both parties.

There are many ways of reducing pensionable pay and the most effective method will depend on the individual circumstances of the employee and the employer. There is no one size fits all solution to reducing pensionable pay and, in some cases, bespoke arrangements will need to be agreed.

Whilst individuals may be happy to maintain the reduction in pensionable pay following the end of the 12 months, they may specifically wish to agree that the change to terms and conditions of employment/the reduction in their pensionable pay is only for the 12-month period, with an agreement that at the end of that period, their working/contractual arrangements will return to normal.

Employers must not insist on permanent changes when the employee does not wish for the 12-month reduction in pensionable pay to be a permanent change to their contract. Reverting to previous arrangements/pay should be the default unless it has been agreed otherwise. However, this does not happen automatically and will require the Employer to notify payroll of the change. The individual will need to advise the payroll/pensions if they wish to rejoin the pension scheme.

7.1.2 Reducing hours and working overtime

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, members could consider agreeing on a change of terms to reduce pensionable pay by 10% and working non-pensionable overtime for a 12-month period as part of a Flexible Pensions Agreement.

The NHS Pension Scheme regulations set out that overtime is non-pensionable. For members who have not taken partial retirement in the previous 12 months, overtime is defined as any period worked more than whole-time, according to the member's contract. This means that any hours worked beyond whole-time (by full-time or part-time staff) are non-pensionable, but hours worked up to whole time by part-time staff are pensionable.

However, for members who have taken partial retirement in the previous 12 months, any period worked more than their contract is overtime, regardless of whether or not this contract is full-time or part-time.

This means that if a member agrees to change their terms and reduce their pensionable pay to access partial retirement (for example, moving from full-time to 0.8 FTE), in the 12 months after they have taken partial retirement, they could do overtime to take them up to full-time equivalent. They would still be eligible for their partial retirement pension, as this overtime would not be pensionable, so it would not lead to an increase in their pensionable pay.

7.1.3 Combining partial retirement with an additional contract or bank agreement

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, individuals may choose to be engaged on an additional (split) contract or bank agreement in addition to their substantive (normal) contract and as part of a Flexible Pensions Agreement.

Employees who are employed on an additional contract or engaged on a bank worker agreement may opt out of the NHS Pension Scheme in respect of the additional contract or bank agreement, whilst continuing to be a member of the NHS Pension Scheme in respect of their substantive (main) contract of employment.

To ensure the required 10% reduction in pensionable earnings level is met, opting out of the scheme from an additional (split) contract or bank agreement will need to be requested from the first day of partial retirement and within the first month of the arrangement commencing by employees completing the NHS Pensions Scheme form SD502.

This flexibility would enable the individual to reduce their hours and pensionable pay under their substantive contract of employment (as required to access partial retirement), whilst working additional capacity on a non-pensionable (opted out) basis under the terms of an additional (split) contract or bank agreement.

If contract splitting is being considered, then:

- The proposed contracts should be structured so that they are capable of being separately performed. This means that the roles under each contract should be distinguishable, and not “continuous” with the other. So, an employee could stop one job, but continue with the other; and
- The terms in the respective contracts need to be clearly defined and be capable of allowing [proper maintenance of payroll records](#) distinguishing between the two.

An example of this approach would be where clinical duties performed under a core contract which is pensioned under the NHS Pension Scheme, and management or clinical leadership role/additional NHS duties/external NHS duties under a second contract where the individual opts out of the NHS Pension Scheme.

Splitting contracts does not automatically require re writing of Job Descriptions or separate Job Evaluation as this can be set out and managed through the flexible pensions process for the 12-month period.

In addition, splitting contracts does not automatically require the use of a Bank worker agreement. However, if a Bank engagement is being considered, then:

- Individuals need to ensure that they opt out of the NHS Pension Scheme for any Bank agreement, and
- The different contractual relationship of a bank worker agreement should be recognised.

Where it is not possible for employers to agree to change of terms and a reduction in pensionable pay, but the employee wishes to claim 100% of their 1995 Scheme pension, using retire and return/re-join would offer a very similar outcome and so should be considered.

7.1.4 Monitoring the 10 per cent reduction in pensionable pay

Employers

Employers need to be confident that the agreed contractual change to working arrangements will lead to a reduction in pensionable pay of at least 10 per cent for the 12-month period. Employers should have a mechanism in place to ensure that the individuals pensionable earnings meet the requirements of partial retirement for the 12-month period. During the first 12 months of partial retirement, employers and individuals have a joint responsibility to notify NHSBSA if the individual has a change to terms and conditions that results in pensionable pay increasing to more than 90 per cent of the pensionable pay before partial retirement. If this does occur, then abatement may apply in full and the pension benefits in payment may be stopped.

Where pay does increase to more than is allowed and abatement occurs, the pension will only start to be paid again, once pensionable pay is reduced by a minimum of 10 per cent of the pay that the original partial retirement was based on.

At the end of the 12-month period, unless agreed otherwise when the individual submitted their request or in advance of the 12-month point, the terms will revert to those in place prior to the partial retirement.

Workforce & OD teams should give clear instructions to their pension and payroll colleagues to ensure that the agreed changes to working arrangements or pensionable pay are accurately processed and updated on the employee's pension and payroll records.

Employees

Employees should not agree any further changes to their contract of employment which would increase pensionable pay above 90 per cent of pensionable pay before partial retirement was agreed during the 12-month period.

Annual pay awards and pay increases members receive as they move through their pay band or pay scales do not count towards this, but any pay increase resulting from a contractual change to terms and conditions will. For example, if they decide to apply for a different job with a higher salary, increase substantive hours or increase commitments.

It is important that employers make members aware of the changes that could lead to abatement and overpayments which would need to be recovered.

7.1.5 What should be considered when deciding how much pension to take?

If an individual is applying for partial retirement, they should consider a number of factors when deciding how much of their pension they wish to take. The NHS Pensions [Members Factsheet](#) has more information regarding the decision making process and this should be read alongside the guidance in this policy.

A [Partial Retirement Calculator](#) has been developed by NHS Pensions and is available on the NHS Pensions scheme website. This will allow the individual and the employer to see how taking different percentages of their pension at partial retirement affects the amount of pension benefits they will get overall.

It is recommended that individuals use this calculator to work out the amount of pension they want to take and the change in working arrangement that's best for them before applying for partial retirement. In the event this calculator doesn't provide the information needed, they can [contact NHSBSA](#) for specific information

It is important that individuals know the whole picture regarding the impact of taking their pension whilst continuing to receive income from employment, for example the income tax

considerations and therefore accessing independent financial advice should be considered when determining whether it would be the right option for them. NHS Employers have compiled a list of organisations which are able to give advice and guidance on pension tax issues which can be accessed via this [link](#). In addition, certain benefits will be impacted so it is important that employers share and communicate all relevant information to individuals and encourage them to take appropriate advice before making a final decision.

7.1.6 The impact of differing Normal Pension Ages (NPAs) when considering partial retirement.

If an individual takes their benefits before their normal pension age (NPA), their benefits will be reduced. As referenced in section 6, different NPAs apply in the 1995 scheme, 2008 scheme and 2015 scheme. This may affect their preferences around how much pension they may wish to take and when.

Members are not able to choose which scheme they take their benefits from. When a member chooses to take partial retirement, their chosen percentage is applied sequentially across all their benefits in the NHS Pension Scheme. This means that they would effectively take or use up their 1995/2008 Scheme benefits first, followed by their 2015 scheme benefits. Therefore, if they wish to take their 1995/2008 scheme benefits but not their 2015 scheme benefits (perhaps to avoid an early retirement reduction being applied to their 2015 scheme benefits) the individual and employer will need to indicate this on the application form provided by NWSSP Pensions Team.

NHS Pension Scheme members are not able to take their lump sum separately from their pension. Taking partial retirement involves claiming a proportion of their pension and any lump sum associated with that pension.

7.2 Retire and return/re-join

Retire and return is a way of retiring flexibly which works alongside the NHS Pension Scheme Regulations and can be used by employers as a tool to retain valuable and experienced staff and boost capacity. Individuals who have reached the minimum pension age may leave NHS employment, claim their pension benefits and later decide to return to NHS employment.

When employees retire and return, they must leave their employer, their existing contract of employment ends, and they must enter a new contract of employment with their employer.

Unless the individual requests otherwise (i.e. a longer break), the default position is that the only break in service required for retire and return is that prescribed by the pension rules (24 hours). All NHS Wales organisations will operate the break in contract on this basis, unless the individual requests a break of a different duration.

Illustration - to achieve the required break of 24 hours, an individual who finishes on 31st March with no annual leave outstanding must not return/re-join before 2nd April.

Individuals must be offered the right to return on the same contractual basis as they were pre-retirement. This means being engaged on a permanent contract and with the same terms and conditions, unless the individual requests a different working arrangement.

Individuals who have retired and returned prior to this policy being in place, and were appointed on a fixed term or locum contract, have the right to request for this contractual status to be reviewed in accordance with the terms of this policy.

Prior to taking retire and return, all annual leave should be taken to ensure that the last date of service and new date in service and as a result the pension payment is not impacted.

7.2.1 Specific retire and return considerations for medical & dental staff

- Retention of Clinical Excellence / Clinical Impact awards

National award holders, who begin receiving their pension after 1 April 2023, will retain their award. This is subject to the standard scheme rules around job changes where any changes to working arrangements are made as a consequence of retire and return.

As with any job change, award holders and employers should discuss job change plans with the [Advisory Committee on Clinical Impact Awards](#) (ACCIA) secretariat before the job change has been implemented to avoid losing the award or being required to re-apply early.

- Associate Specialists 2008 – the right to return to this grade

An Associate Specialist on the 2008 Contract who retires, and returns will have the right to be re-engaged on the same Associate Specialist terms if they wish.

7.2.2 Retire and re-join

From 1 April 2023, all staff who choose to retire and return can join the 2015 scheme – this applies to staff who've retired from the 1995, 2008 and 2015 Schemes, so long as they are under age 75.

Employees who retire and return are contractually enrolled into the 2015 scheme on the first day of their employment, in the same way as any other new starter and if they do not wish to pay pension, they must opt out within the first month.

7.2.3 Differences between retire and return and partial retirement

The key distinction between retire and return and partial retirement is that with retire and return, as an NHS Pension Scheme member the individual must leave NHS employment, take their pension and be re-employed on a new contract of employment at a later date. With partial retirement, NHS Pension Scheme members can take their pension without leaving their job or taking a break in service and so their existing contract of employment continues to be in place.

Another important difference is that members who retire and return must take all their benefits from the 1995 Scheme at once, whereas partial retirement provides additional flexibility for members to take some or all of their pension in one or two payments.

Partial retirement provides a more seamless approach and is designed to provide an effective means for employees to access their pension if they already know that they plan to continue working after taking their pension.

Retire and return has specific provisions and under the NHS Pension Scheme regulations, members must take a 24-hour break before returning to employment to take their pension from the 1995 scheme.

There is no requirement to ensure an employee takes a longer break in service to achieve a break in continuous service and under this policy NHS Wales organisations must not insist on a longer break in service.

Employers must offer the same terms and conditions of employment to individuals upon their return. Through offering the same terms and conditions, including pay, annual leave and sick pay, it is the aim of this policy to support and encourage experienced staff who want to claim their pension to continue working, if they wish, as well as attracting staff who have recently retired back to work.

7.3 Step down

An individual may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment. This option enables them to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain their skills and experience.

If an individual has reached minimum pension age and choose to step down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties, they may be able to apply for voluntary protection of the link to their higher level of pensionable pay if their pay reduces by 10% or more.

Voluntary protection of their previous pensionable pay level is part of the 1995 Scheme of the NHS Pension Scheme. This provision recognises that in the run up to retirement individuals may prefer, if possible, to remain in NHS employment, perhaps in a lesser capacity, while protecting, for the calculation of their final salary pension benefits, the previous salary level at which their benefits in the 1995 scheme were calculated.

Any 'step down' arrangement needs to be agreed between the individual and their employer and they will have to provide NHS Pensions with information that the step down has been agreed.

The provision is also intended for lasting, rather than trivial or short-term reductions in pay. It would normally be expected that the step down would occur with the same employer however, if a suitable role to 'step down' to cannot be provided by one employer, but can be arranged with another, this would be acceptable. In this case both employers will have to provide information that confirms a 'step down' arrangement has been agreed.

It is possible for an NHS Pension Scheme member to leave one employer and join another on a reduced rate of pay and to apply for voluntary protection of pensionable pay provided both employers agree to the step-down arrangement. The provision is not intended for situations where a member leaves one employer and joins another on a reduced rate of pay without an agreement between employers.

7.3.1 Eligibility criteria for voluntary protection of pensionable pay

To be eligible for voluntary protection of pay the individual must:

- have a final salary link to 1995 Scheme pension benefits

- have stepped down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties (as confirmed by their employer(s))
- have a reduction in pensionable pay of at least 10% for a period of at least one year, beginning with the first pay day on which the reduced pensionable pay was paid (as verified by their employer(s))
- not have had any other reduction in pensionable pay in the 12-month period before they stepped down (as verified by their employer(s))
- have applied after 12 months, but within 15 months, of their pensionable pay being reduced
- have reached their minimum pension age in the 1995 Scheme
- have attained at least two years qualifying membership within the NHS Pension Scheme at the time they step down
- have not previously protected their pensionable pay under the voluntary protection of pay arrangements

7.3.2 Arrangements for 2008 Scheme and 2015 Scheme membership

The voluntary protection of pay arrangements is specifically for membership within the 1995 scheme of the NHS Pension Scheme.

The 1995 scheme uses best of the last three years when calculating an individual's pension, so the ability to protect the higher level of whole-time equivalent pay is important to retain the highest level of pay which is used to calculate their pension when they retire.

In the 2008 Scheme – Total Reckonable pay is the average of the best three consecutive years of pensionable pay in the last ten. Each year's pay in the last 10 years before retirement is increased by the cost of living to bring that pay figure up to what it would be worth on the day of leaving. The 2008 scheme therefore supports individuals "stepping down" in the last 10 years before retirement and so protection arrangements are not required.

In the 2015 Scheme – The amount of pension an individual earns each year is determined by what is known as the 'build up rate' which is shown as a fraction of their pensionable earnings. In the 2015 Scheme the build-up rate is 1/54th of pensionable pay. Therefore, they earn a pension of 1/54th of their pensionable earnings each year, or part year if they leave before the end of a financial year. Due to the way in which the 2015 scheme builds up each year any higher level of pension previously built up is secure in their overall pension record and any further pension which they build up is based on the stepped down role.

7.4 Reduction in hours/wind down

Individuals may wish to reduce the number of hours or days that they work but remain in their current post. This is called wind down.

Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995 or 2008 schemes will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns as noted in 7.3.2.

All employees working in NHS Wales are eligible to apply for flexible working through the [All Wales Flexible Working Policy](#).

This option may support individuals to remain in work for a longer period before retirement through reducing the hours or days which they work. They may wish to use this option where they wish to reduce their hours as they approach retirement but don't wish to access their pension.

8. Flexible Pensions Option Request Process

8.1 Making a request

Where an individual wishes to access one of the flexible pensions options in Section 7 of this Policy, they should complete Part A of the Flexible Pension Request Form (Appendix 1). It is recommended that they have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

If the manager refuses or is not receptive to an application at an informal discussion, they may still decide to proceed with a formal application. They may wish to seek advice and assistance from their workforce team or their trade union or a workplace colleague.

8.2 Responding to a request

Managers should be aware that there is a legal requirement to consider flexible working applications and inform their employees of the outcome within 2 months of the date the request and should take this into consideration to ensure they have an adequate time frame to give the request due consideration. Managers should also be aware that once agreed, there are steps that NWSSP Pension Team need to take prior to submission of any request to NHS Pension Scheme. Once submitted, NHS Pension scheme application timescales (at least 3 months) should also be factored in. Therefore, any discussions regarding the effective date of any change to contract, retirement etc. need to be cognisant of the work required by other agencies to progress and action the application.

Manager should arrange to discuss the application with the individual as soon as possible after receiving a request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes the individual is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impacts it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting. If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the individual or their colleagues would become lone workers).

Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

8.3 Considering a request

All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/ W&OD team. Once a decision is made the manager should inform the individual in writing using Part B of the request form.

8.4 Decision making

If it is decided to approve the application, or accept it with modifications, a discussion should take place to determine how and when the changes might best be implemented. The line manager is responsible for ensuring that Payroll are notified of any changes to pay, and specific contractual changes must be clarified with the individual in advance of the new arrangements commencing. To start the NHS Pensions application process, the individual is responsible for contacting the NWSSP Pension Team to request a link to a form specifically generated for the member of staff...

Managers must make all endeavours to accommodate the request in full or in part, or by providing an alternative. If, after a discussion with and consideration of all alternatives available, the manager feels that they are unable to support a flexible pensions request in a particular post, they must discuss the application with People Services/Human Resources/ W&OD.

If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they will meet with individual to explain this and will provide written, objectively justified reasons for the decision and give a clear operational reason why the proposed arrangements were not practicable. The manager must provide details/evidence of the business grounds for refusing the request and how they apply in the individual's case. Within the context of a manager being required to make all endeavours to accommodate a request, where it is determined this is not possible this can only be justified by one or more of the reasons included in the following list:

- Significant burden of additional cost
- Detrimental effect on ability to meet patient/customer needs
- Inability to re-organise work among existing employees and/or engaging/recruiting other staff.
- Detrimental impact on quality
- Detrimental impact on performance
- Detrimental impact on the ability to meet service demands
- Insufficient work for the periods during which you propose to work
- Planned structural changes to the department

8.5 Escalation

This stage should be used if the line manager has not been able to reach agreement on a solution in the exploratory/application stage. The purpose is to check for other possible solutions including whether the form of flexible pensions which the individual is seeking could be accommodated in a different team, location or role. If a request for flexible pensions has not been accommodated, and the individual would no longer feel able to continue to work in that department because they would be unable to balance their work / life responsibilities, then managers are expected to support employees in identifying any alternative roles within the organisation which may be more supportive of their circumstances and in line with their request.

Should an individual fail to attend a meeting to discuss their application and one further rearranged meeting without explanation, the manager can consider the application withdrawn. In these circumstances, the manager must inform the individual that the application has been withdrawn and provide a reasonable opportunity to respond.

8.6 Appeal

Where a flexible pensions request has been refused, the individual may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Insufficient evidence has been provided to support the reason for refusal.
- Where the manager has incorrectly treated the application as withdrawn.
- Where new information is now available in relation to the request
- Where it is felt that the application was not handled in line with the policy
- Where there may be proposal that has not been fully considered or insufficient evidence has been provided in relation to a business reason for refusal.
- Where it is felt that the application was not dealt with in a reasonable manner or that the individual has been discriminated against.

An appeal meeting will be held, normally within one month of receipt of the written appeal. This will be dealt with impartially by a more senior person than the manager who made the original decision.

The individual should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeal will be communicated in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal, although further requests for flexible working/pensions can be submitted.

9. Monitoring and review

Employers will keep a record of all formal applications for Flexible Pensions arrangements in place and a record of any rejections and appeals.

Organisations should ensure that data relating to applications for flexible pensions and outcomes of decisions are recorded and regularly reported through the usual partnership and governance structures.

This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and by department.

Appendix 1 – Flexible Pensions Request Form

Part A of the request form should be completed by the employee.

Part B of the form should be completed between the line manager following the review meeting.

When agreement has been reached the employee will be required to contact the [NWSSP Pension Team](#) to commence the Pension Scheme Application Process.

Part A: Request Details

Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	

Flexible Pension Option requested:

Using the detail from the relevant section of the Policy as a guide, please provide information to be considered in support of your request against the relevant option below.	
Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.	
Partial Retirement (reducing my pensionable pay by at least 10% for first 12 months) *	
Retire, start receiving my pension and recommence employment (Retire and Return) *	

Step down (to a role with less responsibility/lower band)	
Reduction in Hours/wind down	

Employee Signature	Date:

Part B: Outcome Section

Managers decision (please tick to state one of the outcomes below):

Successful application

Request for flexible pensions option has been reviewed and accepted.	
Request has been accepted subject to certain amendments as outlined below	
Partial Retirement Confirm the NWSSP - Partial Retirement Supplementary Form has been completed for submission	
All Options Confirm the relevant change notifications have been submitted to Payroll	

Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.

Unsuccessful application

Application has not been successful.	
Rationale for rejecting application: This can only be justified by one or more of the reasons included in the following list: <ul style="list-style-type: none"> • Significant burden of additional cost • Detrimental effect on ability to meet patient/customer needs • Inability to re-organise work among existing employees and/or engaging/recruiting other staff. • Detrimental impact on quality • Detrimental impact on performance 	

<ul style="list-style-type: none"> • Detrimental impact on the ability to meet service demands • Insufficient work for the periods during which you propose to work • Planned structural changes to the department 	
---	--

New substantive employment arrangements – Flexible Pensions Agreement

Start date of change:	
Partial Retirement applications only: End date of change/ date due to revert to previous contractual terms. (this must be no earlier than 12 months from the date of partial retirement).	
Retire & Return applications only: Date due to return, following retirement (note there must be a 24-hour break following a retire and return application)	
Change in arrangements:	
Band:	
Hours:	
Salary and Incremental point:	
Any additional allowances to be continued/previously accrued (i.e. additional annual leave):	
Commencement of Bank Contract (if applicable)	

Signatures

Manager Signature	Signature: Date: -- / - / ----
Employee Signature I confirm that this flexible pension option request has been discussed with me and I agree to the adjustments to my working arrangements	Signature: Date: -- / - / ---



Agenda Item

2.1.4

People & Culture Committee

Nursing and Midwifery Revalidation Policy

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tanya Tye Senior Nurse Professional Practice & Nurse Staffing Lead
Cyflwynydd yr Adroddiad / Report Presenter	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Nurse Directors consulted/ document uploaded to share- point for additional comments Professional Nursing Forum	04/10/2024	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
NMC	Nursing Midwifery Council



1. Situation / Background

1.1 This policy is for those on the Nursing and Midwifery register to ensure they maintain their registration through revalidation. This policy sets out the locally developed systems and processes which support revalidation and ensure any risks associated with individual registered nurse or midwife failing to comply with the revalidation process set out by the Nursing Midwifery Council (NMC) are mitigated

2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	N/A
Informal Consultation with interested parties	Nurse Directors
Formal Consultation	SharePoint consultation page 19/09/2024 - 04/10/2024
Committee – For endorsement	Professional Nursing Forum (PNF)
Committee – For approval	Pending – People & Culture Committee

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 Nursing and Midwifery Directors and senior nursing and midwifery teams have been engaged in the consultation

2.4 Organisational values and behaviours have been reflected within the policy.



3. Key Risks / Matters for Escalation

3.1 In response to the consultation only minor typographical amendments were made as a result of the various consultation stages.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This policy gives support to process and systems if an individual fails to revalidate with the Nursing Midwifery Council



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	If an individual fails to revalidate and practises as a registrant they are doing so without a pin	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The People and Culture Committee are asked to **APPROVE** the CTM Nursing and Midwifery Revalidation Policy

6. Next Steps

- 6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

Cwm Taf Morgannwg University Health Board (CTMUHB) Nursing & Midwifery Revalidation Policy

Document Type:	Non Clinical Organisational Wide Policy
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk)
Author:	Tanya Tye Senior Nurse Professional Practice & Nurse Staffing Lead
Executive Sponsor:	Executive Nurse Director
Approved By:	Choose an item.
Approval / Effective Date:	28/10/2020
Review Date:	28/06/2024
Version:	1.1

Target Audience:

People who need to know about this document in detail	All staff who have registration with the Nursing & Midwifery Council (NMC)
People who need to have a broad understanding of this document	Management Board Senior Leaders
People who need to know that this document exists	(For example: All staff involved in the development of Health Board Policies.)

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date:
Welsh Language Standard	Outcome:
Date of approval by Equality Team:	Choose an item.
Aligns to the following Wellbeing of Future Generation Act Objective	(00/00/0000)
	Choose an item.



Disclaimer:

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

Ref:
Policy Title:
Page Number: 1

COMPONENTS:

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

For guidance on Clinical Policy Development please contact:

CTM_ClinicalPolicies@wales.nhs.uk

For guidance on Non Clinical Policy Development please contact:

CTM_Corporate_Governance@wales.nhs.uk

Or visit the Policy Author Page on SharePoint:

CONTENTS PAGE

To create an interactive contents page that updates as you edit your document please follow the steps in the following guidance:

<https://support.microsoft.com/en-us/office/insert-a-table-of-contents-882e8564-0edb-435e-84b5-1d8552ccf0c0>

1 INTRODUCTION

The Nursing & Midwifery Council (NMC) is the regulator of nursing and midwives in England, Wales, Scotland, Northern Ireland and the Islands. The NMC exists to safeguard people (the public) who use or need the services of registered nurses and midwives. The NMC is a statutory body and its responsibilities are set out in the Nursing and Midwifery Order 2001.

Revalidation is a triennial process which includes:

- a. Practice Hours.
- b. Continued Professional Development.
- c. Feedback on Practice.
- d. Reflection.

(see Appendix 1 for detailed information on the requirements to meet sections a–d).

- e. Professional Development Discussion.
- f. Confirmation.
- g. Submission to the NMC to include self-declaration of Health, Character and Indemnity arrangements.

Nurses and midwives are also required to renew their registration every year with the payment of an annual fee. Renewal of registration has a separate policy: Professional Registration. This policy (Revalidation) should be read in conjunction with the Professional Registration Policy.

2 POLICY STATEMENT

The NMC hold a register of every nurse and midwife who has fulfilled the NMC registration requirements and are therefore eligible to practice in the UK.

From April 2016 all registered nurses and midwives are required to apply for revalidation with the NMC every three years. This application must take place within the 60 day period that precedes the 1st day of the month in which their annual registration fee is payable for that year.

The primary purpose of revalidation is to improve public protection by making sure that registered nurses and midwives can demonstrate their continued ability to practise safely and effectively throughout their careers.

Failure to successfully complete the revalidation processes will result in the registered nurse or midwife being removed from the NMC Register.

3 PRINCIPLES

Both the individual practitioner and Cwm Taf Morgannwg University Health Board (CTMUHB) have a responsibility to ensure that individuals practising as registered nurses or midwives have the necessary qualifications and registration to perform their role.

This policy/guidance:

- Makes explicit the personal responsibility of individual nurses and midwives to meet revalidation requirements with the NMC.
- Sets out the overarching responsibilities of the managers of nurses and midwives within the organisation in supporting individuals to meet the requirements of the NMC revalidation process.
- Details the senior nurse managers (or equivalents) responsibility to ensure robust internal systems and processes are in place, to assure the Health Board's Executive Director of Nursing, of the revalidation (and registration) status of all individuals employed as registered nurses or midwives within their area of accountability.

4 SCOPE

This policy will apply to all registered nurses and midwives and those that directly line manage them.

5 LEGISLATIVE AND NHS REQUIREMENTS

NMC Requirements for nursing and midwifery Registration.
Equality Impact Assessment.

6.0 REVALIDATION OVERVIEW

Revalidation is an NMC requirement. Completing the revalidation process in a timely manner is the responsibility of the individual registered nurse or midwife as they are the owners of their own revalidation.

Revalidation gives registered nurses and midwives, the opportunity to continue to develop their professional knowledge and show their professionalism to those with whom they come into contact with throughout their working lives.

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The NMC requirements for revalidation are set out in Appendix 1 of this policy. The collection of appropriate evidence should be a continual process, taking place over the whole three year cycle prior to each revalidation date.

This policy statement along with locally developed systems and processes, which support it, ensure that any risks associated with individual registered nurses or midwives, failing to comply with the revalidation process set out by the NMC, are mitigated.

Revalidation is not an assessment of a registered nurse or midwife's fitness to practice. Any fitness to practice issues must be addressed as soon as they are identified, according to existing NMC and Cwm Taf Morgannwg University Health Board (CTMUHB) processes and policies. e.g. The All Wales Disciplinary Policy (WOD 33) and Professional Registration Policy (WOD 4).

Staff will be required to follow all local arrangements that support the revalidation process. The local arrangements for CTMUHB are set out in Appendix 2.

6.1 The Responsibility of the Individual nurse or midwife

Every registered nurse and midwife wishing to maintain their registration will be required to complete the revalidation process. Failure to successfully do so will result in the registered nurse or midwife being lapsed from the NMC register and they will not be permitted to work.

It is the individual registrant's responsibility to know their revalidation date, however, to support this the NMC will inform registered nurses and midwives that their three yearly revalidation is due 60 days before the revalidation date.

Submission of the revalidation request for individual nurses and midwives must be made electronically directly to the NMC via the individual's online NMC account ([NMC Online - The Nursing and Council](#)).

Any registered nurse or midwife found to have deliberately falsified evidence or made a false declaration may be subject to internal disciplinary processes and will be referred to the NMC for alleged breach of the NMC Code. This may involve fitness to practice proceedings instigated against the registered or midwife by the NMC.

Registered nurses and midwives are required to notify CTMUHB at the earliest opportunity of any factors that might impact on their ability to revalidate, including delay in payment of fees, completion of revalidation requirements and referral by any party to the NMC.

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It is the responsibility of the individual to ensure that they have sufficient funds in their bank account to cover the required renewal payment (either on an annual or quarterly basis). This is payable with the revalidation submission to the NMC (N.B. if an individual changes their bank account they must ensure that the required details of the NMC direct debit are checked accordingly). Please see [NMC Online - The Nursing and Council](#) to update your details

Any change in circumstances during the 3 year cycle, e.g. in health, or character issues, cautions or convictions, must be communicated to the NMC, by the registrant, in accordance with NMC guidance. (Please refer to the NMC guidance on Health and Character within the Revalidation document) [Revalidation - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

Any registered nurse or midwife who allows their registration to lapse will need to make a formal application to the NMC for re-admission to the register. This process can take between two and six weeks (see Appendix 4).

6.2 Responsibility of Line Managers of nurses and midwives

Ward sisters, charge nurses, team leaders, professional leads and operational team leaders may provide reminders to the registrant of their forthcoming revalidation date although it is ultimately the responsibility of the individual to know this date.

Ward sisters, charge nurses, team leaders, professional leads and operational team leaders have responsibility to CTMUHB to ensure that registrants have timely access to revalidation support materials, reflective discussion and confirmation and that the necessary revalidation paperwork is completed accordingly, allowing the individual to revalidate. This may include "bank only" nurses and midwives, who are solely working in one area on a regular basis.

Ward sisters, charge nurses, team leaders, professional leads and operational team leaders have a responsibility to support any nurse or midwife who reports any issue that might result in a delay in meeting the NMC revalidation requirements.

By law, registered nurses and midwives can keep their portfolio and revalidation evidence in Welsh if they wish. They can request in advance that their reflective discussion and confirmation is undertaken through the medium of Welsh. If the identified line-manager is unable to facilitate this then an appropriate substitute must be identified by the line-manager.

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Best practice would see all registered nurses and midwives producing evidence in relation to revalidation at each annual appraisal. Also in the year of revalidation, the reflective discussion and confirmation will be completed with the line manager (or other appropriate identified person) e.g. where a registrant is managed by a Directorate Manager, the registrant may have the reflective discussions with both the professional lead and the line manager

Where a registrant does lapse their registration, the ward sisters, charge nurses, team leaders, professional leads and operational team leaders must ensure that they inform the registrant that they cannot work as a registered nurse or midwife in any organisation. They must inform the individual in writing that they will be required to take authorised unpaid leave and notify payroll accordingly (see Appendix 5).

6.3 Responsibility of Senior nurse managers (or equivalent)

Cwm Taf Morgannwg University Health Board (CTMUHB) will record the minimum data set of renewal and revalidation information, the Electronic Staff Record (ESR) is available for this purpose.

Robust internal systems and processes must be in place within the organisation to provide assurance to the organisation's Executive Director of Nursing of the revalidation (and registration) status of all individuals employed as registered nurses or midwives in their area of accountability.

CTMUHB is not obligated to inform registered nurses or midwives that their revalidation is due, it is the responsibility of the individual to maintain their revalidation during their employment with CTMUHB, and this includes during any break of employment such as maternity leave, sick leave and/or career break. However, the employer must have systems in place to support registrants during such times.

The Heads of Nursing/Midwifery have delegated responsibility for ensuring registrants have timely access to revalidation support materials, a reflective discussion and confirmation and that the necessary revalidation paperwork is completed allowing them to revalidate accordingly.

The Executive Director of Nursing has Board level accountability for establishing processes to ensure that all registered nurses and midwives employed by CTMUHB have the necessary qualifications and registration to perform their role.

6.4 The Reflective Discussion

The NMC require that every registered nurse and midwife must discuss their five written reflective accounts with an NMC registered nurse or midwife in order to comply with this element of the revalidation requirements. This must be undertaken at one time.

Whilst the NMC states that it is up to an individual registered nurse or midwife to decide the most appropriate person to have their reflective discussion with, within CTMUHB, it is expected that any employee who undertakes the reflective discussion with another registered nurse or midwife:

- Must be on the NMC register but does not need to be on the same part of the register (a registered nurse can have a reflective discussion with a midwife and vice versa).
- Should ideally be the registered nurse or midwife line-manager/professional lead.
- Have an in-depth understanding of their accountability for the decision to undertake a reflective discussion for a registered nurse or midwife's evidence.
- Be recognised by CTMUHB as being suitable to fulfil the role of professional discussion partner.
- Should work with the registered nurse or midwife frequently or be from a professional network or learning group, although they do not need to work with them on a daily basis or undertake the same type of practice.

