People & Culture Committee

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

The Hub Meeting Room, Royal Glamorgan Hospital Site

Agenda

09:30 - 09:35
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Dilys Jouvenat, Chair

1.2. Apologies for Absence

Dilys Jouvenat, Chair

For Noting

1.3. Declarations of Interest

Dilys Jouvenat, Chair

For Noting

09:35 - 09:40
5 min

2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 10th August 2023

Dilys Jouvenat, Chair

For Approval

📄 2.1.1 Unconfirmed Minutes 9.8.23 PC Committee 8th November 2023.pdf (12 pages)

2.1.2. Amendment to the Standing Orders - Schedule 3.5 PCC Revised Terms of Reference

Gareth Watts, Director of Governance/Board Secretary

Endorse for Board Approval

📄 2.1.2 Amendment to the Standing Orders Schedule 3.5 Cover Report PC Committee 8th November 2023.pdf (3 pages)
📄 2.1.2a Schedule 3.5 - PCC Revised ToRs PC Committee 8th November 2023.docm.pdf (10 pages)

2.2. Policies for Approval

Karen Wright, Assistant Director of Workforce & OD

For Approval

2.2.1. Domestic Abuse Policy

Karen Wright, Assistant Director of Workforce & OD

📄 2.2.1 Domestic Abuse Policy Cover PC Committee 8th November 2023.pdf (4 pages)
📄 2.2.1a Appendix 1 Domestic Abuse Policy(1).pdf (22 pages)

2.3. Items for Noting

2.3.1. Action Log

Dilys Jouvenat, Chair

For Noting

📄 2.3.1 Action Log PC Committee 8th November 2023.pdf (4 pages)

09:40 - 10:00
20 min

3. MAIN AGENDA

3.1. Matters Arising otherwise not contained within the Action Log

Dilys Jouvenat, Chair

3.2. Listening & Learning Story: Staff Experience Lucy Wall, Healthcare Support Worker - Maternity - Presentation - to follow

Suzanne Hardacre/Lucy Wall

10:00 - 10:30
30 min

4. GOVERNANCE

4.1. Organisational Risk Register

Cally Hamblyn, Assistant Director of Governance & Risk

For Discussion/Noting

📄 4.1a Organisational Risk Register - Sept - P&C Nov 23.pdf (5 pages)
📄 4.1b App 1 - Master Organisational Risk Register -Final September 2023 - P&C Nov 23.xlsx (3 pages)

4.2. Outcome of the Committee Self Assessment Survey & Improvement Plan

Cally Hamblyn, Assistant Director of Governance & Risk

For Approval

📄 4.2 Outcome of Committee Self Effectiveness Survey & Improvement Plan PC Committee 8th November 2023.pdf (4 pages)
📄 4.2a Appendix 1 CTM IM Scrutiny Toolkitv7(inc all-Wales additions) APPROVED 23.2.22.pdf (21 pages)

4.3. Speaking Up Safely Progress Report (to include Speaking Up Safely Self Assessment Against Section 6 Submission to Welsh Government) - Verbal Update

Gareth Watts, Director of Governance/Board Secretary

Please refer to the documents folder within Admincontrol for supporting papers in relation to this item

For Discussion/Noting

10:30 - 11:15
45 min

5. INSPIRING PEOPLE

5.1. Culture - Verbal Update

Michelle Hurley-Tyers, Assistant Director of OD & Wellbeing

For Discussion/Noting

5.2. Workforce Metrics Report

Natalie Price, Assistant Director Strategic Workforce Planning

📄 5.2 Workforce Metrics PC Committee 8th November 2023.pdf (8 pages)

11:15 - 11:50
35 min

6. SUSTAINING OUR FUTURE

6.1. Employee Relations Report

Karen Wright, Assistant Director of Policy, Governance & Risk

For Discussion/Noting

📄 6.1 Employee Relations Report PC Committee 8th November 2023.pdf (12 pages)

6.2. Retention - to follow

Natalie Price, Assistant Director Strategic Workforce Planning

For Discussion/Noting

11:50 - 11:55
5 min

7. OTHER MATTERS

7.1. Forward Work Plan

Dilys Jouvenat, Chair

📄 7.1 Forward Plan PC Committee 8 November 2023.pdf (5 pages)

7.2. Committee Highlight Report to Board

Dilys Jouvenat, Chair

7.3. Any Other Urgent Business

Dilys Jouvenat, Chair

7.4. How did we do today?

Dilys Jouvenat, Chair

11:55 - 12:00
5 min

8. DATE AND TIME OF NEXT MEETING

7th February 2024 at 9:30 am

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE PEOPLE & CULTURE COMMITTEE HELD ON 9 AUGUST 2023, HELD AT THE HWB, ROYAL GLAMORGAN HOSPITAL

PRESENT

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

IN ATTENDANCE

Hywel Daniel	-	Executive Director for People
Greg Padmore Dix	-	Deputy Chief Executive/Executive Director of Nursing,Midwifery & Patient Care
Richard Hughes	-	Deputy Director of Nursing, Midwifery & Patient Care (in-part)
Helen Watkins	-	Deputy Director for People
Marc Penny	-	Director of Improvement & Innovation
Julie Denley	-	Deputy Chief Operating Officer, Primary Care, Mental Health & Learning Disabilities
Michelle Hurley Tyers	-	Assistant Director of Organisational Development and Wellbeing
Natalie Price	-	Assistant Director, Strategic Workforce Planning
Sallie Davies	-	Deputy Medical Director
Karen Wright	-	Assistant Director of Policy, Governance and Compliance (in-part)
Becky Gammon	-	Assistant Director of Nursing and Peoples Experience
Tom Powell	-	Head of Innovation / RIC Lead (in-part)
Ben Screen	-	Welsh Language Services Manager (in-part)
Hannah Wilton	-	Chief Pharmacist (in-part)
Rhian Carta	-	Head of Pharmacy Prince Charles Hospital (in-part)
Simon Blackburn	-	Senior Communications Officer (in-part)
Sara Utley	-	Audit Wales (Observing via Teams)
Paul Dalton	-	Internal Audit (Observing Observing via Teams)
Cally Hamblyn	-	Assistant Director of Governance & Risk
Nerys Heightley	-	Business Support People Services
Kathrine Davies	-	Corporate Governance Manager (Secretariat)

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PART 1. PRELIMINARY MATTERS

1.1.0   Welcome and Introductions

The Chair **welcomed** everyone to the meeting including:

- Hannah Wilton, Chief Pharmacist
- Rhian Carta, Head of Pharmacy at Prince Charles Hospital who were in attendance for Agenda Item 3.2 Pharmacy Collective Leadership.
- Ben Screen, Welsh Language Services Manager, in attendance for Agenda Item 5.1.1 Welsh Language Standards Annual Report 2022-23
- Simon Blackburn, Senior Communications Advisor, in attendance for Agenda item 6.4 Staff Recognition.
- Sarah Utley, Audit Wales will be observing the meeting via Teams.
- Paul Dalton, Internal Audit will be observing the meeting via Teams.

1.2.0   Apologies for Absence

Apologies were received from:
- Sarah James, Deputy Chief Operating Officer
- Geraint Hopkins, Independent Member

1.3.0   Declarations of Interest
There were none declared.

PART 2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1   'Unconfirmed' Minutes of the Meeting held on the 10th May 2023

Resolution: The minutes were **APPROVED** as a true and accurate record.

2.1.2   Draft Committee Annual Report 2022-23

Resolution: The Annual Report was **ENDORSED FOR BOARD APPROVAL.**

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2.2 POLICIES FOR APPROVAL

2.2.1 Overtime and Additional Hours
Alcohol and Substance Misuse

Resolution: The above Policies were **APPROVED:**

2.2.2 Employee Wellbeing Policy

Resolution: The Employee Wellbeing Policy was **APPROVED.**

2.3 ITEMS FOR NOTING

2.3.1 Action Log

Resolution: The Committee **NOTED** the Action Log.

3.0 MAIN AGENDA

3.1.0 Matters Arising Not Otherwise Contained Within the Action Log
There were none.

3.2.0 SPOTLIGHT: Pharmacy Collective Leadership Presentation
H. Wilton and R. Carta provided a presentation to the Committee.

N. Milligan advised that this was excellent work and she was fully supportive of compassionate and collective leadership and if they wanted to engage with staff that was the only way to promote change. She referred to psychological safety and noted that there was further work to do around this.

H. Daniel commented that it was good to see the improvements being made in shifting cultures which had huge scalability opportunities.

L. Thomas echoed the comments made by N. Milligan and H. Daniel, and added that she loved the energy that they had both portrayed during the presentation. She queried what they could do with the workforce to make some slight changes to bring in some fresh talent into the team which might be helpful.

H. Wilton, in response advised that it was a challenging mind-set and one that required a lot of energy. She added that one of the things they were doing was moving people across the different sites which was helping to bring the teams together, working collectively across all sites.

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M. Penny referred to the psychological safety element session where there seemed to be lots of positive things coming out of that. He added that they would look at how they would use this for continuous improvement and the development of those larger projects and advised that he would take away and work with M. Hurley-Tyers and colleagues on this.

N. Milligan commented that collective leadership helped staff to feel comfortable and that this should be considered for developing future leaders.

H Daniel referred to the sessions that they were holding and advised that it would be good if he could attend one of these. He advised that his recent visit to the Pharmacy Department had been a really positive experience and he commended the staff for their positivity and for their work. He added that what had really stood out was the progression of staff in that department and to consider that this would be good work to share with the Leadership Forum.

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

4.0 GOVERNANCE

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

N. Milligan referred to risk 5364 and advised that recent feedback from the Care Groups was that they were unable to backfill on a permanent basis for people who were leaving and could only backfill on a temporary basis or not at all and queried why this had not been addressed.

In response, H. Daniel advised that there had been some issues in relation to health visiting in that nurses had left to undertake their training and then did not return to their posts, they were also trying to get some temporary neonatal nurses. He added that the Children and Families Care Group were now overseeing the vacancies and it was under their remit to make those financial decisions.

G. Padmore-Dix, in response, added that it was quite challenging particularly in terms of the school nurses when they leave to undertake their training, in that they very rarely return to that post.

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

5.0 INSPIRING PEOPLE

5.1.0   EQUALITY, DIVERSITY & INCLUSION

5.1.1   Welsh Language Standards Annual Report 2022-23
B. Screen presented the Annual Report for 2022-23.

H. Daniel thanked B. Screen for the fresh approach he was taking recognising that they were a small team with a very big agenda. He advised that the Welsh Language Steering Group had good attendance from the Care Groups which was positive and added that Welsh Language and culture needs to be woven into everything they do so that patients feel they can access services in the language of their choice.

M. Penny referred to the wards and the resources to support them with translation and queried the translation services they used as the number of times they have had to look at the quality of the translation in terms of spelling errors and whether they made use of technology on the wards for translation.

M. Hurley-Tyers responded that it was not a stand-alone silo with regard to Welsh but about other languages also and that they were discussing this with regard to how this would be included within the People Plan.

L. Thomas commented that from her perspective as the Board Champion for Welsh the report was much improved on previous versions and she congratulated the team. She added that it was worth reminding the Committee that there was still a long way to go when looking at the figures within the report and that having bespoke resources was really important. She went on to add that if they want to move forward, they should visibly demonstrate some of the things that were important such as translation at meetings and her final point was that they need to consider the different translations between North and South Wales.

