People & Culture Committee

Wed 09 August 2023, 13:00 - 16:00

Virtual Via TEams

Agenda

13:00 - 13:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Dilys Jouvenat, Chair

1.2. Apologies for Absence

Dilys Jouvenat, Chair

For Noting

1.3. Declarations of Interest

Dilys Jouvenat, Chair

For Noting

13:05 - 13:15
10 min

2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 10 May 2023

Dilys Jouvenat, Chair

For Approval

📄 2.1.1 Unconfirmed Minutes 10.5.23 PC Committee 9th August 2023.pdf (6 pages)

2.1.2. Draft Committee Annual Report 2022-23

Assistant Director of Governance & Risk

For Approval

📄 2.1.2 P&CC Annual Report 2022-23 Cover Report PC Committee 9 August 2023.pdf (3 pages)
📄 2.1.2a Appendix 1 PCC Annual Report 2022-23 PC Committee 9 August 2023.pdf (6 pages)

2.2. Policies for Approval

2.2.1. People Policies

Karen Wright, Assistant Director of Policy, Governance & Risk

For Approval

📄 2.2.1a Overtime Add Hrs Policy final.pdf (14 pages)
📄 2.2.1b Alcohol Drugs Sub Misuse Policy final.pdf (23 pages)

2.2.2. Employee Wellbeing Policy

Clare Wright, Strategic Lead for Wellbeing

For Approval

- 📄 2.2.2 Employee Wellbeing Policy Cover Report PC Committee 9th August 2023.pdf (3 pages)
- 📄 2.2.2a Employee Wellbeing Policy with SWP links amended.pdf (17 pages)
- 📄 2.2.2b Employee Wellbeing Policy Equality Impact Assessment.pdf (10 pages)

2.3. Items for Noting

2.3.1. Action Log

Dilys Jouvenat, Chair

To Note

- 📄 2.3.1 Action Log PC Committee 9 August 2023.pdf (3 pages)

13:15 - 13:30
15 min

3. MAIN AGENDA

3.1. Matters Arising otherwise not contained within the Action Log

Dilys Jouvenat, Chair

3.2. Spotlight: Pharmacy - Collective Leadership - Presentation

Hannah Wilton, Chief Pharmacist

For Discussion/Noting

- 📄 3.2 Pharmacy Collective Leadership Presentation PC Committee 9th August 2023.pdf (9 pages)

13:30 - 13:40
10 min

4. GOVERNANCE

4.1. Organisational Risk Register

Cally Hamblyn, Assistant Director of Governance & Risk

For Discussion/Noting

- 📄 4.1 Organisational Risk Register July 2023 - Cover Paper - P&C.pdf (4 pages)
- 📄 4.1b Appendix 1 - Master Organisational Risk Register - Approved by ELG 17.7.2023.pdf (3 pages)

13:40 - 14:30
50 min

5. INSPIRING PEOPLE

5.1. Equality, Diversity & Inclusion

5.1.1. Welsh Language Standards Annual Report 2022-23

Ben Screen, Welsh Language Services Manager

Endorse for Board Approval

- 📄 5.1.1 Welsh Language Standards Annual Report 22-23 PC Committee 9 august 2023.pdf (2 pages)
- 📄 5.1.1a Welsh Language Annual Report (Welsh) PC Committee 9 August 2023.pdf (50 pages)
- 📄 5.1.1b Welsh Language Standards Annual Report (Eng) PC Committee 9 August 2023.pdf (49 pages)

5.2. Employee Relations Report

Karen Wright, Assistant Director of Policy, Governance & Risk

For Discussion/Noting

📄 5.2 Employee Relations Activity Report PC Committee 9 Aug 2023.pdf (8 pages)

5.3. Disclosure & Barring Service Checks Assurance Report

Karen Wright, Assistant Director of Policy, Governance & Compliance

For Discussion/Noting

📄 5.3 Disclosure & Barring Report PC Committee 9 August 2023.pdf (6 pages)

5.4. Workforce Metrics Report

Natalie Price, Assistant Director of Strategic Workforce Planning

For Discussion/Noting

📄 5.4 Workforce Metrics PC Committee 9 August 2023.pdf (9 pages)