Or

- Should be senior to, or more experienced than the registered nurse or midwife.
- Must be able to facilitate a critically reflective discussion with the registered nurse or midwife.
- Must agree to be contacted by the NMC to provide further information if necessary for verification purposes.

The record of the reflective discussion should be stored in the practitioner's professional portfolio, the information will be stored on the registrants ESR record.

If the registered nurse or midwife facilitating the reflective discussion knowingly makes a false declaration about the conduct or process of the discussion then they may be subject to internal disciplinary processes.

They may also be referred to and investigated by the NMC for alleged breaches of the NMC Code, which may involve fitness to practice proceedings against the registered nurse or midwife.

The reflective discussion must take place before the Confirmation.

6.5 The Confirmation

The NMC strongly suggest the confirmation should be undertaken by the manager as part of the appraisal process. However it is recognised, there are a number of nurses and midwives who are not directly line managed by a registered nurse or midwife. In such circumstances, they can obtain their confirmation from another healthcare professional that they work with and who is regulated in the UK, e.g. doctor, pharmacist. Guidance from the NMC is here [Information for confirmers and employers - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/information-for-confirmers-and-employers)

Training and information for confirmers is available on the NMC website [information-for-confirmers.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/information-for-confirmers.pdf)

Every registered nurse and midwife must obtain confirmation that they have demonstrated, through the production of the required evidence, their compliance with the revalidation requirements. The process of obtaining confirmation every three years will ordinarily take place during the existing appraisal process.

Confirmation can take place at any point in the 12 months prior to the registered nurse or midwife revalidation date, providing all other requirements of the revalidation requirements have been met.

Within CTMUHB the confirmation process will form part of the role responsibilities of all line managers of registered nurses and midwives. Should there be circumstances whereby this approach is not felt to be appropriate, a registered nurse or midwife can make a formal request to the CTMUHB to be assigned to a different confirmer.

Similarly, confirmers can make a formal request for their staff member to be assigned to a different confirmer. It is anticipated that such a situation will only arise in exceptional circumstances.

There is no expectation that the confirmer will seek external verification of the evidence that the registered nurse or midwife provides. The confirmer is expected to act honestly and in good faith, and neither CTMUHB nor the NMC will take action against a confirmer who

inadvertently provides information that later proves to be incorrect. A copy of the NMC registration confirmation must be placed in the individual's personal file.

All registered nurses or midwives have the right to appeal to the Executive Director of Nursing of CTMUHB if they feel that an incorrect decision has been made about their confirmation. This appeal must be made in writing within two weeks of the original decision. CTMUHB will be required to make arrangements for a senior member of staff to investigate the appeal. This investigation should be undertaken in a period that is mindful of the registrants' revalidation date.

In addition to supporting substantive registrants to prepare their Revalidation portfolio, CTMUHB is committed to supporting Bank nurses and midwives to complete the requirements of their reflective discussion and confirmation of portfolio. (Appendix 2)

6.7 Absence from work at the time of Revalidation

Any registered nurse or midwife who is on long-term sick leave can have their confirmation discussion as part of their regular meetings in line with the Managing Attendance at Work Policy (WOD 47). If the practitioner is too unwell to participate in the confirmation process and their revalidation date is approaching, then the NMC can be contacted by the registrant to consider an extension to the registered nurse or midwife's revalidation date. It is expected that the line manager will support the registered nurse or midwife with this extension application process. Information on the application for an extension/extenuating circumstances can be found in Appendix 5.

Where staff know they will be on maternity leave and their revalidation date falls within the period where they are expected not to be in work, preparation is essential. The registrant should arrange with their confirmer to complete the process before their maternity leave commences or as part of the arrangements for the 'keeping-in-touch' days.

Similarly, registered nurses or midwives who take a career break of sufficient length not to be able to meet the 450 practice hour requirement over three years (or 750 hours over five years) will need to undertake a Return to Practice Course.

Where a registered nurse or midwife is suspended or undergoing a disciplinary investigation or been referred to the NMC when their confirmation is due, this should not affect their confirmation and

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appropriate arrangements must be put into place by CTMUHB to accommodate this process.

6.8 Legal Requirements for Revalidation and Lapsed Registration

If a registered nurse or midwife does not submit their revalidation application in accordance with the NMC requirements then their registration will lapse.

Where a registrant lapses their registration, they must:

- Apply to the NMC for readmission to the register (Appendix 3). This can take between 2-6 weeks.
- During this period of time, the registrant will not be permitted to work.
- The registrant is able to apply for accrued annual leave for the first week of the lapse subject to approval, in line with their normal weekly contracted hours.

The line manager must:

- Inform the individual in writing (print Appendix 5 of this policy) of the breach of contract of employment and the requirement to apply for authorised unpaid leave.
- Complete the on-line Payroll ESR Exception Form on return to the register, advise payroll of date to reinstate pay.

The employee would have the opportunity to consider this option and respond in writing within 7 calendar days accepting authorised unpaid leave as a variation in their terms and conditions as an alternative to dismissal. An alternative to dismissal does not remove the employee's right of appeal against the original decision to dismiss.

Where an individual's registration has lapsed and the individual has continued to work, a file note must be included in the nurse/midwife's personal file, to record the period of time that they practised as a registered nurse or midwife, whilst not on the NMC register. An initial assessment of facts needs to be undertaken by the Line Manager to identify whether any patients may have come to harm during this period.

The individual may be subject to investigation under the All Wales Disciplinary Policy (WOD 33). The All Wales Disciplinary Policy sets out that any fundamental breach of Contract of Employment, which makes continuation of employment impossible, is deemed to be gross misconduct. Failure to revalidate (and/or maintain registration) is a clear

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example of a fundamental breach of the Contract of Employment which might lead to summary dismissal without notice or payment in lieu of notice or action short of.

An alternative method of dealing with this disciplinary offence is 'other form of action short of dismissal', e.g. Fast Track Disciplinary. This will be considered by CTMUHB on a case by case basis and may include an emergency application of authorised unpaid leave by the nurse or midwife, during which time the registrant and their employer must ensure that they communicate regularly with each other.

It is the registrant's responsibility to monitor their NMC status and advise the manager of the date they are returned to the register. It is also the overarching responsibilities of the managers to monitor when the individual is re-registered by the NMC. During this time the individual is required to keep in contact with their line manager.

The subsequent return of the individual to their post and/or the resumption of pay will be subject to the confirmation of registration status.

6.9 TRAINING IMPLICATIONS

Confirmer training and information is available on the NMC website.

7.0 REVIEW, MONITORING AND AUDIT ARRANGEMENTS

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.

7.1 MANAGERIAL RESPONSIBILITIES

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.

7.2 RETENTION/ARCHIVING

The Executive Director of Nursing 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.

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7.3 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.

7.4 EQUALITY IMPACT ASSESSMENT STATEMENT

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

REFERENCES

[About us - The Nursing and Midwifery Council \(nmc.org.uk\)](http://nmc.org.uk)

[Revalidation - The Nursing and Midwifery Council \(nmc.org.uk\)](http://nmc.org.uk)

[Information for confirmers and employers - The Nursing and Midwifery Council \(nmc.org.uk\)](http://nmc.org.uk)

Appendix 1

NMC Requirements for Revalidation

Practice Hours

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Each nurses and midwife must have practiced for a minimum of 450 hours over the three year period since their registration was last renewed or since they joined the register.

To maintain dual registration individuals must have undertaken a minimum of 900 hours over the three year period since their registration was last renewed or since they joined the register. This must include at least 450 hour for nursing and 450 hours for midwifery

The practice hours may include providing direct care to patients, but can also include managing teams, teaching, strategic management activities or nursing and midwifery research.

The practice hours must reflect the individual's current scope of practice, but do not have to be related to the original field of practice when the nurse or midwife first joined the register.

The hours that count towards this requirement are those in which the individual relies on their knowledge, skills and experience as a registered nurse or midwife.

The NMC recommends that practice hours be recorded on a template, the practice hours will need to be available for the confirmer to review to ensure you have met the requirement.

Continued Professional Development

Each nurse and midwife must have undertaken a minimum of 35 hours of CPD relevant to their scope of practice over the three years since their registration was last renewed or since they joined the register.

Of the 35 hours, at least 20 hours must be participatory learning, i.e. an activity that involves interaction with one or more other professionals either in a physical or virtual environment.

The individual must maintain accurate records of CPD including:

- the CPD method
- a description of the topic and how it relates to practice
- date(s) the activity was undertaken
- number of hours (including the number of participatory hours)
- Identification of the part(s) of the Code most relevant to the activity as well as providing evidence that the individual undertook the CPD activity.

Feedback on Practice

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Policy Title:
Page Number: 14

Nurses and midwives must have obtained five pieces of practice-related feedback in the three-year period since their registration was last renewed or since they joined the register.

Feedback can come from a variety of sources (i.e. patients, service users, colleagues or managers) and in a variety of forms (i.e. written, verbal, formal or informal), this list is not exhaustive.

The NMC recommend that a record of the feedback is maintained, taking care not to include any identifiable information about another person.

Reflective Account

Registrants are required to prepare five written reflective accounts in the three years since registration was last renewed or they joined the register.

The reflective accounts must be recorded on the approved NMC form and must refer to an instance of CPD and/or a piece of practice-related feedback and/or an event or experience in the individual's own professional practice.

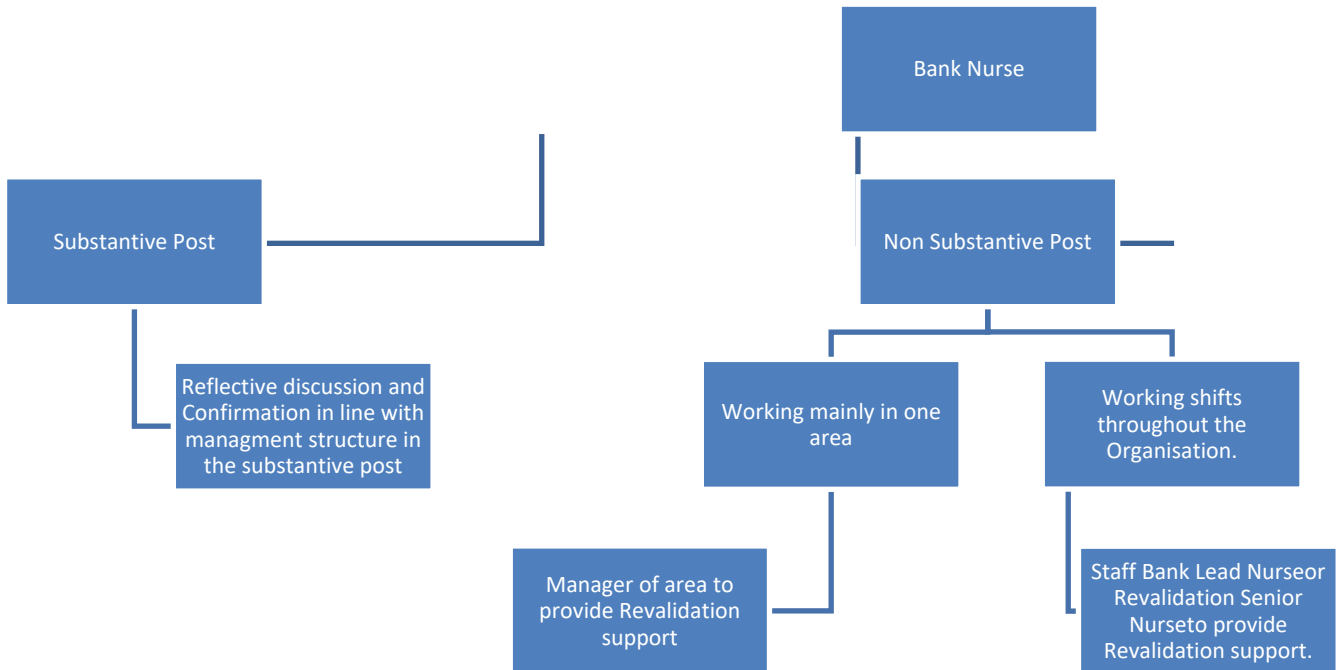
The reflective account must demonstrate how the reflection relates to the Code.

The reflective account must not include any information that might identify an individual whether that individual is alive or deceased.

Appendix 2

**Local arrangements for Supporting Revalidation of CTMUHB
Substantive Registrants and Bank Only Registrants**

Reflective Discussion and Confirmation Process

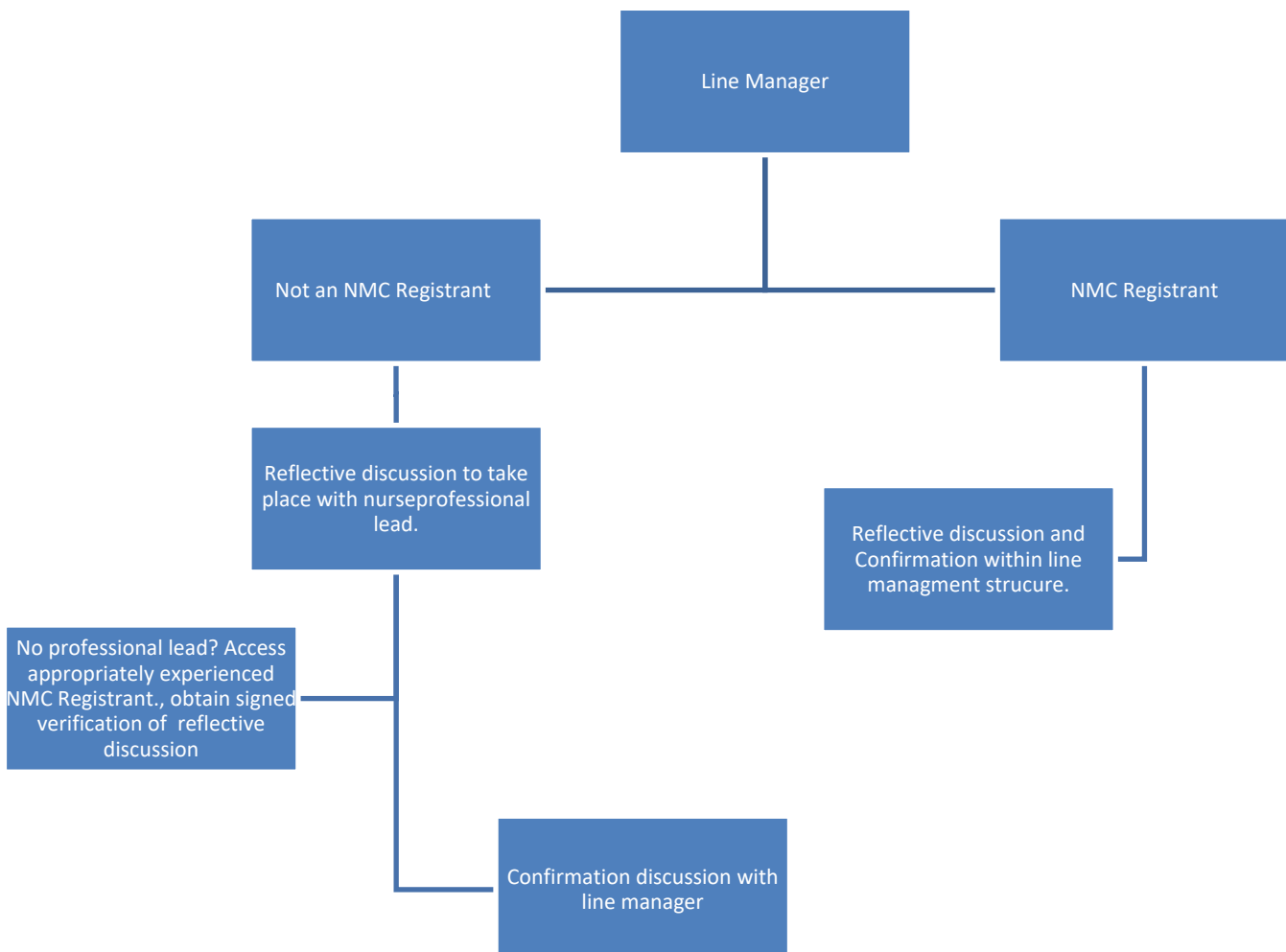


Supporting Bank nurses & midwives with Reflective Discussion and Confirmation

Where “bank only” nurses and midwives are solely working in one area on a regular basis, they should have their reflective discussions and confirmation with a line manager in that area.

Where “bank only” nurses and midwives work across a number of different locations, directorates and sites within CTMUHB, their reflective discussion and confirmation could take place with the registered nurse responsible for the staff bank.

Registered nurses & midwives Reflective Discussion and Confirmation Process



Process to Manage Lapsed Registration

- Registrants line manager to notify their Senior Nurse/manager.
- Senior nurse/manager to notify Head of Nursing/Care group Nurse Director or Assistant Director of Nursing.
- Senior nurse/manager to notify peoples Services and payroll
- Senior nurse/manager to contact registrant to arrange a face to face meeting, followed up with relevant letter (Appendix 5).
- Registrant advised accrued annual leave (if applicable) can be used for the first week of the lapse.
- Senior nurse/manager to complete electronic ESR Exception Form and send to payroll.

On Return to the Register

- Registrant to produce proof of updated registration to their senior nurse/manager.
- Line manager to notify senior nurse manager, Peoples Services and Payroll Departments.

Reapplication to Register - Readmission Requirements

The readmission requirements vary, depending on when a registrant has lapsed their registration, and whether sufficient hours have been practised.

1. Most people who want to re-join the NMC register and are applying for readmission will need to meet the general readmission requirements.
2. If the registration has lapsed within six months of the original revalidation date, then the registrant will be required to complete some of the revalidation requirements.

Further information is available in the NMC 'Checklist of Requirements' and 'Details of Requirements' pages.

The Process

In most circumstances you can apply for readmission through your **NMC Online account**.

When you log in to your NMC Online account there will be an alert inviting you to make an application for readmission. More details on the readmission process can be found in the 'How to Apply for Readmission' section available at: <https://www.nmc.org.uk/registration/returning-to-the-register/readmission-register/>

NMC Contact Details

Telephone: 020 7333 9333 or
www.revalidation.escalation@nmc-uk.org

Letter to Registrant



Your ref/eich cyf:
Our ref/ein cyf:
Date/Dyddiad:
Tel/ffôn:
Fax/ffacs:
Email/eboost:
Dept/adran:

Private & Confidential

Dear

**Re: Lapsed Registration to the Nursing and Midwifery Council
(NMC)**

It has come to my attention that you have failed to renew your registration by not submitting your revalidation request / making payment to the NMC at the appropriate time and have therefore lapsed from the register **insert date**. This means that you are no longer allowed to practice as a registrant until your registration is renewed and you are reinstated onto the NMC Register.

There is a legal and contractual requirement for all individuals employed as a registered nurse or midwife in the UK to be revalidated and registered with the Nursing and Midwifery Council (NMC). These requirements are set out in the CTMUHB and Nursing & Midwifery Council Revalidation Policy.

The NMC informs registered nurses & midwives at least six weeks before their revalidation / renewal date, when annual fee payment for registration is due. Consequently, CTMUHB is not obliged to inform registered nurses or midwives that their revalidation / registration is due.

It is the responsibility of the individual to maintain their registration during their employment with CTMUHB, and this includes during any break of employment such as maternity leave, sick leave and/or career break.

Any registered nurse or midwife who allows their registration to lapse needs to make a formal application to the NMC for re-admission to the register. This process can take between two and six weeks.

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Continuing to work as a registered nurse or midwife while not on the NMC register is illegal (article 44 of the Nursing and Midwifery Order 2001). Any registered nurse or midwife who is found to have been working whilst unregistered may be required to be referred to the NMC Registrar's Advisory Group, and may be subject to Fitness to Practice investigation.

In addition to the above, I must inform you that a registered nurse or midwife who fails to submit their revalidation and renew their registration within the specified timescales, may be investigated under the All Wales Disciplinary Policy for failing to maintain registration that allows them to practice as a registered nurse or midwife

The All Wales Disciplinary Policy states the following as an example of gross misconduct which might lead to summary dismissal:

“Any fundamental breach of the Contract of Employment, which makes continuation of employment impossible. This category may include:

- Failure to meet statutes concerning Professional Registration.
- Failure to maintain registration as set out in the NMC Code of Conduct is a clear example of a fundamental breach of the Contract of Employment. In some cases the result may be summary dismissal without notice or payment in lieu of notice”.

I understand that you have met with (**insert name of line manager**) and discussed your particular circumstances, and that you are fully aware of the implications of your lapsed registration in relation to your terms and conditions of service.

I can confirm that your decision to apply for authorised unpaid leave for the period from (**insert date**) is approved and **during this period of unpaid leave pension contributions will continue to be paid.**

Annual leave will continue to accrue during the period of authorised unpaid leave. Your full employment status will be resumed when you can provide evidence that your PIN Registration has been renewed.

Yours sincerely

Senior Manager

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Agenda Item

2.2.1

People & Culture Committee

**People & Culture Committee Annual Cycle of Business
2024-25**

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The People & Culture Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 February 2024 to 31 March 2025, however it should be noted that this meeting will hold its last meeting in November 2024. As noted in agenda item 7 of the Committee agenda the activity captured in the Cycle of Business has been incorporated into the new Committee Structure, predominantly the Operational Delivery Committee and Strategic Development Committee.

2. Specific Matters for Consideration

- 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

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:



Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Safe	
	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required in accordance with quality assessment guidance.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required in accordance with EIA/WL assessment guidance.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The People & Culture Committee are asked to **NOTE** the Annual Cycle of Business and the detail captured in agenda item 7 which provides assurance to the Committee of where activity will be captured in the new Committee structure/

6. Next Steps

6.1 There are no next steps required.

People & Culture Committee

Cycle of Business (1st February 2024 – 31st March 2025)

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

The Cycle of Business covers the period 1st February 2024 to 31st March 2025. however it should be noted that this meeting will hold its last meeting in November 2024. As noted in agenda item 7 of the Committee agenda the activity captured in the Cycle of Business has been incorporated into the new Committee Structure, predominantly the Operational Delivery Committee and Strategic Development Committee.

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

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

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

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

People & Culture Committee Cycle of Business (1st February 2024 – 31st March 2025)
(This meeting will cease from November 2024)

Item of Business	Executive Lead	Reporting period	Feb 2024	March 2024	April 2024	May 2024	June 2024	July 2024	Aug 2022	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Preliminary Matters																
Minutes of the previous Board Meeting	Director of Corporate Governance	Every Meeting	R			R			R			R				
Action Log	Director of Corporate Governance	Every Meeting	R			R			R			R				
Committee Forward Work Plan	Director of Corporate Governance	Every Meeting	R			R			R			R				
Internal Control & Risk Management																
People & Culture Committee Annual Report	Director of Corporate Governance	Annually							R							
People & Culture Committee Annual Self-Assessment	Director of Corporate Governance	Annually							R			R				
People & Culture Committee Terms of Reference	Director of Corporate Governance	Annually							R							
People & Culture Committee Annual Cycle of Business	Director of Corporate Governance	Annually	R			R										
Policies for Approval	Assistant Director of Policy, Governance and Compliance	As necessary	R			R			R			R				
Governance																
Organisational Risk Register	Director of Corporate Governance	Each Meeting	R			R			R			R				
Internal & External Audit Reports	Assistant Director of Policy, Governance and Compliance	As necessary following finalisation of report	R			R			R			R				
Inspiring People																
People Metrics & Analytics	Assistant Director Strategic Workforce Planning	Each Meeting	R			R			R			R				
Culture & Leadership	Assistant Director of OD and Wellbeing	Six Monthly	R						R							

Item of Business	Executive Lead	Reporting period	Feb 2024	March 2024	April 2024	May 2024	June 2024	July 2024	Aug 2022	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Wellbeing Survey	Assistant Director of OD and Wellbeing	Annually				R										
Staff Survey	Director of People	Annually				R										
Welsh Language Annual Report	Assistant Director of Policy, Governance and Compliance	Annually							R							
Staff Experience & Wellbeing	Assistant Director of OD and Wellbeing	Six Monthly				R						R				
Strategic Workforce Planning	Assistant Director of Strategic Workforce Planning	Six monthly				R						R				
Resourcing & Retention	Assistant Director of Strategic Workforce Planning	Six Monthly	R						R							
Equality, Diversity & Inclusion Welsh Language	Director of People	Six Monthly	R						R							
Speaking Up Safely	Director of Corporate Governance/ Board Secretary	Six monthly														
Sustaining Our Future																
Medical Workforce Efficiency & Productivity	Assistant Director of Strategic Workforce Planning	Six Monthly							R							
Nursing Workforce Efficiency & Productivity	Assistant Director of Strategic Workforce Planning	Six Monthly				R										
Employee Relations	Assistant Director of Policy, Governance and Compliance	Each Meeting	R			R			R			R				
Disclosure & Barring Service Checks	Assistant Director of Policy, Governance and Compliance	Six Monthly				R						R				
People Plan	Deputy Director of People	Annually														



Agenda Item

4.1

People & Culture Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	August 2024	RISKS REVIEWED
Operational Management Board	August 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	9 th September 2024	MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	17 th October 2024	RISKS REVIEWED

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 5th July 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
 - Practical Approach to Managing Risk
 - Risk Assessment and Scoring
 - Datix Risk Management Module
- 2.8 To date **701** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.



- 2.9 In addition, the Health, Safety & Fire Directorate have run Managing Safely Courses during the period which has a designated section on risk. These sessions were held as follows:
- June 2024 – 7 attendees
 - August 2024 -13 attendees
- 2.10 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.11 65 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.74 out of a maximum score of 5.
- 2.12 100% of the 65 attendees providing formal feedback found that:
- The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
- 2.13 97% of the 65 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.14 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *"Using the live example on Datix was very helpful."*
 - *"Being a fairly new team leader, and new to Datix etc., I feel this has given me a little more insight into who should be doing what and when. I feel confident enough to share information with the team."*
 - *"As a board member I wanted to understand how risk was identified, assessed and scored across the organisation. The training achieved that and I now feel I have further context to the risk reporting I see at Board."*
 - *"An accessible, clear and succinct session which provides a valuable understanding of all things risk."*
 - *"I've done a risk assessment before and really had no clear guidance but this is really informative and I'd feel more confident to do another one"*
 - *"I felt it had good amount of information without overloading and good cadence"*
 - *"Pacing was great so easy to follow... Information was provided at a level accessible to all"*
 - *"Gave a good overview of how to register a risk and the scoring expectations"*



3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Nil.

3.2 CHANGES TO RISKS

Risk Score Increased

There were no increases in risk score for those risks escalated to the Organisational Risk Register on this occasion.

Risk Score Decreased

Patient, Care and Safety Directorate

- **Datix Risk ID 3133 - Poor compliance with Medical Gas Safety Training.** Likelihood risk score reduced from a 4 to a 3 in August 2023 as a result of a notable improvement in compliance. Over 1000 CTMUHB staff having completed the course in the past 3 months, as opposed to the 180 staff from across the entire CTMUHB in 2023, for the face to face training. Medical Gases training also changed from a classroom based session to an ESR E-Learning course which is being advertised via flyer and other mechanisms to raise awareness.

Unscheduled Care

- **Datix Risk ID 1133 - Sustainability of the Emergency Department at the Royal Glamorgan Hospital.** Risk score reduced to a 12 from 15. SMT risk reviewed, nurse establishment invest to save paper completed unitising the RCN BEST tool (same tool used to review the PCH nursing workforce 2021). To substantiate 2 additional registered nurse. Invest to save paper approved and recruitment tracker in place and interviews are due the 1st week of September. Risk is currently mitigated by staffing to the agreed level by using bank and agency staff.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.



3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5			4080		
	4				5658	5462
	3					
	2					
	1					
	CxL	1	2	3	4	5
	Likelihood					

3.5 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score
3	Sufficient workforce to deliver the activity and quality ambitions of the organisation	Sustaining our Future 	Executive Director of People	People & Culture Committee	20 (C5xL4)
6	Leadership and Management	Inspiring People 	Executive Director for People	People Culture and	12 (C4xL3)
7	Culture, Values and Behaviours	Inspiring People 	Executive Director for People	People Culture and	12 (C4xL3)



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Cyfreithiol / Legal	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) See detail captured for each risk	

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

4. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed
1	5462	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Adult weight management service - Insufficient capacity to meet demand	If there is insufficient capacity within the adult weight management service to meet the demand Then patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years. Resulting in missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.	People are offered the lowest intervention required in line with the Health Weight Healthy Wales pathways. Those that are waiting are being supported with 'waiting well' signposting. Digital opportunities are being explored to maximise efficiencies within pathways as well as maintaining communication with patients to manage expectations on waiting list times. Existing services, both within the Health Board and with community partners are being maximised and integrated within pathways.	Update August 2024 - Current mitigations remain in place: Pathway redesign and Demand and Capacity (D&C) oversight- Pathway redesign: 74% of level 3 patients identified as suitable for group education, this group delivery model is in progress, which has resulted in an 50% increase in annual capacity compared to the original service model of 1: 1 MDT treatment. Despite this efficiency demand exceeds capacity. D&C: Real time validation of waiting lists ensures appropriate signposting according to service specification, alongside implementation of partial booking. Referral rates continue at approx. 100/mth with service capacity of 40/mth. A business case to propose an expansion of the staffing model is in progress, and is due for completion by the end of Q3.	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	20.08.2024
10	5658	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Creating Health Improving Care	Patient / Staff /Public Safety Lack of Dietetic service provision to Princess of Wales (POW) Critical Care	If there is no dietetic service to POW critical care... Then this will impact on the safe and effective provision of nutrition and hydration to critically ill patients... Resulting in poorer nutrition provision and increased rates of malnutrition, which in turn lead to increased risk of infection, dependency on mechanical ventilation, poorer patient outcomes, increased length of stay and longer rehabilitation and recovery times following critical care. In addition to increased health utilisation costs, inequity of service provision across CTM critical care units, and non compliance with national standards and guidance as highlighted in critical care peer review.	At present there is no dietetic provision to POW critical care unit due to lack of specialist critical care dietitian on the POW site and lack of funding. Therefore the nutritional needs of critical care patients on the POW site are managed by the critical care Multi Disciplinary Team.	Update July 2024 - Operational Management Board updated 15.5.24. Actions will be taken forward by Planned Care Group. Next rv due 18.7.24. Update August 2024 - Following discussion at OMB in May 2024, a meeting has been requested between DTFS with planned care to discuss next steps.	Quality & Safety Committee. People & Culture Committee - Workforce aspect	18	C4xL4	8 (C4xL2)	↔	19.12.2023	02.08.2024
19	4080	Executive Medical Director Executive Director of People	Central Support Function - Medical Directorate & People Directorate	Assistant Medical Director	Improving Care	Patient / Staff /Public Safety Failure to recruit sufficient medical and dental staff	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.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUHB being drafted • Establishment of medical workforce productivity programme • Work to understand workforce establishment vs need • Development of 'medical bank' • Developing and supporting other roles including physicians' associates, ANPs -Improving induction and development of new doctors	Update June 2024 - The first Performance and Escalation Group, & Workforce Framework Group and Medical Workforce Productivity Board meetings have now taken place. Clear Key Performance Indicators have been drawn out and agreed at V&E. Care Groups are engaged and the programme is running to tackle the identified workforce issues. At the stage, risk remains at the same score. Update: Aug 2024 - Deep Dive meetings are in place between the Medical Workforce Productivity Group and the Care groups to enable scrutiny and improvements operationally and financially. Care Groups also having scrutiny meetings with senior Exec team.	Quality & Safety Committee People & Culture Committee	15	C5 x L3	10 (C5xL2)	↔	01.08.2013	27.08.2024

	8
	Next Review Date
1	16.09.2024
10	20.09.2024
19	01.10.2024
31	

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
3133	Executive Director of Nursing / Deputy Chief Executive	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Poor compliance with Medical Gas Safety Training .	<p>If: Staff are not able to attend Medical Gas Safety training or courses are being continuously rescheduled.</p> <p>Then: Staff are not being trained in safe storage and flow of cylinders (e.g. oxygen).</p> <p>Resulting In: Failure to adequately and safely obtain and continue flow of cylinders (e.g. oxygen), potentially causing harm to patients.</p>	<p>PSN041 Patient Safety Notice and local safety alert disseminated to all staff. Posters developed and displayed in areas to encourage attendance. New staff trained at induction. TNA has been undertaken.</p> <p>Refresher training is undertaken, however current attendance levels by clinical staff for Medical Gas Safety training is poor, hence the current risk score. Medical Gas Cylinder Policy developed with training section completed by Medical Device Trainer, referencing the mandatory requirement for training by all users. Completed</p> <p>To make it a key requirement that staff can be released to attend training to re-enforce safety and operating guidelines of medical gas cylinders. Completed.</p> <p>Medical Device Trainer has put in place a B4 role who is undertaking a rolling programme for Medical Gas Training, with two sessions, twice a month, at each ILG every month. However, although training has been undertaken for Porters and graduate nurses, nursing staff currently in post are still not attending and attendance continues to be poor due to current circumstances with Covid-19 and due to not being able to be released for the 2 hours of training. Medical Device Trainer and Assistant Director of Facilities to request again for the Executive Director of Nursing Midwifery and Patient Care to review nursing attendance and make the necessary arrangements to allow nursing staff to attend training and also to look at the possibility of introducing a 'training day' that will allow nursing staff to be released to attend those courses that are struggling with attendance levels.</p> <p>Meeting held and COO has requested for Facilities to work on a monthly Medical Device Training Compliance report template that can be presented to both COO and ILG Director leads to inform current compliance position and actions to improve attendance and compliance for all courses including Medical Gas Training. Medical Device Trainer has stated that the current report template needs to be reconfigured to account for the change of wards and Directorates for the new ILG structure and to deal with the pandemic, this will take time to complete, hence the change in action implementation date to account for this.</p>	<p>A notable improvement has been made with over 1000 CTMUHB staff having completed the course in the past 3 months, as opposed to the 180 staff from across the entire CTMUHB in 2023, for the face to face training.</p>	Quality & Safety Committee. People & Culture Committee.	12 Decreased from a 16 in September 2024	8 (C4xL2)	<p>Likelihood score reduced from a 4 to a 3 in August 2023 as a result of a notable improvement in compliance. Over 1000 CTMUHB staff having completed the course in the past 3 months, as opposed to the 180 staff from across the entire CTMUHB in 2023, for the face to face training.</p> <p>Medical Gases training also changed from a classroom based session to an ESR E-Learning course which is being advertised via flyer and other mechanisms to raise awareness.</p>
1133 Linked to risk 3826	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Sustainability of the Emergency Department at the Royal Glamorgan Hospital	<p>If: the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH in line with other units within the area;</p> <p>Then: the Health Board will be unable to deliver safe, high quality services for the local population;</p> <p>Resulting in: compromised safety of the patients and staff and possible harm.</p>	<p>ED sustainable workforce plan developed and being implemented (May 2021).</p> <p>Option 1 funded so risks around sustainability remain particularly in respect of the consultant workforce. Financial position remains a challenge as locum and agency staff still used. No agreed plan to align staffing to benchmarking standards and the staffing levels on other sites within CTM. Boundary change and challenges across CTM continue to have a significant impact on the RGH site.</p>	<p>SMT risk reviewed, nurse establishment invest to save paper completed unitising the RCN BEST tool (same tool used to review the PCH nursing workforce 2021). To substantiate 2 additional registered nurse. Invest to save paper approved and recruitment tracker in place and interviews are due the 1st week of September. Risk is currently mitigated by staffing to the agreed level by using bank and agency staff.</p>	Quality & Safety Committee. People & Culture Committee - Workforce aspect	12 Decreased from a 15 in September 2024	9 (C3xL3)	<p>SMT risk reviewed, nurse establishment invest to save paper completed unitising the RCN BEST tool (same tool used to review the PCH nursing workforce 2021). To substantiate 2 additional registered nurse. Invest to save paper approved and recruitment tracker in place and interviews are due the 1st week of September. Risk is currently mitigated by staffing to the agreed level by using bank and agency staff. This Risk can now be de-escalated.</p>

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1											
2	Nil as assigned to this Committee.										