K. Wright thanked B. Screen for the amount of work that he had put in over the last 12 months with a small team and in promoting the use of the Welsh Language via the Steering Group. She added that the main driver for this was for the patients to have better communication for the best outcomes.

H. Daniel referred to the point made by L. Thomas with regard to weaving Welsh Language into everything they do and suggested

that they could consider having a report at the Board or Committee in Welsh with simultaneous translation. He thanked K. Wright for her leadership on this and advised that they would give some thought to this and test some ideas out.

D. Jouvenat commented that it was more about the hearts and mind arguments rather than legislation and she was very impressed with the report.

Resolution: The Committee **ENDORSED** for **BOARD APPROVAL**

Action: To test some ideas out in relation to using more Welsh Language at a Board or Committee meeting.

5.2.0   Employee Relations (ER) Report
K. Wright presented the report that provided a formal update in respect of ongoing ER cases and trends within the Health Board.

N. Millligan advised that she attends the Leadership Partnership Forums for the Care Groups where it was raised that it was difficult to get advice from the People Hub and that staff were unable to get through and were feeling vulnerable. She added that there was clearly a problem with this in terms of supporting staff who were experiencing any issues within their workforce.

In response, H. Daniel advised that they were meeting about this later that day looking at timescales for cases as well and how quickly and effectively they were being dealt with and how well this was working. He added that with regard to the Hub there had been turnover issues within the team and they had been migrated across to a different way of working. They would take on board the feedback and look at this.

R. Hughes advised that they were commencing work with the Children and Families Care Group with regard to fundamental changes made by the Nursing and Midwifery Council in relation to vetting. He added that they were looking at the processes currently in place and would be meeting on a quarterly basis.

K. Wright advised that she had noted the comments made and would incorporate them into the report for the next meeting.

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

5.3.0   Disclosure & Barring (DBS) Checks Assurance Report

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K. Wright presented the report that provided an update on the actions taken to date to try to improve the compliance of DBS checks.

Karen expressed her thanks to A. Milligan, Graduate Trainee whose help and support had enabled them to move to phase 2.

R. Hughes advised that Healthcare Inspectorate Wales (HIW) had raised concerns in relation to DBS checks under the safeguarding umbrella in Bridgend which had triggered a joint approach around stronger mechanisms to be put in place with regard to safeguarding.

N. Milligan referred to the lack of responses and whether new starters think that the email was a scam and that it might be worth putting out some communications to reinforce that the email is genuine. K. Wright advised that they had put out some communications in June, however, it would be a good reminder to do this again.

H. Daniel advised that they had robust DBS systems in place for new starters and an action plan following the HIW report. He added that the risk was that some staff had not had a DBS for some time, the risk was low however, it only needs one person and he referred to the case in Abertawe Bro Morgannwg University Health Board. His concern was that it was four years on from the Bridgend transfer and there were still high numbers which were about 61 a month. They would review this in September and see if this was working or not and if staff were ignoring the communications, they would need to step that up with a more directional approach.

J. Denley, in response, advised that the Operational teams would be able to help with this and offered their support.

N. Milligan, in response to J. Denley point advised that the support would be helpful but they did also need to discuss with managers how they could support them and provide them with the right support.

D. Jouvenat thanked the team for the improvements made to date and that the risks outlined within the report should be escalated to the Board via the Committee Highlight Report.

Resolution: The Committee:
- **NOTED** the content of the report and the actions taken to date to try to improve the compliance of DBS checks among

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those employees who historically do not have this information in their ESR record.

- **NOTED** the Health has robust processes in place to ensure new employees that require a DBS check have this evidence on their ESR record.

5.4.0   Workforce Metrics Report
N. Price presented the report which provided the Committee with the key workforce metrics for the period: with historic trends shown as appropriate.

N. Milligan advised that it was pleasing to see the increase with regard to the return to work figures. However, they were still taking 9 days to shortlist and constantly failing to hit the 3 day target. N. Price advised that they would need to do some targetted work in this area and that capacity was an issue.

N. Milligan referred to retention and the fact that the rates had increased. She advised that this was an area of importance and required some work at pace.

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

6.0. SUSTAINING OUR FUTURE

6.1.0   Strategic Workforce Planning and Retention

Strategic Workforce Planning
N. Price provided a presentation to the Committee on the work with KPMG.

N. Milligan advised that the presentation outlined the work that KPMG had undertaken, however, it would be good to see the 'so what's' and what the results would be coming out of that work and what they were going to do.   N. Price responded by advising that they were looking at the establishment controls, alongside the clinical development plan with regard to the medium and long term plans.

L. Thomas commented that she was familiar with KPMG from previous work they had undertaken elsewhere. She advised that the point made by N. Milligan about what they were going to do next from an implementation perspective was important and another example of that they need to be pushing and implementing the clinical services strategy and whether there was some work for

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the Communications team to undertake on this. She added that there was a question for them at Board level on how they were going to manage future vision with the current financial situation

H. Daniel referred to N. Milligan's point on the 'so what's' and advised that they were developing a plan and they had a more structured process with regard to educational commissioning. He advised that they had now recruited a Head of Workforce Planning who would be a great resource within this space. The key thing would be to take this from abstract and to make it real for the Care Groups on the ground.

Retention
N. Price & Becky Gammon provided a presentation on Retention.

H. Daniel advised the Committee that the response rates were showing an improvement and were currently at 10%, whereas previously they were at 0%. He added that there was still work to be done to continue with those improvements.

N. Milligan referred to slide 12 and commented that it was disappointing that the percentage of staff feeling valued by their organisation was low.

L. Thomas questioned that rather than having exit interviews or in additional exit interview that they should be having joining interviews to establish what aspirations staff have from a career perspective to join the Health Board from the beginning. She also referred life changes and between 25 and 35 when people were looking to start a family and whether they were offering flexible working. N. Price advised that they were looking at a wider Health Education and Improvement Wales (HEIW) discussion on 'staying' and not waiting for someone to resign.

N. Milligan referred to the difficulties that students experience when trying to join the staff bank. N. Price advised that they had developed an improvement plan and they could bring something back to the Committee on progress.

Resolution: The Committee **NOTED** the presentations on Strategic Workforce Planning and Retention.

6.2.0   Development of the Inspiring People Plan – Progress Report
H. Watkins presented the report that outlined the development timeline of the Inspiring People Plan and the actions required to achieve the Inspiring People goal as part of the CTM 2030 Strategy.

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H. Daniel advised that they had discussions at the Inspiring People Board about pledges and how they turn this into something where they could improve work for staff and would be testing this out working with G. Padmore-Dix and the team.

Resolution: The Committee **ENDORSED** the planning approach for the development of the Inspiring People Plan.

6.3.0 **Implementation of the Speaking Up Safely (SUS) Framework**

M. Hurley-Tyers presented the report that provided an update on the progress being made by the SUSWG to plan and implement the SUS framework within the Health Board.

H. Daniel referred to the Welsh Government work with Cardiff University on a more blended model in comparison to the Guardian model which really did not work that well due to single points of failure. He advised that the framework was due to be launched within the next two months.

L. Thomas referred to 'Freedom to Speak Up Guardians' that work really well and offers good career opportunities for people. They also provide psychological safety and trust.

Resolution: The Committee **NOTED** the report and the progress made.

6.4.0 **Staff Recognition Update on Progress**

S. Blackburn provided a presentation to the Committee in relation to the Staff Recognition programme.

N. Milligan commented that she appreciated that they were a very small team, however, they had been talking about this for a very long time and the presentation on recruitment had showed that 25% of staff had left the organisation. She advised that previously they would hold an event where staff had coffee with the Chief Executive and were presented with a certificate which they really valued as it was a way of saying 'thank you'. She wondered why they were not looking to do something simple like that rather than a change in branding.

S. Blackburn advised that with regard to the timelines these were set for the award scheme and not for recognition. With regard to recognition, he added that he did take the points made and that there was something about getting a balance on this and not create too long a delay and he would take this away and review.

D. Jouvenat referred to the long service awards and suggested that staff could be provided with a badge or special lanyard for example

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that they would be proud to wear. She added that she agreed with the point made by N. Milligan and also with regard to an award ceremony the categories had to be right and they need to consider carefully what categories to use. She advised that she had attended the quality and improvement session recently where staff were very proud to see their posters displayed.

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

7.0. OTHER MATTERS

7.1.0   HIGHLIGHT REPORT TO BOARD

Resolution: The Committee **AGREED** that the report would be prepared by the Governance Team following the meeting. Escalate DBs Checks to Board.

7.2.0   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.   Couple of topics for the Forward Plan from today.

 Resolution: The Committee **NOTED** the Forward Work Plan

7.3.0   ANY OTHER URGENT BUSINESS

There was none.

7.4.0   HOW DID WE DO TODAY?

Members of the Committee felt that the session had been uplifting and inspiring and suggested it be repeated at a future Board Development Session.

Members considered that it had been an excellent meeting which had covered a lot of work that needed to be recognised.

Members agreed that the Senior Communications Officer should be added to the terms of reference due to the number of discussions held in relation to communication with staff. C. Hamblyn advised that the Governance Team would amend the terms of reference to reflect this.

The Chair advised that if anyone had any comments to feedback, they could do that outside of the meeting if they so wished.

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Resolution: The Committee **AGREED** to add the Senior Communications Officer to the terms of reference as a member of the Committee.

7.5.0   CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The next full meeting of the Committee was scheduled to be held on the 8th November 2023.

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AMENDMENT TO STANDING ORDERS – SCHEDULE 3.5

Dyddiad y Cyfarfod / **Date of Meeting**	08/11/2023
Statws Cyhoeddi / **Publication Status**	Open/ Public
	Not Applicable
Awdur yr Adroddiad / **Report Author**	Kathrine Davies, Corporate Governance manager
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**	Endorse for Board Approval

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	
SO	Standing Orders

1. Situation /Background

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

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

2. Specific Matters for Consideration

2.1 **Standing Orders – Schedule 3.5 People & culture Committee Terms of Reference.** The Terms of Reference are included at Appendix 1. Proposed changes are identified in **red**. The Committee is asked to Endorse for Board Approval.

3. Key Risks / Matters for Escalation

3.1 If endorsed, the Standing Orders will be presented to the Board for approval at their meeting to be held on 30th November 2023.

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)*	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)](#))*	Not Applicable
	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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐		No: ☒
	Outcome:		If no, please include rationale below: Not required
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?* / **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐		No: ☒
	Outcome:		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	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 **ENDORSE** for Board Approval: The amendments to the Health Board's Standing Orders as outlined in section 2 of this report.

Schedule 3.5

BOARD COMMITTEE ARRANGEMENTS

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

PEOPLE & CULTURE COMMITTEE

Terms of Reference & Operating Arrangements

Pending review: 8th November 2023

Reviewed: 9th August 2023
Approved by Health Board: 28th September 2023

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

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INTRODUCTION

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

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

CONSTITUTION & PURPOSE

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

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

SCOPE AND DUTITES

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

Culture & Values:

- Agree and oversee a credible process for assessing, measuring and reporting on the "culture of the organisation" on a consistent basis over time.

- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.

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- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence;

- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.

- Promote staff engagement and partnership working.

- Ensure the organisation adopts the principles of the 'Speaking Up Safely' Welsh Government Framework to ensure a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.