14:30 - 15:45
75 min

6. SUSTAINING OUR FUTURE

6.1. Strategic Workforce Planning - Presentation

Natalie Price, Assistant Director of Strategic Workforce Planning/Becky Gammon

For Discussion/Noting

📄 6.1 Strategic Workforce Planning KPMG PC Committee 9th August 2023.pdf (16 pages)

6.2. Development of the People Plan Progress Report

Helen Watkins, Deputy Director for People

For Discussion/Noting

📄 6.2 People Plan Development PC Committee 9 august 2023.pdf (7 pages)

6.3. Implementation of Speaking Up Safely Framework

Michelle Hurley-Tyers, Assistant Director of OD and Wellbeing

For Discussion/Noting

📄 6.3 Speaking Up Safely PC Committee 9 August 2023.pdf (5 pages)
📄 6.3a Appendix 1 Speaking Up Safely Terms of Reference - final version v5.pdf (5 pages)

6.4. Staff Recognition - Presentation

Simon Blackburn, Senior Communications Advisor

For Discussion/Noting

📄 6.4 Recruitment & Retention Update PC Committee 9th August 2023.pdf (4 pages)

15:45 - 16:00
15 min

7. OTHER MATTERS

7.1. Forward Work Plan

Dilys Jouvenat, Chair

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

16:00 - 16:00
0 min

8. DATE AND TIME OF NEXT MEETING

8th November 2023 at 9.30 am

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE PEOPLE & CULTURE COMMITTEE HELD ON 10 MAY 2023, HELD AT THE HWB, ROYAL GLAMORGAN HOSPITAL

PRESENT

Dilys Jouvenat	-	Independent Member (Chair)
Lynda Thomas	-	Independent Member
Nicola Milligan	-	Independent Member
Jonathan Morgan	-	Health Board Chair (Observing)

IN ATTENDANCE

Hywel Daniel	-	Executive Director for People
Greg Padmore Dix	-	Executive Director of Nursing & Midwifery
Helen Watkins	-	Deputy Director for People
Sarah James	-	Deputy Chief Operating Officer
Marc Penny	-	Director of Improvement & Innovation,
Michelle Hurley Tyers	-	Assistant Director of Organisational Development and Wellbeing
Rehana Begum	-	Head of Organisational Development & Inclusion (for Agenda Item 4.1.1)
Natalie Price	-	Assistant Director, Strategic Workforce Planning
Cally Hamblyn	-	Assistant Director of Governance & Risk
Kathrine Davies	-	Corporate Governance Manager

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Jonathan Morgan, Health Board Chair who was observing the meeting and Rehana Begum, Head of Organisational Development & Inclusion who was in attendance for Agenda Item 4.1.1 Overview and Ambitions for the Strategic Equality Plan.

1.2.0 APOLOGIES FOR ABSENCE

Apologies were received from:
- Mel Jehu – Independent Member
- Ian Wells – Independent Member
- Karen Wright – Assistant Director of Workforce & OD
- Clare Wright – Strategic Lead for Wellbeing

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- Richard Hughes – Deputy Director of Nursing
- Nerys Conway – Consultant, Acute Medicine

N. Milligan expressed concerns that there was no representation from the Medical Director Team at the meeting. H. Daniel advised that he would raise this outside of the meeting and ensure there is representation for future meetings.

1.3.0 DECLARATIONS OF INTERESTS
There were none declared.

PART 2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PEOPLE & CULTURE COMMITTEE MEETING HELD ON 8 FEBRUARY 2023

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

2.1.2 AMENDMENT TO THE STANDING ORDERS – SCHEDULE 3.5 – REVISED COMMITTEE TERMS OF REFERENCE

The Committee were advised that the Terms of Reference had been revised to reflect that the Executive Director for People is now the Executive Lead for Veterans, with oversight of Veterans activity to now be included within the remit of the People & Culture Committee.

Resolution: The Revised Terms of Reference were **ENDORSED FOR BOARD APPROVAL**.

2.1.3 POLICIES

Resolution: The following Policies were **APPROVED:**

- Re-location Expenses Policy
- Learning & Development Policy
- Staff Bank Policy
- Death in Service Policy
- Honorary Contract Procedure Policy

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2.2 FOR NOTING

2.2.1 NATIONAL COMMUNITY NURSING SPECIFICATION

N. Milligan queried when the Committee could expect to see initial reports on compliance. G. Padmore-Dix advised that a self-assessment had been submitted and suggested that this be uploaded to AdminControl for Members to review. This activity would also be added to the Committee Cycle of Business. The Committee were advised of the challenges in delivering a 24/7 service which was going to cost in excess of £1m and would need to be implemented within three years.