Agenda Item

5.1

People & Culture Committee

More Than Just Words Report 2023/24

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Ben Screen, Welsh Language Lead
Cyflwynydd yr Adroddiad / Report Presenter	Ben Screen, Welsh Language Lead
	Natasha Weeks, Head of Engagement & Involvement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 In August 2022 the Cabinet Secretary for Health, Eluned Morgan, published the 5-year More Than Just Words Plan 2022-2027 with the aim of improving the organisational culture of NHS Wales bodies in relation to bilingualism and their ability to provide their services in Welsh to those who need them most;
- 1.2 This sits alongside the legislative duties under the Welsh Language Standards, which are also a core enabler. The More Than Just Words Plan however has a stronger focus on organisational culture;
- 1.3 Every year, NHS Wales bodies are required to submit a report outlining their progress in implementing the actions in the plan and submit this to Welsh Government;
- 1.4 The Ministerial Advisory Board appointed by the Cabinet Secretary then reviews that plan and advises Government on the next steps.

2. Specific Matters for Consideration

- 2.1 This report is submitted to the People & Culture Committee, by way of assurance that action is being taken to meet the duties within the More Than Just Words Plan.

3. Key Risks / Matters for Escalation

- 3.1 Organisational culture is key to progress with More Than Just Words. The report sets out work that has been completed to date in fostering a healthy Welsh language culture, above and beyond the Welsh Language Standards.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Wales of Vibrant Culture & Thriving Welsh Language
	If more than one applies please list below:



Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Irrelevant as this is a report on activity.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Irrelevant as this is a report on activity.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	This is a report on progress with a national Welsh Government plan with actions that the Health Board must implement.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	



GIG
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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

5. Recommendation

5.1 The Committee is asked to **NOTE** the report.

6. Next Steps

6.1 Consider comments raised for the 2025-26 annual Welsh Language Operational Plan.

Diweddariad ysgrifenedig blynyddol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar Gynllun 5 Mlynedd Mwy na Geiriau (Cyfnod Adrodd Ebrill 2023-Mawrth 2024)

Cwblhawyd gan Ben Screen, Arweinydd y Gymraeg, a chymeradwywyd gan Karen Wright, Cyfarwyddwr Cynorthwyol Polisi, Cydymffurfiaeth a Llywodraethiant.

Allwedd Hunan-asesiad BIP CTM yn erbyn Camau Unigol Mwy na Geiriau 2025-2027 (Blwyddyn Adrodd 2023-24)	
GWYRDD	TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN (GWELER YR ATODIADAU)
MELYN	TYSTIOLAETH DDIGONOL BOD BIPCTM AR DRAC I GYFLAWNI'R CAM HWN (GWELER YR ATODIADAU)
COCH	YN ANNHEBYGOL O GYFLAWNI'R CAM HWN HEB GEFNOGAETH DDISGWYLIEDIG Y SEFYDLIAD PARTNER
Hunan-asesiad BIP CTM yn erbyn Cynllun Mwy na Geiriau 2025-2027 Yn Ei Gyfanrwydd (Blwyddyn Adrodd 2023-24)	
TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CYNLLUN FEL Y MAE'N BERTHNASOL I BIPCTM	

Disgrifiad

Cam 1: *Byddwn yn gosod amcanion perfformiad personol i sicrhau bod cynllun Mwy na geiriau yn cael ei roi ar waith fel bod y Cynnig Rhagweithiol yn cael ei ymwreiddio yn amcanion blynyddol arweinwyr y sector, ei raeadru drwy sefydliadau, a'i ystyried mewn arfarniadau unigol perthnasol ar bob lefel. Bydd hyn yn cynnwys adroddiad Cyfarwyddwyr Gwasanaethau Cymdeithasol (Fframwaith Adroddiad Blynyddol y Cynghorau) a Chadeiryddion byrddau'r GIG.*
(Tymor byr)

Statws: **TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN**

Llywodraeth Cymru sydd i arwain ar gyfran fawr o Gam 1. Canolbwyntir isod felly ar lywodraethiant fel tystiolaeth bod y Bwrdd yn ei sicrhau ei hun o gynnydd yn rheolaidd, rôl Gwasanaeth Datblygu'r Gymraeg wrth yrru cynnydd, ac arfarniadau presennol staff.

Llywodraethiant

Goruchwylir sicrwydd darpariaeth ddwyieithog gan Grŵp Llywio'r Gymraeg, sy'n adrodd i'r Pwyllgor Pobl a Diwylliant ar ran y Bwrdd. Mae'r Pwyllgor yn ystyried adroddiadau uchafbwyntiau rheolaidd ar ein sefyllfa bresennol o ran darpariaeth Gymraeg o fewn BIP CTM. Mae cylch gorchwyl Grŵp Llywio'r Gymraeg hefyd yn cynnwys sicrhau bod trefniadau uwchgyfeirio priodol yn eu lle i ddwyn materion i sylw'r Prif Weithredwr a'r Cadeirydd pan fo angen. Mae enghraifft o babur Bwrdd a aeth o Grŵp Llywio'r Gymraeg yn Chwefror 2023 i'w weld [yma](#) ar dudalen 104 yn rhan o bapurau'r cyfarfod, sy'n dangos bod trefniadau goruchwyllo wedi eu defnyddio lle'r oedd angen gwneud hynny.

Rôl Gwasanaeth Datblygu'r Gymraeg ac Arweinydd y Gymraeg

Mae tîm o fewn y Bwrdd Iechyd sydd yn cynnig gwahanol wasanaethau o ran y Gymraeg ac sy'n allweddol i alluogi'r Bwrdd Iechyd i wneud cynnydd wrth weithredu Mwy na Geiriau. Mae amlinelliad o waith y tîm i'w weld yn Atodiad 1. Mae'r tîm o dan reolaeth uwch-reolwr Band 8a, a chanlyniad hynny yw bod y swyddog hwnnw yn tueddu i fod yn bresennol mewn gofodau yn y Bwrdd Iechyd lle na fyddai cynrychiolydd Cymraeg wedi bod o'r blaen. Mae hyn ynddo'i hun yn arwydd o ymrwymiad y sefydliad i Fwy na Geiriau. Y swyddog hwn sy'n gyfrifol am olrhain cynnydd gyda Mwy na Geiriau yn weithredol.

Arfarniadau presennol staff

Mae templed corfforaethol safonol sef Adolygiad Datblygiad Personol (PDR - Eich Sgwrs) ar gyfer holl staff y Bwrdd Iechyd sy'n canolbwyntio ar ein tri gwerth sefydliadol, sef Rydym yn Gwrando, Dysgu a Gwella, Rydym yn Trin Pawb â Pharch ac Rydym i gyd yn Gweithio Gyda'n Gilydd Fel Un Tîm. Mae'r dull hwn yn hwyluso integreiddio Mwy Na Geiriau yn adolygiadau perfformiad yr holl staff:

- Mae'r adran *Rydym yn Gwrando, Dysgu a Gwella* yn cynnwys trafodaeth ar y dysgu sydd ei angen ar gyfer y rôl, ac mae dysgu Cymraeg wedi'i gynnwys fel enghraifft benodol;
- Mae'r adran *Rydym yn Trin Pawb â Pharch* yn cynnwys yr ysgogiad canlynol i'r rheolwr sy'n gweithio drwy'r templed: 'Trafodwch y cysylltiad â nodau corfforaethol CTM a sut mae'r unigolyn yn gwneud gwahaniaeth cadarnhaol i Iechyd'. Mae hyn yn caniatáu trafodaeth ar sut mae'r aelod o staff wedi gweithio i gyflawni nodau sefydliadol (y mae datblygu gwell darpariaeth Gymraeg yn un ohonynt), ac mae'n cynnwys enghraifft benodol ar gyfer cyfrannu at wella gwasanaethau ac ansawdd gwasanaethau;
- Mae cynnydd o ran cwblhau hyfforddiant gorfodol hefyd wedi'i gynnwys fel sbardun ar gyfer trafodaeth fel rhan o'r templed. Mae hyn yn golygu bod ysgogiad i sicrhau bod y Cwrs Ymwybyddiaeth Iaith Gymraeg ar ESR wedi'i gwblhau.

Blaenoriaethau 2024/25

Parhau i gynnal Grŵp Llywio'r Gymraeg

Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth.

Ni fyddai'r uchod wedi bod yn bosibl heb gydweithio cyson gyda'r Tîm Dysgu a Datblygu.

Disgrifiad

Cam 2: *Dros amser, rydym yn disgwyl i'r holl staff iechyd a gofal cymdeithasol ddod i werthfawrogi'r gwahaniaeth cadarnhaol y gall dysgu a defnyddio'r Gymraeg ei wneud i'r profiad o ofal, sy'n ddull tymor hir o weithredu. Byddwn yn ategu cyrsiau ymwybyddiaeth ieithyddol gyda dull cyfathrebu sy'n seiliedig ar wyddor ymddygiad er mwyn sicrhau bod popeth rydym ni fel arweinwyr yn ei ddweud am y Gymraeg, ac fel sefydliadau a phartneriaethau, yn cyfrannu at y strategaeth hon. Bydd y dull hwn o weithredu yn adeiladu ar yr hyfforddiant ac ar y naratif cadarnhaol a amlinellir yn y cynllun.*

(Tymor byr i ganolig)

Statws: **TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN**

Cred BIP mai mater o ddiwylliant sefydliadol yw'r cam hwn. Diwylliant sefydliadol yw'r set o **werthoedd, credoau, agweddau, systemau a rheolau** sy'n dylanwadu ar ymddygiad gweithwyr mewn sefydliad. Mae dylanwadu ar hyn i gyd yn broses hirdymor ac mae nifer o yrriannau gwahanol y mae angen eu datblygu. Canolbwyntir isod ar yr hyn a wnaed o fewn y cyfnod adrodd hwn o ran ein diwylliant, gan gynnwys hefyd dystiolaeth feintiol ac ansoddol gychwynnol sy'n awgrymu newid positif o blaid y Gymraeg.

Cynllun Pobl BIPCTM

Mae'r Gymraeg yn flaenoriaeth benodol o dan Gynllun Pobl BIPCTM, sef Blaenoriaeth 8, "Creu diwylliant a hunaniaeth Gymraeg ffyniannus, gan wella sgiliau ac ymwybyddiaeth". Dyma dystiolaeth o gynnwys y Gymraeg ar lefel cynllunio uwch.

Cynllun Diwylliant ategol

Mae gan BIPCTM Gynllun Diwylliant yn ei le sy'n cynnwys y Gymraeg yn rhan greiddiol ohono. Mae hwn i'w weld yn Atodiad 2 ac mae llawer o'r isod yn deillio o'r cynllun hwnnw. Fe welir y Gymraeg ynddo a'r nod yw y byddwn yn fframio llawer o'n gweithgarwch hyrwyddo o gwmpas y cysyniad o 'Hiraeth'.

- ❖ *Fe welir bod cynnwys y Gymraeg yn y cynllun (a hefyd ein Cynllun Pobl) yn cyd-fynd â Cham 3 rhaglen 'Arwain mewn Gwlad Ddwyieithog' sef 'Creu'r weledigaeth'.*

Ym mis Mawrth 2024 fe gynhaliwyd ymgyrch fewnol am 'Hiraeth'. Mae 'Hiraeth' yn bersonol i'r unigolyn ond gellid ei gysylltu â'r teimlad o goll i'r Gymraeg neu gysylltiad â Chymru, ac awydd cryf i adennill yr agwedd hon o'n cysylltiad personol â Chymru a threftadaeth Cymru. Roeddem am roi cyfle i staff (ail)gysylltu â'n hiaith, mewn ffordd gadarnhaol a oedd yn canolbwyntio ar eu perthynas â hi. Trwy gynnis cyfle i staff 'adennill' yr agwedd hon o'u hetifeddiaeth, nod pellach oedd cyfrannu at ddiwylliant mwy cynhwysol, a gwell ymdeimlad o 'berthyn' i'r Gymraeg.

Dyma beth wnaethom yn rhan o'n hymgyrch 'Hiraeth':

- Cyflwyno ein tiwtor Cymraeg o dan y cynllun 'Codi Hyder' a rhannu rhai straeon ysbrydoledig gan staff am eu taith iaith, gan gysylltu hyn â sut mae wedi eu galluogi i ailgysylltu â'n hiaith a'n diwylliant;
- Ail-lansio ein tudalen SharePoint ddwyieithog newydd sbon. Fe wnaethom hefyd ei hychwanegu at hafan ein mewnwyd, o dan 'Essential Links'. Mae'n cynnwys dros 16 o adnoddau gwahanol, dolen hwylus i drefnu sesiynau 'Blasu' ar y Gymraeg (gweler Cam 17) a gwybodaeth arall am ddysgu Cymraeg, canllawiau ar wreiddio'r Gymraeg mewn gwasanaethau, fideos staff a chleifion yn sôn am bwysigrwydd y Gymraeg iddyn nhw a gwybodaeth am ddefnyddio'r Gymraeg yn y gwaith;
- Cynnal sawl sesiwn galw heibio ar draws ein safleoedd, i rannu adnoddau a sgwrsio â staff a chleifion;
- Cynnal digwyddiad i'r holl staff, wedi'i hwyluso gan y Ganolfan Dysgu Cymraeg Genedlaethol.

Y digwyddiad i'r holl staff fydd y cyntaf o lawer o sesiynau datblygu diwylliannol gyda'r nod o chwalu'r rhwystrau seicolegol y mae staff yn eu hwynebu i ddefnyddio'u Cymraeg oherwydd hyder, a'r camsyniad rhy gyffredin bod angen 'rhuglder' i siarad a mwynhau ein hiaith. Bu'r digwyddiad hefyd yn trafod ein perthynas â'n hiaith, beth mae'n ei olygu i ni a'r ffordd orau i ni barhau i hybu ei defnydd mewn modd sy'n meithrin ymdeimlad o berthyn. Roedd y digwyddiad yn agored i'r holl staff, gyda staff yn mynychu o wahanol arbenigeddau, o Gyllid i Feddygaeth a Gwasanaethau Di-haint i Dîm Profiad y Claf. Mae dealltwriaeth eang felly bod diwylliant sefydliadol iach yn un sy'n cynnwys y Gymraeg a'i chyfraniad amhrisiadwy i'n gwlad. Dyma ddau sylw i roi blas ar lwyddiant y digwyddiad, "Rwy'n fwy agored i'r cyfleoedd i ddefnyddio fy Nghymraeg yn y gwaith heb boeni am ddefnyddio rhai geiriau Saesneg. Dyma ddechrau taith hir..." a "Roedd yn wych clywed gan gydweithwyr eraill sydd â phrofiadau tebyg i mi ac yn galonogol gweld angerdd pawb dros yr iaith gyda chymaint o bobl eraill yn CTM".

- ❖ *Mae hyn yn cyd-fynd â Cham 4 rhaglen 'Arwain mewn Gwlad Ddwyieithog' a 'Cyfathrebu a Phrynu Mewn', lle rydym wedi dechrau annog deialog mewn modd sy'n sensitif i brofiadau goddrychol pobl o'r Gymraeg.*

Arweinyddiaeth

Mae'r Bwrdd Iechyd wedi creu 'Fframwaith Cymhwysedd Arweinyddiaeth'. Mae hwn i'w weld yn Atodiad 3 a bydd ar gael i bawb gan gychwyn gyda staff uwch. Mae'r Gymraeg yn rhan greiddiol o'r pecyn hwnnw ac mae llawer iawn o'i gynnwys cychwynol, o dan '*Inspire*', wedi ei ysbrydoli gan yr hyn sydd dan drafodaeth yn y rhaglen 'Arwain mewn Gwlad Ddwyeithog'. Mae'r cynnwys wedi ei anelu at y rhai sy'n arfer 'arweinyddiaeth systemau' ar lefel uwch a bydd yn sicrhau ein bod ymwreiddio ysbryd Cymraeg 2050 a Mwy na Geiriau yn niwylliant ein sefydliadau a'n polisïau. Nod y cynnwys penodol Cymraeg o dan fodiwl 'Cynhwysiant' yw'r canlynol:

1. Ennill dealltwriaeth fwy cynnil o'r Gymraeg a'i diwylliant, drwy archwilio hanes cymdeithasol y Gymraeg a'i heffaith ar seicoleg gymdeithasol a defnydd iaith pobl ddwyieithog;
2. Deall beth yw rôl BIPCTM wrth greu miliwn o siaradwyr Cymraeg erbyn 2050, a'r rôl hanfodol y mae uwch arweinwyr yn ei chwarae wrth wireddu hyn;
3. Deall y berthynas rhwng dwyieithrwydd ac ansawdd gofal;
4. Deall y rôl bwysig mae empathi yn ei chwarae mewn arweinyddiaeth ynghylch dwyieithrwydd ac effaith hyn ar ein staff;
5. Deall sut y gall arweinwyr gyfathrebu'n well ynghylch dwyieithrwydd er mwyn i'r Gymraeg ffynnu.

Bydd y cynnwys ar gael trwy feddalwedd o'r enw 'Articulate' ond mae cynnwys ysgrifenedig y model wedi ei gynnwys yn Atodiad 3. Bydd sesiwn wyneb yn wyneb hefyd i dafoli'r hyn a drafodwyd yn y model o dan arweiniad hwylusydd cymwysedig.

- ❖ *Mae hyn yn cyd-fynd â Cham 5 'model aeddfedrwydd' rhaglen 'Arwain mewn Gwlad Ddwyeithog' trwy gynorthwyo i ddatblygu arweinwyr sy'n arddel naratif positif am y Gymraeg, sy'n dod â phobl gyda nhw ac sy'n rhagweithiol wrth adnabod rhwystrau.*

Cyfathrebu mewnol

Fe gyflwynwyd y canlynol yn ein diweddariad y llynedd: Mae cynllun hyrwyddo mewnol ar gyfer gwasanaethau Cymraeg wedi'i ddatblygu fel rhan o'r thema Cyfathrebu ac Ymgysylltu yn y Cynllun Cyflawni, gan ganolbwyntio ar sut mae BIP CTM yn cyfathrebu am y Gymraeg, gyda neges graidd i lifo drwy'r holl gyfathrebu am yr iaith. Mae hefyd yn cynnwys cynllun gweithredu, yn nodi camau i hyrwyddo'r Gymraeg trwy lens newid ymddygiadol a diwylliannol, wedi'i alinio i'r Olwyn Newid Ymddygiad a model galluogi COM-B.

Eleni rydym wedi mynd ymhellach, gan ddefnyddio o hyd gwyddor newid ymddygiad yn ein naratif o amgylch y Gymraeg. Mae cyfathrebu mewnol effeithiol yn hanfodol i ysgogi newid sefydliadol ac mae llawer o dystiolaeth bod cyfathrebu mewnol strategol yn gwella ymgysylltiad cyflogaion ac ymrwymiad i fentrau newid sefydliadol, megis datblygu'r Gymraeg. Mae'r fframwaith i'w weld [yma](#) ac mae'r categorïau isod yn strwythuro'r diweddariadau. Mae'r categorïau yn seiliedig ar dair elfen methodoleg newid ymddygiad gydnabyddedig, sef COM-B. Mae COM-B yn cwmpasu [Capability] neu Gallu (gwybod sut i gyflawni'r ymddygiad), [Opportunity] neu Cyfle (bod â'r modd neu'r adnoddau i gyflawni ymddygiad) a [Motivation] neu Cymhelliant (bod â'r ewylllys i fod eisiau cyflawni ymddygiad).

- Mae categori '**Da lawn**' yn canolbwyntio ar ddathlu enghreifftiau unigol o arfer gorau gan staff ar draws y sefydliad wrth ddefnyddio'r Gymraeg. Mae hyn yn galluogi i arfer da gael ei rannu a'i fabwysiadu mewn mannau eraill, ond mae hefyd yn cynnwys 'prawf

cymdeithasol' [social proof] a 'gwybyddiaeth ar sail hunaniaeth' [identity-based cognition]. Mae'r rhain yn gysyniadau pwysig wrth ledaenu newid ymddygiad gan fod staff yn llawer mwy tebygol o fabwysiadu ymddygiadau sy'n gefnogol o'r Gymraeg os ydyn nhw'n gweld eu cydweithwyr eu hunain yn cyflawni'r ymddygiadau hyn hefyd. Mae 'Da iawn' yn cyd-fynd ag agwedd 'Cymhelliant' COM-B.

- Mae'r ail agwedd, '**Mwy Na Geiriau: Profiad y Claf**' yn canolbwyntio ar sut y gall defnyddio'r Gymraeg effeithio'n gadarnhaol ar brofiad ein defnyddwyr gwasanaeth. Mae dangos effaith ymddygiadau yn y byd go iawn ar gleifion yn gymhelliant pwysig i staff y GIG. Mae'r agwedd hon hefyd yn cyd-fynd ag agwedd 'Cymhelliant' COM-B.
- Yn drydydd, mae '**Cymorth Staff**' yn rhannu negeseuon atgoffa rheolaidd ynghylch sut mae staff yn gallu cael gafael ar adnoddau, cyngor neu gymorth i ymgorffori'r Gymraeg yn y modd y maen nhw'n darparu eu gwasanaethau. Mae'r agwedd hon yn cyd-fynd â 'Gallu' a 'Chyfle' o fewn COM-B. Mae hyn yn bwysig am fod gwerthusiad Mwy na Geiriau yn 2021 wedi disgrifio bod deall 'sut' i roi'r Gymraeg ar waith yn her.
- Yn olaf, mae '**Sgiliau, Dysgu a Datblygu**' yn rhannu diweddariadau a negeseuon atgoffa rheolaidd am gyfleoedd amrywiol i staff ddatblygu eu sgiliau Cymraeg a chyfleoedd hyfforddi a datblygu eraill sy'n ymwneud â'r Gymraeg. Mae'r agwedd olaf hon yn cyd-fynd â 'Gallu' yn y model COM-B.

Mae'r [ddolen hon](#) yn cynnwys enghreifftiau o bob categori.

- ❖ *O ran 'model aeddfedrwydd' rhaglen 'Arwain Mewn Gwlad Ddwyeithog, gwelir bod y gwaith hwn yn cyd-fynd â Cham 4 a 'cyfathrebu ar bobl lefel' a Cham 6, 'Targedwch enillion cynnar, a'u dathlu'.*

Llais y Gymraeg/The Welsh Voice

Mae egwyddorion 'Llais y Gymraeg', a rannwyd gyda'r swyddogion a gymerodd ran yn rhaglen 'Arwain mewn Gwlad Ddwyeithog', yn cael eu defnyddio trwy gydol cyfathrebu am y Gymraeg. Nid yn unig yn yr enghreifftiau uchod, ond hefyd yn ein canllawiau am y Gymraeg ac mewn cyfathrebiadau cyson oddi wrth Wasanaeth Datblygu'r Gymraeg. Fe ellir gweld y strategaeth llais hwn ar waith yn Atodiad 7, sef y cyfathrebu cyntaf a gaiff aelod o staff am y Gymraeg yn y sefydliad fel arfer. Mae canllawiau amrywiol a hafan tudalen SharePoint y Gymraeg hefyd yn arwain gyda'r 'Pam', a beth mae darpariaeth Gymraeg yn ei olygu i'n cleifion. Enghraifft o hyn yw ein fideo ymsefydlu corfforaethol, sy'n cynnwys fideos gan staff a cleifion o CTM, a hefyd ein canllawiau recriwtio newydd sydd i'w gweld yn Atodiad 6.

- ❖ *Mae hyn yn cyd-fynd gyda Cam 1 model aeddfedrwydd' rhaglen 'Arwain Mewn Gwlad Ddwyeithog, a 'newid y naratif a datblygu empathi dros y Gymraeg'.*

Ymwybyddiaeth iaith

Mae ymwybyddiaeth o'r Gymraeg yn gysyniad amlweddol. Mae'n bwysig fodd bynnag am fod pobl yn llai tueddol o arfer ymddygiad sy'n gefnogol o'r Gymraeg os nad ydynt yn ymwybodol o bwysigrwydd y Gymraeg i eraill, yn un peth. Mae dros 70% o staff BIPCTM wedi cwblhau'r cwrs ESR am ymwybyddiaeth iaith. Mae llawer mwy i hynny fodd bynnag gan nad oes perthynas linellol rhwng cwblhau pecyn e-ddysgu a gweithredu cadarnhaol o blaid y Gymraeg. Nodwn hefyd nad yw'r pecyn hwn wedi ei werthuso eto (hyd y gwyddom).

Arolwg Mewnol

Fe ddangosodd arolwg yn rhan o archwilio mewnol (a gwblhawyd gan 86 adran wahanol o bob Grŵp Gofal) fod 28% o reolwyr yn cytuno'n gryf â'r datganiad "*Mae gan fy nhîm ddealltwriaeth dda o pam mae angen i ni gynnig gwasanaethau yn Gymraeg a beth all hyn ei olygu i'r claf*". Roedd 46.5% o reolwyr yn cytuno gyda'r datganiad hwnnw. Dim ond 4.7% oedd yn anghytuno.

PREMs

Ymddengys fod cysylltiad rhwng y datganiad uchod â darpariaeth weithredol. Yn Atodad 4 mae dadansoddiad o'n data PREMs ar gyfer y cyfnod adrodd. Mae data'r flwyddyn adrodd hon yn dangos, o'r cleifion hynny a gwblhaodd arolwg ac a atebodd y cwestiwn ynghylch eu gallu i ddefnyddio'r Gymraeg os oedden nhw'n dymuno, fod y mwyafrif yn gallu gwneud hynny. Mae data ar gyfer Adrannau Achosion Brys a'r tîm Gofal Lliniarol yn bwysig gan y bydd hyn yn caniatáu ymyriadau pellach yno i wella'r sgoriau hyn. Dylid nodi fodd bynnag fod dros 160 o gleifion yn dweud eu bod wedi defnyddio'r Gymraeg yn adrannau gofal brys BIPCTM yn gadarnhaol iawn, ac mae'n annhebygol y byddai nifer mor uchel â hyn yn nodi hynny pe na bai lefel dda o ddarpariaeth Gymraeg ynddyn nhw, hyd yn oed os gallai hynny fod yn anghyson. Mae hyn yn dangos felly fod gan BIPCTM lefel o ddarpariaeth Gymraeg a bod honno'n cael ei gwerthfawrogi gan ein cleifion. Mae hefyd yn dangos bod staff yn gwerthfawrogi pwysigrwydd y Gymraeg mewn gofal ac yn barod ei defnyddio gyda cleifion.

Data ansoddol gan gleifion

Yn y ddolen [hon](#) mae sawl enghraifft o gyfathrebu mewnol am bwysigrwydd gofal yn y Gymraeg. Mae'r hanesion hyn gan gleifion hefyd yn dystiolaeth ansoddol bod BIPCTM yn deall pwysigrwydd y Gymraeg ac yn ei defnyddio gyda cleifion. Mae dau o'r hanesion hyn yn ymwneud â gwasanaethau sydd yn feysydd blaenoriaeth o dan Fwy na Geiriau, sef yr henoed a'r rhai gydag anabledau dysgu.

Ymweliadau safle

Nod ymweliadau safle yw archwilio i ba raddau mae'r Gymraeg yn weladwy ar safleoedd gofal, pa wasanaethau gweinyddol rheng flaen sydd yn defnyddio'r Gymraeg (derbynfeydd ac ati) a faint o staff sy'n gwisgo cortynnau gwddf Cymraeg neu'r swigen oren ar eu gwisg gwaith. Mae'r ymweliadau hyn yn dangos bod y Gymraeg yn weladwy iawn ar draws ein safleoedd ac nid yw'r un safle heb arwyddion parhaol a dros dro dwyieithog. Mae staff Cymraeg bob tro i'w gweld hefyd. Yn weledol felly, mae'r ymweliadau hyn yn awgrymu lefel uchel o ymwybyddiaeth o'r Gymraeg sydd i'w weld yn fannau ffisegol lleoliadau gofal. Cydnabyddwn fodd bynnag bod gwaith i'w wneud o ran gwasanaethau gweinyddol rheng flaen.

Cydnabod staff am eu cyfraniad i ddwyieithrwydd CTM

Ar wahân i'r categori 'Da lawn' yn rhan o'n cyfathrebu mewnol a ddisgrifiwyd uchod, mae ein mecanwaith fewnol ar gyfer cydnabod staff, Seren CTM (enw uniaith Gymraeg arno) ar gael yn gwbl ddwyieithog ac eleni fe ddathlwyd yr aelod cyntaf o staff am ei chyfraniad i ddwyieithrwydd yn CTM ac yn ehangach. Dyma enghraifft felly fod staff yn deall pwysigrwydd y Gymraeg a bod arweinyddiaeth y sefydliad hefyd yn deall hynny gan ei bod yn barod i wobrwyo staff am eu cyfraniad i'n hiaith a'n diwylliant.

Cydweithio, rhyngweithio a dangosyddion anffurfiol cynnar

Mae mesur newid diwylliannol yn ddyrus. Mae'r isod yn ymgais i roi enghreifftiau mwy ansoddol o newid positif dros y Gymraeg eleni.