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

Organisational Development & Capacity:

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

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

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

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Performance Reporting

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

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

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

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

- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:

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

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

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- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.

- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

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

Statutory Compliance

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

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

DELEGATED POWERS

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

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

AUTHORITY

The Committee is authorised by the Board to:

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

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

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

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

Sub Committees

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

ACCESS

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

MEMBERSHIP

Members:

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

Chair   Independent Member of the Board

Vice Chair   Independent Member of the Board

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

Attendees
- Executive Director for People (Committee Executive Lead)
- Executive Director of Nursing, Midwifery & Patient Care
- Executive Medical Director
- Chief Operating Officer
- Executive Director of Therapies and Health Sciences
- Director of Improvement & Innovation
- Representative from the Care Groups

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

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

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

Secretariat

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

Member Appointments

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

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

The Board shall ensure succession planning arrangements are in place.

Support to Committee Members

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

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role, and

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

COMMITTEE MEETINGS

Quorum

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

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

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

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

Circulation of Papers

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

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

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

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

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

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

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

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

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

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

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

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

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

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

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

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APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

CHAIR'S ACTION ON URGENT MATTERS

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

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

REVIEW

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

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	Agenda Item
	2.2.1

People & Culture Committee

WORKFORCE AND ORGANSATIONAL DEVELOPMENT POLICIES (Domestic Abuse Policy)

Dyddiad y Cyfarfod / Date of Meeting	08/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Claire Nicholas, Head of Policy, Compliance and Agenda for Change
Cyflwynydd yr Adroddiad / Report Presenter	Karen Wright, Assistant Director of Policy, Governance and Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
PPRG	16/02/2023	Endorse for approval

Acronyms / Glossary of Terms	
PPRG	People Policy Review Group
LPF	Local Partnership Forum

1. Situation /Background

1.1   The purpose of the report is to present the People Services Domestic Abuse Policy as set out below.

2.   Specific Matters for Consideration

2.1   People Policy Review Group

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

During February 2023, the policy was signed off by the PPRG. It was approved by the LPF via Chair's action on the 26 October 2023.

3.   Key Risks / Matters for Escalation

3.1   This policy is a revision of the current Health Board Domestic Abuse Violence Against Woman and Sexual Violence Policy, to comply with the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (Section 76 of the Serious Crime Act 2015 and the Domestic Abuse Act 2021).

3.2   The Health Board is committed to supporting and improving the health and wellbeing of our employees and recognises that abuse, violence, controlling and/or coercive behaviour, domestic abuse and sexual violence or abuse are crimes which can adversely affect the health of our employees, their families and our communities. The Health Board is committed to providing our employees and workers with a safe working environment and haven which can provide them with a route to safety and support, should they require it.

3.3   The aim of the policy is to assist managers and colleagues to identify abuse etc. at an early stage, which can help to prevent an escalation in severity and frequency and ensure the individual is offered / receives appropriate and timely support.

3.4   Research has shown that taking a responsive and enabling approach is fundamental in encouraging employees who are experiencing abuse, violence etc. to disclose this information to their line manager / supervisor or trusted colleague. These principles underpin the content of this policy.

3.5   The manager guidance contained in the policy, provide an additional tool to support manager to not only recognise the signs of abuse but to support them to have the difficult conversation with their employee, ensuring they respond appropriately to a disclosure of this nature and can support and signpost them to appropriate help and support

The policy also provides the contact details for internal and external organisations, which can offer and provide employees with the appropriate support.

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)*	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))*	Culture and Valuing People
	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))*	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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Have you undertaken a Quality Impact Assessment Screening?		n/a
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No potential negative impact has been identified.	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	There could be legal implications if the policy is 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 *(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 People and Culture Committee is asked to **APPROVE** the attached policy for implementation across the Health Board.

6. Next Steps

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

Domestic Abuse Policy   Page 4 of 4   People & Culture Committee 09/11/2023

DOMESTIC ABUSE POLICY

Document Type:	Non Clinical Organisational Wide Policy
Ref:	People 58
Author:	Elisa Churchill
Executive Sponsor:	Executive Director for People
Approved By:	Choose an item.
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	2

Target Audience:

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

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date:
	Outcome: No potential negative impact has been identified.
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Ensure sustainability in all that we do, economically, environmentally and socially

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1. Purpose

Cwm Taf Morgannwg University Health Board (The Health Board) is committed to supporting and improving the health and wellbeing of our employees. We recognises that domestic abuse, violence, controlling and/or coercive behaviour, domestic abuse and sexual violence (referred to as "abuse" for the remainder of this policy) are crimes which adversely affect the health of individuals and their families.

Identifying abuse and providing appropriate and timely support at an early stage can be effective in preventing an escalation in severity and frequency. Taking a responsive and enabling approach is therefore fundamental in encouraging employees who are experiencing any form of abuse to tell their line manager / supervisor (manager) or a trusted colleague / friend.

The Health Board has a responsibility to provide all employees with a safe and effective working environment. For some employees, the workplace is a safe haven and the only place that offers routes to safety. This policy and procedure will help ensure the organisation takes all reasonable steps possible to combat the reality and impact of abuse on those affected by abuse and to challenge the behaviour of perpetrators.

2. Policy statement

The purpose of the policy is to ensure that those affected by abuse are aware of the policy and the support available to them and perpetrators of abuse are aware that such behaviour is not condoned under any circumstance by the Health Board. As such, all employees are required to adhere to the expected standards of behaviour and professional conduct.

The guidance contained within the Policy provides managers with advice and signposting to support, to assist them to appropriately help employees who are affected by or experiencing abuse, by asking the right questions and taking the most appropriate actions to support them (*Appendices 1, 2 and 3*).

3. Scope

The policy applies to all Health Board employees and workers, including hosted organisations.

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Policy Title: Domestic Abuse Policy
Page Number: 3

4. Procedure for Reporting Concerns

The Health Board encourages employees to report their concerns if they or a victim, witness or suspect a colleague is experiencing abuse or are perpetrating abuse.

Employees can talk to their manager or a trade union representative or member of the People Services Team. The discussion will ensure the employee is offered and provided with appropriate support and a safe working environment. In respect of perpetrators of abuse this will ensure their behaviour is challenged and appropriate action taken.

Should an employee not wish to speak to their manager, trade union or the People Services Team, they may wish to contact:

- the Occupational Health Department; or
- the Corporate Safeguarding lead or team, Multi-Agency Safeguarding Hub (MASH) Nurses or Social Services; or
- the confidential 24 hour, anonymous helpline - **Crime Stoppers, Live Fear Free Helpline on 0800 111 4444.**

4.1   Recognising signs of abuse

Abuse is often hidden and an employee affected by it can find it very difficult to disclose or talk about it. Managers should be aware of sudden changes in an employee's behaviour, appearance and/or changes in the quality of their work performance, with unexplained reasons.

While some employees may not think they are experiencing abuse and might not use the term to describe their experiences, managers have a responsibility to discuss any concerns they may have with them, understanding that every situation will be different.

4.2   Facilitating a Conversation

Should a manager suspect or be informed that an employee is experiencing or perpetrating abuse, they have a duty of care to facilitate a conversation with them to discuss and identify the support or actions to be taken.

Employees in this situation are often reluctant to speak up, due to the fear, anxiety and stigma associated with abuse. Therefore it is important that the manager takes a proactive lead in managing the

conversation, as this action will ensure the employee is provided with advice and support.

The manager should think about how best to conduct the conversation i.e. face to face, MS Teams or telephone, to ensure confidentiality and reduce the risk of placing the employee at risk of further abuse, due to the disclosure. It may be appropriate to ask the employee about the best way to keep in contact with them to determine which communication methods are private and / or easy to access.

The manager may wish to utilise the Manager's guide to asking difficult questions and privacy and safeguarding responsibilities (**Appendix 1**).

The manager should:

- show empathy and compassion when responding to an employee's disclosure;
- be non-judgemental and supportive;
- respect boundaries and the employee's privacy (**Appendix 1**);
- believe the employee and not ask for proof;
- not make assumptions about what someone is experiencing or pre-empt what they need. This includes not assuming the gender of someone's partner, or that the partner is the perpetrator; and
- provide the employee with a copy of this policy and reassure them that the Health Board understands that they may be affected by their experience.

4.3   Support to be made available to employees

The manager may consider offering a broad range of practical support to employees experiencing abuse, including:

- Use of **annual leave, flexi-time or time off in lieu** for relevant appointments, including with support agencies, solicitors, to re-arrange housing or childcare and for court dates;
- **special leave** provisions (e.g. compassionate leave or unpaid leave) where the employee's annual leave entitlement has been exhausted;
- **Flexible working** provisions to implement temporary or permanent changes to working times and patterns;
- **changes to specific duties**, to avoid potential contact with the

perpetrator in the workplace;

- **safe working environment** measures e.g. blocking emails / screening telephone / MS Teams calls; alerting reception / security if the perpetrator come to the employee's workplace and ensure they do not work alone or in an isolated area;
- **Change of base** from home to work to provide a safe environment for the employee away from the perpetrator;
- providing a **photograph of the perpetrator** to management, security staff and reception. This may also be extended to colleagues on a need to know basis;
- **safe travel**, ensuring arrangements are in place for safe travel to and from work;
- **redeployment or relocation**, at the employee's request and with their consent;
- on a **need to know basis** advising colleagues and agreeing a response if the perpetrator contacts or attends the workplace;
- Ensuring the **security of personal information held**, such as temporary or new address and bank details in paper based and IT systems; and
- agree **code words or hand signals** and what action the signal requires with the employee, with their consent, if they regularly homework, to enable them to use MS Teams call or chat to provide an alert, if they are in a threatening situation while working at home.

All support options should be offered, where appropriate giving consideration to the employee's wishes as their safety and wellbeing should take priority in all matters and procedures.

It is important that the manager understands that the employee may need some time to decide what to do, and they may need to try different options, change their options during this process. The manager must always respect the right of an employee to make their own decisions about their preferred course of action.

4.4   Managing the perpetrators of abuse

Any form of abuse is a serious matter that can lead to a criminal conviction. The Health Board therefore recognises that it has a role to play in managing perpetrators, by reporting and taking active steps to address abusive behaviours of all kinds.

Abuse perpetrated by employees will not be condoned under any circumstance, nor will it be treated as a purely private matter,

regardless of it having taken place outside of work. Such conduct may lead to disciplinary action being taken against an employee where there are allegations of abuse, as it may be in breach of their professional code of conduct or it may undermine trust and confidence in their employment relationship.

Appropriate action must be taken in all cases where an employee is alleged to have or admits they have:

- behaved in a way that has harmed or threatened their partner, family member or an individual within or outside of a relationship;
- possibly committed a criminal offence against their partner, family member or an individual within or outside of a relationship;
- have an allegation of abuse made against them; or
- concerns about their behaviour within an intimate relationship.

Where an employee discloses to a work colleague, trade union representative or member of the People Services Team that they are perpetrating abuse against a family member / colleague etc. they must advise the alleged perpetrator that they have a duty of care to inform their line manager / supervisor.

The manager will ensure that the employee is:

- treated fairly, consistently and honestly;
- invited to discuss the concerns with them and informed that they may be required to contact the police, following a discussion with the Safeguarding Team and a senior member of the People Services Team, to clarify the internal processes to be followed;
- helped to understand the concerns expressed and the implication of any internal and external processes which may be invoked;
- signposted to appropriate health and wellbeing support, in addition to organisations that can provide other appropriate advice and support (*Appendix 3*); and
- Kept informed of the progress of any internal processes and the outcome.