Resolution: The Committee **NOTED** the National Community Nursing Specification.

Action: To add the National Community Nursing Specification Self-Assessment to Admin Control and to the Committee Cycle of Business.

2.2.2 ACTION LOG

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

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT OTHERWISE CONTAINED ON THE ACTION LOG

There were none.

4.0 INSPIRING PEOPLE

4.1.0 EQUALITY, DIVERSITY & INCLUSION (EDI) - OVERVIEW AND AMBITIONS FOR THE STRATEGIC EQUALITY PLAN (SEP)

H. Daniel advised that this was a slightly different format for the Committee today. Discussions had been held at Board level regarding EDI and the national landscape was changing with new EDI plans being introduced. He expressed the importance of holding an in-depth discussion in order to share ideas which would help shape the plan and ambition of the Health Board in this area. R. Begum and M. Hurley-Tyers facilitated the session for the Committee.

The session covered the following key areas:

- What is Culture?
- The Lily Pond Model (Edgar Shein)

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- The Culture Web (Johnson & Scholes)
- The Maturity Level of the Organisation – Breakout groups considered their assessment of the organisation against the maturity levels: Compliance, Programmatic, Leader-Led or Integrated. Following feedback, the consensus was that the assessment ranged between Level 1 and 2. Hierarchy was discussed in depth and the Committee felt that whilst there was a need for hierarchy there was a huge role for the Board, Chief Executive and Executives to play in driving the service and that the standard had to be set by the Board, not just in terms of strategy and planning, it had to be embedded and articulated when talking about cultures and values.
- Further slides covered the Path to an Inclusive Culture, Cultural Change and Levels of Intervention in a human system
- Wider Context and Landscape – The Committee noted the significant amount of documents and plans received from Welsh Government on EDI which reaffirmed that the current SEP was not fit for purpose when considered within the context of the CTM 2030 Strategy.
- Equality Impact Assessments - The Committee noted the separate Equality Impact Assessments (EIA) and suggested that consideration was given to integrate with other impact assessments such as the Quality Impact Assessment and Environmental Impact Assessment. The digitalisation of the EIA was welcomed by the Committee.
- Draft High-Level Plan - The Committee noted the Draft High Level Plan being proposed for the SEP along with the communication and engagement plan to support formal public consultation for the re-development of the SEP for 2023-2027, noting that the work streams would have to be developed to sit underneath each area of focus. The Committee were advised that each of the work streams would align to the patient experience teams and would be owned by the organisation and not just the People Directorate.
- Patient Stories – The Committee discussed the power of patient and staff stories in terms of learning and improvement. The Committee welcomed the suggestion that stories would be considered for future Committees and Board Development Sessions on leadership and wellbeing.
- Future Fit Diagnosis – The Committee were asked to consider four questions as a collective group i.e. what are we doing well? Concerns and Challenges, Ideas for Improvement and Risks. The feedback was as follows:

  - What are we doing well?
    Starting the conversation and revising our current Strategic Equality Plan which is good thing to do.

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- Concerns and Challenges:
  Do not want this to become disconnected between the wider workforce and leadership.
  Trying to use new ways of dealing with issues which do not generally work.
  Staff Surveys – not good at closing the loop and feeding back and using the data gained.
  Pace – Need to be patient with this agenda because of its complexities and need space to experiment.

- Ideas for Improvement:
  Need to consider on how we engage on this and be mindful of privilege.

- Risks:
  Need to create space as there is a big risk with volumes, backlogs and targets.

Following the session, the Committee agreed to receive a further report towards the end of the year following consultation on the SEP and further detailed work on the Draft Plan.

Resolution: The Committee **DISCUSSED** and **CONSIDERED** the proposed approach for the communications and engagement plan to support formal public consultation on the re-development of the SEP for 2023-27 and the ongoing plans for Equality, Diversity and Inclusion.

5.0. OTHER MATTERS

5.1.0 HIGHLIGHT REPORT TO BOARD

Resolution: The Committee **AGREED** that the report would be prepared by the Governance Team following the meeting.

5.2.0 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.