- Mae cydweithio rhwng Gwasanaeth Datblygu'r Gymraeg a nifer o dimau ar draws BIPCTM, ac mae'r cydweithio hwn wedi cynyddu dros y ddwy flynedd ers cyhoeddi Mwy na Geiriau. Mae ffrwyth y cydweithio hwn i'w weld trwy gydol yr adroddiad hwn;
- Mae'r rhyngweithio rhwng Gwasanaeth Datblygu'r Gymraeg a staff ar draws y Bwrdd Iechyd yn gyffredinol wedi cynyddu, yn rhannol oherwydd gwell ymgysylltu mewnol ond hefyd trwy hyrwyddo ein cynnig dysgu newydd sydd wedi bod yn llwyddiannus (gweler o dan Gam 15 a 17);
- Er bod Grŵp Llywio'r Gymraeg yn arwydd o well llywodraethiant, mae'n bwysicach na hynny am ei fod yn grŵp o bobl o wahanol rannau o'r Bwrdd Iechyd sydd wedi dod ynghyd â'r nod o hyrwyddo'r iaith.
 - ❖ *Hynny yw, 'creu'r tîm arweiniol' o dan Gam 2 'model aeddfedrwydd' rhaglen 'Arwain mewn Gwlad Ddwyieithog'. Mae'n 'glymblaid' dros newid cadarnhaol dros yr iaith ac mae'n ddatblygiad cadarnhaol arall ers cyhoeddi Mwy na Geiriau;*
- Mae tri aelod Bwrdd wedi cwblhau sesiwn Croeso i'r Gymraeg ac mae Ysgrifennydd y Bwrdd yn ddirprwy gadeirydd Grŵp Llywio'r Gymraeg;
 - ❖ *Hynny yw, 'creu'r tîm arweiniol' o dan Gam 2 'model aeddfedrwydd' rhaglen 'Arwain mewn Gwlad Ddwyieithog'. Mae 'nawdd' ar y lefel uchaf ar gyfer y Gymraeg;*
- Mae cais am gymorth gyda'r Gymraeg yn dod yn gynyddol o leoliadau lle nad yw Gwasanaeth Datblygu'r Gymraeg wedi cysylltu â nhw o'r blaen;
- Er gwaethaf heriau digynsail i'r Bwrdd Iechyd, fe gynhwyswyd y Gymraeg ar agenda'r Bwrdd Rheoli Gweithredol¹ ddwywaith yn ystod y cylch adrodd hwn, yn gyntaf i gyflwyno mwy am agenda'r Gymraeg ar gais y Prif Swyddog Gweithrediadau, a'r ail dro dan ofal y Dirprwy Gyfarwyddwr Pobl er mwyn cymeradwyo Polisi Cynnig Rhagweithiol newydd (yn rhannol i gydymffurfio â Safon 24). Pwysig cydnabod felly fod trafodaeth am y Gymraeg ar y lefel hon tra trafodwyd ar yr un pryd nifer o eitemau brys a difrifol tu hwnt oherwydd natur y cyfarfod;
- Mae'r Gymraeg wedi bod yn eitem ar Gyfarfodydd Holi ac Ateb pan-CTM a Grŵp Arweinyddiaeth CTM sawl gwaith eleni, a hynny ar gais y Cyfarwyddwr Gweithredol â'r cyfrifoldeb dros y Gymraeg neu aelodau eraill o staff;
- Defnyddiwyd y Gymraeg mewn cyfarfod Pwyllgor ffurfiol trwy gyfieithydd ar y pryd yn rhan o'r cyfnod adrodd hwn am y tro cyntaf erioed;
- Mae sawl cyfarfod lle arsylwyd bod y cadeiryddion wedi agor y cyfarfod yn Gymraeg.

¹ Nid y Bwrdd Gweithredol dan ofal Cadeirydd y Bwrdd. Pwrpas y Bwrdd Rheoli Gweithredol yn hytrach dan ofal y Prif Swyddog Gweithrediadau yw rhedeg y sefydliad yn weithredol o fis i fis ac yn ofod anodd iawn cae lle ynddo.

Diweddariad ysgrifenedig blynyddol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar Gynllun 5 Mlynedd Mwy na Geiriau (Cyfnod Adrodd Ebrill 2023-Mawrth 2024

<p>Er nad yw'r uchod yn newidiadau chwyldroadol ynddynt eu hunain, maent yn enghreifftiau o newidiadau bach sydd i'w gweld yn ethos y sefydliad ers cyhoeddi Mwy na Geiriau.</p>
<p>Blaenoriaethau 2024/25 Mae cynllun gweithredol lefel uchel ar gyfer gwaith ar y Gymraeg. Rhan o hwn eleni yw ffurfioli llawer o'r uchod o ran ein 'polisi' ar y defnydd mewnol o'r Gymraeg, sydd o'i wneud yn iawn gyda'r potensial i fod yn hwb i'n hethos dwyieithog mewnol.</p>
<p>Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth. Ni fyddai'r uchod wedi bod yn bosibl heb gydweithio cyson a ffrwythlon gyda'n timau Cyfathrebu ac Ymgysylltu, y Tîm Data Gweithlu a'r Tîm Datblygu Sefydliadol a Chynhwysiant. Mae cydweithio cyson fel hwn yn ddatblygiad cadarhaol o blaid y Gymraeg yn CTM.</p>
<p>Disgrifiad <i>Cam 3: Byddwn yn disgwyl i'r rheini sydd mewn rolau arwain gymryd rhan yn ein rhaglen Arwain mewn Gwlad Ddwyieithog. Mae'r rhaglen hon yn gweithio tuag at ymwreiddio ysbryd Cymraeg 2050 yn niwylliant sefydliadau a'u polisiâu. Yn rhy aml o lawer, mae'r Gymraeg yn cael ei hystyried fel dim ond mater o gyfieithu neu ymarfer 'ticio'r boc' wrth ddatblygu polisi. Mae'r rhaglen hon, sy'n seiliedig ar werthoedd, yn mynd y tu hwnt i'r gwaith hwnnw i ddeall effaith bosibl holl elfennau ein gwaith ar ein hiaith—ac i ddefnyddio'r hyn sydd gennym i ddefnyddio mwy ar yr iaith. (Tymor canolig)</i></p>
<p>Statws: TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN</p>
<p>Mae dau o swyddogion BIPCTM wedi cwblhau rhaglen Arwain mewn Gwlad Ddwyieithog a bu cyfle yn rhan o'r rhaglen honno iddynt gyflwyno peth o'u gwaith. Mae cynnwys y rhaglen hefyd wedi ysbrydoli cynnwys Cymraeg y Fframwaith Cymhwysedd Arweinyddiaeth a ddisgrifir uchod o dan Gam 1.</p> <p>Er nad yw'r un aelod Bwrdd wedi cwblhau rhaglen 'Arwain mewn Gwlad Ddwyieithog', mae'n hanfodol nodi bod gan BIPCTM ei raglen arweinyddiaeth ei hun sy'n cynnwys rhan benodol ar gyfer arweinyddiaeth a'r Gymraeg i uwch-reolwyr. Mae'r cynnwys hwnnw i'w weld yn Atodiad 3. Bwriedir gwerthuso'r rhaglen hon yn ffurfiol ond mae'n deg gobeithio y gallai rhaglen arweinyddiaeth BIPCTM wneud cyfraniad da at symud i ffwrdd o "ystyried y Gymraeg fel dim ond mater o gyfieithu neu ymarfer 'ticio'r boc' wrth ddatblygu polisi", sef un o nodau clodwiw Cam 3.</p> <p>Yn ogystal, fe gyflwynwyd 'model aeddfedrwydd' yn rhan o raglen 'Arwain mewn Gwlad Ddwyieithog'. Lle mae gweithgarwch yn yr adroddiad hwn yn berthnasol i'r daith honno a'i chymau, rydym wedi nodi hynny.</p>
<p>Blaenoriaethau 2024/25 Sicrhau bod Aelodau uwch perthnasol wedi gwneud cais am le ar y rhaglen, i ategu'r gwaith ehangach yn BIPCTM.</p>
<p>Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth. Da oedd cael y cyfle i rannu gwaith BIPCTM yn rhan o garfan 2 "Arwain mewn Gwlad Ddwyieithog".</p>

Disgrifiad	
<i>Cam 8: Bydd fframwaith cenedlaethol cytunedig ar gyfer casglu a chyfuno data ar sgiliau iaith yr holl staff sy'n gweithio ym maes iechyd a gofal cymdeithasol yng Nghymru yn cael ei ddatblygu a'i weithredu. Dylai'r fframwaith fod yn orfodol lle bynnag y bo modd, a byddai angen iddo gyd-fynd â'r systemau a'r dulliau sydd ar waith ar hyn o bryd i gasglu a chyfuno data ar draws y sectorau iechyd a gofal cymdeithasol, gan gynnwys gwasanaethau sy'n cael eu darparu yn Gymraeg. (Mae'n bosib y bydd angen cyllid/adnoddau ychwanegol er mwyn cyflawni hyn).</i> <i>(Tymor byr)</i>	
Statws:	AMHERTHNASOL I BIPCTM
Nid yw'n glir sut y mae hyn yn berthnasol i BIPCTM ac nid yw'r sefydliad wedi derbyn gohebiaeth gan unrhyw un o'r sefydliadau eraill a enwir o dan y Cam hwn. Fodd bynnag, mae gan BIPCTM ddata cynhwysfawr bellach am sgiliau iaith ei weithlu a byddwn yn manylu ar hyn o dan y camau eraill perthnasol. Pe bai'r cam hwn yn cael ei weithredu felly, byddai gan BIPCTM gyflwyniad data cynhwysfawr i'w gyfrannu.	
Blaenoriaethau 2024/25	
Ddim yn berthnasol i BIPCTM	
Engbreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth.	
Ddim yn berthnasol i BIPCTM	
Disgrifiad	
<i>Cam 9: Bydd adroddiad blynyddol yn cael ei baratoi gan gorff priodol i ddod â data am y gweithlu iechyd a gofal cymdeithasol at ei gilydd. Byddai'r adroddiad hwn yn gallu cael ei baratoi a'i gyhoeddi gan Ystadegau Cymru. Dylai'r adroddiad fod ar gael i'r cyhoedd gyda lefel bellach o fanylder ar gael fel sy'n briodol i'r cyrff hynny sy'n gyfrifol am y gweithlu mewn gwahanol gydestunau – ee, AaGIC, GCC, Byrddau Iechyd.</i> <i>(Tymor byr/canolig)</i>	
Statws:	CAM ANEGLUR
Nid yw'n glir beth yw dyletswydd BIPCTM ar gyfer y cam hwn.	
Blaenoriaethau 2024/25	
Ddim yn berthnasol i BIPCTM	
Engbreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth.	
Ddim yn berthnasol i BIPCTM	

Disgrifiad	
<i>Cam 13: Bydd sefydliadau iechyd a gofal cymdeithasol yn dod o hyd i fylchau yn sgiliau'r gweithlu mewn meysydd allweddol ac yn datblygu cynlluniau i fynd i'r afael â nhw. Bydd hyn yn cael ei ymwreiddio mewn cynlluniau sgiliau a gweithlu sy'n cael eu datblygu a'u cyflwyno mewn sefydliadau unigol, ac yn galw am weithio'n agos gydag AaGIC a GCC. (Tymor canolig)</i>	
Statws:	TYSTIOLAETH DDIGONOL BOD BIPCTM AR DRAC I GYFLAWNI'R CAM HWN
Mae BIPCTM wedi casglu data sgiliau iaith 91% o'i staff, o ran deall, darllen ac ysgrifennu yn y Gymraeg rhwng 0 a 5 (sef lefelau ALTE). Mae hyn wedi hwyluso cynllunio ieithyddol meicro mewn sawl ffordd (o dargedu hyrwyddo ein cynllun dysgu Cymraeg o dan Gam 15 ac 17 i hyrwyddo'r bathodyn iaith Gwaith). O ran y Cam hwn yn benodol, mae mynd ati i "ddod o hyd i fylchau yn sgiliau'r gweithlu mewn meysydd allweddol ac yn datblygu cynlluniau i fynd i'r afael â nhw" bellach yn bosibl a disgrifir y gwaith hwn o dan Gam 18.	
Blaenoriaethau 2024/25	
Y bwriad yw cyhoeddi strategaeth ar gyfer Cam 18, sy'n gysylltiedig â Cham 13, yn Nhachwedd 2024. I ategu hynny, fodd bynnag, mae Cynllun Gweithlu Strategol y Bwrdd Iechyd yn cyfeirio at y Gymraeg a chynllunio ar ei chyfer, fel y mae hefyd hyfforddiant ynghylch cynllunio'r gweithlu i reolwyr a'r templed i reolwyr ar gyfer eu cynllun gweithlu adrannol. Gwaith ar gyfer Cam 18, fodd bynnag, fydd ffocws BIPCTM wrth gyflawni'r cam hwn.	
Engbrefftau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth.	
Dd/B	
Disgrifiad	
Camau tymor byr a thymor canolig	
<i>Cam 14: Byddwn yn disgwyl i holl gydweithwyr y GIG a gofal cymdeithasol ddilyn cwrs ymwybyddiaeth ieithyddol, a fydd yn egluro pa mor bwysig yw'r Gymraeg wrth ddarparu gwasanaethau ac fel un o anghenion cleifion. Ar ôl cyflwyno hyfforddiant ymwybyddiaeth o'r Gymraeg i bob gweithiwr proffesiynol ym maes iechyd a gofal cymdeithasol, byddwn yn disgwyl i'r hyfforddiant hwn gael ei ddarparu ym mhob disgyblaeth ar gyfer hyfforddeion, a'i gyflwyno fel rhan o'r broses gynefino i weithwyr newydd sydd heb wneud yr hyfforddiant yn barod. (Tymor canolig)</i>	
Statws:	TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN
Mae dros 70% o'n staff wedi cwblhau'r pecyn e-ddysgu ar gyfer y cam hwn. Mae'n orfodol i bob aelod o staff gan gynnwys staff newydd.	
O ran prif ganlyniad y cam hwn, sef ymddygiad, gweler uchod o dan Gam 1 am ragor o dystiolaeth o well ymddygiad yn sgil gwell ymwybyddiaeth o'r Gymraeg.	

Disgrifiad

Cam 15: Bydd y Ganolfan Dysgu Cymraeg Genedlaethol yn datblygu ymhellach eu cynlluniau i gynnig hyfforddiant ar y Gymraeg i'r sectorau iechyd a gofal cymdeithasol, ac yn darparu amgylchedd sy'n galluogi pobl i ddefnyddio'r Gymraeg mewn gweithleoedd. Dylai hyn ategu'r broses anffurfiol o ddysgu iaith drwy adnoddau ac apiau ar-lein a fydd ar gael ar draws y sector. Gellid modelu hyn ar ddatblygiadau a gyhoeddwyd yn ddiweddar ar gyfer y gweithlu addysg. Dylai hyn gynnwys darpariaeth wedi'i theilwra i gefnogi ymarfer ym maes iechyd a gofal cymdeithasol, a dod o hyd i gyfleoedd (law yn llaw â chyflogwyr perthnasol) i gynyddu hyder staff i ddefnyddio mwy ar eu sgiliau Cymraeg ar ba lefel bynnag yn y gweithle. Rydym hefyd yn argymhell bod Llywodraeth Cymru yn ystyried pa adnoddau sydd eu hangen i ddarparu cefnogaeth ddigonol ar gyfer cynllun o'r fath, gan gynnwys helpu cyflogwyr i ryddhau staff allweddol i fynd ati o ddifrif i ddysgu Cymraeg.

(Tymor canolig)

Statws: TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN

Er nad BIPCTM sydd wedi enwi yn erbyn y cam hwn, rydym wedi cynnwys isod amlinelliad o gynnydd y cynllun Codi Hyder gyda'n partneriaid oherwydd ei bwys strategol i'n gallu i gyflawni Mwy na Geiriau.

Cynllun strategol

Ysgrifenyddwyd cynllun strategol ar gyfer ein cynnig dysgu Cymraeg mewn partneriaeth â'r Ganolfan Dysgu Cymraeg (sydd i'w weld yn Atodiad 5). Roedd tair elfen iddo gan gynnwys sesiynau cwrtseisi i gyrraedd Cam 17 Mwy na Geiriau. Gosodwyd dull cydweithio oedd yn cynnwys cyfres o gyfarfodydd rheolaidd a chytundeb ynghlych dyletswyddau pob rhanddeilaid oedd yn rhan o'r cynllun. Cynhwyswyd hefyd gynllun gweithredu manwl i gychwyn y gwaith.

Polisi Dysgu a Datblygu

Cefnogir gweithredu'r cynllun gan y ffaith bod Polisi Dysgu a Datblygu'r sefydliad yn cynnwys y gofyniad bod angen i reolwyr gefnogi gweithgarwch dysgu Cymraeg.

Tiwtor

Llwyddwyd i recriwtio tiwtor gan Ddysgu Cymraeg Morgannwg sy'n cynnal y cynllun gyda chymorth Swyddog y Gymraeg yn y Bwrdd Iechyd.

Nod y Cynllun

Newid arfer ieithyddol a chodi hyder siaradwyr amharod neu ddihyder, fel eu bod yn defnyddio'r Gymraeg pan fyddent fel arfer yn defnyddio'r Saesneg.

Hyrwyddo

Hyrwyddon ni'r Garfan Gyntaf trwy Grŵp Llywio'r Gymraeg a llwyddwyd i lenwi'r garfan honno. Roeddem hefyd wedi defnyddio ein sianeli cyfathrebu mewnol fel y diweddariad staff a'r fewnrwyd. Ar gyfer yr ail garfan, rydym wedi defnyddio data gweithlu am staff sydd wedi nodi lefel 3 a 4 a daeth 28 enw gerbron. Mae 19 yn yr ail garfan bellach. Mae 4 ar restr aros ac mae 2 wedi cadarnhau ar gyfer Carfan 3 yn barod.

Cynnwys ac amcanion unigol

Cynhelir sesiynau 1:1 gyda pob aelod o staff mewn lleoliad o'u dewis dros 10 wythnos. Addesir pob sesiwn yn ôl anghenion ac amcanion y dysgwr ar sail sesiwn cychwynnol gyda nhw. Y prif amcanion gan y staff hyd yma oedd (o ran y Garfan Gyntaf):

- Datblygu'r hyfer i ddefnyddio'r Gymraeg yn y gwaith a gyda theulu
- Datblygu rhuglder eu Cymraeg
- Meithrin geirfa a gloywi eu gramadeg

Nifer y staff (ac oriau cyswllt)

Yn y garfan gyntaf roedd 9 aelod o staff gyda cyfanswm o 73 awr gyswllt.

Gwerthuso

Mae'r tiwtor yn trefnu cyfarfodydd dilynol ôl-ofal gyda pob dysgwr ac mae'r Bwrdd Iechyd hefyd wedi penderfynu defnyddio model gwerthuso Kirkpatrick.

- Lefel 1 (Bodddhad): Ar ol cwblhau sesiwn olaf y cynllun Codi Hyder, mae'r tiwtor yn anfon holiadur at y dysgwyr, sy'n canolbwyntio ar argraffiadau'r dysgwyr a'u mwynhad.
- Lefel 2 (Dysgu): Ar sail asesiadau'r tiwtor y mae'n eu cadw ar ôl pob sesiwn, mae cynnydd y dysgwyr yn cael ei dracio dros amser. Mae hyn yn ei gwneud yn bosibl llunio naratif am gynnydd pob dysgwr ar ddechrau ac ar ddiwedd y garfan. Wrth gwblhau'r asesiadau hyn, mae'r tiwtor yn canolbwyntio ar y chwe maes hyn:
 - Iaith
 - Datblygu rhuglder
 - Ehangu geirfa
 - Meistrolaeth o batrymau iaith
 - Rheolau gramadegol
 - Defnydd iaith rhwng sesiynau.
- Lefel 3 (Ymddygiad): Gofynnir cwestiynau ynghylch defnydd yr aelod o staff o'r Gymraeg wedi'r sesiynau, dri mis wedi'r sesiwn olaf. Digwydd hyn yn rhan o'r sesiwn ôl-ofal ar Teams/wyneb yn wyneb. Mae hyn yn ychwanegol at drafod defnydd iaith *rhwng* sesiynau, ac yn dangos bod ffocws cryf ar ddefnydd gwirioneddol o'r iaith.
- Lefel 4 (Dadansoddiad): Tynnu'r data ynghyd a llunio'r gwerthusiad olaf.

Gosodwyd targed o 60 o staff erbyn Mawrth 2025 ac rydym yn debygol ar hyn o bryd o gyflawni'r targed hwn; hanner ffordd trwy'r flwyddyn adrodd hon, mae 51% o'r targed hwnnw wedi ei gyflawni (sef staff sydd wedi cwblhau'r garfan gyntaf ac sydd wedi cadarnhau'n ysgrifenedig y byddant yn cwblhau'r ail un neu'r drydedd un. Nid yw'n cynnwys staff sydd ond wedi mynegi diddordeb).

<p>Blaenoriaethau 2024/25</p> <ul style="list-style-type: none">• Mae datblygu cynllun ôl-ofal ar y gweill o ran rhwydwaith, 'Ffrindlaith', i gefnogi staff i barhau i ddefnyddio'r Gymraeg yn y gwaith. Bydd hyn yn cynnwys rhwydwaith ar-lein a digwyddiadau wyneb yn wyneb ar draws y Bwrdd Iechyd yn amodol ar ddi-ddordeb staff. Bwriadwn hefyd sefydlu cynllun mentora gyda cefnogaeth partner allanol fel y gall staff ymarfer yr hyn maent wedi ei ddysgu, ac rydym yn aros am ymateb gan Brifysgol Bangor yn ogystal o ran rhaglen ARFer;• Bydd y gwerthuso uchod (yn benodol data Lefel 2) yn ein galluogi i ystyried lle mae angen diweddaru ein data gweithlu. Rydym yn ystyried hyn ar hyn o bryd;• Bydd gwaith ar gyfer Cam 18 yn cynnwys hyrwyddo'r cynllun Codi Hyder mewn manau penodol lle mae bylchau ar hyn o bryd.
<p>Engheifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth Mae cydweithio rhagorol rhwng y Bwrdd Iechyd, y Ganolfan Dysgu Cymraeg Genedlaethol a Dysgu Cymraeg Morgannwg.</p>
<p>Disgrifiad Cam 16: <i>Bydd sefydliadau yn diffinio lefel y sgiliau Cymraeg sydd eu hangen ym mhob hysbyseb swydd, yn unol â'r arferion gorau a welir mewn rhai byrddau iechyd ac awdurdodau lleol.</i> (Tymor canolig – datblygu a rhannu canllawiau yn y tymor byr)</p>
<p>Statws: TYSTIOLAETH DDIGONOL BOD BIPCTM AR DRAC I GYFLAWNI'R CAM HWN</p>
<p>Datblygu canllawiau Mae canllawiau wedi eu datblygu i gynorthwyo rheolwyr i asesu swyddi er mwyn penderfynu sut y dylid categorio'r swydd h.y. Cymraeg Hanfodol, Cymraeg Dymunol, Angen Dysgu Cymraeg yn y Swydd neu Ddim Angen Sgiliau yn y Gymraeg (gweler Atodiad 6). Mae'r canllawiau hyn yn cynnwys gwybodaeth am ystyr y lefelau 0-5 o dan ALTE, a deunydd hysbysebu fel y gall staff lunio hysbyseb sy'n egluro beth yw'r disgwyliadau o ran defnyddio'r Gymraeg yn y swydd (lefel y Gymraeg a hefyd datganiadau syml am weithgareddau). Mae hwn yn gam cyntaf allweddol yn y broses o gyflawni Cam 16. Mae fideo ar gael ac hyfforddiant yn ogystal, lle bydd adnoddau newydd AaGIC yn ddefnyddiol. Bydd gweithredu hyn yn golygu y bydd modd categorio'r swydd yn gywir a hefyd ei hysbysebu yn briodol gan nodi'r sgiliau Cymraeg.</p> <p>Adnabod yr her o weithredu Cam 16 Bydd cyflawni'r cam hwn yn cymryd amser. Er gwaethaf datblygu'r canllawiau fel y nodir uchod a'u hyrwyddo yn rhan o gynllun cyfathrebu cynhwysfawr, a oedd yn ddarn sylweddol o waith, mae angen troi bellach at eu gweithredu. I gefnogi hynny, fe ychwanegwyd risg at y Gofrestr Risg Sefydliadol yn benodol am y cam hwn ym Medi 2024 fel bod modd cefnogi'r gwaith ar lefel Bwrdd.</p>
<p>Blaenoriaethau 2024/25 Gweithredu'r canllawiau, gan ganolbwyntio yn bennaf ar yr ardaloedd hynny lle mae bylchau (yn dilyn gwaith ar gyfer Cam 18).</p>
<p>Engheifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth Rhannwyd y canllawiau hyn yn rhan o grŵp a sefydlwyd i wneud cynnydd gyda Cam 16.</p>

Disgrifiad

Cam 17: Cyflwyno'n raddol lefel "cwrteisi" sylfaenol o sgiliau Cymraeg, gan wneud staff yn fwy ymwybodol o'r effaith gadarnhaol y gall dysgu a defnyddio'r Gymraeg ei chael ar unigolion sy'n defnyddio ac yn derbyn gwasanaethau iechyd a gofal cymdeithasol. Erbyn diwedd oes y cynllun hwn, dylai pob aelod o staff sy'n gweithio ym maes iechyd a gofal cymdeithasol fod â lefel cwrteisi o sgiliau Cymraeg.

(Tymor byr- cyflwyno)

Statws: TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN

Cynllun gweithredu

Ysgrifenydd cynllun strategol ar gyfer ein cynnig dysgu Cymraeg mewn partneriaeth â'r Ganolfan Dysgu Cymraeg (sydd i'w weld yn Atodiad 5). Roedd tair elfen iddo gan gynnwys sesiynau cwrteisi i gyrraedd Cam 17 Mwy na Geiriau. Gosodwyd dull cydweithio oedd yn cynnwys cyfres o gyfarfodydd rheolaidd a chytundeb ynghylch dyletswyddau pob rhanddeiliad oedd yn rhan o'r cynllun. Cynhwyswyd hefyd gynllun gweithredu manwl i gychwyn y gwaith.

Polisi Dysgu a Datblygu

Cefnogir gweithredu'r cynllun gan y ffaith bod Polisi Dysgu a Datblygu'r sefydliad yn cynnwys y gofyniad bod angen i reolwyr gefnogi gweithgarwch dysgu Cymraeg.

Swydd ddisgrifiadau

Ym mhob swydd ddisgrifiad newydd, mae gofyniad bod rhaid i'r ymgeisydd fod gyda lefel 'cwrteisi' neu fod yn barod i ddysgu. Mae canllaw i reolwyr ynghylch ysgrifennu swydd ddisgrifiadau yn nodi'r canlynol: "*The minimum level of Welsh required in any CTMUHB post is courtesy level Welsh and/or a commitment to complete a 2 hour internal course, offered by the University Health Board within 6 months of employment.*"

MS Bookings mewnol, rheoli cofrestau ac olrhain

Mae tudalen SharePoint canolog, a gyrchir trwy hafan mewnwyd y sefydliad, lle gall staff drefnu sesiwn yn hwylus gan ddefnyddio MS Bookings. Mae'r sesiynau hyn dan arweiniad ein Swyddog y Gymraeg (gweler isod am hyfforddiant y swyddog hwn). Mae modd trefnu sesiwn wyneb-yn-wyneb hefyd. Yn rhan o Ddangosfwrdd y Gymraeg a ddefnyddir i reoli gweithgarwch gweithredol y Gymraeg, fe gedwir data am y canlynol, i hwyluso cynllunio ieithyddol meicro effeithiol:

- Pwy sydd wedi mynegi diddordeb mewn cwrs, eu cyfeiriad e-bost, a'u lleoliad;
- Pwy sydd wedi cwblhau sesiwn neu gwrs;
- Pwy sydd wedi cofrestru ond heb fynychu;

Mae hyn yn ein galluogi i hyrwyddo'n effeithiol a chynllunio ein darpariaeth yn well o gwmpas ymrwymadau staff.

Cymwysterau

Mewn partneriaeth â'r Ganolfan Dysgu Cymraeg a Dysgu Cymraeg Morgannwg, mae Swyddog y Gymraeg wedi ymrestru ar gymhwyster tiwtora i oedolion, â'r nod o sicrhau bod y ddarpariaeth fewnol dan arweiniad ymarferydd achrededig.

Hyrwyddo'r cynllun a targedu gyda data gweithlu data

Gan ddefnyddio data gweithlu o ran dechreuwr newydd, rydym yn targedu ein cynnig atynt trwy e-bost 'Croeso' (gweler Atodiad 7), i sicrhau bod dechreuwr newydd yn ymwybodol o'r gofyniad i'w gwblhau. Mae'r cyfathrebu hwn yn defnyddio canllawiau 'Llais y Gymraeg' (gweler uchod). Rydym hefyd yn e-bostio eu rheolwyr i sicrhau eu bod yn deall y gofyniad hwn. Yn rhan o'r Fframwaith Cyfathrebu mewnol dan drafodaeth uchod o dan Gam 1, rydym hefyd yn hyrwyddo'r sesiynau hyn o dan y categori 'Sgiliau, Dysgu a Datblygu'. Ymhlith ffyrdd eraill o hyrwyddo mae:

- Sesiynau galw heibio ar ein safleoedd
- Diweddariadau'r Tîm Dysgu a Datblygu
- Grŵp Llywio'r Gymraeg
- SharePoint
- Posterï mewnol ar draws yr ysbytai

Crynodeb byr o'r cynnwys

Mae'r sesiynau yn canolbwyntio ar y canlynol:

1. Cyfarchion
2. Ynganu yn y Gymraeg
3. Y wyddor
4. Cyflwyno enw'r unigolyn
5. Emosiynau (disgrifio emosiynau, a gofyn am emosiynau rhywun arall)
6. Geirfa swyddi
7. Rhifau
8. Lleoliadau gwaith
9. Patrymau 'dyma'

Oriau cyswllt a nifer mynychwyr

Hyd yma, rydym wedi cynnig 16 o sesiynau gan gyfateb i dros 30 awr cyswllt. Mae 84 aelod o staff wedi cwblhau sesiwn hyd at gyfnod cyflwyno'r adroddiad hwn a chychwyn y cynllun eleni.

Patrymau cynnar

- Staff clinigol yw mwyafrif y staff sydd wedi dod ymlaen
- Mae rhai staff Gofal Sylfaenol wedi bod ymhlith y staff hynny
- Mae staff o bob Grŵp Gofal wedi eu cynrychioli
- Mse nifer ohonynt yn ddechreuwr newydd, sy'n ein cynorthwyo i atal ychwanegu rhagor o staff 'Lefel 0' at ein gweithlu

Ôl-ofal/ôl-hyrwyddo

Ar ddiwedd y sesiwn, anfonir e-bost dilynol at bawb sydd wedi cwblhau, yn nodi'r cyfleoedd dysgu pellach sydd ar gael iddyn nhw yn rhan o'r cynllun strategol sydd i'w weld yn Atodiad 5, a pha wasanaethau, cyngor ac adnoddau sydd ar gael i ddefnyddio mwy ar y Gymraeg yn y gwaith.

Sut ydyn ni'n gwerthuso'r cynllun

Rydym wedi penderfynu gwerthuso'r cynllun gan ddefnyddio model gwerthuso Kirkpatrick sy'n cynnwys pedair lefel. Disgrifir y pedair lefel isod a sut rydym wedi gwerthuso'r lefel hyn:

- Lefel 1 (Bodddhad): Gofynnwn y cwestiynau canlynol: *What were the biggest strengths and weaknesses of the training? 2. Did you enjoy the training? 3. What are the three most important things that you learned from this training? 4. From what you learned, what do you plan to apply in your role at CTMUHB?*
- Lefel 2 (Dysgu): Mae Swyddog y Gymraeg yn asesu a yw pob dysgwr wedi llwyddo i gyflawni'r naw elfen.
- Lefel 3 (Ymddygiad): Mae e-bost yn cael ei anfon at bawb sydd wedi cwblhau sesiwn dri mis wedi ei gwblhau, yn eu holi ynghylch eu defnydd o'r Gymraeg trwy'r cwestiynau canlynol: *1. Have you used your new skills, and if so in what way? 2. Have you faced any barriers to using your new skills? 3. What could you need to overcome any barriers?;*
- Lefel 4 (Dadansoddiad): Ein nod yw llunio dadansoddiad o'r data o'r tair lefel hyn yn y misoedd nesaf. Fodd bynnag, mae arwyddion cynnar yn dangos bod staff yn mwynhau'r sesiynau, mae staff yn tueddu i ddysgu'r elfennau amrywiol o Gymraeg sylfaenol, ac maent yn tueddu i ddefnyddio'r Gymraeg wedyn (sef newid eu hymddygiad ieithyddol).

Gosodwyd targed o 150 o staff erbyn Mawrth 2025 ac rydym yn debygol ar hyn o bryd o gyflawni'r targed hwn; hanner ffordd trwy'r flwyddyn adrodd hon, mae 56% o'r targed hwnnw wedi ei gyflawni.

Blaenoriaethau 2024/25

- Parhau i hyrwyddo'r ddarpariaeth yn fewnol, ac wrth ystyried canlyniadau'r gwerthuso, newid y ddarpariaeth fel y bo'n briodol
- Ystyried sut i ddechrau cofnodi sgiliau'r rhai sydd wedi cwblhau'r sesiynau ar ESR

Engheifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth

Cwbl allweddol oedd ein perthynas â'r Ganolfan Dysgu Cymraeg Genedlaethol a Dysgu Cymraeg Morgannwg.