They will also ensure:

- all allegations of abuse are managed in accordance with the relevant Health Board's people policies and procedures, along with the NHS Wales Safeguarding Procedure; and
- where appropriate, the police are informed, as well as the employee's professional registration body and / or the Disclosure

and Barring Service.

4.5 Where the victim and perpetrator are employed by the Health Board

Appropriate action will be taken as soon as possible, to protect and support the victim and deal with the perpetrator.

Action may be taken to ensure that the victim and perpetrator do not come into contact with each other in the workplace. This may include one of the employees being relocated to another department, Care Group or changing their work base on a temporary basis.

Action may also be taken to minimise the potential for the perpetrator to use their position or work resources to find out details about the whereabouts of the victim, if they have changed address. This may include a change of duties or withdrawing the perpetrator's access to certain records, documentation, IT programmes and / or NHS systems.

The Manager should seek advice regarding such measures from the People Services Team, before taking action.

MANAGERS GUIDE TO ASKING DIFFICULT QUESITONS AND PRIVACY AND SAFEGUARDING RESPONSIBILITIES

If you suspect an employee is experiencing abuse, violence, controlling and/or coercive behaviour, domestic abuse, sexual violence or abuse, you should facilitate a conversation to discuss this and identify / implement appropriate support. Shying away from the subject can perpetuate fear of stigma and increase feelings of anxiety.

While the majority of victims of abuse are women with a male perpetrator it is important to remember that men can also be subjected to abuse and abuse may take place in same-sex relationships.

The aim of this guidance is to encourage you to take a proactive supporting role, which can make a huge difference to the employee's future, with practical advice on how to do it.

Remember that an employee may not feel confident in speaking up, so making the first move to begin a conversation can be very important to ensuring that they provide appropriate support and advice.

You should ask the employee indirect questions, to help establish a relationship and develop empathy. Below are some examples of questions that you could use:

- How are you doing at the moment?
- Are there any issues you would like to discuss with me?
- I have noticed recently that you are not yourself - is anything the matter?
- Are there any problems or reasons that may be contributing to your frequent sickness absence or under-performance at work or presenteeism at work?
- Is everything okay at home?
- What support do you think might help?
- What would you like to happen?
- How can I help?

<u>REMEMBER</u>
Be careful when raising concerns with employees working from home, as the perpetrator may be monitoring their email or other methods of communication.

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Even by asking open questions in an e-mail or in a call when it is not known who else is listening it could ring alarm bells with the perpetrator and cause more harm for the employee.

Avoid Blame
It is important that you are able to provide a **non-judgemental** and **supportive** environment. Respecting boundaries and privacy is essential.

Even if you disagree with the decisions being made regarding an employee's relationship or actions they wish to take, it is important to understand that a sufferer of abuse, violence, controlling and/or coercive behaviour, domestic abuse, sexual violence or abuse may make a number of attempts to leave the situation before they are finally able to do so.

Your role is not to deal with the abuse, violence, controlling and/or coercive behaviour, domestic abuse, sexual violence or abuse itself, but to make it clear that the employee will be supported, and outline what help and support is available to them.

Confidentiality and Privacy Rights versus the Safeguarding Responsibilities

You must:

- inform the employee of your duty to report to the Local Authority their suspicions that an employee and / or they child / family member is at risk of abuse(Social Services and Well Being Act (Wales) 2014);
- to ensure the Wales Safeguarding Procedures (2019) is followed in all cases where abuse is identified in the workplace, and it is known that there are children in the family,
- reassure the employee that the information they provide is confidential, and will not be shared with other colleagues without their permission.

  - However, in circumstances in which confidentiality cannot be guaranteed, to ensure compliance with the legislation and procedures (i.e. the concerns are regarding children, vulnerable adults or where the Health Board is required to protect the safety of the employee, you must inform the employee as to the reasons why confidentiality cannot be maintained and that as far as possible, information will only be

shared on a need to know basis.

- Confirm that confidentiality cannot be assured for employees who disclose that they are a **perpetrator of abuse** and that the information may be shared, on a need to know basis, depending on the risks.

10 STEPS FOR MANAGERS TO ADDRESS THE EFFECTS OF ABUSE IN THE WORKPLACE

There are steps that you can take to address the effects of abuse in the workplace. In most cases, it is about being aware of the individual circumstances, respecting their wishes and signposting them to the relevant individuals and organisations who can provide them with specialist support.

However, you may find the following 10 steps helpful when managing a situation of abuse.

Recognise

1. Look for sudden changes in behaviour and/or changes in the quality of work performance for unexplained reasons, despite the employee previously having a strong performance record.

2. Look for changes in the way the employee dresses, for example excessive clothing on hot days, changes in the amount of make-up worn etc.

Respond

3. Listen and support then employee if they disclose they are experiencing abuse. **DO NOT** ask for proof.

4. Reassure the employee that you have an understanding of how the abuse may be affecting their work performance and signpost them to appropriate support and resources.

Provide Support

5. Where applicable, divert phone calls and e-mail messages and look to change a phone extension if the employee is being harassed at work.

6. Agree with the employee what to tell colleagues and how they should respond if the perpetrator telephones or visits the workplace.

7. Ensure the employee does not work alone or in an isolated area

and check that they have arrangements in place for getting safely to and from work.

8.   Keep a record of any incidents of abuse experienced in the workplace, including persistent telephone calls, e-mails or unannounced visits.

9.   Ensure that employees are made aware of the policy and the services and support which can be provided by the Health Boards e.g. Employee Assistance Programme via Wellbeing Services and Support and Occupational Health Services.

Refer to the Appropriate Help and Support

10.   Signpost employees to *Appendix 3*.

Even if you disagree with the decisions being made by the employee regarding their relationship or the actions they wish to take, it is important to understand that a victim of abuse may attempt to leave the situation on several occasions, before they are finally able to do so.

Your role is not to deal with the abuse itself, but to make it clear that the employee will be supported and outline what help and support is available to them.

INTERNAL AND EXTERNAL ORGANISATIONS AND CONTACTS

Internal Contacts

If you are experiencing abuse, violence, controlling and/or coercive behaviour, domestic abuse, sexual violence or abuse, the following support is available within Cwm Taf Morgannwg University Health Board.

Line manager/supervisor
You can speak to your line manager / supervisor in confidence. They can provide you with support and signpost you to appropriate internal and external sources of advice and support.

Employee Assistance Programme - Vivup
Whatever mental health, physical, financial or personal issue you are facing, you can access expert free and completely confidential help and support for life's ups and downs 24/7, 365 days of the year. To access, please register with www.vivup.co.uk and navigate to Support and Wellbeing.

People Services Team (HR)
You can contact your People Services Team and arrange to speak to a member of the team in confidence. They will be able to provide you with support and signpost you to appropriate internal and external sources of advice and support.
Telephone Number: 01443 443443   **Link: People Services (office.com)**

Occupational Health Department
You can contact the Occupational Health Department and arrange to speak to a member of the team in confidence. Occupational Health will be able to provide you with and signpost you to appropriate organisations and sources of advice and support.
Telephone Number: 01443 443231
E-Mail: ctt_occupationalhealth@wales.nhs.uk

CTMUHB Safeguarding Lead
You can speak to CTMUHB's Safeguarding Lead in confidence. The Safeguarding Lead will be able to provide you with and signpost you to appropriate sources of advice and support.

Telephone Number: 01443 744800
E-Mail: Nadine.Long@wales.nhs.uk

Multi-Agency Safeguarding Hub (MASH)
Telephone Number: 01443 742949/01656 643630

Trade Union/Professional Organisation
You can speak to a local trade union representatives. See Trade Union Contact Details

External Contacts

There are a number of external organisations in Wales that can help you by providing advice and practical guidance.

Crime stoppers
Live Fear Free – 24 hour Helpline
Telephone Number: 0808 801 0800

Merthyr - Domestic Abuse Resource Team (DART)
Telephone Number: 01685 388444

Safer Merthyr Tydfil
Telephone Number: 01685 353999
E-Mail: info@smt.org.uk

The Oasis Centre (Pontypridd)
Telephone Number: 01443 494190

Bridgend – ASSIA Domestic Abuse Service
Telephone Number: 01656 815919
E-Mail: assia@bridgend.gov.uk

New Pathways
Provides a helpline and support for victims of rape.
Telephone Number: 01685 379310
E-Mail: www.newpathways.co.uk

The Safeguarding Team can provide the contact details of current, up to date organisations that can offer advice and support to employees.

HOME OFFICE DEFINATION AND CATEGORIES OF ABUSE

Domestic Abuse

"Any incident of controlling, coercive or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or are family members, regardless of gender and sexuality".

Violence, Domestic Abuse and Sexual Violence includes:

•   Domestic abuse;
•   Female genital mutilation (FGM);
•   Forced marriage;
•   "Honour" based abuse;
•   Sexual exploitation;
•   Sexual violence or Abuse (within or outside a relationship);
•   Stalking and Harassment (within or outside a relationship);

Coercive Control

Coercive control is when a person with whom you are personally connected with, repeatedly behaves in a way which makes you feel controlled, dependent, isolated, humiliated or scared. It is a criminal offence under Section 76 of the Serious Crime Act (2015).

The following types of behaviour are common examples of coercive control:
- isolating them from their friends and family;
- controlling how much money they have and how they spend it;
- repeatedly putting them down, calling them names or telling them that you are worthless;
- monitoring their activities and movements;
- threatening to harm or kill them or their child / family member;
- threatening to publish information about them or to report them to the police or the authorities;
- damaging their property or household goods;
- forcing them to take part in criminal activity or child abuse;
- Isolating them from sources of support.

Controlling Behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive Behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their sufferer.

Coercive and Controlling Behaviour became illegal in December 2015 through the Serious Crime Act 2015 (England and Wales).

Emotional and Psychological Abuse

Emotional or psychological abuse can be either verbal or non-verbal. This kind of abuse chips away at the confidence and independence of the sufferer to make them compliant and limit their ability to leave their abuser.

Emotional abuse can include verbal abuse such as yelling, name-calling, blaming and shaming, isolation, intimidation, threats of violence and controlling behaviour.

Physical Abuse

A wide range of different behaviour can come under the heading of physical abuse and can include punching, slapping, hitting, biting, pinching, kicking, pulling hair out, pushing, shoving, burning and strangling.

This can include causing harm by denying access to medical aids, i.e. hearing aids or medication.

Sexual Abuse

Rape and sexual abuse is common in abusive relationships, due to the sufferer's refusal or consent being ignored. Any situation where someone is forced to take part in unwanted, unsafe or degrading sexual activity is sexual abuse.

Financial Abuse

Economic or financial abuse limits the sufferer's ability to get help. The abuser controls finances; withholds money or credit cards; makes someone unreasonably account for the money they spend; exploits

assets; withholds basic necessities; prevents someone from working or sabotages the sufferer's job and deliberately runs up debts.

The impact of violence, controlling and coercive behaviour, abuse and sexual violence can range from loss of esteem to loss of life.

Abuse, violence, controlling and/or coercive behaviour, domestic abuse and sexual violence or abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy or maternity.