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

5.3.0 ANY OTHER URGENT BUSINESS

There was none.

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5.4.0   **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.

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

5.5.0   **CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:**

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

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PEOPLE & CULTURE COMMITTEE

PEOPLE & CULTURE COMMITTEE ANNUAL REPORT 2022-23

Date of meeting	9th August 2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Kathrine Davies, Corporate Governance Manager
Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR APPROVAL

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

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 Under Standing Order 10.2.3, each Committee of the Board is required to submit an annual report *"setting out its activities during the year and detailing the results of a review of its performance"*.

1.2 This third annual report from the People & Culture Committee details the activities and performance for the Committee for the reporting period 2022-2023.

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

2.1 The Committee Annual Report at **Appendix 1,** summarises the key areas of business activity undertaken by the Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2.2 The revised Terms of Reference for the People & Culture Committee were last approved by the Board in May 2023 and are available on the Health Boards website via the following link: Standing Orders - Cwm Taf Morgannwg University Health Board (nhs.wales). The Committee are asked to review the Terms of Reference, as part of the Annual Cycle of Business as a separate item on the agenda.

2.3 An annual self-assessment questionnaire is also required to be undertaken and this will be completed by members outside of the meeting via Survey Monkey, the results of which will be reviewed at the November 2023 meeting.

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

3.1 Please refer to **Appendix 1 & 2** for the full details.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care	Governance, Leadership and Accountability

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2022-23

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

5. RECOMMENDATION

5.1   The Committee are being asked to:

5.2   **DISCUSS** and **ENDORSE** the Annual Report for submission to the Health Board.

5.3   **AGREE** to complete the Annual Self-Assessment questionnaire and review feedback at the November 2023 meeting of the Committee.

PEOPLE & CULTURE COMMITTEE

Draft Annual Report
2022-2023

FOREWORD

I am pleased to present this second Annual Report of the CTMUHB Committee which outlines the activity between 1st April 2022 to 31st March 2023.

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

The Committee was established in July 2020 during the Covid-19 pandemic and has since that time each meeting has been held virtually via Teams. During the period April – March 2023 however, the Committee has met 'in person' on one occasion, namely 8th February 2023 and plans to hold more 'in person' meetings moving forward.

During the year my fellow Independent Members - Nicola Milligan as Vice Chair, Mel Jehu, and Lynda Thomas have once again offered considerable knowledge and wide-ranging experience to the Committee.

As of July 2023 we will be welcoming our newest member, Geraint Hopkins whose knowledge and expertise will help to strengthen the membership of the Committee.

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

The People & Culture Committee is continuing to mature and build on its work plan and remit as outlined in the terms of reference. The contribution made thus far in terms of providing the Board with assurances in this regard has been important.

I commend this second Annual Report to you.

Dilys Jouvenat
Chair of the People & Culture Committee 2022/2023
Independent Member

People & Culture Committee
Annual Report 2022/2023

1. Introduction

1.1 This report summarises the key areas of business activity undertaken by the Committee for the year 2022/2023 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.

1.2 The Committee's Annual 'Cycle of Business' for 2023-24 was approved by the Committee at their February 2023 meeting. This is an important component in ensuring that the Committee effectively carries out its role.

1.3 The Annual Report reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to people and culture issues.

2. Role and Responsibilities

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

3. Agenda Planning Process

3.1 The Chair of the Committee, in conjunction with the Committee Vice-Chair, Executive Lead and Meeting Secretariat develop the final agenda using the cycle of business and forward work plan. Committee meeting dates being set out in advance.

3.2 The secretariat for the meeting is determined by the Director of Corporate Governance.

3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

4.1 The revised Terms of Reference for the People & Culture Committee were last approved by the Board in May 2023 and are available on the Health Boards website via the following link: Standing Orders - Cwm Taf Morgannwg University Health Board (nhs.wales).

4.2   The Committee are asked to review the Terms of Reference, as part of the Annual Cycle of Business as a separate item on the agenda.