Diweddariad ysgrifenedig blynyddol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar Gynllun 5 Mlynedd Mwy na Geiriau (Cyfnod Adrodd Ebrill 2023-Mawrth 2024)

Disgrifiad	
Cam 18: <i>Bydd sefydliadau'n datblygu ac yn gweithredu strategaeth gweithlu a hyfforddiant sy'n benodol ar gyfer y Gymraeg – gyda phwyslais cychwynnol ar fynd i'r afael â bylchau ym meysydd blaenoriaeth allweddol Mwy na Geiriau, a'r rheini sy'n ddihyder (angen ystyried y posibilrwydd o weithio gydag arweinwyr tîm / rheolwyr / cyflogwyr hefyd i greu'r amodau i unigolion ddefnyddio eu Cymraeg).</i>	
(Tymor canolig)	
Statws:	TYSTIOLAETH DDIGONOL BOD BIPCTM AR DRAC I GYFLAWNI'R CAM HWN
Gyda gwell data gweithlu mae cyflawni'r cam hwn bellach yn bosibl i BIP CTM. Y bwriad yw cyflawni'r cam hwn wrth gydymffurfio hefyd â Safon 110 Safonau'r Gymraeg.	
Blaenoriaethau 2024/25	
Y bwriad yn ystod 2024/24 yw defnyddio'r data gweithlu sydd gennym i wneud canlynol:	
<ul style="list-style-type: none"> • Sefydlu gwaelodlin o ran ein gallu i gynnig gwasanaethau yn y Gymraeg ar hyn o bryd (gan gynnwys 'ymgyngoriadau'), a hynny hefyd o fewn meysydd blaenoriaeth Mwy na Geiriau. Bydd y gwaelodlin hwn hefyd yn ystyried systemau ac arferion staff; • Ystyried lle mae ein bylchau, ac ystyried yr angen i flaenoriaethu gwaith i ganolbwyntio ar y manau hynny; • Wrth ystyried y camau ar gyfer lle mae bylchau, bydd hyn yn cynnwys ystyried dysgu a datblygu o ran y cynllun 'Codi Hyder' ar y cyd â recriwtio; • Cyhoeddi cynllun gweithredu gydag amserlen ar gyfer y gwaith i wella'r gwaelodlin hwnnw. 	
Y bwriad yw cyhoeddi'r cynllun hwn yn Nhachwedd 2024, felly yn gynt na'r gofyn.	
Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth	
Dd/B	
Disgrifiad	
Cam 29: Byddwn yn casglu ac yn rhannu enghreifftiau o arferion da arloesol sy'n bosibl ar draws y sector gan ddefnyddio safleoedd porth a hybiau sydd eisoes yn bodoli, gan gynnwys yr Hybiau Ymchwilio ac Arloesi.	
(Tymor byr)	
Statws:	CAM ANEGLUR
Nid yw'n glir beth yw'r cam hwn na phwy sy'n atebol amdano. Mae'r ffaith bod 'Hybiau Ymchwilio ac Arloesi' wedi eu crybwyll yn awgrymu math o arfer da y gellid ei uwchlwytho i rywle, yn hytrach na dull neu fenter newydd er enghraifft.	
Blaenoriaethau 2024/25	
Dd/B	
Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth	
Dd/B	

Disgrifiad	
Cam 30: Byddwn yn defnyddio'n Pecyn Cymorth Technegol Dwyieithog i sicrhau bod y gwasanaethau digidol yr ydym yn eu caffael a/neu'n datblygu yn cynnwys rhyngwyneb defnyddiwr dwyieithog lle bo hynny'n bosibl. O ran gwefannau gwybodaeth a chyingor byddwn yn dod a chyfieithwyr yn agosach at y broses creu cynnwys, gan gyd-ddrafftio yn y Gymraeg a'r Saesneg, fel ein bod yn cyfathrebu yn gliriach yn y ddwy iaith. (Tymor byr)	
Statws:	TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN
Mae dull newydd o asesu'r effaith ar y Gymraeg wedi ei ddatblygu a byddai hynny'n cynorthwyo'r broses o ystyried lle'r Gymraeg mewn datbygiadau digidol. Nid yw BIPCTM wedi datblygu technoleg berthnasol fodd bynnag ers cyhoeddi Mwy na Geiriau hyd yma. Iechyd a Gofal Digidol Cymru yn gynyddol fyddai'r rhanddeiliad pwysicaf i'r cam hwn. Mae BIPCTM yn cytuno gyda'r egwyddor bwysig bod angen dod â chyfieithwyr yn nes at y broses creu cynnwys lle byddai hynny'n berthnasol.	
Blaenoriaethau 2024/25 Dd/B	
Enghreiffiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth Dd/B	
Disgrifiad	
Cam 31: Byddwn yn darparu'r cymorth strwythuredig a'r adnoddau angenrheidiol ar gyfer fforymau rhanbarthol a rhwydweithiau proffesiynol Mwy na geiriau er mwyn cael lle sy'n ei gwneud yn bosibl i ddysgu a rhannu arferion gorau o ran cysondeb gofal ar draws cymunedau, gan roi sylw penodol i integreiddio iechyd a gofal cymdeithasol. (Tymor canolig)	
Statws:	YN ANNHEBYGOL O GYFLAWN'R CAM HWN HEB GEFNOGAETH DDISGWYLIEDIG Y SEFYDLIAD PARTNER
Nid yw'r cymorth strwythuredig na'r adnoddau angenrheidiol wedi eu rhoi i BIPCTM i'n cefnogi i hwyluso fforwm rhanbarthol. Mae BIPCTM wedi rhoi cynnig ar sefydlu fforwm rhyng-asiantaethol yn ystod y cyfnod adrodd hwn ond ni chafodd ceisiadau am aelodaeth gan y cynghorau lleol eu hateb yn achos dau awdurdod lleol ac yn achos un, fe anfonwyd swyddog iau heb unrhyw gyfrifoldeb rheoli. Roedd dwy o'r tair menter iaith yn y rhanbarth wedi ymateb ac fe ddaeth cynrychiolwyr i un cyfarfod a gynhaliwyd. Oherwydd adnoddau prin a chynrychiolaeth wan ar y fforwm, nid yw BIPCTM yn teimlo ei fod yn werthfawr parhau gyda fforwm. Fodd bynnag, cred BIPCTM fod y Byrddau Partneriaeth Rhanbarthol yn cynnig model posibl ar gyfer strwythuro cydweithio yn y rhanbarth yn niffyg cefnogaeth ar gyfer fforwm.	
Blaenoriaethau 2024/25	
<ul style="list-style-type: none"> • Yn rhan o Fforwm Ymgysylltu Strategol newydd BIPCTM sy'n cynnwys Arweinydd y Gymraeg a Phaennaeth Cyfathrebu Bwrdd Partneriaeth Rhanbarthol Cwm Taf Morgannwg, archwilio ffyrdd o gydweithio mewn modd mwy addas na fforwm; • Yn rhan o raglen ymgysylltu strategol y mae'r Gymraeg yn rhan ohoni, archwilio gwaith penodol gyda'r Mentrau Iaith yn yr ardal. 	
Enghreiffiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth	
Mae Arweinydd y Gymraeg yn rhan o Fforwm Ymgysylltu Strategol y Bwrdd Iechyd sy'n cynnwys partneriaid allweddol ac a fydd yn fodd o drafod ymgysylltu rhanbarthol pwrpasol.	

Diweddariad ysgrifenedig blynyddol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar Gynllun 5 Mlynedd Mwy na Geiriau (Cyfnod Adrodd Ebrill 2023-Mawrth 2024

Disgrifiad	
Cam 32: Byddwn yn sicrhau bod Arweinwyr Gweithredol, Hyrwyddwyr a Swyddogion y Gymraeg yn cwrdd yn genedlaethol i rannu arferion gorau er mwyn sicrhau dull cyson o ymdrin â materion allweddol a datblygu mentrau i ddathlu llwyddiannau, gan gynnwys hyrwyddo Mwy na geiriau mewn cynlluniau gwobrau ac anrhydeddau sydd eisoes yn bodoli. (Tymor byr)	
Statws:	TYSTIOLAETH DDIGONOL BOD BIPCTM AR DRAC I GYFLAWNI'R CAM HWN
Mae Arweinydd y Gymraeg (neu Swyddog y Gymraeg ar ei ran) wedi ymdrechu i fod yn bresennol yng nghyfarfodydd 'Grŵp Strategol y Gymraeg', sef cyfarfod o swyddogion, rheolwyr ac arweinwyr Cymraeg o sefydliadau GIG Cymru ac rydym yn gyfrannydd brwd atynt lle gallwn fod yn bresennol. Byddem yn croesawu cyfarfod rhwng Arweinwyr Gweithredol a chydweithwyr ar draws Cymru.	
Blaenoriaethau 2024/25 Dd/B	
Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth Dd/B	
Disgrifiad	
Cam 33: Byddwn yn cynnal arolwg gyda darparwyr gofal sylfaenol i ddeall effaith dyletswyddau ynghylch y Gymraeg ar ddarparu'r Cynnig Rhagweithiol. Bydd yr arolwg yn dangos yr arferion gorau ac yn rhoi cyngor i Gyfarwyddwyr Gweithredol Gofal Sylfaenol er mwyn datblygu a gwella gwasanaethau Cymraeg ymhellach, gan weithio'n agos gyda'r clystyrau. (Tymor canolig)	
Statws:	TYSTIOLAETH DDIGONOL BOD BIPCTM AR DRAC I GYFLAWNI'R CAM HWN
Tua diwedd y flwyddyn adrodd hon, fe wnaethom greu taflen wybodaeth safonol yn nodi'r Chwe Dyletswydd y disgwylir i bob darparwr Gofal Sylfaenol sydd â chontract gyda BIPCTM gadw atyn nhw, yn unol â Rheoliadau GIG Cymru (Gwasanaethau'r Gymraeg mewn Gofal Sylfaenol) (Diwygiadau Amrywiol) (Cymru) (2019). Fe wnaethom hefyd gynnwys gwybodaeth glir arni gan nodi sut y gall y Bwrdd Iechyd gefnogi darparwyr Gofal Sylfaenol i gyflawni'r dyletswyddau hynny. Roedd hyn yn cynnwys hyrwyddo ein gwasanaeth cyfieithu rhad ac am ddim, cynnig sesiynau ymwybyddiaeth penodol i Ofal Sylfaenol a hyrwyddo argaeledd bathodynau Iaith Gwaith. Fe anfonwyd y wybodaeth hon at bob darparwr GMS, Fferylliaeth a Deintyddiaeth gyda chontract GIG yn y rhanbarth. Fe dderbyniwyd 24 geisiadau am gymorth ers ei anfon.	
Blaenoriaethau 2024/25	
<ul style="list-style-type: none"> • Bydd y cynnig safonedig hwn yn parhau i gael ei rannu drwy gydol y flwyddyn adrodd nesaf, ac mae ymgysylltu pellach â darparwyr Gofal Sylfaenol yn flaenoriaeth fel y nodir yng nghynllun gweithredol datblygu'r Gymraeg 2024-25 • Gobeithir cynnal yr arolwg perthnasol cyn diwedd y flwyddyn adrodd bresennol, nawr bod cynnig clir wedi ei rannu gyda darparwyr i fraenaru'r tir. 	
Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth Dd/B	

Disgrifiad
Cam 35: Mae arwyddion gweledol nid yn unig yn galluogi defnyddwyr gwasanaethau i wybod pa staff sy'n siarad Cymraeg, maen nhw hefyd yn cyfleu neges bod y Gymraeg yn rhan 'arferol' o'r broses bob dydd o ddarparu gwasanaeth, ac yn adeiladu ar ethos o berthyn. Byddwn yn ymestyn y prosiect Iaith Gwaith ledled Cymru er mwyn i weithwyr sy'n gallu cynnig gwasanaethau'n Gymraeg, neu'n rhannol gynnig gwasanaethau'n Gymraeg, allu dangos hynny'n rhwydd drwy wisgo bathodyn neu laniard Iaith Gwaith. Bydd ein systemau TGCh hefyd yn casglu, yn dangos ac yn rhannu gwybodaeth sy'n rhoi gwybod i ni fel unigolion a staff pwy sy'n gallu siarad Cymraeg a pha wasanaethau y byddan nhw'n eu cynnig yn Gymraeg – er mwyn i ni allu defnyddio ein Cymraeg gyda nhw. (Mae'n bosibl bydd angen cyllid/adnoddau ychwnegol er mwyn cyflawni hyn) (Tymor byr)
Statws: TYSTIOLAETH DDIGONOL BOD CYNNYDD HELAETH GYDA'R CAM HWN
Bathodynau Iaith Gwaith Darperir cortynnau gwddf a bathodynau (pin neu wedi'i frodio) i'r staff yn rheolaidd, ac mae'r poster cenedlaethol 'Defnyddiwch eich Cymraeg Yma' hefyd yn cael ei rannu'n rheolaidd. Hwylusir hyn trwy sicrhau bod cortynnau gwddf ar gael yn swyddfa gyffredinol pob prif safle ysbyty, mae cortynnau gwddf, bathodynau a'r poster 'Defnyddiwch Eich Cymraeg Yma' yn cael eu hyrwyddo ar y safle SharePoint a ddisgrifiwyd ar gyfer y Gymraeg, darperir logos llofnod e-bost 'siaradwr Cymraeg' drwy SharePoint i staff ei ychwanegu at yr e-byst, mae ffurflenni archebu bathodynau adnabod yn gofyn a yw'r aelod o staff yn gallu siarad Cymraeg ac os felly mae'r symbol 'Iaith Gwaith' yn cael ei ychwanegu, ac mae ffurflenni archebu ar gyfer sgrïbs a gwisgoedd staff ward yn cynnwys gofod lle gall staff ofyn bod y symbol 'Iaith Gwaith' yn cael ei frodio arnynt ac fe'u hatgoffir o hyn yn y canllawiau. Mae dros 180 o fathodynau a chortynnau gwddf wedi'u rhoi i staff sy'n siarad Cymraeg gan Wasanaeth Datblygu'r Gymraeg drwy'r dulliau hyn yn ystod blwyddyn adrodd 2023-24, ac mae ymweliadau safle yn cadarnhau bod llawer o'n staff yn eu gwisgo.
TGCh a chasglu dewis iaith Mae BIPCTM wedi datblygu datrysiad arloesol ar gyfer arddangos a rhannu gwybodaeth i gleifion yn rhan o waith ar gyfer 'Rheoli Gweledol' ar wardiau, gan gynnwys dangos dewis iaith, ar e-fyrddau gwyn. Er i'r system hon gael ei datblygu gyntaf yn Ysbyty Brenhinol Morgannwg, mae bellach wedi'i chyflwyno yn 2022/23 yn 2023/24 i bob ysbyty yn y Bwrdd Iechyd. Fe ddisgrifiwyd y sytem hwn yn ein hadroddiad diwethaf ynghylch Mwy na Geiriau. Rhwng Ebrill 2023 a Mawrth 2024, mae 29 o gleifion wedi elwa o'r system hon mewn tri o'n safleoedd aciwt ac un ysbyty cymunedol. Enghraifft o sut y gall cofnodi angen iaith cleifion yn fewnol olygu nad yw cleifion yn gorfod ailadrodd eu hangen iaith wrth symud drwy'r system yw achos Claf A eleni (cuddiwyd yr enw), a dderbyniwyd i Ward B2 yn Ysbyty Cwm Rhondda, cyn cael ei drosglwyddo i Ysbyty Brenhinol Morgannwg wedyn. Dengys data'r system nad oedd angen gofyn eto am angen iaith ar ôl i'r claf gael ei derbyn yno gan ei fod eisoes wedi'i gofnodi ar y system ar yr ward flaenorol.
Mae systemau cenedlaethol hefyd yn cynnwys y gallu i gofnodi dewis iaith yn gynyddol, yn eu plith Cofnod Gofal Nyrsio Cymru (WNCR). Rhwng Ebrill 2023 a Mawrth 2024, cofnodwyd 'Cymraeg' ar gyfer dewis iaith 180 o gleifion ar y system hwn.
Blaenoriaethau 2024/25
<ul style="list-style-type: none">Mae angen gwaith i ddeall y bwlch rhwng cofnodi ar yr WNCR ond nid ar yr e-fwrdd gwyn.

Diweddariad ysgrifenedig blynyddol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar Gynllun 5 Mlynedd Mwy na Geiriau (Cyfnod Adrodd Ebrill 2023-Mawrth 2024

<ul style="list-style-type: none">• Bydd gwaith (ar gyfer Safon 110) hefyd yn ystyried y <i>Welsh Patient Administration System</i> a chynyddu faint o gleifion sydd wedi cael cofnodi eu dewis iaith ar hwnnw.
Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth Dd/B
Disgrifiad Cam 37: Byddwn yn datblygu ymhellach adnoddau geiriadurol, corpws terminoleg o safon uchel, systemau cof iaith ac adnoddau ymarferol i helpu staff i ddefnyddio eu sgiliau Cymraeg, er enghraifft Gair i Glaf. Yn y tymor byr, bydd hyn yn cynnwys swyddogion y Gymraeg a chyfieithwyr yn cydweithio ar gasglu a chyfuno termau ynghyd â gallu a chapasiti cyfieithu. (Tymor byr- cydweithio ar ddatblygu termau safonol)
Statws: YN ANNHEBYGOL O GYFLAWNI'R CAM HWN HEB GEFNOGAETH DDISGWYLIEDIG Y SEFYDLIAD PARTNER
Mae angen datrysiad cenedlaethol i hyn ac nad lle un Bwrdd Iechyd yw gwneud hynny.
Blaenoriaethau 2024/25 Dd/B
Enghreifftiau o arfer gorau/ gwaith sy'n cael ei wneud mewn partneriaeth Dd/B

Cwm Taf Morgannwg University Health Board's annual written update on the More Than Words 5 Year Plan (Reporting Period April 2023-March 2024)

Completed by Ben Screen, Welsh Language Lead, and approved by Karen Wright, Assistant Director of Policy, Governance & Compliance.

CTMUHB Self-Assessment Key against Individual Actions under More Than Words 2025-2027 (Reporting Year 2023-24)	
GREEN	SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION (SEE APPENDICES)
AMBER	SUFFICIENT EVIDENCE THAT CTMUHB IS ON TRACK TO ACHIEVE THIS ACTION (SEE ATTACHMENTS)
RED	THIS ACTION IS UNLIKELY TO BE ACCOMPLISHED WITHOUT THE EXPECTED SUPPORT OF THE PARTNER ORGANIZATION
CTMUHB's Self-Assessment against the More Than Words 2025-2027 Plan as a Whole (Reporting Year 2023-24)	
SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THE PLAN AS IT RELATES TO CTMUHB	

Description	
Action 1: We'll set performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). (Short term) (Short term)	
Status:	SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION
The Welsh Government is to lead on Action 1 to a large degree. The focus below is therefore on governance as evidence that the Board ensures itself of progress on a regular basis, the role of the Welsh Language Development Service in driving progress, and current staff appraisals.	
Governance	
The assurance of bilingual provision is overseen by the Welsh Language Steering Group, which reports to the People and Culture Committee on behalf of the Board. The Committee considers regular highlight reports on our current situation in terms of Welsh language provision within CTMUHB. The remit of the Welsh Language Steering Group also includes ensuring that appropriate escalation arrangements are in place to bring matters to the attention of the Chief Executive and the Chair when necessary. An example of a Board paper that went from the Welsh Language Steering Group in February 2024 can be seen here on page 104 as part of the meeting papers, which shows that oversight arrangements were used where it was necessary to do so.	
The role of the Welsh Language Development Service and Welsh Language Lead	
There is a team within the Health Board which offers various services in terms of the Welsh language and which is key to enabling the Health Board to make progress in implementing More Than Words. An outline of the team's work can be found in Appendix 1. The team is led by a Band 8a senior manager, and the result of that is that that officer tends to be present in spaces in the Health Board where there would not have been a Welsh Language representative previously. This in itself is a sign of the organization's commitment to More Than Words. This officer is responsible for tracking progress with More Than Words operationally.	

<p>Current staff appraisals</p> <p>There is a standard corporate template which is a Personal Development Review (PDR - Your Conversation) for all Health Board staff which focuses on our three organizational values, which are We Listen, Learn and Improve, We Treat Everyone with Respect and We all Work Together As One Team. This approach facilitates the integration of More Than Words into the performance reviews of all staff:</p> <ul style="list-style-type: none"> • <i>The We Listen, Learn and Improve</i> section includes a discussion on the learning required for the role, and learning Welsh is included as a specific example; • The <i>We Treat Everyone With Respect</i> section includes the following prompt for the manager working through the template: 'Discuss the link with CTM's corporate goals and how the individual makes a positive difference to Health'. This allows discussion on how the member of staff has worked to achieve organizational goals (one of which is developing better Welsh language provision), and it includes a specific example for contributing to improving services and the quality of services; • Progress in completing mandatory training is also included as a trigger for discussion as part of the template. This means that there is a nudge to ensure that the Welsh Language Awareness Course on ESR is completed. 	
<p>Priorities 2024/25</p> <p>Continue to maintain the Welsh Language Steering Group</p>	
<p>Examples of best practice/ work being done in partnership.</p> <p>The above would not have been possible without consistent collaboration with the Learning and Development Team.</p>	
<p>Description</p> <p>Action 2: <i>Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. This approach will build on the training and on the positive narrative outlined in the plan.</i></p> <p><i>(Short to medium term)</i></p>	
<p>Status:</p>	<p>SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION</p>
<p>CTMUHB believes that this action is a matter of organizational culture. Organizational culture is the set of values, beliefs, attitudes, systems and rules that influence the behavior of employees in an organisation. Influencing all this is a long-term process and there are a number of different drivers that need to be developed. The focus below is on what has been done within this reporting period in terms of our culture, including also initial quantitative and qualitative evidence that suggests a positive change in favor of the Welsh language.</p> <p>CTMUHB's People Plan</p> <p>The Welsh language is a specific priority under the CTMUHB People Plan, which is Priority 8, "Creating a thriving Welsh language culture and identity, improving skills and awareness". This is evidence of the inclusion of the Welsh language at a higher level of planning.</p>	

Supporting Culture Plan

CTMUHB has a Culture Plan in place which includes the Welsh language as a core part of it. This can be seen in Appendix 2 and much of the below derives from that plan. The Welsh language can be seen in it and the aim is that we will frame much of our promotional activity around the concept of 'Hiraeth'.

- ❖ *It can be seen that the inclusion of the Welsh language in the plan (and also our People Plan) coincides with Stage 3 of the 'Leading in a Bilingual Country' program which is 'Creating the vision'.*

In March 2024 an internal campaign was held around 'Hiraeth'. 'Hiraeth' is personal to the individual but could be linked to the feeling of losing the Welsh language or connection to Wales, and a strong desire to regain this aspect of our personal connection to Wales and Welsh heritage. We wanted to give staff the opportunity to (re)connect with our language, in a positive way that focused on their relationship with it. By offering staff the opportunity to 'reclaim' this aspect of their heritage, a further aim was to contribute to a more inclusive culture, and a better sense of 'belonging' to the Welsh language.

Here's what we did as part of our 'Hiraeth' campaign:

- Introducing our Welsh tutor under the 'Inspiring Confidence' scheme and sharing some inspiring stories from staff about their language journey, linking this to how it has enabled them to reconnect with our language and culture
- Relaunch of our brand new bilingual SharePoint page. We also added it to our intranet homepage, under '*Essential Links*'. It contains over 16 different resources, a handy link to organize Welsh 'Taster' sessions (see Action 17) and other information about learning Welsh, guidelines on embedding the Welsh language in services, videos of staff and patients talking about the importance Welsh for them and information about using Welsh at work
- Held several drop-in sessions across our sites, to share resources and chat with staff and patients
- Hold an event for all staff, facilitated by the National Welsh Learning Centre

The event for all staff will be the first of many cultural development sessions with the aim of breaking down the psychological barriers staff face to using their Welsh due to confidence, and the all too common misconception that 'fluency' is needed ' to speak and enjoy our language. The event also discussed our relationship with our language, what it means to us and the best way for us to continue to promote its use in a way that fosters a sense of belonging. The event was open to all staff, with staff attending from different specialisms, from Finance to Medicine and Sterile Services to the Patient Experience Team. There is therefore a wide understanding that a healthy organizational culture is one that includes the Welsh language and its invaluable contribution to our country. Here are two comments to give a taste of the success of the event, "*I am more open to the opportunities to use my Welsh at work without worrying about using some English words. This is the start of a long journey...*" and "*It was great to hear from other colleagues who have similar experiences to me and encouraging to see everyone's passion for the language with so many other people at CTM*".

- ❖ *This coincides with Stage 4 of the 'Leading in a Bilingual Country' programme and 'Communication and Buy In', where we have started to encourage dialogue in a way that is sensitive to the subjective experiences of people around Welsh.*

Leadership

The Health Board has created a 'Leadership Competency Framework'. This can be seen in Appendix 3 and will be available for all staff and all bands, starting with senior staff initially. The Welsh language is a core part of that package and a great deal of its initial content, under 'Inspire', is inspired by what is under discussion in the 'Leading in a Bilingual Country' programme. The content is aimed at those who practice 'systems leadership' at a higher level and will ensure that we embed the spirit of Cymraeg 2050 and More Than Just Words in the culture of our organization and policies. The aim of the specific Welsh content under the 'Inclusion' module is the following:

1. Gain a more nuanced understanding of the Welsh language and its culture, by examining the social history of the Welsh language and its effect on the social psychology and language use of bilingual people;
2. Understand the role of CTMUHB in creating a million Welsh speakers by 2050, and the essential role that senior leaders play in making this a reality;
3. Understanding the relationship between bilingualism and quality of care;
4. Understanding the important role that empathy plays in leadership regarding bilingualism and the impact of this on our staff;
5. Understanding how leaders can communicate better about bilingualism so that the Welsh language can flourish.

The content will be available through software called 'Articulate' but the written content of the model is included in Appendix 3. There will also be a face-to-face session to discuss what was discussed in the model under the guidance of a qualified facilitator.

- ❖ *This is in line with Stage 5 of the 'maturity model' shared as part of the 'Leading in a Bilingual Country' program, by helping to develop leaders who share a positive narrative about the Welsh language, who bring people with them and who are proactive in identifying obstacles.*

Internal communication

We presented the following in our update last year: An internal promotion plan for Welsh language services has been developed as part of the Communication and Engagement theme in the Delivery Plan, focusing on how CTMUHB communicates about the Welsh language, with a core message to flow through all communication about the language. It also includes an action plan, identifying steps to promote the Welsh language through the lens of behavioral and cultural change, aligned to the Behavior Change Wheel and the COM-B enabling model.

This year we have gone further, but continuing to use the science of behavior change in our narrative around the Welsh language. Effective internal communication is essential to stimulate organizational change and there is much evidence that strategic internal communication improves employee engagement and commitment to organizational change initiatives, such as developing the Welsh language. The framework can be seen [here](#) and the categories below structure the updates. The categories are based on three elements of a recognized

behavior change methodology, namely COM-B. COM-B covers [Capability] (knowing how to carry out the behaviour), [Opportunity] (having the means or resources to carry out the behaviour) and [Motivation] (having the will to want to perform a behavior).

- The '**Da iawn**' category focuses on celebrating individual examples of best practice from staff across the organization when using the Welsh language. This enables good practice to be shared and adopted elsewhere, but it also includes 'social proof' and 'identity-based cognition'. These are important concepts when spreading behavior change as staff are much more likely to adopt behaviors that are supportive of the Welsh language if they see their own colleagues carrying out these behaviors as well. 'Da iawn' corresponds to the 'Motivation' aspect of COM-B.
- The second aspect, '**More Than Words: The Patient Experience**' focuses on how using the Welsh language can positively affect the experience of our service users. Demonstrating the impact of real-world behaviors on patients is an important motivation for NHS staff. This aspect also goes hand in hand with COM-B's 'Motivation' aspect.
- Thirdly, '**Staff Support**' shares regular messages about how staff can access resources, advice or help to incorporate the Welsh language in the way they provide their services. This aspect aligns with 'Capability' and 'Opportunity' within COM-B. This is important because the More Than Words evaluation in 2021 described that understanding 'how' to implement the Welsh language is a challenge.
- Finally, '**Skills, Learning and Development**' shares regular updates and reminder messages about various opportunities for staff to develop their Welsh skills and other training and development opportunities related to the Welsh language. This last aspect corresponds to 'Capability' in the COM-B model.

The link [here](#) contains examples of each category.

- ❖ *In terms of the 'maturity model' of the 'Leading in a Bilingual Country' programme, it can be seen that this work is in line with Stage 4 and 'communication on all levels' and Stage 6, 'Target early gains, and celebrate them'.*

Llais y Gymraeg/The Welsh Voice

The principles of 'Llais y Gymraeg', which were shared with the officers who took part in the 'Leading in a Bilingual Country' programme, are used throughout communication about the Welsh language. Not only in the examples above, but also in our guidelines about the Welsh language and in frequent communications from the Welsh Language Development Service. This verbal strategy can be seen in action in Appendix 7, which is usually the first communication a member of staff receives about the Welsh language in the organisation. Various guidelines and the home page of the Welsh language SharePoint page also lead with the 'Why', and what Welsh language provision means to our patients. Another example of this is our corporate induction video, which includes videos from staff and patients from CTM, and also our new recruitment guidelines which can be seen in Appendix 6.

- ❖ *This coincides with Stage 1 of the 'maturity model' in the 'Leading in a Bilingual Country' program, and 'changing the narrative and developing empathy for the Welsh language'.*

Language awareness

Awareness of the Welsh language is a multifaceted concept. It is important however because people are less inclined to practice behavior that is supportive of the Welsh language if they are not aware of the importance of the Welsh language to others, for one. Over 70% of CTMUHB staff have completed the ESR language awareness course. There is much more to this however as there is no linear relationship between completing an e-learning package and positive action in favor of the Welsh language. We also note that this package has not yet been evaluated (as far as we know).

Internal Survey

A survey as part of an internal audit (completed by 86 different departments from each Care Group) showed that 28% of managers strongly agreed with the statement "*My team has a good understanding of why we need to offer services in Welsh and what this can mean for the patient*". 46.5% of managers agreed with that statement. Only 4.7% disagreed.

PREMs

There appears to be a link between the above statement and operational provision. In Appendix 4 there is a breakdown of our PREMs data for the reporting period. The data for this reporting year shows that, of those patients who completed a survey and answered the question about their ability to use Welsh if they wished, the majority were able to do so. Data for Emergency Departments and the Palliative Care team is important as this will allow further interventions there to improve these scores. It should be noted however that over 160 patients reporting that they have used the Welsh language in the emergency care departments of CTMUHB is very positive, and it is likely as a result that there is a high level of Welsh language provision in them, even if that might be inconsistent. This therefore shows that CTMUHB has a level of Welsh language provision and that this is valued by our patients. It also shows that staff appreciate the importance of the Welsh language in care and are prepared to use it with patients.

Qualitative data from patients

At [this](#) link there are several examples of internal communication about the importance of care in Welsh. These stories from patients are also qualitative evidence that CTMUHB understands the importance of the Welsh language and uses it with patients. Two of these stories relate to services which are priority areas under More Than Words, namely the elderly and those with learning disabilities.

Site visits

The aim of site visits is to examine the extent to which the Welsh language is visible on care sites, which frontline administrative services use Welsh (receptions etc.) and how many staff wear Welsh lanyards or the orange bubble on their work uniform. These visits show that the Welsh language is very visible across our sites and not a single site is without any permanent and temporary bilingual signs. Welsh speaking

staff are always to be seen in addition. Visually therefore, these visits suggest a high level of awareness of the Welsh language which can be seen in the physical spaces of care settings. We recognize however that there is work to be done in terms of front line administrative services.

Acknowledging staff for their contribution to CTM bilingualism

In addition to the 'Da iawn' category as part of our internal communication described above, our internal mechanism for recognizing staff, Seren CTM (Welsh-only title) is available fully bilingually and this year the first member of staff was celebrated for her contribution to bilingualism at CTM and more widely. This is an example that staff understand the importance of the Welsh language and that the leadership of the organization also understands that as it is prepared to reward staff for their contribution to our language and culture.

Collaboration, interaction and early informal indicators

Measuring cultural change is difficult. The below is an attempt to give more qualitative examples of positive change for the Welsh language this year.

- There is collaboration between the Welsh Language Development Service and a number of teams across CTMUHB, and this collaboration has increased over the two years since the publication of More than Words. The fruit of this collaboration can be seen throughout this report;
- The interactions between the Welsh Language Development Service and staff across the Health Board in general has increased, partly due to better internal engagement but also through promoting our new learning offer which has been successful (see under Action 15 and 17) ;
- Although the Welsh Language Steering Group is a sign of better governance, it is more important than that because it is a group of people from different parts of the Health Board who have come together with the aim of promoting the language.
 - ❖ *That is, 'creating the guiding team' under Stage 2 of the 'maturity model' within the 'Leading in a Bilingual Country' programme. It is a 'coalition' for positive change for the language and it is another positive development since the publication of More Than Words;*
- Three Board members have completed a Welcome to Welsh session and the Secretary of the Board is deputy chair of the Welsh Language Steering Group;
 - ❖ *That is, 'creating the guiding team' under Stage 2 of the 'maturity model' within the 'Leading in a Bilingual Country' programme. There is 'Sponsorship' at the highest level for the Welsh language;*
- Requests for support with the Welsh language are increasingly coming from locations where the Welsh Language Development Service has not contacted before;
- Despite unprecedented challenges for the Health Board, the Welsh language was included on the agenda of the Operational Management Board¹ twice during this reporting cycle, firstly to present more about the Welsh language agenda at the request of the Chief

¹ Not the Executive Board led by the Chair of the Board. The purpose of the Operational Management Board rather led by the Chief Operating Officer is to run the organization operationally from month to month and is a very difficult space to enter.