When dealing with abuse, violence, controlling and/or coercive behaviour, domestic violence, sexual violence or abuse it is important to recognise differences between all protected characteristics. It follows that different approaches and resources are needed when addressing violence and/or abuse with different groups.

THE IMPACT OF ABUSE IN THE WORKPLACE

Impact on the Employee

It should be noted that there may be incidents which occur inside and outside of the workplace that may specifically affect the work of an employee.

Possible signs of abuse include:

- changes in behaviour, including uncharacteristic depression, anxiety, distraction or problems with concentration;
- changes in the quality or standards of work for no apparent reason;
- poor hygiene;
- appearance may alter;
- arriving late or leaving early;
- poor attendance or high presentism without an explanation;
- needing regular time off for appointments;
- inappropriate or excessive clothing;

Please note that this list is not exhaustive.

Impact on Work Colleagues

Abuse also affects people close to the sufferer and this can include work colleagues. This may include:

- Being followed to or from work;
- Being subject to questioning about the employee's contact details or location;
- Covering for other workers during absence from work;
- Trying to deal with the abuse and fear for their own safety;
- Being unaware of the abuse or not knowing how to help.

The Health Board acknowledges that some employees may experience vicarious trauma as a result of supporting employees who are victims of abuse. It is important that managers are aware of this risk, as the organisation has a duty of care to limit the impact on the workforce.

To limit the potential impact, all employees must have access to advice and support via the Employee Assistance Programme, Wellbeing

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Service, Occupational Health Service, trade union representative and the People Service Team.

The Manager's Guidance offers a list of CTMUHB internal contact details for support, and contact details for external organisations that can offer support.

Impact on the Employer

Some effects may include:

- negative impact on productivity, performance and morale;
- rearranging workloads at short notice in the event of absence;
- increased sickness absence;
- increased overtime and agency costs;
- staff turnover, as employees may have to leave work or move away to escape the abuse;

LEGAL AND GOVERNANCE INFORMATION

Legislation and NHS Wales and Health Board Policies
- Domestic Abuse Act 2021.
- Serious Crime Act 2015 (Section 76);
- Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.
- All Wales Disciplinary Policy.
- All Wales Respect and Resolution Policy.
- All Wales Safeguarding Procedures (2019).
- All Wales Special Leave Policy.
- Disclosure and Barring Policy.
- Flexible Working Policy.
- Professional Registration Policy.
- Standards of Behaviour Framework Policy.

Equality
The Health Board is committed to ensuring that as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individuals or groups.

The Health Board undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. CTMUHB wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh Language, religion or belief, transgender, age or other protected characteristics.

The assessment found that there was no impact to the equality groups mentioned. Where appropriate the Health Board will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

Training Implications
Any training implications in the implementation of this policy will be provided as required.

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.

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.

Retention / Archiving
The Director of People Services will ensure that copies of this policy are archived and stored in line with Health Board's Records Management Policy and are made available for reference purposes should any situation arise where they are required.

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.

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 26.10.23)
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	**In progress** Arrangements are in hand for a report in the medium of Welsh Language to be presented to the February 2024 meeting.

COMPLETED ACTIONS

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** To circulate the Theatres Newsletter to Members of the Committee.	Governance Team	February 2023	**Completed** Newsletter circulated via email following meeting.

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	**Complete** 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	Medical Director/Director for People	February 2023	**Complete** Most recent update for this risk is set out in the appendix to agenda item 3.2.1 – Organisational Risk Register for February 23 Committee meeting.

		the relevant Executive Lead.			

People & Culture Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	08/11/2023
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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	August / September 2023	RISKS REVIEWED
Operational Management Board	Via Email 12.9.2023	ENDORSED FOR ELG
Executive Leadership Group	18th September 2023	REVIEW AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	24th October 2023	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 BY THIS MEETING (ASSESSMENT)

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 over the next 12 months.

2.2 The Operational Management Board now signs off the Organisational Risk Register in terms of Care Group risks prior to submission to the ELG.

2.3 Monthly Risk Management Awareness Sessions (Virtually via Teams) continue. **511** members of staff trained to date. Focussed sessions to discuss risk has also been undertaken with Care Group Leads during June 2023.

2.4 Risks on the organisational risk register have been updated as indicated in red.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **NEW RISKS**

No new risks assigned to this Committee.

3.2 **CHANGES TO RISKs**

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

Risks where the risk rating DECREASED during the period

Care Group – Unscheduled Care

- Datix Risk ID 1133 - Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH). Risk score reduced from a 16 to a 12.

Rationale for changes captured in Appendix 1.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

No risks have been closed this period.

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

Consequence	5			4080		
	4				5364 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
4	**Sufficient workforce to deliver the activity and quality ambitions of the organisation**	**Sustaining our Future**	Executive Director of People	People & Culture Committee	**20** (C5xL4)
7	**Leadership and Management**	**Inspiring People**	Executive Director for People	People and Culture	**12** (C4xL3)
8	**Culture, Values and Behaviours**	**Inspiring People**	Executive Director for People	People and Culture	**12** (C4xL3)

4. IMPACT 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))*	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))*	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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register.

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 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

6. Next Steps

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

6.2 The November 2023 iteration of the Organisational Risk Register is currently being drafted.

Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5462	Executive Director of Therapies and Health Sciences.	Diagnostics, Therapies, Pharmacy and Specialties Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	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.	AWMS Monitor Capacity and Demand: Update 30.8.23 - Monitoring and reporting within current structures. Current WL for L3 as of 31/7/23 was 998. with expected capacity of 150/year waiting list currently standards at 6.6 years. Team reviewing interventions and working towards group interventions due to be piloted in September 2023. Should see capacity increase to at least 250/year. Timeframe 29.9.2023. AWMS - Pathway Design - Update 30.8.23 - first group trial likely September. Working with research department to support evaluation. Timeframe 31.10.2023.	Quality & Safety Committee People & Culture Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	30.08.2023	31.10.2023
5364	Chief Operating Officer	Children and Families Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Merthyr Cynon Band 6 - Special Community Public Health Nurses (SCPHN's) shortage	If we are unable to recruit SCPHN School Nurses into vacant caseloads. THEN there will not be enough SCPHN's to deliver the School Nursing Framework and Welsh Government priorities. In addition increased pressure on existing staff. RESULTING IN – the school nursing service being unable to fulfil all of its statutory obligations to safeguarding, optimise immunisation uptake rates, support CYP with their emotional health and compliance with the CMP. It is also predicted that there will be increased levels of staff sickness and impact on recruitment and retention of staff.	Vacancies to be advertised as required. Development of a SCPHN SN bank Team Leader and CNS safeguarding to support staff to ensure safeguarding statutory duties are met. Plan in place to prioritise, Immunisations, CMP, SEHS. Where possible, Team Leader to protect SCPHN time to hold drop in sessions within schools. Vacant caseload policy has been activated. Development plan in place for junior staff to complete SCPHN training and ensure succession planning of future SCPHN workforce. Cross cover support from School Nursing staff across the HB. Extra hours have been offered throughout the team. Team leader review workforce capacity as required and escalate to Senior Nurse when required. Skill mix approach by MC team to deliver school nursing service Senior Nurse to escalate to senior management as required	Due to a national shortage of SCPHN students qualifying across Wales, all vacant SCPHN posts will be recruited into at every opportunity. Band 5 development plan, to support succession planning and future of SCPHN workforce Timeframe: 21.7.2023 Reviewed by Children and Families Care Group on the 30.08.2023 - proposed for closure. Rationale for closure being sought prior to de-escalation / closure from the Organisational Risk Register.	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 C4xL2	↔	03.02.2023	30.08.2023	30.09.2023
4080	Executive Medical Director Executive Director of People	Central Support Function - Medical Directorate & People Directorate	Assistant Medical Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to recruit sufficient medical and dental staff	If: the CTMUHB fails to recruit sufficient medical and dental staff. Then: the CTMUHB's ability to provide high quality care may be reduced. Resulting in: a reliance on agency staff, disrupting the continuity of care for patients and potentially effecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUHB being drafted • 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 August 2023: Medical Workforce Productivity Programme is fully established. Within this programme are a range of initiatives which are interrelated and mitigate each associated risk one part at a time. Within the initiatives/workstreams, financial aspects are fully considered. Collaborative discussions have been ongoing for CTMUHB to align rates with Aneurin Bevan UHB's rate card. This has been discussed at Executive level and financial controls have been considered. An updated paper is due to be received at Executive Leadership Group in September for formal approval.	Quality & Safety Committee People & Culture Committee	15	C5 x L3	10 (C5xL2)	↔	01.08.2013	21.08.2023	31.10.2023

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
1133	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	**If:** the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH; **Then:** the Health Board will be unable to deliver safe, high quality services for the local population; **Resulting in:** compromised safety of the patients and staff and possible harm.	ED sustainable workforce plan developed and being implemented (May 2021). Option 1 funded so risks around sustainability remain particularly in respect of the consultant workforce. Financial position remains a challenge as locum and agency staff still used. No agreed plan to align staffing to benchmarking standards and the staffing levels on other sites within CTM. Boundary change and challenges across CTM continue to have a significant impact on the RGH site. September 2022 Review by Nurse Director for Unscheduled Care: Currently 6.3 wte ANPs in post with 3 new trainees commencing. Advert for locum Consultant in progress Ad-hoc locum for middle grade to cover for absences and planned leave	Update September 2023: Senior Management Team reviewed and there was an agreement for funding to be approved for two substantive posts for Royal Glamorgan Hospital. Currently within the recruitment phase, 1 has commenced role as Locum. Nursing workforce vacancies are currently being filled with use of bank an agency with an invest to save in progress. With these mitigating actions this will reduce the risk score to 12, with C4 & L3. Target date 8. Next review date 31/10/23	Quality & Safety Committee. People & Culture Committee - Workforce aspect	16 ↓ 12	8	Update September 2023: Senior Management Team reviewed and there was an agreement for funding to be approved for two substantive posts for Royal Glamorgan Hospital. Currently within the recruitment phase, 1 has commenced role as Locum. Nursing workforce vacancies are currently being filled with use of bank an agency with an invest to save in progress. With these mitigating actions this will reduce the risk score to 12, with C4 & L3. Target date 8. Next review date 31/10/23

2

	A	B	C	D	E	F	G	H	I	J	K
1	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
2	Nil this period										
3											
4											

3

People & Culture Committee

Committee Annual Self Effectiveness Survey Outcome 2022-23 & Improvement Plan

Dyddiad y Cyfarfod / Date of Meeting	08/11/2023
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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Committee members / attendees	30/08/2023	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 2022-23.

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	**1. Committee Effectiveness:** There was a clear consensus that Members/Attendees were aware that: • 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. • 83% of 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. • Feedback reflected that the Committee had had significantly improved from the previous year in terms of rhythm, scrutiny, and also its general maturity. It was felt that the challenge and support from Independent Members was extremely useful and it moves the agenda along and that the mix of experiences they have at the Committee from Independent Members was also very helpful. **2. Committee Business** • 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.

Outcome of Committee Effectiveness Survey & Improvement Plan

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People & Culture Committee
8th November 2023

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	• In the main 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. **3. Behaviour, Culture and Values** • 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 conductive to open and productive debate.
Areas of Note	**1. Committee Effectiveness** • The Terms of Reference were reviewed and approved at its August 2023 meeting as part of the annual review basis prior to subsequent approval by the Health Board in September 2023. • The Committee **received** and approved its Annual Report for 2022-23 at its August 2023 meeting and was submitted to the Board in September 2023. • The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their February 2023 meeting. **2. Committee Business** • 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	**Committee Effectiveness - Areas for action/improvement** were identified as follows: • 50% of respondents preferred a face-to-face meeting rather than virtual. • Consistent attendance from other portfolios in addition to the People Services Team was recognised as an important factor.