5.   Membership, Frequency and Attendance

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

5.2   As of July 2023 the Committee has revised its Independent Member membership of the Committee with a new member.

5.3   During the year the Committee met on four occasions, February, August and November 2022 and February 2023.

Independent Member attendance at these three meetings was follows:

Name	People & Culture Committee
Dilys Jouvenat (Committee Chair)	4 out of 4
Nicola Milligan (Committee Vice-Chair)	4 out of 4
Mel Jehu	3 out of 4
Lynda Thomas	2 out of 4

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

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

5.6   All of the meeting papers for this Committee during 2022/2023 are available publically via the CTMUHB website. If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. It was however not necessary to hold an In-Committee meeting during 2022/2023.

6.   Committee Activity 2021/2022

6.1   The Committee prioritise its work plan and the following topics were considered at its four meetings during 2022/23:

- Values & Behaviours Framework
- Workforce Metrics Analysis
- Employee Experience & Wellbeing
- Employee Relations
- Values and Behaviours
- Management & Leadership Development
- Disclosure & Barring Service Assurance

- Equality, Diversity & Inclusion (including Welsh Language and Black and Asian Ethnic Minority (BAME)
- Workforce Planning and Education Commissioning Programme
- Welsh Language Standards Annual Report
- Equality Annual Report
- Gender Equality Annual Report
- Overtime and Additional Hours Internal Audit Report
- People Directorate Operating Model
- Child & Adolescent Mental Health Services (CAMHS) Progress on Culture Transformation and Improvement Work
- Pathology: Progress on Culture Transformation and Improvement Work
- Prince Charles Hospital: Progress on Culture Transformation and Improvement Work
- Maternity & Neonates: Progress on Culture Transformation and Improvement Work
- Nursing Workforce Update
- Medical Staffing Value & Efficiency progress Report
- Anchor Institution Group Highlight Report
- Overview and Ambitions for the Strategic Equality Plan
- Outcome of the Wellbeing Survey
- Graduates Scheme – Presentation on Experiences and Learning

During 2022-23 the Committee approved the following policies:

- Pregnancy and Loss
- Flexible Working
- Industrial Injury Benefit
- Carers leave
- Medical and Dental Staff
- Industrial Injury
- Nursing & Midwifery Rostering
- Employee Wellbeing & Reference

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

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

During this period there were no referrals made and one referral received from the Quality & Safety Committee

- Workforce Planning within Pathology, including Haematology and Immunology.

7. Achievements and Plans

7.1 This being the third annual report, the Committee is continuing to mature in terms of the responsibilities it has defined within its Terms of Reference available on our website.

7.2 The Committee received updates, reports and presentations on areas of work such as workforce related risks, medical and dental rostering systems, progress in terms of cultural change, management and leadership development and equality, diversity and inclusion and Welsh language.

8. Committee Effectiveness & Performance

8.1 The Committee is committed to reviewing its effectiveness by producing an Annual Report, reviewing its cycle of business setting out the basis on which it will monitor its progress during the year as well as providing clarity for all of those who contribute to the agenda as to the expectations of them.

8.2 A 'Committee Effectiveness Questionnaire' was issued following the August 2022 meeting, the outcome was reported to the Committee in November 2022 in order that recommendations and aligned actions can once again be developed and implemented in terms of areas identified for improvement.

9. Reporting the Committee's Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'Highlight Report' to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to seek to ensure that it conducts its business in accordance with legislation and best practice and make improvements to its effectiveness on an ongoing basis.

10.3 This will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

Overtime and Additional Hours Policy

Document Type:	Non Clinical Organisational Wide Policy
Ref:	People 61
Author:	Karen Wright, Assistant Director of Policy, Governance and Compliance
Executive Sponsor:	Executive Director for People
Approved By:	Choose an item.
Approval / Effective Date:	
Review Date:	
Version:	2

Target Audience:

People who need to know this document in detail	All Managers of AfC Employees
People who need to have a broad understanding of this document	All AfC Employees
People who need to know that this document exists	All AfC Managers and AfC Employees

Integrated Impact Assessment:

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

1. POLICY STATEMENT

Cwm Taf Morgannwg University Health Board (hereafter the "Health Board") recognises that in exceptional circumstances, employees may be required to work above their contracted hours. Where additional hours are necessary to maintain services, managers have the flexibility to utilise our bank workers and / or employees in the first instance, where possible, to ensure appropriate cover.

Employees should only be required to work overtime or additional hours above their contracted hours in exceptional circumstances. Therefore, managers should keep such hours to a minimum, wherever possible.

2. SCOPE OF THE POLICY

This policy covers all Agenda for Change (AfC) staff employed by the Health Board.