<p>Operating Officer, and the second time under the care of the Deputy Director for People in order to approve a new Active Offer Policy (partly to comply with Standard 24). It is therefore important to recognize that there was a discussion about the Welsh language at this level while a number of urgent and extremely serious items were discussed at the same time due to the nature of the meeting;</p> <ul style="list-style-type: none"> • The Welsh language has been an item at the pan-CTM All-Staff Q&A and the CTM Leadership Group several times this year, at the request of the Executive Director with responsibility for the Welsh language or other members of staff; • Welsh was used in a formal Committee meeting through an interpreter as part of this reporting period for the first time ever; • There are several meetings where it was observed that the chair of the meeting opened the meeting in Welsh. <p>Although the above are not revolutionary changes in themselves, they are examples of small changes that can be seen in the ethos of the organization since the publication of More Than Words.</p>
<p>Priorities 2024/25</p> <p>There is a high level operational plan for work on the Welsh language. Part of this this year is to formalize much of the above in terms of our 'policy' on the internal use of Welsh, which if done properly has the potential to be a boost to our internal bilingual ethos.</p>
<p>Examples of best practice/ work being done in partnership.</p> <p>The above would not have been possible without consistent and fruitful collaboration with our Communications and Engagement teams, the Workforce Data Team and the Organizational Development and Inclusion Team. Consistent collaboration like this is a positive development in favor of the Welsh language at CTM.</p>
<p>Description</p> <p><i>Action 3: We will expect those in leadership roles to participate in our Leading in a Bilingual Country programme. This program works towards embedding the spirit of Welsh 2050 in the culture of organizations and their policies. All too often, the Welsh language is seen as just a matter of translation or a 'tick the box' exercise when developing policy. This program, which is based on values, goes beyond that work to understand the potential impact of all the elements of our work on our language — and to use what we have to use the language more.</i></p> <p><i>(Medium term)</i></p>
<p>Status: SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION</p>
<p>Two CTMUHB officers have completed the Leading in a Bilingual Country program and there was an opportunity as part of that program for them to present some of their work. The content of the program has also inspired the Welsh content of the Leadership Competency Framework described above under Action 1.</p> <p>Although no Board member has completed the 'Leading in a Bilingual Country' programme, it is essential to note that CTMUHB has its own leadership program which includes a specific section for leadership and the Welsh language for senior leaders. That content can be found in Appendix 3. It is intended to formally evaluate this program but it is reasonable to hope that the CTMUHB leadership program could make a good contribution to moving away from "considering the Welsh language as just a matter of translation or 'ticking the box' exercise when developing policy", which is one of the laudible aims of Action 3.</p>

<p>In addition, a 'maturity model' was introduced as part of the 'Leading in a Bilingual Country' programme. Where activity in this report is relevant to that journey and its stages, we have noted that.</p>	
<p>Priorities 2024/25 Ensure that relevant senior Board Members have applied for a place on the programme, to complement the wider work at CTMUHB.</p>	
<p>Examples of best practice/ work being done in partnership. It was positive to have the opportunity to share the work of CTMUHB as part of cohort 2 "Leading in a Bilingual Country".</p>	
<p>Description <i>Action 8: An agreed national framework for collecting and collating data on the language skills of all staff working in health and social care in Wales will be developed and implemented. The framework should be mandatory wherever possible, and would need to fit in with the systems and methods currently in place to collect and aggregate data across the health and social care sectors, including services that are provided in Welsh. (Additional funding/resources may be required to achieve this). (Short term)</i></p>	
<p>Status:</p>	<p>NOT APPLICABLE TO CTMUHB</p>
<p>It is not clear how this applies to CTMUHB and the organization has not received correspondence from any of the other organizations named under this Action. However, CTMUHB now has comprehensive data about the language skills of its workforce and we will detail this under the other relevant actions. If this action were implemented, CTMUHB would have a comprehensive data submission to contribute.</p>	
<p>Priorities 2024/25 Not applicable to CTMUHB.</p>	
<p>Examples of best practice/ work being done in partnership. Not applicable to CTMUHB.</p>	
<p>Description <i>Action 9: An annual report will be prepared by an appropriate body to bring together data about the health and social care workforce. This report could be prepared and published by Statistics Wales. The report should be available to the public with a further level of detail available as appropriate to those bodies responsible for the workforce in different contexts – eg, HIW, NHS, Health Boards. (Short/medium term)</i></p>	
<p>Status:</p>	<p>UNCLEAR ACTION</p>
<p>It is not clear what CTMUHB's duty is for this step.</p>	
<p>Priorities 2024/25 Not applicable to CTMUHB.</p>	
<p>Examples of best practice/ work being done in partnership. Not applicable to CTMUHB.</p>	

Description	
<i>Action 13: Health and social care organizations will find workforce skills gaps in key areas and develop plans to address them. This will be embedded in skills and workforce plans that are developed and presented in individual organisations, and will call for working closely with HEIW and GCC. (Medium term)</i>	
Status:	SUFFICIENT EVIDENCE THAT CTMUHB IS ON TRACK TO ACHIEVE THIS ACTION
CTMUHB has collected language skills data for 91% of its staff, in terms of understanding, reading and writing in Welsh between 0 and 5 (under the ALTE levels). This has facilitated micro-level language planning in many ways (from targeting the promotion of our learning Welsh plan under Action 15 and 17 to promoting the Iaith Gwaith badge). In terms of this action in particular, it is now possible to "find gaps in the skills of the workforce in key areas and develop plans to address them" and this work is described under Stage 18.	
Priorities 2024/25	
The intention is to publish a strategy for Action 18, which is linked to Action 13, in November 2024. To complement that, however, the Health Board's Strategic Workforce Plan refers to the Welsh language and planning for it, as does training regarding workforce planning for managers and the template for managers for their departmental workforce plan. Work for Action 18, however, will be the focus of CTMUHB in achieving this action.	
Examples of best practice/ work being done in partnership.	
N/A	
Description	
Short and medium term measures	
<i>Action 14: We will expect all NHS and social care colleagues to follow a language awareness course, which will explain how important the Welsh language is in providing services and as one of the needs of patients. After introducing Welsh language awareness training to all professionals in the field of health and social care, we would expect this training to be provided in all disciplines for trainees, and presented as part of the induction process to new employees who have not already done the training. (Medium term)</i>	
Status:	SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION
Over 70% of our staff have completed the e-learning package for this action. It is compulsory for all members of staff including new staff.	
Regarding the main output of this action, which is behaviour, see above under Action 1 for more evidence of better <i>behavior</i> as a result of better awareness of the Welsh language.	

Description

Action 15: *The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We also recommend that the Welsh Government consider what resources are needed to provide adequate support for such a scheme, including helping employers to free up key staff to get serious about learning Welsh.*
(Tymor canolig)

Status: SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION

Although it is not CTMUHB that has named against this action, we have included below an outline of the progress of the Inspiring Confidence Scheme with our partners because of its strategic importance to our ability to achieve More Than Words.

Strategic plan

A strategic plan for our Welsh learning offer was written in partnership with the National Centre for Learning Welsh (which can be seen in Appendix 5). There were three elements to it including courtesy sessions to reach Action 17 of More Than Words. A collaboration method was set which included a series of regular meetings and an agreement regarding the duties of each stakeholder that was part of the plan. A detailed action plan to start the work was also included.

L&D Policy

The implementation of the plan is supported by the fact that the organisation's Learning and Development Policy includes the requirement that managers need to support Welsh learning activity.

Tutor

We succeeded in recruiting a tutor from Learn Welsh Glamorgan who run the scheme with the help of the Welsh Language Officer at the Health Board.

Aim of the Scheme

Change linguistic practice and raise the confidence of reluctant speakers, so that they use Welsh when they would normally use English.

Promotion

We promoted the First Cohort through the Welsh Language Steering Group and we succeeded in filling that cohort. We had also used our internal Communication channels such as the staff update and the intranet. For the second cohort, we have used workforce data for staff who have identified their skills in Welsh as level 3 and 4 and 28 names came forward. There are now 19 in the second cohort. Four are on a waiting list and 2 have already confirmed for Cohort 3.

Content and individual objectives

One-to-one sessions are held with each member of staff in a location of their choice over 10 weeks. Each session is adjusted according to the learner's needs and objectives based on an initial session with them. The main objectives from the staff so far were (in terms of the First Cohort):

- Develop the ability to use Welsh at work and with family
- Develop the fluency of their Welsh
- Cultivate vocabulary and refresh their grammar

Number of staff (and contact hours)

In the first cohort there were 9 members of staff with a total of 73 contact hours.

Evaluation

The tutor organizes after-care follow-up meetings with all learners and the Health Board has also decided to use the Kirkpatrick evaluation model.

- Level 1 (Satisfaction): After completing the last session of the Confidence Building scheme, the tutor sends a questionnaire to the learners, which focuses on the learners' impressions and their enjoyment.
- Level 2 (Learning): Based on the tutor's assessments which she keeps after each session, the learners' progress is tracked over time. This makes it possible to construct a narrative about the progress of each learner at the beginning and at the end of the cohort. When completing these assessments, the tutor focuses on these six areas:
 - Language
 - Developing fluency
 - Expanding vocabulary
 - Mastery of language patterns
 - Grammatical rules
 - Language use between sessions.
- Level 3 (Behaviour): Questions are asked about the staff member's use of the Welsh language after the sessions, three months after the last session. This happens as part of the aftercare session on Teams/face to face. This is in addition to discussing language use *between* sessions, and this shows that there is a strong focus on actual use of the language.
- Level 4 (Analysis): Pulling the data together and drawing up the final evaluation.

A target of 60 staff was set for March 2025 and we are currently likely to achieve this target; halfway through this reporting year, 51% of that target has been achieved (i.e. staff who have completed the first cohort and have confirmed in writing that they will complete the second or third. It does not include staff who have only expressed an interest).

Priorities 2024/25	
<ul style="list-style-type: none"> • The development of an aftercare plan is underway in terms of a network, 'Frindlaith', to support staff to continue using the Welsh language at work. This will include an online network and face-to-face events across the Health Board subject to staff interest. We also intend to establish a mentoring scheme with the support of an external partner so that staff can practice what they have learned, and we are waiting for a response from Bangor University also in terms of the ARFer programme; • The above evaluation (specifically Level 2 data) will enable us to consider where our workforce data needs to be updated. We are currently considering this; • Work for Action 18 will include promoting the Confidence Building scheme in specific areas where there are currently gaps. 	
Examples of best practice/ work being done in partnership	
There is excellent collaboration between the Health Board, the National Center for Learning Welsh and Learn Welsh Glamorgan.	
Description	
<i>Action 16: Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities. (Medium term – guidance to be developed and shared in the short term)</i>	
Status:	SUFFICIENT EVIDENCE THAT CTMUHB IS ON TRACK TO ACHIEVE THIS ACTION
Develop guidelines	
Guidelines have been developed to assist managers in assessing jobs in order to decide how the job should be categorized i.e Welsh Essential, Welsh Desirable , Need to Learn Welsh on Appointment or No Skills Needed in Welsh (see Appendix 6). These guidelines contain information about the meaning of the levels 0-5 under ALTE, and advertising material so that staff can draw up an advertisement that explains what the expectations are regarding the use of the Welsh language in the job (level of the Welsh language and also simple statements about activities). This is a key first step in the process of achieving Action 16. There is a video available and training also, where the new HEIW resources will be useful. Implementing this will mean that it will be possible to categorize the job correctly and also advertise it appropriately, noting the Welsh skills.	
Identifying the challenge of implementing Action 16	
Carrying out this action will take time. Despite developing the guidelines as stated above and promoting them as part of a comprehensive communication plan, which was a significant piece of work, it is now necessary to turn to their implementation. To support that, a risk was added to the Organizational Risk Register specifically for this action in September 2024 so that the work can be supported at Board level.	
Priorities 2024/25	
Implement the guidance, focusing mainly on those areas where there are gaps (following work for Action 18).	
Examples of best practice/ work being done in partnership	
These guidelines were shared as part of a group set up to make progress with Action 16.	

Description	<p>Step 17: Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh.</p> <p>(Short term- introduction)</p>
Status:	SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION
Action plan	<p>A strategic plan for our Welsh learning offer was written in partnership with the National Centre for Learning Welsh (which can be seen in Appendix 5). There were three elements to it including courtesy sessions to reach Action 17 of More Than Words. A collaboration method was set which included a series of regular meetings and an agreement regarding the duties of each stakeholder that was part of the plan. A detailed action plan to start the work was also included.</p>
L&D Policy	<p>The implementation of the plan is supported by the fact that the organisation's Learning and Development Policy includes the requirement that managers need to support Welsh learning activity.</p>
Job descriptions	<p>In every new job description, there is a requirement that the candidate must have a level of 'courtesy' or be willing to learn. A manager's guide to writing job descriptions states the following: "<i>The minimum level of Welsh required in any CTMUHB post is courtesy level Welsh and/or a commitment to complete a 2 hour internal course, offered by the University Health Board within 6 months of employment.</i>"</p>
Internal MS Bookings, register management and tracking	<p>There is a central SharePoint page, accessed via the organisation's intranet homepage, where staff can easily book a session using MS Bookings. These sessions are led by our Welsh Language Officer (see below for this officer's training). A face-to-face session can also be arranged. As part of the Welsh Language Dashboard which is used to manage operational Welsh language activity, data is kept about the following, to facilitate effective micro linguistic planning:</p> <ul style="list-style-type: none"> • Who has expressed an interest in a course, their email address, and their location; • Who has completed a session or course; • Who has registered but not attended; <p>This enables us to promote effectively and plan our provision better around staff commitments.</p>
Qualifications	<p>In partnership with the National Center for Learning Welsh and Learn Welsh Glamorgan, the Welsh Language Officer has enrolled on a tutoring qualification for adults, with the aim of ensuring that the internal provision is led by an accredited practitioner.</p>

Promote the plan and target with data workforce data

Using workforce data in relation to new starters, we target our offer to them via a 'Welcome' email (see Appendix 7), to ensure new starters are aware of the requirement to complete it. This communication uses the 'Llais y Gymraeg/Welsh Voice' guidelines (see above). We also email their managers to ensure they understand this requirement. As part of the internal Communication Framework discussed above under Action 1, we also promote these sessions under the 'Skills, Learning and Development' category. Other ways of promoting include:

- Drop-in sessions on our sites;
- Updates from the Learning and Development Team
- Welsh Language Steering Group
- SharePoint
- Internal posters across the hospitals

A brief summary of the content

The sessions focus on the following:

1. Greetings
2. Pronouncing in Welsh
3. The alphabet
4. Saying the individual's name
5. Emotions (describing emotions, and asking about someone else's emotions)
6. Vocabulary for jobs
7. Numbers
8. Work locations
9. 'Dyma' patterns

Contact hours and number of attendees

To date, we have offered 16 sessions corresponding to over 30 contact hours. 84 members of staff have completed a session up to the time of submitting this report and starting this year's plan.

Early patterns

- The majority of staff who have come forward are clinical staff;
- Some Primary Care staff have been among those staff;
- Staff from each Care Group are represented;
- Many of them are new starters, which helps us to prevent adding more 'Level 0' staff to our workforce.

After-care/after-promotion

At the end of the session, a follow-up email is sent to all those who have completed, stating the further learning opportunities available to them as part of the strategic plan which can be seen in Appendix 5, and which services, advice and resources are available to use Welsh more at work.

How we evaluate the scheme

We have decided to evaluate the plan using the Kirkpatrick evaluation model which includes four levels. The four levels are described below and how we have evaluated these levels:

- Level 1 (Satisfaction): We ask the following questions: *What were the biggest strengths and weaknesses of the training? 2. Did you enjoy the training? 3. What are the three most important things that you learned from this training? 4. From what you learned, what do you plan to apply in your role at CTMUHB?*
- Level 2 (Learning): The Welsh Language Officer assesses whether each learner has succeeded in achieving the nine elements.
- Level 3 (Behaviour): An e-mail is sent to all who have completed a session after 3 months, asking them about their use of the Welsh language through the following questions: *1. Have you used your new skills, and if so in what way? 2. Have you faced any barriers to using your new skills? 3. What could you need to overcome any barriers?*
- Level 4 (Analysis): Our aim is to compile an analysis of the data from these three levels in the coming months. However, early signs show that staff enjoy the sessions, staff tend to learn the various elements of basic Welsh, and they tend to use Welsh afterwards (namely change their linguistic behaviour)

A target of 150 staff was set by March 2025 and we are currently likely to achieve this target; halfway through this reporting year, 56% of that target has been achieved.

Priorities 2024/25

- Continue to promote the provision internally, and when considering the results of the evaluation, change the provision as appropriate
- Consider how to start recording the skills of those who have completed the sessions on ESR

Examples of best practice/ work being done in partnership

Key was our relationship with the National Center for Learning Welsh and Learn Welsh Glamorgan.

Description	
Action 18: Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) (Tymor canolig)	
Status:	SUFFICIENT EVIDENCE THAT CTMUHB IS ON TRACK TO ACHIEVE THIS ACTION
With better workforce data this step is now possible for CTMUHB. The intention is to carry out this action while also complying with Standard 110 of the Welsh Language Standards.	
Priorities 2024/25	
The intention during 2024/24 is to use the workforce data we have to do the following:	
<ul style="list-style-type: none"> • Establish a baseline in terms of our ability to offer services in Welsh currently (including 'consultations'), and that too within the priority areas of More Than Words. This baseline will also consider staff systems and practices; • Consider where our gaps are, and consider the need to prioritize work to focus on those areas; • When considering the actions for where there are gaps, this will include considering learning and development in terms of the 'Inspiring Confidence' plan in conjunction with recruitment; • Publish an action plan with a timetable for the work to improve that baseline. 	
The intention is to publish this plan in November 2024, so earlier than expected.	
Examples of best practice/ work being done in partnership	
N/A	
Description	
Action 29: We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. (Short term)	
Status:	UNCLEAR ACTION
It is not clear what this action is or who is responsible for it. The fact that 'Research and Innovation Hubs' have been mentioned suggests a type of good practice that could be uploaded somewhere, rather than a new method or initiative for example.	
Priorities 2024/25	
N/A	
Examples of best practice/ work being done in partnership	
N/A	

Description	
Action 30: We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. (Short term)	
Status:	SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION
A new method of assessing the impact on the Welsh language has been developed and that would assist the process of considering the place of the Welsh language in digital developments. CTMUHB has not developed relevant technology however since the publication of More Than Words to date. Digital Health and Care Wales would increasingly be the most important stakeholder for this action. CTMUHB agrees with the important principle that translators need to be brought closer to the content creation process where that would be relevant.	
Priorities 2024/25	
N/A	
Examples of best practice/ work being done in partnership	
N/A	
Description	
Action 31: We'll provide the required structured and resourced support for More than just words regional forums and professional networks to have space that enables learning and the sharing of best practice on consistency of care across communities with particular attention to Integration of health and social care. (Tymor canolig)	
Status:	THIS ACTION IS UNLIKELY TO BE ACCOMPLISHED WITHOUT THE EXPECTED SUPPORT OF THE PARTNER ORGANIZATION
The structured support and necessary resources have not been given to CTMUHB to support us in facilitating a regional forum. CTMUHB has tried to establish an inter-agency forum during this reporting period but requests for membership from the local authorities were not responded to in the case of two local authorities and in the case of one, a junior officer was sent without any management responsibility. Two of the three 'Mentrau Iaith' in the region had responded and representatives came to one meeting that was held. Due to scarce resources and weak representation on the forum, CTMUHB does not feel it is worthwhile to continue with a forum. However, CTMUHB believes that the Regional Partnership Boards offer a possible model for structuring collaboration in the region in the absence of support for a forum.	
Priorities 2024/25	
<ul style="list-style-type: none"> As part of the new CTMUHB Strategic Engagement Forum which includes the Welsh Language Lead and the Cwm Taf Morgannwg Regional Partnership Board's Head of Communications, exploring ways of working together in a more suitable way than a forum; As part of a strategic engagement program of which the Welsh language is a part, examine specific work with the Mentrau Iaith in the area. 	
Examples of best practice/ work being done in partnership	
The Welsh Language Lead is part of the Health Board's Strategic Engagement Forum which includes key partners and will be a means of discussing purposeful regional engagement.	

Description	
Action 32: We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes.	
(Short term)	
Status:	SUFFICIENT EVIDENCE THAT CTMUHB IS ON TRACK TO ACHIEVE THIS ACTION
The Welsh Language Lead (or the Welsh Language Officer on his behalf) has endeavored to be present at the meetings of the 'Welsh Language Strategic Group', which is a meeting of officers, managers and Welsh language leads from NHS Wales organizations and we are an enthusiastic contributor to them where we can be present. We would welcome a meeting between Executive Leaders and colleagues across Wales.	
Priorities 2024/25	
N/A	
Examples of best practice/ work being done in partnership	
N/A	
Description	
Action 33: We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters. (Tymor canolig)	
Status:	SUFFICIENT EVIDENCE THAT CTMUHB IS ON TRACK TO ACHIEVE THIS ACTION
Towards the end of this reporting year, we created a standard information sheet setting out the Six Duties that all Primary Care providers who have a contract with CTMUHB are expected to adhere to, in accordance with the NHS Wales (Welsh Language Services in Primary Care) (Miscellaneous Amendments) (Wales) Regulations (2019). We also included clear information on it stating how the Health Board can support Primary Care providers to carry out those duties. This included promoting our free translation service, offering awareness sessions specific to Primary Care and promoting the availability of Iaith Gwaith badges. This information was sent to all GMS, Pharmacy and Dentistry providers with an NHS contract in the region. Since it was sent 24 requests for support have been received.	
Priorities 2024/25	
<ul style="list-style-type: none"> • This standardized offer will continue to be shared throughout the next reporting year, and further engagement with Primary Care providers is a priority as stated in the Welsh language development operational plan 2024-25 • It is hoped to carry out the relevant survey before the end of the current reporting year, now that a clear proposal has been shared with providers to prepare the way. 	
Examples of best practice/ work being done in partnership	
N/A	

Description

Action 35: Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards. OWe'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. Consideration would need to be given to additional funding / resources to enable this to be delivered.)
(Short term)

Status:

SUFFICIENT EVIDENCE OF SIGNIFICANT PROGRESS WITH THIS ACTION

laith Gwaith Badges

Lanyards and badges (pin or embroidered) are regularly provided to staff, and the national poster 'Use your Welsh Here' is also distributed regularly. This is facilitated by ensuring that lanyards are available in the general office of each main hospital site, lanyards, badges and the 'Use Cymraeg Here' poster are promoted on the SharePoint site described for the Welsh language, signature logos are provided for e-mail via SharePoint for staff to add to the e-mails, badge order forms ask if the member of staff can speak Welsh and if so the 'laith Gwaith' symbol is added, and order forms for ward staff scrubs and uniforms include a space where staff can request that the 'laith' symbol be embroidered on them and they are reminded of this in the guidelines. Over 180 badges and lanyards have been given to Welsh speaking staff by the Welsh Language Development Service through these methods during the 2023-24 reporting year, and site visits confirm that many of our staff are wearing them.

ICT and collecting language choice

CTMUHB has developed an innovative solution for displaying and sharing information for patients as part of work on 'Visual Management' on wards, including displaying language need, on e-whiteboards. Although this system was first developed at the Royal Glamorgan Hospital, it has now been rolled out during 2022/23 and 2023/24 to all of the Health Board's hospitals. This system was described in our last report for More Than Words. Between April 2023 and March 2024, 29 patients have benefited from this system in three of our acute sites and one community hospital. An example of how recording patients' language needs internally can mean that patients do not have to repeat their language needs when moving through the system is the case of Patient A this year (name withheld), who was admitted to Ward B2 at Ysbyty Cwm Rhondda, before being transferred to the Royal Glamorgan Hospital. The system data shows that there was no need to ask again about language after the patient was admitted there as it had already been recorded on the system on the previous ward.

National systems also increasingly include the ability to record language choice, among them the Welsh Nursing Care Record (WNCR). Between April 2023 and March 2024, 'Welsh' was recorded for the language choice of 180 patients on this system.

Priorities 2024/25

- Work is needed to understand the gap between recording on the WNCR but not on the e-whiteboard.
- Work (for Standard 110) will also consider the *Welsh Patient Administration System* and increasing the number of patients who have had their language choice recorded on that.

Examples of best practice/ work being done in partnership N/A	
Description Action 37: We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. (Short term - collaboration on developing standard terms)	
Status:	THIS ACTION IS UNLIKELY TO BE ACCOMPLISHED WITHOUT THE EXPECTED SUPPORT OF THE PARTNER ORGANIZATION
We need a national solution to this and it is not the Health Board's place to do that.	
Priorities 2024/25 N/A	
Examples of best practice/ work being done in partnership N/A	



People & Culture Committee

Workforce Metrics Report

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager
Cyflwynydd yr Adroddiad / Report Presenter	Nicola Evans, Interim Assistant Director of Strategic Workforce Planning
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CG	Care Group
FTE	Full Time Equivalent
C.O.O.	Chief Operating Officer Care Group
C&F	Children and Families Care Group
C. & H.C.G.	Corporates and Hosted Care Group
D&T&P&S C.G	Diagnostics, Therapies, Pharmacy & Sciences Care Group
MH&LD C.G.	Mental Health and Learning Disabilities Care Group
PC-C.G.	Planned Care – Care Group
P&C C.G.	Primary and Community Care Group
U.C.G.	Unscheduled Care – Care Group



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

A4C	Agenda for Change
APST	Additional Professional 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
HCSW	Healthcare Support Worker
CTM	Cwm Taf Morgannwg
HEIW	Health Education and Improvement Wales



1. Situation /Background

- 1.1 To update the Committee on the key workforce metrics for August / September 2024, with historic trends shown as appropriate. The Workforce Metrics continues to develop as we improve our data quality.

2. Specific Matters for Consideration

2.1 Highlights

Topic: Staff in post

Narrative: The Health Board's staff in post FTE increased since the last report (11,208.54 to 11,318.79 FTE), in part due to the newly registered health professionals who join the Health Board across September and October 2024 on graduation.

Topic: Sickness levels

Narrative: The 12-month rolling average sickness at the end of August 2024 is lower than the previous two years (6.82% compared to 6.91% at August 2023 and 7.86% at August 2022). The sickness rate for NMR was 6.75% and M&D was 2.35%, both consistent with previous reports.

The return to work entry is currently remaining stable at around 55% (56.04% at August 2024, compared to 53.8% at August 2023). Further work is required to increase RTWs being undertaken to support staff back into the workplace. Also, to ensure that there is clarity around their absence; to inform any actions that may need to be taken by the manager; or to signpost the employee to appropriate wellbeing resources.

The People Services Team coach managers through the practical application of attendance management principles to support the health and wellbeing of employees in the workplace, support employees to return to work following a period of sickness absence, and to support employees to sustain their attendance at work. This case management approach is complimented by proactive Managing Attendance at Work training to upskill line managers with the necessary tools and behaviours to consistently, proportionately, and robustly manage attendance.

Following a review of current practice, a task and finish group was created to expand the current training content to strengthen guidance and governance in progressing third formal cases, where sustained attendance has not been achieved, facilitating fair and balanced action when attendance levels are prompted.

In addition, the supporting template letters used as part of the attendance management process have been reviewed to embed the Health Board Values and Behaviours with the aim of improving employee experience and increasing alignment between our policy principles and procedural practice. These initiatives commenced in August 2024. Work is also underway to review the training and materials related to the third formal stage



Topic: Turnover

Narrative: The Health Board's 12 month rolling turnover is reducing across the UHB, from 13.46% in March 2023 to 10.86% at September 2024, with Medical (6.39%), Nursing/Midwifery (8.86%) and HCSWs (11.11%) all reflecting this downward trend, which is positive. It is too early to say what may be impacting on the reduction and or if this trend is likely to continue.

The Health Board is actively involved in the national nursing retention work being led by Health Education and Improvement Wales, and also has a wider internal Retention Action Plan. The Retention Steering Group has been re-established and is giving oversight, direction, and engagement on all retention workstreams.

Topic: Retention

National Retention Planning and Delivery: CTM is actively involved in the national nursing retention work being led by Health Education and Improvement Wales (HEIW) and currently provides updates to HEIW on a quarterly basis. Our Retention and Workforce Planning Lead utilises networks across Wales by attending the HEIW community of practice, which encourages sharing of best practice and co-creation of retention initiatives.

Local Retention Planning and Delivery: We have an internal Retention Action Plan that covers delivery against both internal plans and the actions within the HEIW Nurse Retention Plan. We have re-established a Retention Steering Group which gives oversight, direction, and engagement on this work. Key areas of focus will be:

1. **Flexible working:** embedding the new All Wales Flexible Working policy within CTM, requesting and recording flexible working requests via ESR to improve intelligence and identify areas which require further support and intervention.
2. **Development and career progression:** Continuing to embed the Lateral Moves Scheme and promotion of internal opportunities for development and progression.
3. **Best practice and thinking differently:** Developing new initiatives informed by engagement, best practice, research, and data, promoting areas of good practice / case studies within the health board.
4. **Improving intelligence:** Utilising the HEIW national retention self-assessment tool to inform baseline position, relaunching our Moving on Questionnaire, developing a retention dashboard, and undertaking a dedicated piece of work with our '1st year leavers' and understand reasons for leaving.
5. **Retention support for leaders and managers:** Development of a 'leavers' toolkit' and a communication and engagement plan to support implementation and roll out.

The specific improvements are being delivered alongside and interlinked with other ongoing work streams around improved attraction, bolstered recruitment pipelines, our culture / wellbeing / employee experience offer.

Topic: Personal Development and Core Training

Narrative: Positive improvements are being seen with regards to PADR/Your Conversation and Core Mandatory Training compliance. The PADR/Your Conversation position is 66.04% at the end of September 2024 (from 62.60% in September 2023) and the combined core mandatory training compliance is at 72.52% (from 67.23%).

The Learning and Development team continue to support Subject Matter Experts and training teams with the provision of a range of activities aimed at raising education and awareness around core learning.

Core Learning Review report

An action from a previous PCC meeting was to present a report reviewing core learning, this consisted of three areas to inform a wider review of mandatory training:

- **Background to Core Learning**
Clarification of the Core Skills Training Framework and NHS Wales' approach to mandating subjects.
- **Core Learning at CTM**
CTM's provision, including the time commitment required for all levels of training.
- **Future of Core Learning**
An overview of best practice and current learning theory, with associated recommendations to simplify and where appropriate remove requirements.

Upon completion of the report, an initial draft will be shared with the Executive Director for People.

Topic: Recruitment Activity

Narrative: The reporting of recruitment activity within the UHB has now changed to Care Group focussed performance reporting, presenting a combined position for all substantive recruitment activity covering all staff groups.

Performance data is shared monthly with Care Group teams via the Heads of People, recently including the details behind the time to shortlist measure. The year-to-date time to hire performance is at the end of August was 71.1 days against a nationally set target of 71 days.

Attraction and Resourcing

The Attraction and Resourcing Lead is prioritising a number of projects to improve attraction to increase applications from potential internal and external candidates and selection methods by:

- Building the CTM Employer Brand, including increase promotion and development of the JoinCTM microsite
- Focussing on Passive Attraction
- Building Social Media presence and use of social media platforms to promote CTM as an employer of choice. Following some research and benchmarking, the initial focus will be to increase presence on Facebook and LinkedIn, with regular job postings on a dedicated CTM Facebook jobs page
- Working with teams to define the CTM employee value proposition (EVP)
- Exploring ways of increasing our presence at Careers Fairs and showcasing the organisation
- Prioritising nursing and medical recruitment
- Distributed two 'Choosing us' surveys, one to AFC workforce and one to Medical workforce who were newly recruited in to post between 1 May 2023 and 30 April 2024.
- Aim of the Questionnaires was to obtain some data and insights in to the reason individuals were attracted to CTM as an employer. Had a 21% response rate from Medical staff (26 respondents) and 11% for Agenda for change staff (128 respondents). Information gained has provided insights to priorities and themes for future attraction strategies.
- Supporting with the standardisation of assessment centres for Band 8c and above posts with a view to extending further.

We will be looking to monitor any improvements this work makes on attraction and filling vacancies as we progress. This links through into induction and retention as well as considering alternative roles and accessing hard to reach groups.

3. Key Risks / Matters for Escalation

3.1 None.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:



Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Paper is for the presentation of metrics data only
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: The report covers the presentation of workforce related data, there is no policy or service change included.



Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

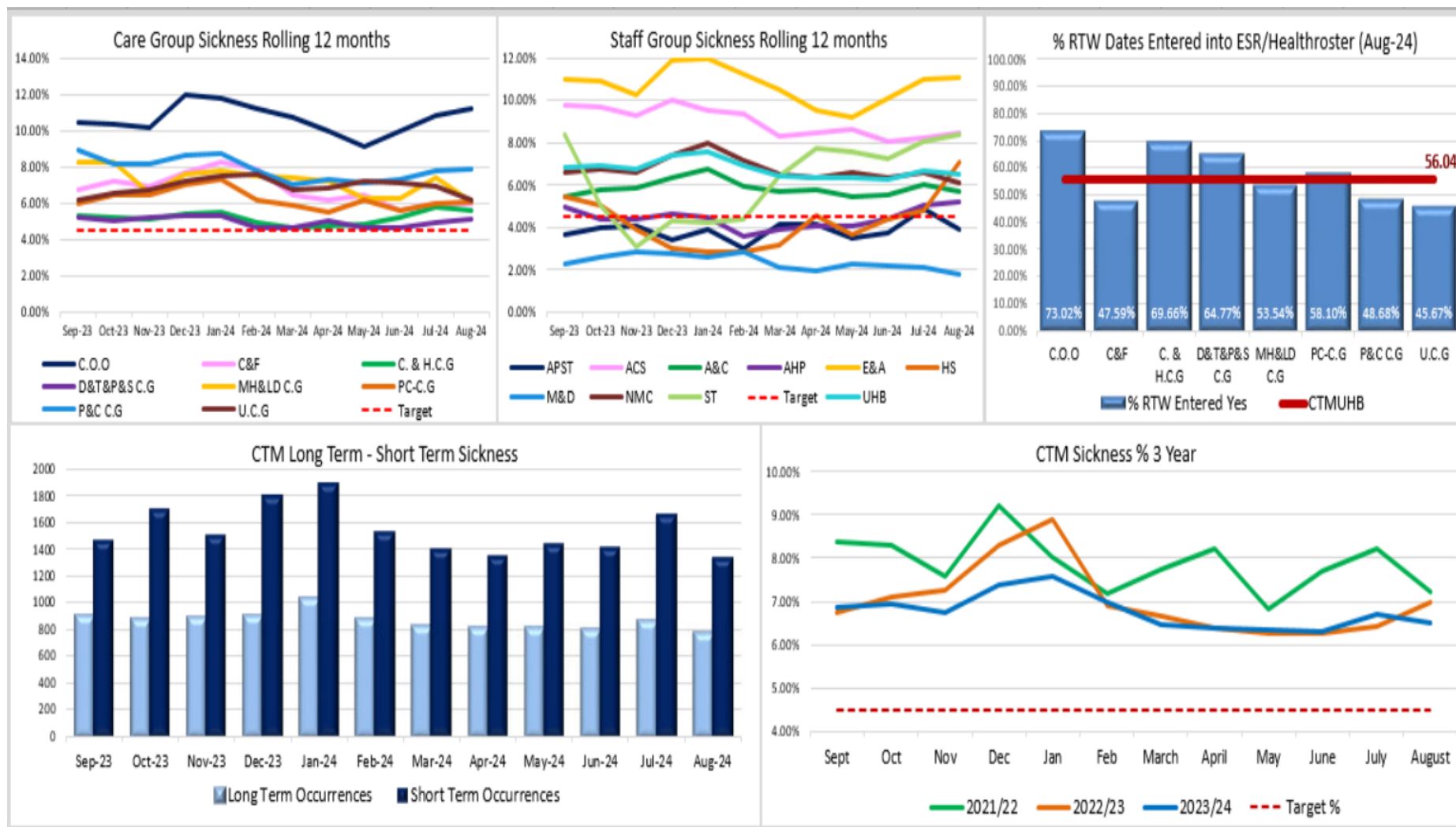
- 5.1 The Committee are asked to: Discuss the report and associated metrics and report and **NOTE** the detail.

6. Next Steps

- 6.1 None.

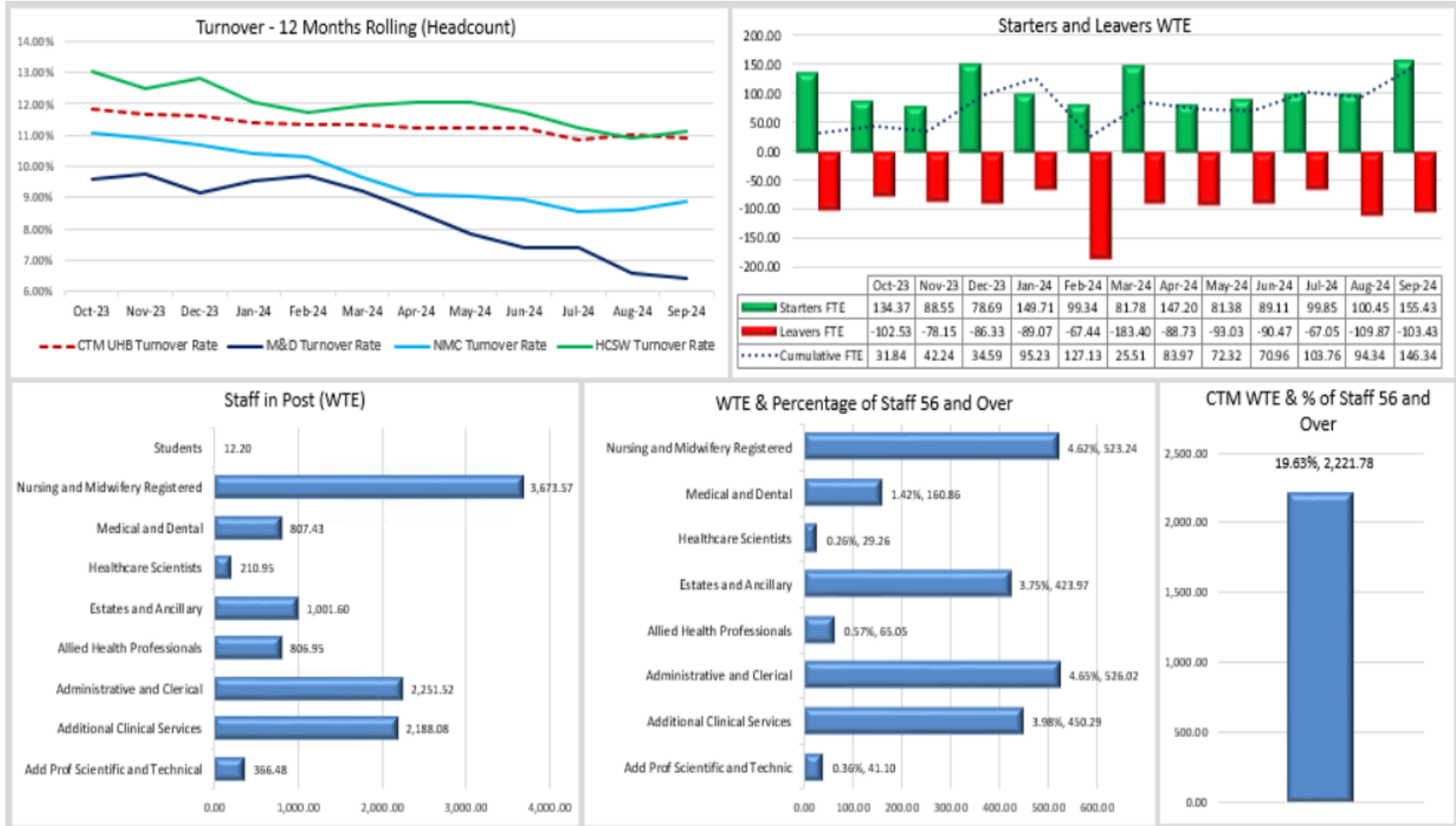


Appendix Sickness

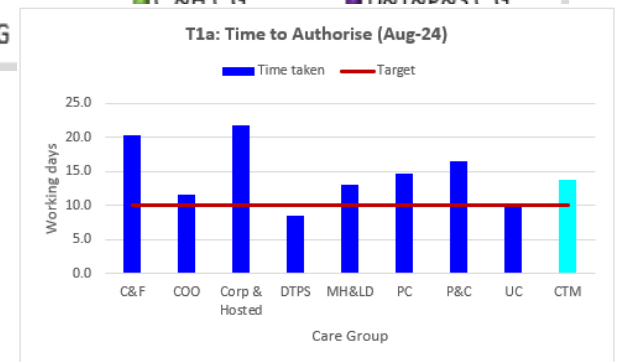
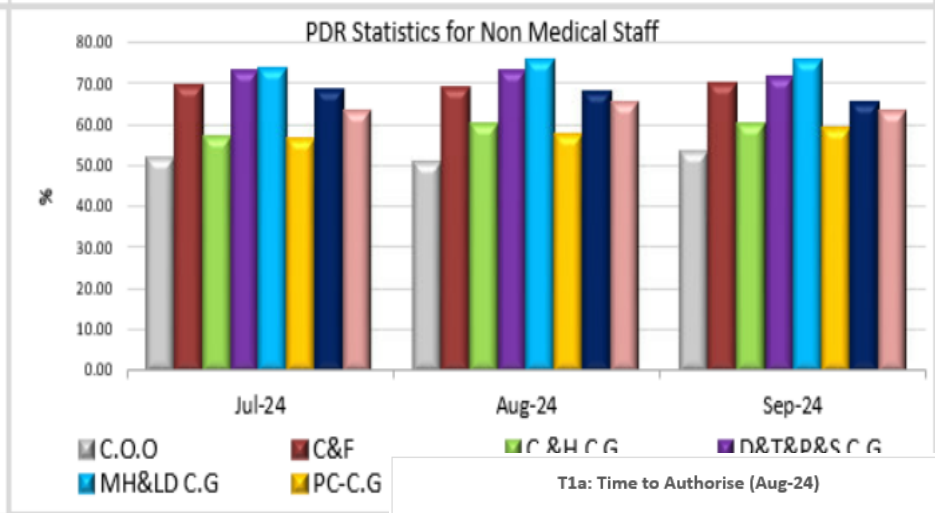
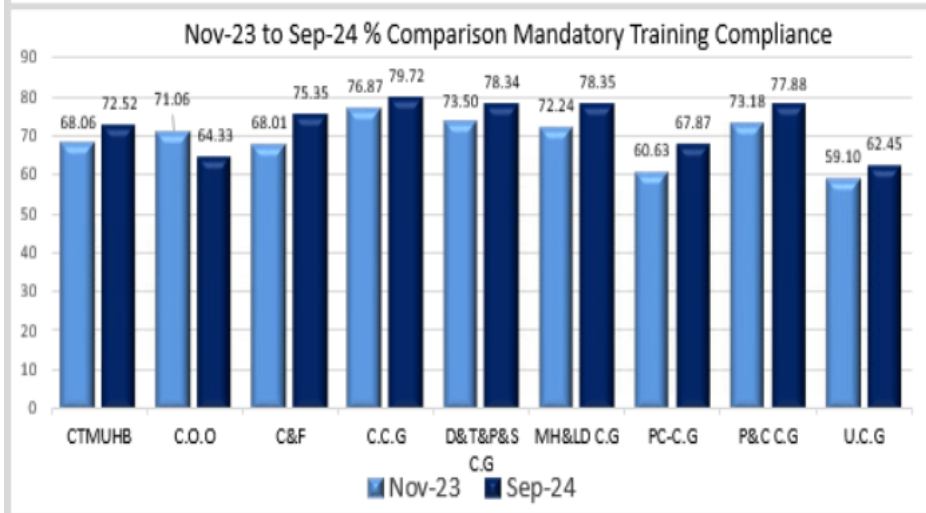
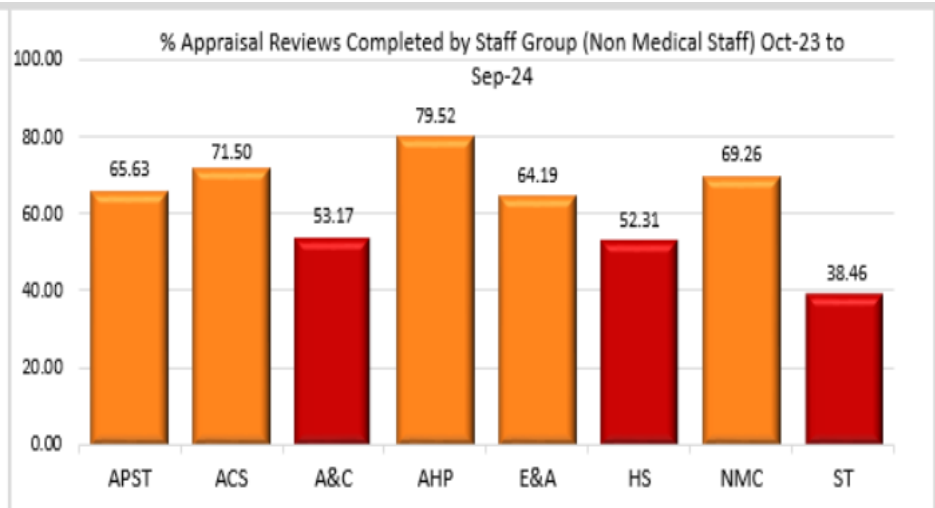
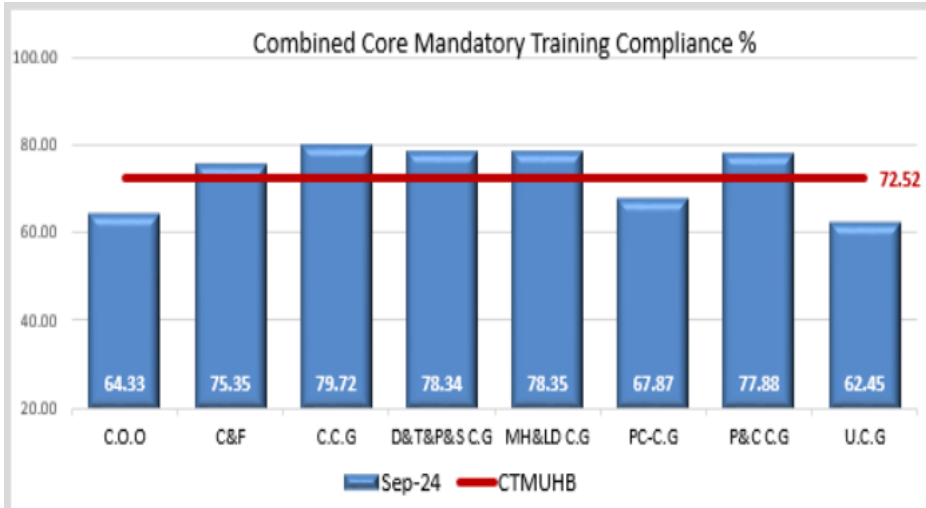




Turnover & Staff in Post



PDR and Training

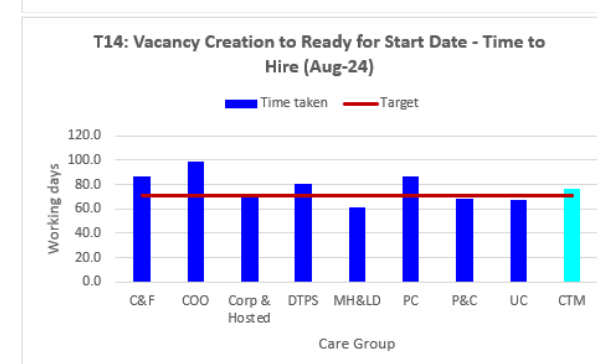
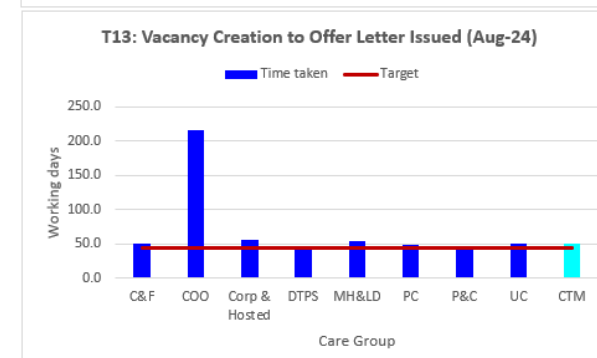
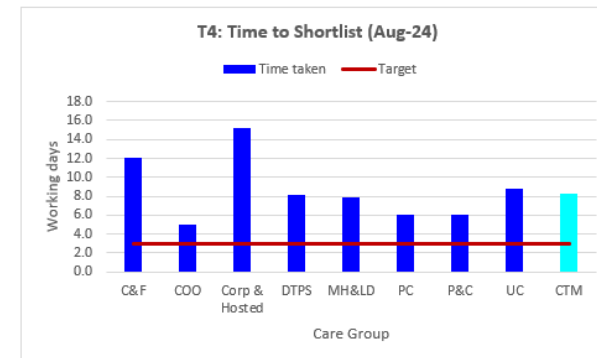


Recruitment Performance



Recruitment Volumes	Apr-24	May-24	Jun-24	Jul-24	Aug-24	YTD Total
Number of Vacancies Raised	545	519	434	560	541	2,599
Number of WTE Raised	696.61	692.35	614.57	714.27	766.83	3484.63
Number of posts advertised	224	213	224	279	219	1,159
Number of WTE advertised	314.69	260.84	289.02	329.97	292.14	1486.66
Number of applications	6285	9154	7509	8443	5345	36,736
Number of applicants moved to interviews	1010	1138	990	1063	1096	5,297
Number of applicants moved to Offer	323	216	238	364	265	1,406
Number of Conditional Offers Sent	226	221	235	302	209	1,193
Number of Occupational Health Clearances Received	210	211	202	287	225	1,135
Number of DBS Checks	156	215	143	311	170	995
Number of Start Dates Requested	206	219	151	210	212	998

Trac Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days	Apr-24	May-24	Jun-24	Jul-24	Aug-24	YTD Average
T0a	5	Manager	Notice Date to authorisation start date	65.0	51.1	69.7	41.0	70.8	59.5
T1a	10	Org	Time to approve vacancy request	18.4	16.0	20.1	17.5	13.8	17.2
T3	Variable but target 10	Manager	Duration of advertising	8.8	9.2	8.5	8.2	8.0	8.5
T4	3	Manager	Time to Shortlist	8.4	5.6	7.2	5.4	8.3	7.0
T5a	Variable 5 to 10 days	Minimum Requirement	Notification given to applicants for interview	9.9	8.4	9.4	9.3	7.7	8.9
T5b	3	Manager	Time to update interview outcomes	2.8	2.3	3.5	3.2	2.1	2.8
T6	4	NWSSP	Time to send offer letter	4.2	4.8	4.4	4.2	4.4	4.4
T8	-	Candidate / OH	Offer letter to OH clearance	4.7	5.5	3.9	7.9	7.6	5.9
T10	49	All	Advertising Start date to checks ok	56.5	52.9	53.1	63.9	61.0	57.5
T11	25	All	Offer Letter to Checks ok	31.4	23.7	21.0	30.1	28.4	26.9
T12	2	NWSSP	Checks ok to ready for start date	2.2	2.2	1.8	2.2	2.1	2.1
T12e	Variable	All	Checks ok to start date	20.1	17.4	18.8	20.5	14.9	18.3
T13	44	All	Vacancy Creation to offer letter issued	48.6	49.7	55.4	57.8	50.1	52.3
T14	71	All	Vacancy Creation to ready for start date	71.5	65.3	68.6	73.6	76.4	71.1
T23	27	All	From offer letter to ready for start date	28.5	19.6	17.7	23.4	27.1	23.2
T26	Variable	Manager & Candidate	Ready for start date to start date	19.8	16.1	17.5	19.4	17.3	18.0





Agenda Item

6.1

People & Culture Committee

Employment Relations Update

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Charlotte Clarke, Head Of People Services
Cyflwynydd yr Adroddiad / Report Presenter	Charlotte Clarke, Head of Peoples Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Acronyms / Glossary of Terms	
ACAS	Advisory, Conciliation and Arbitration Service
ER	Employee Relations
ET	Employment Tribunal
HCPC	Health Care Professional Council
NMC	Nursing and Midwifery Council
GMC	General Medical Council

1. Situation / Background

1.1 Employee relations (ER) is about how the employer engages with its workforce to foster good workplace relations, engaging constructively to resolve conflict via People Policies and Procedures.

1.2 People Policies and Procedures are developed to:

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

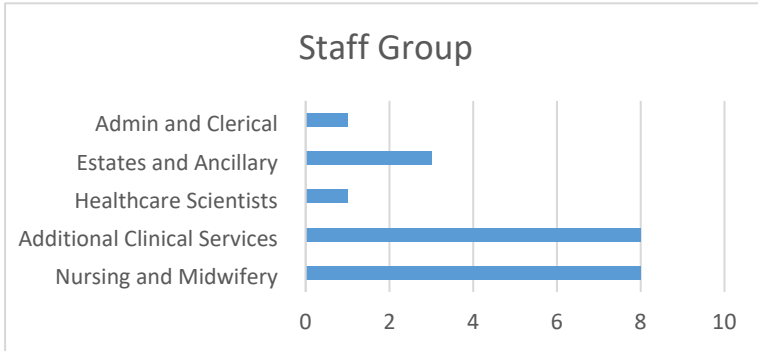
1.3 Where a staff member fails to meet their workplace role and/or responsibilities or is involved in an act or display of conduct that is outside of the organisation's expectations, this may result in the matter being addressed and managed in accordance with the appropriate formal People Policy and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

1.4 An ER case is an employment related issue, managed in accordance with an appropriate People Policy and Procedure. It is considered best practice for organisations to record and monitor ER activity as it provides a mechanism to review and examine current processes, to learn lessons and continually improve efficiency in the organisation's ER caseload. For example, quicker completion times, reduced associated costs (suspensions/exclusions, sickness absence, reduced Employment Tribunal Claims).

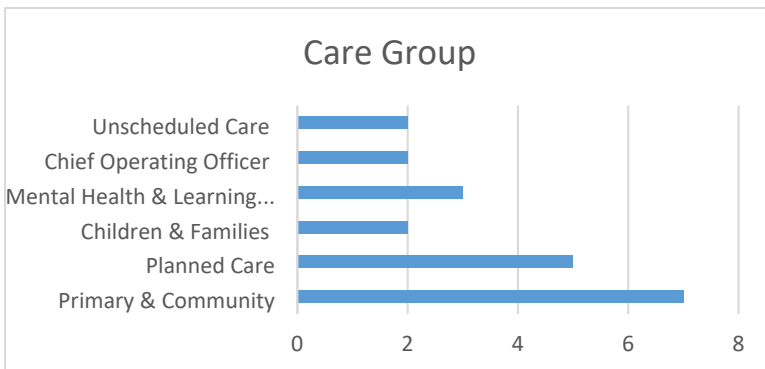
2. Specific Matters for Consideration

2.1 As requested by People and Culture Committee in August 2024 a review of the Q1 24/25 conduct cases assessed at either Fast Track or Formal misconduct was undertaken by the Head of People Services due to a noted increase in reported figures. Findings are presented below:

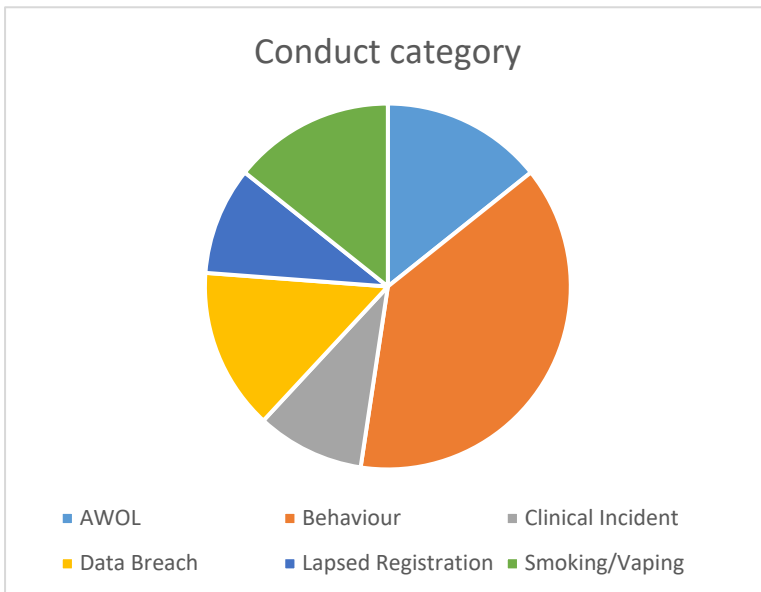
2.1.1 Fast track cases: A number of the cases reported in Q1 were carried over from Q4, in addition to a number of cases which were at a non-reportable initial assessment (IA) stage in Q4 being re-categorised as fast track in Q1. This means that there were cases which remained open between Q4 and Q1 but closed quickly into the reporting period, and a number of cases which had been raised as IA in Q4 but not evident in reporting until Q1. The combination of these two case progression stages accounts for a significant part of the reported peak in activity.



Of the 21 cases active during the reporting period just over 2 thirds were attributable to health care support workers and registered nurses. Whilst there is no identifiable reason for the increase in volume, the spread of cases by staff group appears to align to usual patterns of cases at staff group level.



Fast track cases were present in all care groups other than Diagnostics, Therapies, Pharmacy and Sciences and Corporate and Hosted Care Groups which aligns to the usual low ER activity in these areas. There is no particular factor from a care group perspective that appears to have contributed to the increased numbers.



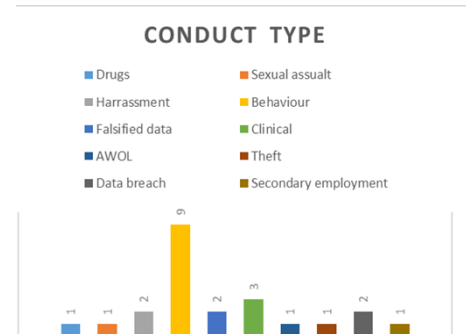
At the end of the quarter 17 cases were concluded, of which one resulted in no sanction, four resulted in verbal warnings and 11 resulted in first written warnings. This indicates that fast track was the appropriate and proportionate mechanism to consider the misconduct. 8 cases related to behavioural issues, including staff relationships, which is noted at the same time as a downward trend in respect and resolution cases. It is not possible at this stage to identify whether the two data points are related.

3 misconduct issues related to staff vaping on wards and resulted in a written warning. Misconduct cases of this type are a fairly rare occurrence with this spike attributable to activity on the same ward. An increase in this case type could represent an increase in willingness to tackle this behaviour following awareness campaigns however it is not possible to make this link definitively on such a small data set.

2.1.3 Formal cases: The corrected figure for the period is 23, up from 18 in the quarter before. Whilst this does not represent a significant difference between the reporting periods, headline figures are provided for completeness.

Nursing and midwifery accounted for one third of the cases with Estates and Ancillary accounting for the second highest staff group with 6 cases.

Children and Families accounted for one third of the cases with formal misconduct cases active across all care groups.



2.1.3 Review of the misconduct allegations confirms that formal disciplinary action was the appropriate mechanism to consider the concerns given the serious nature of the misconduct categories. The highest conduct category related to allegations of inappropriate behaviour which aligns to the leading fast track category of misconduct. The sexual assault and harassment allegations should be noted as having crossed over multiple reporting periods during investigation, rather than there being a sudden increase in such allegations in quarter one. Action has now concluded in all three cases with one culminating in resignation and a referral to the DBS, and two resulting in formal sanctions. NOTE: there continues to be a concern in relation to misconduct of this type in quarter two which is now subject to a work stream being led by the relevant Head of People.

2.1.4 Cross referencing the misconduct cases by staff group, care group and category does not at present indicate any discernible factors contributing to the slight increase in formal casework numbers in quarter one. It should be noted however that the current data sets provide limited options for comparative review due to the nature of the records held.


2.1.5 This issue is captured under the work streams of our new 'Measurable' service pillar to use accurate employee relations casework data to monitor the impact of our practice on our people and our culture. Our progress towards realising this ambition will be visible within future People and Culture Committee reports where the function is able to incrementally increase the ER data intelligence provided, and report upon trend and insight analysis.

2.1 Employee Relations cases Quarter 2 2024/2025

The current live ER figures relate to quarter 2 of 2024/25 and refer to quarters 1 of 2024/25 and 4 and 3 of 2023/24 for comparison purposes. Cases are broken down into the following categories:


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

2.2 Upholding Professional Standards Wales Cases and Hearings

No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24	No. End of Quarter 2 30/09/2024
3	2	1	0 

The data shows that the number of UPSW cases has decreased in this period.

2.3 Fast Track Disciplinary Hearings


No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24	No. End of Quarter 2 30/09/2024
14	6	21	15 

Whilst fast track cases have decreased in Quarter 2 it is noted that this reduction is from a significantly increased case load in Quarter 1. Whilst the outcome of the review into Quarter 1 figures did not indicate any key risks or matters for escalation in regards to the increased numbers, the majority of increase was attributable to the fact that non-reportable initial assessment activity in quarter one transferred to reportable fast track categories in quarter two creating what appeared to be a sudden peak in case activity. Increased data insight reporting is a current focus for the People Services team.

For Quarter 2, 13 of the 15 fast track cases have been concluded with 2 rolled over to the next quarter. This swift conclusion of cases is indicative

of the case classification which permits proportionate consideration of low level misconduct issues.


2.4 Formal Disciplinary Cases and Hearings

No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24	No. End of Quarter 2 30/09/2024
11	18	23	21 

Quarter 2 figures indicate the first decrease in formal disciplinary case numbers since Quarter 3 of 2023/2024. This is following a jump from 18 to 23 in the last quarter. Whilst the review did not indicate any risks or matters for escalation which accounted for the increase in numbers the People Services Team are concluding a project under the 'Measurable' service pillar to create an updated data base for clear categorisation of case type which will support consistent reporting on case stage progression and trend analysis to identify relevant product improvement initiatives.

Three of the 21 cases in Quarter 2 have concluded with 13 remaining at investigation stage. With 13 cases at the earliest management point at the end of the quarter we can expect Quarter 3 numbers to demonstrate a relatively high number of cases in the period. The data project being implemented by the People Services team also includes the creation of a new investigation tracker to support robust case management of investigation timelines and identification of obstacles to progression which will form part of the increased case data available to the board in future reports.


2.5 Staff Suspensions and Exclusions from Work

No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24	No. End of Quarter 2 30/09/2024
2	1	1	3 

There are currently three new suspensions/exclusions from work due to an ongoing disciplinary matter. The Health Board remains committed to suspension or exclusion from work being a last resort during employee relations matters. Two of these suspensions relate to the same potential gross misconduct allegations. The suspensions will remain under review.




2.6 Formal Respect and Resolution Cases and Meetings

No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24	No. End of Quarter 2 30/09/2024
23	12	7	17 

Quarter 2 indicates a significant increase in R&R cases. July saw the biggest increase with 5 new cases recorded one of which has concluded with an informal mediation outcome. All other cases opened within the period remained open as at October 2024. Whilst there are no discernible trends relating to Care Groups, 55% of new cases relate to Admin and Clerical staff with all of those cases reported as issues between the line manager and the employee. These indicate on a small scale, alignment to the priority areas from the 2023 staff survey of employee wellness and feeling respected and included. The data collation project by the People Services Team is anticipated to be able to input into the organisational measurement points as improvement work progresses.


The Nursing staff group accounts for 3 cases with 2 complaints as the result of their discontent with the handling of separate employee relations cases against them. Without suggestion that employee relations case management practices were applied incorrectly in these cases it is noted that the People Services Team continue to work with Restorative Just and Learning working groups to take forward any learning from employee experience.

2.7 Police and Safeguarding Cases

No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24	No. End of Quarter 2 30/09/2024
14	18	15	15 

Quarter 1 saw a decrease in the number of these types of cases being brought to the Health Board's attention, noting the majority of the cases reported in Quarter 4 remained open and contributed to the Quarter 1 figure.

2.8 Counter Fraud Cases

No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24	No. End of Quarter 2 30/09/2024
1	1	1	1 

During Quarter 1, there was one ongoing Counter Fraud case



2.9 Formal Appeal Hearings

Seven appeal requests were lodged during Quarter 2. Of those seven, two related to appeal against dismissal following a third formal meeting, one appeal against dismissal following gross misconduct, and two relating to the outcome from a formal respect and resolution case. The remaining appeals related to decisions on fixed term contracts and injury benefits.

2.10 Employment Tribunal Cases

During Quarter 2, the Health Board had nine open Employment Tribunal (ET) cases, two of which rolled forward from Quarter 1. By the end of Quarter 2, there were seven remaining open. Four of these new cases are claims relating to the same complex issue which is unrelated to employee relations case activity.

2.11 Professional Registration Fitness to Practice Referrals Health and Care Professions Council (HCPC)

No. of Active / Closed Cases	No. End of Quarter 1 30/6/24	No. End of Quarter 2 30/09/2024
No. of Active Cases	6	9
No. Current Employees	5	8
No. Ex-Employees	1	1
No. Agency Workers	0	-
Cases Closed	0	-
Closed Case Outcomes	0	-

Nursing and Midwifery Council (NMC)

No. of Active / Closed Cases	No. End of Quarter 1 30/6/24	No. End of Quarter 2 30/09/2024
No. of Active Cases	32	30
No. Current Employees	18	15
No. Ex-Employees	10	9
No. Agency Workers	11	6
Cases Closed	1	7
Closed Case Outcomes	No further action	5 at the screening stage 1 struck off 1 left nursing



General Medical Council (GMC)

No. of Active / Closed Cases	No. End of Quarter 1 30/6/24	No. End of Quarter 2 30/09/2024
No. of Active Cases	4	3
No. Current Employees	4	3
No. Ex-Employees	0	0
No. Agency Workers	0	0
Cases Closed	0	1
Closed Case Outcomes	-	No further action

3 Key Risks / Matters for Escalation

3.1 No particular risks or matters for escalation have been identified in respect of the Health Board's current ER activity.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	Choose an item.
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required as equality data is collated as part of the ER data sets. There is no impact on Welsh Language, staff members can have their ER communication and the process conducted in Welsh.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Potential for Employment Tribunal cases if not managed appropriately.	
Enw da / Reputational	Yes (Include further detail below)	
	Potential for reputational damage if these cases are not managed in a timely and appropriate manner.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Management and People Services Team resources and time to effectively manage these cases.	