Outcome of Committee Effectiveness Survey & Improvement Plan

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	Welsh Language • 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	In response to the areas of improvement identified the following actions are proposed: • Face to face meetings implemented as of November 2023 and for all meetings in 2024 to support networking and relationship building. In circumstances where it is not possible for members to attend in a face to face format then a virtual option maybe considered with the agreement of the Chair. • The Committee will be receiving the presentation of a report in the medium of Welsh with simultaneous translation at the 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.

3.   RECOMMENDATION

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

Outcome of Committee Effectiveness Survey & Improvement Plan

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INDEPENDENT MEMBER (IM) SCRUTINY & ASSURANCE TOOLKIT

BACKGROUND

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

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

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

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

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

OVERVIEW OF IM SCRUTINY ROLE

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

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

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

- Sharing collective responsibility for decisions.

DIVERSE NATURE OF IM ROLE

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

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

INDEPENDENT MEMBER FOCUS

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

AGENDA PLANNING

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

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

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

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

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

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

6

FOCUS OF PAPERS

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

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

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

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

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

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

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

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WE LISTEN, LEARN AND IMPROVE

WE TREAT EVERYONE WITH RESPECT

WE ALL WORK TOGETHER AS ONE TEAM

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

REPORT PRESENTERS

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

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

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

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

8

EXECUTIVE COLLABORATION

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

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

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

9

ROLE OF THE COMMITTEE CHAIR

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

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

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

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

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

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

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

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MEETING CULTURE

- Commitment

- Enthusiasm

- Preparedness

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

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

- Consider whether there are strong personalities influencing items.

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

- Adherence to Virtual Meeting Etiquette principles.

11

IM LISTENING

Passive listening (focusing on encouraging speaker to open up)

- Avoid being judgemental or defensive

- Avoid expressions like 'that's good', 'excellent', 'that's right',

- Instead use responses such as:
  - Tell me more about…
  - Is there something else we could be doing to improve…
  - I'm interested to hear what you think of …
  - I'd like to hear what you feel about …

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

IM QUESTIONING

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

- Recognise the difference between being reassured and receiving assurance

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

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

- Avoid commentary.

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

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

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

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

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

13

Does the management response accurately reflect the audit recommendations?

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

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

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

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

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

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

14

ASSURANCE 'V' REASSURANCE

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

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

ORGANISATIONAL INSIGHT

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

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ORGANISATIONAL INSIGHT

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

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

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

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

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- Minimise cross-committee referrals to remove unnecessary duplication

- Referring where appropriate:

  - What are you referring?

  - Why are you referring it?

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

- Regular catch-ups with other Committee Chairs

GOVERNANCE FRAMEWORK

- Standing Orders

- Standards of Behaviour Policy (Nolan Principles)

- IM Role Descriptions

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

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

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

ESCALATION TO THE BOARD

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

- Focussed updates – using the Highlight Report Template

- 'Assurance' versus 'Reassurance'

- 'Cascade' versus 'Escalate'

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

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Find us on

	Agenda Item
	5.2

People & Culture Committee

Workforce Metrics Report

Dyddiad y Cyfarfod / Date of Meeting	08/11/2023
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	Natalie Price, 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

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
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
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

1. Situation /Background

1.1 To update the Committee on the key workforce metrics for August / September 2023, with historic trends shown as appropriate.

2. Specific Matters for Consideration

2.1 What's gone well

Topic: Staff in post
Narrative: The Health Board's staff in post FTE has remained stable between the last reported point (June) and this (September). Within this, the medical and nursing midwifery FTE in post have remained consistent with the June position. In addition, the first cohort of Internationally Educated Nurses arrived at the start of October and these individuals are now in training for their final Nursing and Midwifery Council exam. The plan is to recruit and train 50 nurses this financial year.

Topic: Sickness absence
Narrative: The rolling 12-month sickness reported for August 2023 is 6.91%, this is a reduction on the equivalent at May 2023 (7.15%). It is also a reduction on the equivalent at August 2022 (7.86%). The People Services Team continue to upskill mangers in actively managing sickness absence within their areas which includes:
- Providing Managing Attendance training and refresher training where a need is identified.
- Designated People Services contacts have been assigned to each Care group to support consistency in advice.
- People Services will continue to upskill managers to access data within their hierarchies to enable them to actively review and provide targeted action for hotspot areas.

Topic: Core mandatory training compliance
Narrative: In the previous report, we referenced an increase in compliance with core mandatory training – this increase has continued, albeit at a reduced level, through to this reporting period (65.27% in June to 67.73% in October).

2.2 Areas for improvement

Topic: Turnover
Narrative: Turnover stands at 12.21% for September 2023 and has decreased steadily from 13.72% for October 2022. However, levels remain high across staff groups (i.e. in excess of 10%), with Additional Professional Scientific and Technical and Allied Health Professionals reporting in excess of 15% for the year to 30-Sep-23. Improvement in this metric will be delivered through progression of the Retention Action Plan.

Topic: Return to Work

Narrative: The entry of Returns to Work following sickness absence has returned to the levels seen prior to the improvement reported at the last Committee – it has dipped from 61.96% (May) to 51.80% (August). The People Services team continue to work with managers to support increased compliance within this area to ensure they have the knowledge required to complete both the relevant paperwork and system update for recording purposes.

Topic: Recruitment
Narrative: Whilst the recruitment turnaround times are not currently showing improvements, two components of the process have recently changed that should help this situation. Vacancy authorisation has recently been streamlined by reducing the number of authorisers required (and with additional flexibility in relation to the Health Board wide Scrutiny requirement) and the Occupational Health system has been changed to a new provider that includes an integration to the Trac Recruitment system (which takes the occupational health information submission away from forms sent via email to a fully online process).

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**	Efficient
	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: ☐	No: ☒
	Outcome:	If no, please include rationale below: Paper is for the presentation of metrics data only
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	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 *(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   Discuss the report and associated metrics and report and NOTE the detail.
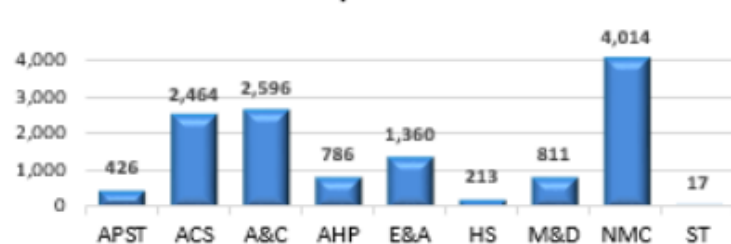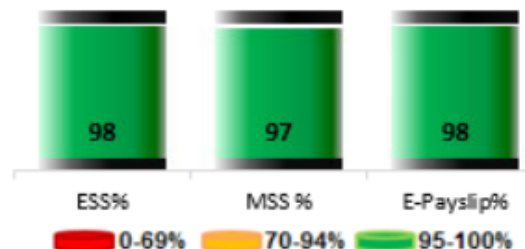
6.   Next Steps

6.1   None.

Staff in Post Headcount 30-Sep-23

APST: 426, ACS: 2,464, A&C: 2,596, AHP: 786, E&A: 1,360, HS: 213, M&D: 811, NMC: 4,014, ST: 17

ESR Self Service %

ESS%: 98, MSS %: 97, E-Payslip%: 98

0-69% | 70-94% | 95-100%

Turnover Rate Rolling to Sep-23
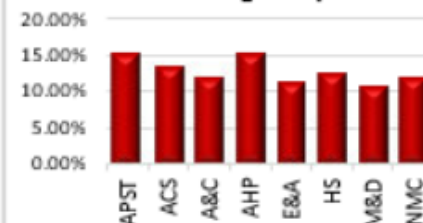
Combined Core Mandatory Training Compliance %

C.O.O: 71.07, C&F: 67.56, C.C.G: 75.30, D&T&S C.G: 73.36, MH&LD C.G: 70.71, PC-C.G: 59.93, P&C C.G: 72.48, U.C.G: 57.65

CTMUHB: 67.23

Sep-23 | CTMUHB
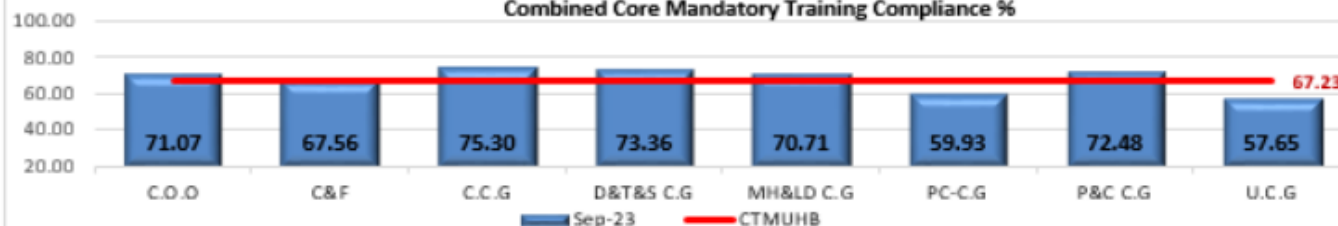
Turnover Rate Reg Nurses % ▼ 0.47%
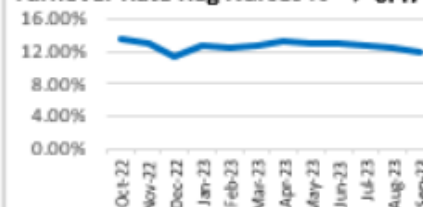
Short Term/Long Term Sickness No. of Occurrences

LT Occurrences | ST Occurrences
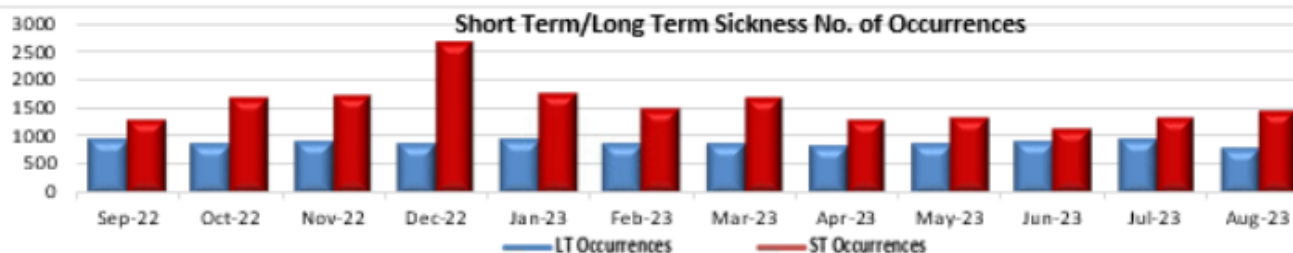
Turnover Rate M&D % ▼ 1.04%