The working of additional hours or overtime is voluntary. Therefore, employees are not required to work such hours should they not wish to do so.

3. OBJECTIVES

The policy aims to ensure the Health Board provides clear guidance on the use of overtime and additional hours. This is to ensure the management of additional hours and overtime is effectively planned and offered in a financially sustainable way, making the most efficient use of the Staff Bank and our employees, to provide high quality patient care, without negatively affecting their health and wellbeing and / or work-life balance.

The following key principles underpin this policy:-

- The provision of providing fair payment or Time Off in Lieu (TOIL) to those employees wishing to work overtime or additional hours, over and above their contracted hours.

- Managers cannot agree, authorise or process overtime payments outside of the nationally agreed Agenda for Change overtime or additional hours rates;

- All overtime or additional hours payments or TOIL above the employee's contractual hours must be in line with the Agenda for Change (AFC) overtime or additional hours set out in Section 5 below;

- We are committed to assisting our employees to maintain their health and wellbeing and balancing the demands of their home and work responsibilities by promoting a healthy work-life balance. Managers will therefore ensure the offer of overtime or additional hours does not negatively impact upon the employee's health, wellbeing or work-life balance;

- Extra work demands or employee shortages where reasonably possible, must be managed and planned in a timely, effective and cost-efficient way by the manager, to maintain service provision.

- Managers will follow the protocol in respect of covering any necessary overtime in their department, to provide the best continuity of patient care, in the most cost-effective way:-

  - Firstly, contact the Health Board's Staff Bank to cover any overtime required. If there is no Staff Bank for that staff group or the Staff Bank cannot help to provide the overtime cover;
  - Approach employees within their department who may prefer to take TOIL, to enquire whether they are able to work additional hours / overtime. Where it is known that employees struggle to take TOIL the manager may move to the next option immediately;
  - Approach the part-time employees in the department with an offer to work additional hours. If the part-time employee do not take up this offer;
  - Approach employees within their department with an offer of paid overtime, in accordance with AfC rates (see Section 5 below). If the employees do not take up this offer;
  - As the last resort, approach an Agency to book and engage an agency worker. Please follow the Bank and Agency Booking Escalation process outlined in the Staff Bank Policy.

4. DEFINITIONS

- **Overtime** - hours worked by a full-time staff member in excess of their full-time, contracted 37.5 hours per week.

- **Overtime payment** – payment calculated on the staff member's hourly rate provided by basic pay, plus any long-term recruitment and retention premia if applicable.

- **Additional Hours** – hours worked by a part-time staff member in excess of their part-time contract hours, up to a maximum of 37.5 hours per week. Any hours worked in excess of 37.5 hours per week are then defined as overtime.

- **Additional Hours Payment** - payment calculated on the staff member's hourly rate provided by basic pay, plus any long-term recruitment and retention premia, if applicable.

5. OVERTIME RATES AND PAYMENTS

5.1   Eligibility of the Employee

Employees paid on bands 1 to 7 will be eligible to claim overtime or an additional hour's payment for any additional hours they are authorised and approved to work to cover the needs of the service. See sections 5.2 and 5.3 below.

Employees paid on bands 8a,b,c,d or band 9 are **not** entitled to receive an overtime or additional hours payment for any additional hours they are authorised and approved to work, to cover the needs of the service. These staff may be granted Time Off in Lieu (TOIL) at plain time.

5.2   Full-time Employees

Employees may only work and claim TOIL or an overtime payment when they are required and authorised to work overtime in excess of 37.5 hours per week, to meet the needs of the service.

Overtime is paid at a single harmonised rate of *time and a half* for all overtime (Monday – Sunday), except for work on a public holiday, which will be paid at **double time**.

5.3   Part-time Employees

Part-time employees may claim either TOIL or an additional hour's payment when they are required and authorised to work in excess of their normal contracted part-time hours, to meet the needs of the service.

Until the additional hours worked exceeds 37.5 hours per week, they will be paid at the single harmonised *plain time* rate. Once the additional hours worked exceeds 37.5 hours per week, they will be paid at the overtime harmonised rate (see 5.2 above).

5.4   Time Off in Lieu (TOIL)

Time Off in Lieu (TOIL), as an alternative to the payment of additional hours / overtime may be offered by managers or requested by employees.