5 Recommendation

- 5.1 The People and Culture Committee is asked to **NOTE** the current areas of ER activity and to **NOTE** an increase in the number of case numbers across most areas of ER activity.
- 5.2 The People and Culture Committee is asked to **NOTE** the work being led by the Head of People Services to transform the People Service Team's approach to ER activity, in respect of it becoming more accessible, credible, measurable and actionable.



Agenda Item

6.2

People & Culture Committee

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

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Karen Wright, Assistant Director of People Policy and Compliance
Cyflwynydd yr Adroddiad / Report Presenter	Karen Wright, Assistant Director of People Policy and Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	
Acronyms / Glossary of Terms		
ESR	Electronic Staff Record	
POW	Princess of Wales	
PST	People Services Team	
COO	Chief Operating Officer	
DTPS	Diagnostic Therapies Physiotherapy Services	



1. Situation /Background

- 1.1 This paper provides an update on the retrospective Disclosure and Barring Service (DBS) check process being undertaken by the People Compliance and People Services teams, following the findings of the internal DBS Audit undertaken in 2019.
- 1.2 Since 2019, several approaches have been undertaken to reduce the original number of identified staff (2725) without a DBS Check on their Electronic Staff Record (ESR).
- 1.3 An automated process was piloted between November 2022 – January 2023 which resulted in 14 out of 125 staff providing a DBS check, 35 staff confirming they required a DBS Check and 86 staff failing to respond. At the end of the pilot the process was reviewed and amended over a few months to take on board feedback from those staff and managers who had engaged in the pilot.
- 1.4 The revised automated process was rolled out during June 2023, initially within the Children and Families Care Group, followed by Primary Care and Community on 4 July 2023, Mental Health, and Learning Disabilities, on 11 July 2023, and Unscheduled Care on the 18 July 2023. Due to the extremely low response rates, the rollout was paused for Unplanned Care, DTPS, COO, and Corporate/Hosted to ensure the limited staff resources could focus on the follow ups with the contacted staff, deal with queries, etc., in a timely manner.
- 1.5 At the end of June 2023, the number of staff requiring a DBS Check was 2,682. The table below breaks this figure down by Care Group (Table 1).

Table 1

Care Groups	No. of Staff Identified by Internal Audit without a DBS Check on ESR <u>October 2024</u>	No. of Staff Identified by Internal Audit without a DBS Check on ESR <u>June 2023</u>
Children and Families	122↓	217
Primary Care and Community	177↓	234
Mental Health and Learning	116↓	160
Unscheduled Care	308↓	315



Care Groups	No. of Staff Identified by Internal Audit without a DBS Check on ESR <u>October 2024</u>	No. of Staff Identified by Internal Audit without a DBS Check on ESR <u>June 2023</u>
Chief Operating Officer Inc. Facilities	**175↑	156
Planned Care	*305↑	300
DTPS	*191↑	185
Corporate and Hosted	31↓	124
Bank	452↓	991
TOTALS	1878↓	2682

*The increase in DBS Checks in two of the Care Groups, relates to the transfer of some services and staff, as part of OCP 2. The COO numbers have increased as they now include facilities staff.

**Noting: - There is a need to review the number of facilities staff requiring a DBS Check, as some of these posts have no direct patient contact.

1.6 As of the 10 October 2024, the number of staff requiring a DBS Check had reduced to 1878, a reduction of 804 (**Table 1**). This reduction was achieved by: -

- Contacted staff providing their original DBS Check;
- Contacted staff confirming that they no longer require a DBS Check;
- Staff leaver data being cleansed from the audit list; and
- A small number of staff completing a DBS Check application.

1.7 Of the remaining 1878 staff without a DBS check, the majority have not responded to the automated email requesting them to update their DBS Check status. Only 8% of respondents (56 staff) have completed a DBS check since June 2023.

2. Specific Matters for Consideration

2.1 Progress is slow in increasing compliance amongst those staff identified via the internal audit, who may still be working in a regulated post without a DBS Check on their ESR.

2.2 The DBS audit checking process was paused between June and early September 2024, to urgently complete DBS Checks for the 47 maternity and neonatal staff that were to be temporarily deployed to two neighbouring Health Boards, whilst the Princess of Wales (POW) Hospital improvement work takes place. Only two of these staff were on the DBS audit list.

2.3 The allocated three PST Coaches and two Senior Coaches, supported by the Head and Deputy Head of People and the Workforce Efficiency Manager (eight staff in total), utilised the automated DBS process to



ensure these staff had an up-to-date DBS Check on their ESR by 2 September 2024.

2.4 By early July 2024, due to the extremely low response rate from the maternity and neonatal staff, the allocated People Directorate staff had to attend POW to meet with these staff individually where possible, to complete the application process. Over the period 27 June – 2 September 2024: -

- 25/47 staff applied for and received a DBS check;
- 14/47 staff were identified as not requiring a DBS check at this time e.g. due to long term sickness absence, maternity leave;
- 2/47 staff had their applications paused, due to commencing a period of long-term sickness absence during this process; and
- 6/47 staff continue to have actions pending to complete their application. Noting two of these staff have been absent from work since September 2024, due to sickness absence. Consequently, risk assessments had to be undertaken by the Health Board on these four staff to enable them to be deployed elsewhere.

2.5 This recent small scale DBS exercise demonstrates the challenges faced by the Compliance and People Services Team, due to staff not prioritising and acting on the automated emails, to ensure they have a satisfactory DBS Check recorded on their ESR.

3. Key Risks / Matters for Escalation

3.1 Of the 2725 staff identified via the 2019 internal DBS Audit as not having a DBS check on their ESR, over the past five years despite, time, effort and resources being dedicated to improving compliance, it has resulted in only 847 of these staff responding to these requests to either provide the necessary DBS Check information or complete a DBS Check application.

3.2 Since 2019 the Compliance and People Services Team have tried several manual and automated approaches to engage with these staff, their managers, and Heads of Service, to provide them with the opportunity to either provide the necessary information or complete a DBS Check application.

3.3 The recent maternity and neonatal DBS Check exercise demonstrates that staff are not prioritising and acting on the automated DBS Check email requests, despite the urgent requirement to do so.

3.4 In respect of the remaining 1878 staff on the audit list, they will have been communicated with regarding this matter on more than one occasion over the past five years. These staff would appear to have adopted a dismissive attitude towards these communications, as there



have been no consequences in the past for failing to comply with the requests.

- 3.5 It is therefore proposed to amend the current approach, which will have consequences for those staff that ignore/fail to comply with automated email requests to provide their original DBS check or apply for a new DBS Check in the future.
- 3.6 It is proposed that on a Care Group by Care Group basis staggered over the next 12 months, the People Services and Compliance Teams will write to the staff on the audit list at their home address. The staggered approach would be used to ensure the Compliance and People Services Teams can use their limited staff resources to deal with queries, responses, and where applicable update ESR, in a timely manner.
- 3.7 The letter would confirm: -
- They do not have a DBS Check on their ESR, and they have a joint responsibility, with the Health Board as their employer, to ensure they have a satisfactory check on record;
 - They should open their NHS email inbox on a given date when a communication would be sent, to advise them of the actions they need to take urgently and to ensure they have a DBS Check on their ESR;
 - They should immediately contact the Compliance Team: -
 - if they have located a DBS Check, to provide the information to be entered onto ESR; or
 - If they no longer require a DBS Check for their post.
 - If they need a DBS Check, to follow the instructions on the email communication, to commence the application process. It will also confirm that the Health Board will meet all the associated check costs and the deadline for completion;
 - The Health Board would deal with any historical offence(s)/cautions not disclosed previously and divulged on their DBS Check, with an understanding and considerate approach, in the strictest of confidence;
 - Should staff not respond by the deadline set out in the email (two weeks), they would be unable to work in their regulated post. In the first week they may apply to use accrued annual leave subject to approval and in line with their normal contracted hours. Thereafter they would be granted unpaid leave until they have a DBS Check on their ESR. If they are absent from work on the grounds of sickness absence, during this period they would only be entitled to receive statutory sick pay; in accordance with the lapsed registration policy.
- 3.8 Before this process would be triggered, the Compliance and People Services teams would check that the staff had been communicated with



on at least three previous occasions and no response or action had been taken in response to the DBS Check request.

- 3.9 As part of this process the staff would be sent two further automated emails to their NHS email address, to remind them that they need to take urgent action. Only then, would appropriate action be taken to stop them working in their regulated post until they have a DBS Check on their ESR.
- 3.10 This approach is being suggested as a last resort to support increased compliance. The approach has previously been discussed with the Deputy Director of Nursing and Director of Midwifery, who is supportive of the approach should the current approach not lead to high levels of compliance.
- 3.11 Until the number of outstanding DBS checks reduce significantly, the Health Board can only provide limited assurance that it is appropriate and safe for these staff members to continue to work in their regulated post.
- 3.12 The risk has however been assessed as being low to medium as all these staff have been working in the Health Board for minimum of 5 years and a maximum of 25 years, without incident or concerns being raised.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies, please list below: Improving Care Sustaining our future
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies, please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd	Safe



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not Applicable.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not Applicable
Cyfreithiol / Legal	Yes (Include further detail below)	
	The identified employees are working in DBS regulated activity posts without the Health Board having a record that they have had a DBS Check, which is a legal requirement. There is a risk of harm to patients, employees etc. and associated legal claims against the Health Board.	
Enw da / Reputational	Choose an item.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	People Directorate Resource – Compliance Team and People Services Team. The cost of undertaking a retrospective DBS range from £18 for a standard/basic check, to £38 for an enhanced / enhanced bar list check.	



5. Recommendations

- 5.1 The People and Culture Committee is asked to **NOTE** the content of this paper and the actions taken to date, to reduce the number of staff identified by the 2019 Internal DBS Audit, without a DBS Check on their ESR.
- 5.2 The People and Culture Committee is asked to **NOTE** that between the period June 2023 to October 2024, the number of identified staff without a DBS Check on their ESR, reduced by 802. It had been anticipated that a greater reduction in numbers would have been achieved by January 2024.
- 5.3 The People and Culture Committee is asked to **NOTE** the proposed last resort process to be used in the future, when these staff have failed to respond to their automated DBS Check email requests, on three or more occasions, over the past 12 months.
- 5.4 The People and Culture Committee is asked to **NOTE** the proposed process to be used, when these staff have failed to respond to their automated DBS Check email requests, on three or more occasions, over the past 12 months.

6. Next Steps

- 6.1 To review the automated data to identify those staff that have failed to respond to their automated email requests on three or more occasions over the past 12 months.
- 6.2 Commence the process of writing to these staff by Care Group to their home address and following up by sending a new DBS Check automated email on the given date. This is to enable them to either provide a DBS Check, confirm they no longer require one or to start the process to apply for a DBS Check. These staff will be sent two further automated email reminders to their NHS email address, before any action is taken.
- 6.3 To inform managers of the approved process, to ensure they are aware and provide support to their staff who are required to comply.
- 6.4 To alert the managers of those staff who have failed to comply following this process, to understand whether there may be a reason for not responding, sick leave, annual leave, special leave etc. and if not to make them aware that their staff member will not be able to work, from a given date, until they have a satisfactory DBS Check on their ESR.
- 6.5 To write to those staff who have failed to comply, to confirm that they are unable to work until they have a DBS Check recorded on their ESR.



Agenda Item

7.1

People & Culture Committee

Legacy Position of the People & Culture Committee

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB
PCC	People & Culture Committee



1. Situation / Background

- 1.1 At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the People & Culture Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.
- 1.2 The purpose of this report is to provide assurance to the Committee that in disbanding this meeting all legacy actions and activity have been accounted for and redirected into the new Board and Committee Structure as appropriate.

2. Specific Matters for Consideration

- 2.1 Committee members will be aware that as part of the programme of work for the new structure this Committees **Cycle of Business** was utilised to inform the business of the new Committees.
- 2.2 Please see Appendix 1, which includes an **Annual Committee Report** for the period 1st April 2024 to the 6th November 2024. This captures the activity delegated to the People & Culture Committee up to it being disbanded. Once endorsed for approval it will be received at the Public Board Meeting on the 28th November 2024.
- 2.3 The **Action Log** at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 2.4 The **Forward Plan** activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 2.5 The Committee will note that the **Annual Self-Assessment of Effectiveness Survey** was recently completed and the outcome report is attached as Appendix 4.

3. Key Risks / Matters for Escalation

- 3.1 The actions outlined in section 2 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required in accordance with quality assessment guidance.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required in accordance with EIA/WL assessment guidance.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee is asked to:

- **CONSIDER** and **APPROVE** that the actions proposed in Section 2 of this report provide the required assurance that any legacy activity from the Committee has been managed effectively.
- **ENDORSE APPROVAL** of the Committee Annual Report for onward approval by the Board.

6. Next Steps

- 6.1 The activity in Section 2 will be built into the new Cycles of Business, Action Logs and Forwards Plans for the new Committees as appropriate.
- 6.2 The Committee Annual Report will be submitted to the next Board meeting which meets on the 28th November 2024.

PEOPLE & CULTURE COMMITTEE

Draft Close Down Final Legacy Report

1st April – 6th November 2024

FOREWORD

I am pleased to present this final Close Down Legacy Report of the CTMUHB People & Culture Committee which outlines the activity between 1st April - 6th November 2024.

The purpose of the Committee is to advise the Board on all matters relating to staff and workforce planning, the delivery of the organisational development and other related strategies to drive continuous improvement.

During this period my fellow Independent Members - Nicola Milligan as Vice Chair, Lynda Thomas, Geraint Hopkins and Rachel Rowlands have once again offered considerable knowledge and wide-ranging experience to the Committee. In August 2024 Nicola Milligan's term of office ended as an Independent Member and I would like to extend my thanks to Nicola for her outstanding contribution to the Committee as a Member from its onset and for her invaluable support to myself in her capacity as Vice Chair of the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members which are essential to the effectiveness of the Committee.

At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the People & Culture Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

I commend this final Close Down Legacy Report to you.

Dilys Jouvenat
Chair of the People & Culture Committee
Independent Member

People & Culture Committee

Final Annual Report April – November 2024

1. Introduction

- 1.1 This final close down report summarises the key areas of business activity undertaken by the Committee for the period April – November 2024.
- 1.2 The Committee's Annual 'Cycle of Business' for 2024-25 was approved by the Committee at their February 2024 meeting and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.
- 1.3 The Annual Report for 2023-24 was received by the Committee at their August 2024 meeting and reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to people and culture issues.

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee was 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 also provided 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).

3. Operating Arrangements

- 3.1 The revised Terms of Reference for the People & Culture Committee were last approved by the Board in November 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#). From January 2025 these will cease to exist and will be archived along with the previous business of the Committee.
- 3.2 As part of the wider review that was undertaken in relation to the Effective Management of Board Business, the terms of reference for the new Operational Delivery Committee and the Strategic Development Committee were approved at the September 2024 Board Meeting and are attached [here](#).

4. Membership, Frequency and Attendance

4.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of four members of the Board.

4.2 During this period the Committee met on two occasions, April and August 2024.

Independent Member attendance at these three meetings was follows:

Name	People & Culture Committee
Dilys Jouvenat (Committee Chair)	2 out of 2
Nicola Milligan (Committee Vice-Chair)	2 out of 2
Lynda Thomas	1 out of 2
Geraint Hopkins	2 out of 2

4.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.4 Mirroring other Board Committees, the People & Culture Committee operates a Consent Agenda system for routine business consideration.

4.5 All of the meeting papers for this Committee during this period are available publically via the CTMUHB [website](#). If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. There were no In Committee meetings scheduled during this period.

5. Committee Activity April – November 2024

5.1 The Committee prioritise its work plan and the following topics were considered at its two meetings during this period:

- Values & Behaviours Framework
- Workforce Metrics Analysis
- Employee Experience & Wellbeing
- Employee Relations
- Values and Behaviours
- Culture
- Strategic Equality Plan
- Organisational Risk Register
- Disclosure & Barring Service Assurance
- Equality, Diversity & Inclusion (including Welsh Language and Black and Asian Ethnic Minority (BAME))
- Strategic Workforce Planning

- Recruitment and Retention
- Welsh Language Standards Annual Performance Report 2023-24
- Equality Annual Report
- Gender Equality Annual Report
- Outcome of the NHS Wales Staff Survey
- Revalidating Quality Review
- Development of the CTM People Plan
- Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across Cwm Taf Morgannwg UHB
- Restorative, Just and Learning and Speaking Up Safely Working Group Action Plan Updates
- Spotlight: Presentation on Lateral Moves

During this period the Committee approved the following policies:

- Revised All Wales Respect & Resolution at Work Policy

5.2 The Committee's final meeting will be held on the 6th November 2024 and the items scheduled for consideration at that meeting are captured below for completeness at the point of disbanding the Committee:

- Chairs Urgent Action: Approval of the All Wales Pregnancy and Loss Policy
- Chairs Urgent Action: Approval of the All Wales Flexible Pensions Policy
- Approval of the Nursing and Midwifery Revalidation Policy
- Outcome of the Committee Self Effectiveness Survey & Improvement Plan 2023-24
- Shared Listening & Learning Story: NHS Staff Survey DTSPS Therapies Deep Dive
- Welsh Language More Than Just Words Report
- Workforce Metrics Report
- Leadership Launch Programme for Care Groups
- Sexual Safety
- Committee Referral from Audit & Risk Committee – Local Counter Fraud Case – Nurse Recruitment – Process to Provide Assurance
- Employee Relations
- Disclosure & barring Service Checks
- Transition to the new Committee Structure – Strategic Development Committee/Operational Delivery Committee

5.3 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our [website](#).

5.4 The Committee Chair is able to refer and receive items from other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

The Committee is able to receive referrals from other Committees and during this period there were two referrals made:

- Audit & Risk Committee - Local Counter Fraud Report – Fitness to Practice

6. Achievements and Plans

6.1 At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the People & Culture Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

7. Legacy Statement

7.1 The Action Log at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

7.2 The Forward Plan activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

7.3 A 'Committee Effectiveness Questionnaire' was issued following the August 2024 meeting, was recently completed and the outcome report is included as Appendix 4.

8. Conclusion and way forward

8.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the last five years, and for the constructive and positive way in which they have contributed to the activity.

8.2 The actions outlined in section 7 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.

ACTION LOG: PLANNING, PEOPLE & CULTURE COMMITTEE						
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 21.10.24)	Future Committee where Action will be raised from January 2025
4.2	August 2024	Organisational Risk Register To review Risk 3133 - poor compliance with gas safety training in relation to the control measures.	Director of Corporate Governance/Board Secretary	November 2024	Completed Risk de-escalated from the Organisational Risk Register in September 2024, a result of a notable improvement in compliance. Over 1000 CTMUHB staff having completed the course in the past 3 months, as opposed to the 180 staff from across the entire CTMUHB in 2023, for the face to face training. Medical Gases training also changed from a classroom based session to an ESR E-Learning course which is being advertised via flyer and other mechanisms to raise awareness.	N/A
5.2.1	August 2024	Restorative, Just and Learning (RJL) and Speaking Up Safely (SUS) Working Group Action Plan Updates Report to be amended to reflect updated dates	Assistant Director of Policy, Governance & Compliance	August 2024	Completed Dates amended following August meeting and report was re-uploaded to Admin Control/Website	N/A
5.3	August 2024	Workforce Metrics Report To review the data for AHP turnover rates, outside of the meeting.	Interim Assistant Director of Strategic Workforce Planning	November 2024	Update to be provided in the Committee meeting held on the 6th November	
6.2	August 2024	Employee Relations Report Deep Dive to be undertaken with regard to the increase in disciplinary Fast tracks, to ascertain any themes and trends.	Assistant Director of Policy, Governance & Compliance	November 2024	Update to be provided in the Committee meeting held on the 6th November	
5.2	April 2024	Strategic Equality Plan Investigate the gender disparity	Assistant Director of OD and Wellbeing	August 2024	In Progress The high level SEP is up and published, but the actions underneath are being built. The hope is that it will be completed by September as	This action will transfer to the action log for the Strategic Development Committee in the new structure.

		gap and identify factors contributing to award applications.			we have a lot of government guidelines to include and we are working hard to bring fully to fruition. The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	
6.1	November 2023	Employee Relations Report To review the alignment of the culture leadership work within the respect and resolution cases.	Assistant Director of Governance, Policy & Risk	April 2024	Propose to close Activity is part of the work programme being led by the Just, Restorative and Learning Policy Group.	The activity of the Just, Restorative and Learning Policy Group will be incorporated into the cycle of business for the Operational Delivery Committee.

COMPLETED ACTIONS

5.4	April 2024	Workforce Metrics Report <ul style="list-style-type: none"> • Workforce Team was tasked to complete a deep dive into the efficiency of recruitment data and produce a report on recruitment modernisation. • Workforce Team was tasked with reviewing mandatory training requirements and to determine if they can be reduced. 	Interim Assistant Director of Strategic Workforce Planning	August 2024	Complete Update provided within the Workforce Metrics Report August 2024 meeting.
6.2	April 2024	Employee Relations Report To finalise the Quarter 4 employee Relations and Professional Registration Fitness to Practice referral data and provide an update at the August meeting.	Assistant Director of Governance, Policy & Risk	August 2024	Complete The information was presented in the Employee Relations report for the 7 August 2024
4.1	February 2024	Organisational Risk Register To review the Risk 1133 relating to the staffing in the Emergency Department at the Royal Glamorgan Hospital	Deputy CEO/Executive Director of Nursing, Midwifery & Patient Care	April 2024	Complete – Unscheduled Care Group reframed the progress update captured in the March iteration of the Organisational Risk Register to address the action from this committee.
5.2	November 2023	Workforce metrics Report Offline discussion to be offered on the work with apprenticeships and qualifications.	Assistant Director of OD and Well Being	February 2024	Completed Pathways to Employment Report previously received by the Committee was reference in the minutes of the November 2023 meeting with a further report will be received at the April 2024 meeting.
5.1.1	August 2023	Welsh Language Annual Report To test some ideas out in relation to using more Welsh Language at a Board or Committee meeting.	Corporate Governance Team	February 2024	Complete Welsh Language Group Highlight Report on Agenda for February 2024 and will be presented in Welsh with simultaneous translation at the meeting and this will be rolled out where appropriate at

					future meetings of the Committee and Board.
2.2.1	May 2023	National Community Nursing Specification To add the Self-Assessment to Admin Control and add to the Forward Plan for future meetings of the Committee	Director of Nursing, Midwifery & Patient Care/Deputy Chief Executive	May 2023	Completed Self-Assessment added to Admincontrol and further updates added to Forward Work Plan.
08.22.11	August 2023	BAME Story Discussions to be held outside of Committee in relation to how the health board could support the Network in terms of the time and resource required to dedicate to this activity.	Director for People	November 2023	Completed/Ongoing Update provided at the February 23 Committee meeting which included work with the networks. In May 23 a more extensive equality, diversity and inclusion session was held which included the contribution of staff networks, further to the review of action plans and terms of reference with each network.
02.23.08	February 2023	Organisational Risk Register To receive an update from mental health colleagues on Risk 4722 and to update the consolidated risks with the Quality and Safety Committee.	Assistant Director of Governance & Risk	May 2023	Completed This risk was de-escalated from the organisational risk register in March 2023. The rationale for the score reduction is that the service area can now report that there is a Consultant Responsible Clinician for 3 areas, with CD Responsible Clinician for 1 area. Community Consultants are stable and set to improve with appointments in early February (Locum). Risk to be monitored by the MH and LD Care Group.
02.23.12	February 2023	PCH Progress on Cultural Transformation and Improvement work	Governance Team	February 2023	Completed Newsletter circulated via email following meeting.

		To circulate the Theatres Newsletter to Members of the Committee.			
02.23.17	February 2023	Workforce Metrics Report Data on return to work compliance to be reviewed outside of the meeting	Assistant Director, Strategic Workforce Planning'	May 2023	Completed The compliance reviewed by Head of People and Independent Member and it was confirmed that the figures had been for November 22. More recent figures were provided along with details on the plan going forward.
02.23.17	February 2023	Workforce Metrics Report Outcomes and actions to be included in future reports	Assistant Director, Strategic Workforce Planning'	May 2023	Completed Detail to be included in the report to be received in August 2023 and all reports moving forward.
05.22.9	May 2022	Disclosure & Barring Service Further update to be provided to the Committee at a future meeting.	Assistant Director, Workforce & OD	November 2022	Completed Report received at February 2023 meeting.
11.22.8	November 2022	Organisational Risk Register Outputs and timescales for delivery in relation to the Task and Finish Group aligned to risk 4080 to be provided for the next meeting through the relevant Executive Lead.	Medical Director/Director for People	February 2023	Completed Most recent update for this risk is set out in the appendix to agenda item 3.2.1 – Organisational Risk Register for February 23 Committee meeting.

PEOPLE & CULTURE COMMITTEE- FORWARD WORK PLAN 2024					
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date	Future Committee where Action will be raised from January 2025
Requested via email	Additional Item	Chairs Urgent Action: Approval of the All Wales Pregnancy & Loss Policy	Assistant Director of Governance, Policy & Compliance	6 November 2024 – captured under agenda item 2.1.2.	Not applicable – Closed at November meeting.
Requested via email	Additional Item	Chairs Urgent Action: Approval of the All Wales Flexible Pensions Policy	Assistant Director of Governance, Policy & Compliance	6 November 2024 - captured under agenda item 2.1.3	Not applicable – Closed at November meeting.
Requested via email	Additional Item	Approval of the Nursing & Midwifery Revalidation Policy	Executive Nurse Director/Deputy CEO	6 November 2024 - captured under agenda item 2.1.4	Not applicable – Closed at November meeting.
Legacy Report in relation to new Committee Structure	Additional Item	Final Close Down Legacy Report – People & Culture Committee – April – November 2024	Director of Corporate Governance/Board Secretary	6 November 2024 – Captured under agenda item 7.	Not applicable – Closed at November meeting.
Annual Cycle of Business 2023-24	Six monthly report Deferred from February and April 2024	Disclosure and Barring Service Checks	Assistant Director of Governance, Policy & Compliance	6 November 2024 - captured under agenda item 6.2	Not applicable – Closed at November meeting.
Requested at Agenda Planning session	Additional Item	Share Listening & Learning Story: NHS Staff Survey DTPS Therapies Deep Dive	Executive Director of AHPs and Health Science	6 November 2024- captured under agenda item 3.2	Not applicable – Closed at November meeting.
Requested at Agenda Planning session	Additional Item	Welsh Language – More Than Just Words 2023-24	Welsh Language Lead/Head of Engagement & Involvement	6 November 2024 – Captured under agenda item 5.1	Not applicable – Closed at November meeting.
Requested at Agenda Planning session	Additional Item	Leadership Launch Programme for Care Groups	Strategic Lead for People Development	6 November 2024 - Captured under agenda item 5.3	Not applicable – Closed at November meeting.
Requested following Agenda Planning Session	Additional Item	Sexual Safety	Executive Director for People	6 November 2024 – Closed Session agenda item.	Not applicable – Closed at November meeting.
Requested following Audit & Risk Committee Meeting August 2024	Additional Item	Committee Referral – Local Counter Fraud Case – Nurse Recruitment – Process to Provide Assurance	Assistant Director of Policy, Governance & Compliance/Interim Assistant Director of Strategic Workforce Planning	6 November 2024 – Closed Session agenda item	Not applicable – Closed at November meeting.

Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date	Future Committee where Action will be raised from January 2025
Requested following Agenda Planning Session	Additional Item	Transition to new Committee Structure – Strategic Development Committee/Operational Delivery Committee	Executive Director for People	6 November 2024 – Captured under agenda item 7.	Not applicable – Closed at November meeting.
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	6 November 2024 – Captured under agenda item 7.	Not applicable – Closed at November meeting.
Annual Cycle of Business 2024-25	Six Monthly Report Deferred from April and August 24 meeting	Nursing Workforce Efficiency & Productivity	Interim Assistant Director Strategic Workforce Planning	7 August 2024 – Item deferred	To be added to the forward plan for the Operational Delivery Committee. Timeframe to be agreed.

Completed Activity from the Forward Work Programme

Annual Cycle of Business 2024-25	Annual Item	Welsh Language Annual Report 2023-24	Assistant Director of OD & Wellbeing	7 August 2024 – Completed
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	7 August 2024 – Completed
Deferred from February 24 Meeting	Additional Item	Revalidating Quality Review Report	Medical Director	15 April 2024 – Completed
Request received via email	Annual Item	Strategic Equality Plan	Assistant Director of OD and Wellbeing	15 April 2024 – Completed
Request received via email	Annual Item	Annual Equality Plan	Assistant Director of OD and Wellbeing	15 April 2024 – Completed
Request received via email	Annual Item	Gender Pay Gap Report	Assistant Director of OD and Wellbeing	15 April 2024 – Completed
Annual Cycle of Business 2024-25	Annual Item	NHS Wales Staff Survey Results	Assistant Director of OD & Wellbeing	15 April 2024 – Completed



Agenda Item

2.1.2

People & Culture Committee

**Committee Annual Self Effectiveness Survey Outcome
2023-24 & Improvement Plan**

Dyddiad y Cyfarfod / Date of Meeting	06/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dilys Jouvenat, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Committee members / attendees	29/08/2024	Responses returned as outlined in section 1 of the report

Acronyms / Glossary of Terms	
Nil	



1. PURPOSE

- 1.1 The Chair of the People & Culture Committee is required to present an annual report to the Board outlining the Committee’s business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2023-24.
- 1.3 Members should note that 6 responses were received out of a total of 11 which equated to 54%.

2. SUMMARY REPORT

Positive Assurance	<p>1. Committee Effectiveness:</p> <p>There was a clear consensus that Members/Attendees were aware that:</p> <ul style="list-style-type: none"> • There were approved Terms of Reference in place defining the role of the Committee. • 83% of respondents were aware that the Terms of Reference were reviewed annually. • Respondents were aware that a Committee Annual Report was produced and reported to the Board to provide assurance that the Committee considers activity consistent with its remit. • A Committee Annual Cycle of Business had been established to be dealt with across the year. <p>2. Committee Business</p> <ul style="list-style-type: none"> • Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner. • Members of the Committee felt that where possible, Committee meetings were scheduled prior to important decisions. • The Committee felt that the meetings were effectively chaired with clarity of purpose and outcome. • The Committee were of the opinion that each agenda item was ‘closed off’ appropriately so it was clear what the conclusion was. • There was clear consensus that boundaries between this Committee and other Committees were clearly defined with appropriate cross referral. • 83% of respondents felt that the Committee was adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions.
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	<p>3. Behaviour, Culture and Values</p> <ul style="list-style-type: none"> • There was clear consensus that meeting behaviours of Members/Attendees were considered to be courteous and professional. • It was felt that the atmosphere at the meetings were conducive to open and productive debate.
Areas of Note	<p>1. Committee Effectiveness</p> <ul style="list-style-type: none"> • The Terms of Reference were reviewed and approved at its November 2023 meeting as part of the annual review basis prior to subsequent approval by the Health Board in November 2023. • The Committee received and approved its Annual Report for 2023-24 at its August 2024 meeting and was submitted to the Board in September 2024. • The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their February 2024 meeting. <p>2. Committee Business</p> <ul style="list-style-type: none"> • The People & Culture Committee utilises a Consent Agenda system for routine business consideration. Members are aware that should they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion. • As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'. • Highlight reports are produced following each meeting so that the Board is kept informed of the nature of the issues considered and any decisions reached. These reports are available as part of the 'public' Board papers to demonstrate the Health Board's commitment to openness and transparency. Feedback reflected that the Highlight reports were succinct and to the point.
Areas Requiring Further Consideration	<p>Committee Effectiveness - Areas for action/improvement were identified as follows:</p> <ul style="list-style-type: none"> • 67% of respondents preferred a face-to-face meeting rather than virtual. • 50% of respondents felt overall that Meetings through the medium of Welsh was supported if it was the preferred language of any of the Members/Attendees.
Action Plan	<p>In response to the areas of improvement identified the following actions were undertaken:</p> <ul style="list-style-type: none"> • The Committee have not held any virtual meetings during 2024 and have all been held face to face.



	<ul style="list-style-type: none">• The Committee received a report that was presented in Welsh Language with simultaneous translation at its February 2024 meeting.• The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached as an appendix to this report should it be helpful to revisit.
Appendices	Independent Member Scrutiny Toolkit available from the Corporate Governance Team.

3. RECOMMENDATION

3.1 The Committee is asked to **NOTE** and **APPROVE** the report.