Sickness % 3 Year

2020/21 | 2021/22 | 2022/23 | Target %

Sickness FTE % Aug-23

6.86%

Aug-23 | UHB Absence FTE %

Resourcing & Recruitment

Starters and Leavers FTE

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Starters FTE	206.12	109.45	114.87	120.53	81.18	75.64	92.76	85.89	81.13	80.37	80.40	125.07
Leavers FTE	-111.41	-99.80	-89.25	-106.29	-67.95	-101.36	-86.15	-88.93	-80.82	-109.55	-92.04	-111.18
Cumulative FTE	94.71	110.36	115.07	150.21	161.43	57.70	52.31	49.26	40.56	11.39	-0.16	13.75

Medical & Dental FTE

Nursing & Midwifery FTE

Sickness Absence

Monthly Sickness Absence Rate (FTE) by Care Group Aug-23

Sickness Rolling 12 months

% RTW Entered into ESR/Healthroster (Aug-23)

PDR & Job Planning

PDR Statistics for Non Medical Staff

% Appraisal Reviews Completed by Staff Group (Non Medical Staff) Oct-22 to Sep-23

Workforce Metrics Report | Page 7 of 8 | People & Culture Committee 08/11/2023

Efficiency of Recruitment Process

Recruitment Volumes	2017-18 totals	2018-19 totals	2019-20 totals	2020-21 totals	2021-22 totals	2022-23 totals	Sep-23	2023-24 total YTD
Number of Vacancies Raised	1311	1713	2759	2715	2993	5979	479	3585
Number of FTE Raised	2041.12	2479.97	3905.88	4634.7	4632	8784.1	655.1	4812.8
Number of posts advertised	-	-	-	-	2982	3907	208.0	1533
Number of FTE advertised	-	-	-	-	4044.8	5039	264.1	1829.3
Number of Conditional Offers Sent	1213	1346	2271	2859	3800	3530	256	1805
Number of ID Checks Completed (Face to face)	1163	1364	2272	2491	3743	2766	107	660
Number of IDVT Checks Completed	-	-	-	-	-	722	101	781
Number of Occupational Health Clearances Received	1043	1254	2012	2203	3069	3244	270	1575
Number of Sponsorships Requested	0	0	0	0	18	78	21	22
Number of References Received	1179	1278	1998	2213	3284	2453	180	1091
Number of DBS Checks	0	812	1372	1925	2926	2689	236	1347
Number of all checks complete	-	-	-	-	2977	3091	277	1444
Number of Start Dates Requested	1118	1222	2082	2271	2971	3183	287	1509
Number of Contracts Issued	1169	1140	2049	2150	1976	4139	221	1344
Number of Ad Hoc DBS Checks	67	35	42	16	35	175	6	37

Trac Report Code	Target Times	Responsiblity	Trac Recruitment Health Check Average Times in Working Days	Average 16/17 (6m)	Average 17/18	Average 18/19	Average 19/20	Average 20/21	Average 21/22	Average 22/23	Jun-23	Jul-23	Aug-23	Sep-23	Average YTD
T0a	5	Manager	Notice Date to authorisation start date		36.6	41.0	41.9	42.9	35.8	47.3	48.0	39.0	40.5	42.6	43.2
T1a	10	Org	Time to approve vacancy request	14.2	12.9	10.6	14.1	14.3	14.1	21.3	24.2	22.0	19.2	20.8	22.6
T1b	2	NWSSP	Time to advertise	2.0	1.7	1.6	1.6	2.5	2.2	1.7	1.8	1.8	2.0	1.9	1.8
T3	Variable	Manager	Duration of advertising	9.2	8.8	8.3	8.7	8.4	9.2	9.0	9.2	9.5	8.8	9.4	9.2
T3a	2	NWSSP	Time to move to shortlisting	1.7	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.1	1.1	1.1
T4	3	Manager	Time to Shortlist (original)	10.1	8.8	6.8	7.9	9.3	8.2	7.9	6.8	9.0	9.6	9.7	9.5
T4	3	Manager	Time to Shortlist (cleansed)	-	-	4.7	5.2	6.2	6.1	6.3	6.0	7.7	8.0	5.8	7.6
T5	2	NWSSP	Time to send interview invites	1.0	1.3	1.0	1.0	1.5	1.0	0.8	1.0	0.5	0.7	0.6	0.7
T5a	Variable	All	Notification given to applicants for interview	8.9	9.5	8.9	9.2	8.8	8.4	8.5	8.8	8.4	8.7	10.0	9.1
T5b	3	Manager	Time to update interview outcomes	4.8	4.7	2.5	3.4	2.7	2.4	2.9	3.4	3.4	4.0	4.8	4.0
T6	5	NWSSP	Time to send conditional offer	3.3	3.6	3.8	3.6	3.4	4.1	3.5	3.6	3.8	3.7	3.9	3.7
T7	3	Candidate	Conditonal Offer to ID appointment booked - face to face	4.1	6.3	5.9	3.7	5.6	5.0	11.4	13.5	9.3	5.2	32.0	12.1
T7a	10	Candidate	Conditional Offer to ID appointment attended - face to face	8.1	10.1	8.6	7.8	8.7	8.6	10.8	8.3	11.2	6.2	15.2	10.1
T7b	7	Candidate	ID appointment booked to ID appointment attended - face to face	5.7	5.8	5.1	6.0	5.2	5.7	4.4	2.7	3.1	3.4	2.7	3.0
T7c	1	Candidate	ID appointment attended to DBS form submitted	5.6	3.2	3.7	3.3	3.8	11.6	10.3	5.5	11.9	11.3	6.6	11.4
T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received			4.7	4.7	4.8	6.8	6.9	6.4	5.1	4.6	6.9	5.8
T8		Candidate/OH	Conditional offer to OH clearance					17.3	22.6	20.0	16.1	6.5	5.8	17.0	12.7
T12e	Variable	All	Checks ok to start date	17.2	14.4	18.9	18.8	20.1	28.1	19.5	17.4	16.6	17.7	16.2	17.8
T12	2	NWSSP	Checks ok to unconditional offer	3.3	1.7	1.6	1.7	1.8	5.8	1.9	1.8	2.0	1.9	1.9	1.9
T13	44	All	Vacancy Creation to conditional offer	51.6	51.1	40.8	44.6	46.8	46.4	52.7	59.4	60.8	57.7	63.2	58.5
T10	49	All	Advertising start date to checks ok						76.0	78.8	69.9	84.9	86.0	80.2	75.8
T11	25	All	Conditional offer letter to Checks OK							47.9	36.4	51.9	52.4	49.5	43.9
T14	71	All	Vacancy Creation to unconditional offer	88.7	92.3	74.7	76.9	80.1	85.4	100.2	93.1	92.6	92.8	94.1	92.2
T23	27	All	From conditional offer to unconditional offer **without outliers**	25.0	27.3	21.6	21.9	21.7	36.3	23.5	23.0	22.8	22.4	22.2	22.0
T23	27	All	From conditional offer to unconditional offer **with outliers**	40.8	41.0	32.7	33.4	33.2	40.9	48.3	36.4	26.0	25.3	39.1	33.8
T26	Variable	All	Unconditional Offer to start date	15.7	18.3	19.1	17.6	19.0	19.6	18.0	18.2	14.5	16.5	15.7	16.9

People & Culture Committee

EMPLOYMENT RELATIONS UPDATE

Dyddiad y Cyfarfod / Date of Meeting	08/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Michael Bartlett, People Services Leader
Cyflwynydd yr Adroddiad / Report Presenter	Karen Wright, Assistant Director of Policy, Governance and Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

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	
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, which enhances the psychological contract between them. The term psychological contract refers to an employee's expectations, beliefs, ambitions and obligations, as perceived by them and their employer.

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

1.3 These People policies and procedures are developed to: -

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

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

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

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

2. Specific Matters for Consideration

2.1 This report provides a formal update in respect of ongoing ER cases and trends within the Health Board. The activity figures relate to

quarter two (1 July 2023 – 30 September 2023) and makes reference to quarter one and the last quarter of 2022/2023 for comparison purposes.

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

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

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

3. ER Activity End of Quarter Two

3.1 Upholding Professional Standards Wales Cases and Hearings

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
2	0	3

At the end of quarter two, there was an increase in the number of UPSW cases, all of which are currently being formally investigated. The number of cases are still relatively low, when compared with quarter 1 and 2 figures for 2022/23, when the Health Board had 10 ongoing cases during this period.

3.2 Fast Track Disciplinary Hearings

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
7	1	10

The Health Board supported by trade union colleagues continue to proactively encouraging managers and employees to use the fast-track disciplinary procedure*, where it is appropriate to do so. This avoids the need for an investigation to be undertaken, enabling the matter to be dealt with in a timely and more appropriate manner.

*not applicable to medical and dental staff

Quarter two, saw a very significant increase in the number of fast track disciplinary cases, rising from one to 24 during this period. 14 fast track cases were undertaken and concluded during this period and at the end of quarter two, there were 10 outstanding fast track cases. At the start of quarter three, eight of these cases have a confirmed hearing date and will be concluded by the end of October 2023.

This data indicates an upward trend in disciplinary activity, albeit in respect of misconduct cases which will either result in a verbal or first written warning.

3.3   Formal Disciplinary Cases and Hearings

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
21	9	14

During quarter one, the Health Board completed 12 ongoing disciplinary cases, leaving nine cases outstanding. By the end of quarter two, a further two cases were closed, however there were seven new cases which increased the case numbers to 14. Of these 14 cases, disciplinary hearings have been arranged for three of them and one of these cases has subsequently been closed, as the employee has now left CTM Health Board. This leaves the current number of ongoing disciplinary investigations at 10 at the beginning of quarter three.

It should be noted that the number of formal disciplinary cases continue to remain low and is comparative with the number of cases when compared to the same period in 2022/2023.

3.4   Staff Suspensions and Exclusions from Work

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
1	2	2

The number of staff either suspended or excluded from work due to a disciplinary matter continues to remain at a very low level. This is due to the Health Board's approach of using this option as a last resort and seeking alternatives, where appropriate, to keep staff in work in some capacity, providing them with some normality, supporting their health and wellbeing and allowing them to continue to contribute to service delivery.

3.5   Formal Respect and Resolution Cases and Meetings

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
5	10	14

At the end of quarter 4, the Health Board reported having five live cases. Over quarter one and two of the current financial year the number of cases have almost trebled. However when compared with quarter 2 in the previous year (19 live cases), these figures show a downward trend in the number of cases.

However, it should be noted that such case activity is resource intensive and time consuming as the majority of the formal meetings result in an investigation being commissioned by the Chair, to provide them with the necessary information on which to base their outcome. Of the current 14 live cases, all of them have an ongoing investigation which will need to be completed before the process can be concluded.

Since September 2023, the People Service Team have been taking a more proactive approach upon receipt of these formal requests, by speaking to the staff member and where applicable their trade union representative, to encourage them to pursue and exhaust the informal resolution options, before lodging their request for a formal resolution meeting. It is recognized that it will take time for this new process to embed and ultimately it is the employee's decision as to whether they wish to deal with their concern informally or formally.

3.6 Police and Safeguarding Cases

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
5	5	9

The Health Board is seeing an increase in the number of police and safeguarding cases being brought to our attention. Such cases often require the Health Board to undertake our own concurrent internal investigation or to investigate after any legal proceedings end. During quarter two the number of these cases had almost doubled with the majority of cases relating to potential criminal offences or domestic violence.

3.7 Counter Fraud Cases

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
2	0	0

The Health Board currently has no ongoing counter fraud cases.