Where for operational reasons the employee is unable to take their approved TOIL within three months of the hours worked, the manager must process and approve their authorised hours for payment at the applicable additional hours / overtime rate. The untaken TOIL should be paid in the employee's next salary payment.

6. ROLES AND RESPONSBILITIES

6.1 The manager is responsible for

- Offering additional hours and overtime in exceptional circumstances to cover urgent work or provide urgent service cover.

- Confirming the TOIL / payment will be in accordance with the AfC provisions (see Section 5 above). Managers are not permitted to agree any rates of pay / TOIL outside of the national AfC provisions.

- Always utilising the options in the following order:-

1) Contact the Health Board's Staff Bank to try to book and engage a bank worker to cover the overtime. If there is no staff bank for the staff group or a bank worker cannot be booked;

2) Approach employees within their department who may prefer to take TOIL, to enquire whether they are able to work additional hours / overtime. Where it is known that employees struggle to take TOIL the manager may move to the next option immediately;

3) Offer the part-time employees in the department payment for working additional hours. If the part-time employee cannot provide the cover as additional hours;

4) Offer the full-time employees payment for working overtime. If the full-time employees cannot provide the cover as overtime;

5) **As the last resort** seek permission to book and engage an agency worker. Please follow the Bank and Agency Booking Escalation process outlined in the Staff Bank Policy.

- Ensuring the fair offer of additional hours and overtime opportunities to all employees within their department, when the need arises.

- Monitoring the hours and working patterns of their employees to ensure compliance with the Working Time Regulations (See Working Time Regulations Procedure). When allocating additional hours and overtime to ensure compliance with the maximum 48 hour working week; having a rest break of 20 minutes if they work for more than six hours in a day; having a daily rest of 11 hours in each 24 hour period and having one day off work each week.

- Ensuring where an employee regularly works additional hours or overtime, which exceeds the maximum of working 48 hours per week,

that they have a signed a Working Time Regulations "Opt Out" Form (see Working Time Regulations Procedure) to waive this right. If not, they must ensure the form is completed by the employee and placed on their personnel file before any further additional hours or overtime is offered to them.

- Ensuring they appropriately justify and authorise all TOIL and payments for additional hours / overtime, in advance (**Appendix 1**). Authorisation must be given (except for emergencies) where possible, before an employee can work additional or overtime hours.

- Ensuring where pre-approval of additional hours or overtime is not possible, retrospective approval and authorisation is actioned as soon as possible.

- Ensuring employees submit a completed and signed timesheet to confirm they have worked the approved and authorised additional hours / overtime.

- Ensuring they authorise and sign off the employee's timesheet before authorising the payment on HealthRoster / manual recording system (**CTM Additional Hours and Overtime Pay Return**).

- On a monthly basis, monitor the levels of additional hours and overtime being offered, authorised and claimed via Health Roster or the local manual recording system, to ensure that this expenditure is within the expected limits and budget.

- On a monthly basis record and verify all TOIL owed to employees via Health Roster or the manual recording system. Managers must also monitor the use of accrued TOIL by employees to ensure it is taken within three months of the hours being worked.

- Ensuring employees are provided with the opportunity, where possible, to take their TOIL by mutual agreement and in line with the needs of the service, within the three month period of the hours being worked.

- Ensuring where the employee cannot take their TOIL within three months of it being worked, due to operational issues, the hours are authorised for payment at the appropriate rate, on Health Roster or the manual recording system (**CTM Additional Hours and Overtime Pay Return**) to be paid in the next pay run.

- Ensuring they retain all overtime authorisation records for a minimum period of four years, where a manual system is used. Where Health

Roster is used to record additional hours or overtime, this system will retain the records automatically.

6.2 The Employee is responsible for

- Completing a Working Time Regulations "Opt Out" Form (see Working Time Regulations Procedure) to waive their right to exceed the maximum 48 hours working time per week and providing this to their manager to place on their personnel file.

- Ensuring they have requested and received approval from their manager to work additional hours or overtime in advance of the hours worked, unless they are required to so to respond to an emergency situation. In which case they must obtain their manager's approval retrospectively.

- Completing and submitting a completed and signed timesheet to their manager for all approved and authorised additional hours / overtime they have worked.