3.8 Employment Tribunal Cases

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23
3	5	4

The Health Board continues to experience an increase in the number of Employment Tribunal (ET) claims. This is in keeping with national trends with the Government reporting Employment Tribunal claim levels being at their highest since 2013. Noting only those cases which are being progress to an ET hearing are recorded in this data. Those cases which are lodged and subsequently withdrawn by the claimant are not included in the above figures.

During quarter one and two, four ET cases were concluded. As at the end of quarter two, the Health Board had four ongoing ET cases.

3.9 Professional Registration Fitness to Practice Referrals

It is a requirement for most healthcare professionals to register with a professional body, to enable them to practice their profession. Professional registration is a means of demonstrating an individual's professionalism and a mechanism to hold them to account in respect of their abilities and adherence to ethical standards, within their profession. There may be occasion when the employer believes a healthcare professional may not be fit to carry out their work because of their behaviour / conduct, professional skills or health. In these circumstances, the employer may be required to refer a registered healthcare professional to their professional body, to assess their fitness to practice.

In broad terms, there are three types of concerns, which employers are required to raise with a professional body:

1) Those that pose a serious risk to people who use the service and **would** be difficult to put right;
2) Those that pose a serious risk to people who use the service and **could** be difficult to put right; and
3) Where local action cannot effectively manage any ongoing risks to people who use services.

Set out below is the referral activity to professional bodies and case management during quarter two, with comparison data for quarter one.

General Medical Council (GMC)

No. of Active / Closed Cases	No. End of Quarter 1 30/06/23	No. End of Quarter 2 30/09/23
No. of Active Cases	3	5
No. Current Employees	0	5
No. Ex-Employees	2	2
No. Agency Workers	1	0
Cases Closed	0	2
Closed Case Outcomes	Reported last quarter	1 closed – no action 1 closed – without a hearing

Health and Care Professions Council (HCPC)

No. of Active / Closed Cases	No. End of Quarter 1 30/06/23	No. End of Quarter 2 30/09/23
No. of Active Cases	1	1
No. Current Employees	0	0
No. Ex-Employees	1	1
No. Agency Workers	0	0
Cases Closed	3	3 (includes case reported in Jan – 1 on list)
Closed Case Outcomes	Reported last quarter	1. Did not meet the threshold criteria for fitness to practice investigation (Not CTM employee but Health Board referred) 2. The Panel decided to strike the Registrant's name off the HCPC register. The Registrant will no longer be able to work in the profession that they were previously registered in. They will not be able to apply for restoration onto the HCPC register for at least five years from the date the order takes effect 3. Upon receipt of requested certification, case closed

Nursing and Midwifery Council (NMC)

No. of Active / Closed Cases	No. End of Quarter 1 30/06/23	No. End of Quarter 2 30/09/23
No. of Active Cases	15	31 This includes referrals that are open for CTM that we have referred from nurse bank and agencies where we were the referring Health Board
No. Current Employees	9	16
No. Ex-Employees	1	7
No. Bank / Agency Workers	5	8
Cases Closed since October 2022	5	9

Closed Case Outcomes	Reported last quarter	4 closed at screening 3 removed from the register 1 restrictions 1 No further action

3.10 Summary

The following is a summary of all ER activity at the end of quarter two:

- In the first two quarters the Health Board closed 59 historic and new ER cases.
- The number of formal live ER cases increased from 25 at the end of quarter 1 to 50 in quarter 2, an increase of 100%. This figure reflect a very significant increase in our overall ER activity levels, however the number of cases remain relatively low within the context of a workforce of over 12,500 staff.
- The data shows the increase ER cases are due to a small rise in activity across all ER categories, but primarily relating to UPSW, fast track disciplinary, formal disciplinary and police and safeguarding cases. However these figures are comparable with the 2022/2023 data.
- There is an upward trend in the number of GMC and NMC Professional Registration Fitness to Practice Referrals.

3.11 Actions to reduce ER Activity

The following actions are being taken by the People Services Team to ensure all ER cases are managed within the most appropriate process, dealt with and closed as quickly as possible:

- Throughout September and October 2023, they have been focusing on cases exceeding the policy timescales to determine the actions required with the relevant parties to bring them to a conclusion.

- They have increased monthly scrutiny in respect of all ongoing cases with the relevant Heads of People for each Care Group. This includes reviewing the timescales to completion and identifying actions which will assist to bring the case to a timely conclusion. The outcome of the reviews are being reported monthly to the Executive Director for People to provide assurance.

- They continue to support managers with new disciplinary cases to ensure fast track is explored. Where this approach is not appropriate they are assisting to scope the investigation and timescales for

completion of each stage of the case with the Investigating and Disciplining Officer, at the start of the process.

- The Heads of People are holding monthly professional concerns meetings with the Assistant Medical Directors to review ongoing and discuss new UPSW cases to ensure they are being progresses appropriately.

- In respect of respect and resolution cases they are working more closely with managers, employees and trade union colleagues to encourage the progression of such concerns via the informal resolution options, which tend to produce better and more sustainable outcomes, especially when the concerns relate to workplace relationship issues.

- The Heads of People hold monthly professional concerns meetings with their Care Group Director, to discuss all informal and formal medical and professional concerns cases.

- During September 2023, a more efficient pathway of referral from Safeguarding into the People Services Team was put in place. The implementation of this new process will support the ongoing resolution of these cases at the earliest opportunity.

4.   Key Risks / Matters for Escalation

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

5.   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	Not Applicable
	If more than one applies please list below:

150623-guide-to-the-fg-act-en.pdf (futuregenerations.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:
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: Timely
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: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?* / **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
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.	

6. Recommendation

6.1 The People and Culture Committee is asked to **NOTE** the current increased levels of ER activity across the Health Board.

6.2 The People and Culture Committee is asked to **NOTE** the actions being taken by the People Function to proactively manage ER cases to an appropriate and timely conclusion.

6.3 The People and Culture Committee is asked to **NOTE** the professional fitness to practice referral activity across the Health Board and the progress being made to close these cases.

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PEOPLE & CULTURE COMMITTEE– FORWARD WORK PLAN 2023/24				
Origin of Request	**Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)**	**Item Title**	**Lead Officer**	**Intended Meeting Date**
Agreed at Agenda Planning meeting October 23	Additional Item	Speaking Up Safely Progress Report (to include Speaking Up Safely Self-Assessment Against Section 6 Submission to Welsh Government)	Director of Governance/Board Secretary	8 November 2023
Follow up from August 2023 Meeting	Additional Annual Item	Amendment to the Standing Orders – Revised Terms of Reference	Director of Governance/Board Secretary	8 November 2023
Agreed following Agenda Planning Meeting October 23	Additional Item	Domestic Abuse Policy	Assistant Director of Policy, Governance & Risk	8 November 2023
Requested via Email following IM Catch Up	Additional Item	Listening and Learning Story – Staff Experience – HCSW Maternity	Head of Midwifery/Healthcare Support Worker	8 November 2023
Follow Up from August 2023 meeting	Additional (Annual) Item	Outcome of the Committee Self-Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	8 November 2023
Deferred from November 23 meeting	Deferred Item	People's Priorities	Deputy Director of People	7 February 2024
Agreed at Agenda Planning Meeting October 23	Additional Item	Equality Diversity & Inclusion - To receive a report in the medium of Welsh Language with simultaneous translation.	Assistant Director of OD and Wellbeing/Welsh Language Officer	7 February 2024

Annual Cycle of Business 2023-24	Annual Item	Committee Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	7 February 2024
Annual Cycle of Business 2023-24	Six monthly report	Disclosure and Barring Service Checks	Assistant Director of Policy, Governance & Risk	7 February 2024
Annual Cycle of Business 2024-25	Annual Item	Welsh Language Annual Report 2023-24	Assistant Director of OD & Wellbeing	8 May 2024
Annual Cycle of Business 2024-25	Annual Item	Staff Survey Results	Assistant Director of OD & Wellbeing	8 May 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	7 August 2024
Annual Cycle of Business 2024-25	Annual Item	Review of the Committee Terms of Reference	Director of Governance/Board Secretary	7 August 2024
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

Completed Activity from the Forward Work Programme

Requested at agenda planning for May 23 meeting now deferred to August 2023	Deferred Item	Staff Recognition Programme	Senior Communications Advisor	9 August 2023 – **Completed**
Requested via Email	Additional Item	Listening and Learning Story – Pharmacy - Collective Leadership	Chief Pharmacist	9 August 2023 – **Completed**

following IM Catch Up				
Requested at agenda planning for February 23 meeting.	Additional item	Overview and Ambitions for the Strategic Equality Plan – Deep Dive	Assistant Director of OD and Wellbeing	10 May 2023 - **Completed**
Deferred from November 2022 meeting.	Additional Item	Employee Wellbeing Policy	Assistant Director of Policy, Governance & Compliance	8 February 2023 - **Completed**
Requested at agenda planning for November meeting to add to forward plan	Additional item	Equality Annual Report	Assistant Director of Policy, Governance & Compliance	8 February 2023 – **Completed**
Requested at agenda planning for November meeting to add to forward plan	Additional item	Gender Equality Report	Assistant Director of Policy, Governance & Compliance	8 February 2023 – **Completed**
Requested at agenda planning for November meeting to add to forward plan	Additional Item	Outcome of the Staff Wellbeing Survey	Assistant Director of OD and Wellbeing	8 February 2023 **- Completed**

Requested at agenda planning for November meeting to add to forward plan	Additional Item	PCH: Progress on Cultural Transformation & Improvement Work	Deputy Director of Nursing, Midwifery & Patient Care	8 February 2023 – **Completed**
Requested at agenda planning for November meeting to add to forward plan	Additional item	Maternity & Neonates: Progress on Cultural Transformation & Improvement Work	To be confirmed	8 February 2023 – **Completed**
Requested at agenda planning for February 23 meeting.	Additional Item	Overview and Ambitions for the Strategic Equality Plan	Assistant Director of OD and Wellbeing	8 February 2023 – **Completed**
Requested at agenda planning for November 22 meeting	Additional Item	Ratification of Chairs Action – Nursing & Midwifery Rostering Policy	Assistant Director of Policy, Compliance & Governance	9 November 2022 - **Completed**
Requested at agenda planning for November 22 meeting	Additional Item	Industrial Injury Policy	Assistant Director of Policy, Compliance & Governance	9 November 2022 - **Completed**
Requested via email	Additional Item	Alternative Pension Payment Contributions for Medical and Dental Staff	Assistant Director of Policy, Compliance & Governance	9 November 2022 - **Completed**

Action arising from August 22 meeting	Additional Item	Outcome of Committee Self Effectiveness Survey	Director of Corporate Governance	9 November 2022 - **Completed**
Requested at agenda planning for November 22 meeting	Additional item	Pathology: Cultural transformation & Improvement Work	Clinical Service Group Manager, pathology	9 November 2022 - **Completed**
Requested at agenda planning for November 22 meeting	Additional Item	Maternity & Neonates; Cultural Transformation & Improvement Work	Care Group Nurse Director	9 November 2022 - **Completed**
Requested at agenda planning for November 22 meeting	Additional Item	Nursing Workforce Update	Deputy Director for People	9 November 2022 - **Completed**
Requested at agenda planning for August 22 meeting deferred to November 22	Deferred item	Medical Staffing Value & Efficiency Progress Report	Medical Director	9 November 2022 - **Completed**