6.3 The Workforce Efficiency Team is responsible for

- Reviewing and analysing the additional hours and overtime authorised to provide the Health Board with the intelligence on the reasons why additional hours and overtime is being utilised. This information will identify trends and identify issues to inform the workforce planning process.

- Exploring alternative and more practical approaches for capturing the justification and authorisation of additional hours and overtime in advance of it being worked, via both Health Roster and the manual recording system (**CTM Additional Hours and Overtime Pay Return**).

- Reviewing the additional hours and overtime authorisation data to identify whether managers are approving payments outside of the AfC rates and escalate to the Executive Director for People, where appropriate.

7. ADDITIONAL HOURS AND OVERTIME AUTHORISATION PROCESS

Where the use of additional hours / overtime is required to cover the needs of the service, the manager is required to complete and sign off all additional hours / overtime, in accordance with the procedures set out below. Noting the procedures vary between the managers using HealthRoster and those using the manual recording system.

7.1 HealthRoster System

The majority of the Health Board's Clinical departments use HealthRoster software and e-system to manage employee rotas, including additional hours and overtime.

Where managers use HealthRoster they are still required to use the Additional Hours / Overtime Justification and Approval Form (**Appendix 1***)* to approve all additional hours and / or overtime to be worked in their ward / department.

Managers must check and authorise all employee Additional Hours / Overtime and Time Off in Lieu (TOIL) Timesheet Record Forms (**Appendix 2**) before approving the payment on HealthRoster.

Managers are required to use HealthRoster to monitor their employees' compliance with the various Working Time Regulations, to ensure they are not working in breach of the legal requirements.

7.2 Manual Recording System

Managers are required to use the Additional Hours / Overtime Justification and Approval Form (**Appendix 1***)* to approve all additional hours and / or overtime to be worked in their ward / department.

Managers must check and authorise all employee Additional Hours / Overtime and Time Off in Lieu (TOIL) Timesheet Record Forms (**Appendix 2**) before the payment is approved on the monthly **CTM Additional Hours and Overtime Pay Return**. The Payroll Department will not accept submitted authorisation for these payments unless they are on the above pay return form.

Managers should use these records to monitor the hours and the working patterns of their employees to ensure they are not breaching the Working Time Regulation legal requirements.

8. TRAINING IMPLICATIONS

All managers of employees employed under AfC Terms and Conditions of Service should be aware of this policy via internal mechanisms such as SharePoint and Team Briefings.

9. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

The People and Policy Review Group will review this policy every three years. Additional reviews may be required if any changes are made to the relevant legislation, national AfC Terms and Conditions of Service or Audit recommendations.

10. IMPLEMENTATION RESPONSIBILITIES

The People Directorate and managers of AfC employees have overall responsibility for the effective implementation and monitoring of this policy. The People Directorate and managers have a mutual responsibility to ensure those employees that fall within the scope of this policy are aware of their responsibilities.

11. RETENTION OR ARCHIVING

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

12. NON CONFORMANCE

All managers and employees within the scope of this policy are required to comply with it. The failure to comply is a serious offence and may result in disciplinary action and / or a Counter Fraud investigation.

Any deliberate misuse or abuse of this policy could lead to disciplinary action or dismissal.

13. EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been subject to a full Equality Impact Assessment. No discriminatory implications were identified.

14. PRIVACY IMPACT ASSESSMENT STATEMENT

This policy has been subject to a full Privacy Impact Assessment. No adverse privacy impacts were identified.

Appendix 1

Additional Hours / Overtime Justification and Approval Form

Each time additional hours (AHs) and / or overtime (OT) is required to be worked, booked and approved the ward / department must complete this form.

Note: This form does not connect to the payroll system, therefore all hours worked and to be paid must still be recorded on the CTM Additional Hours and Overtime Pay Return or HealthRoster.

1 – Overtime Details		
Care Group to be covered by AH / OT		
Ward / Department to be covered by AHs / OT		
		Have they signed a WTR Opt Out Form Mark Yes (Y) No (N)
Names of **all employees** authorised to work AHs / OT	1. 2.	
Pay bands / grades of all employees needed to cover the shift / hours as AHs / OT	1. 2. 3.	
Total number of AHs / OT hours required to be worked		
Reason(s) for AHs/ OT		
Start and end time of shift / hours to be worked		
Period over which the overtime is required (please specify date (s) / no. of days / weeks)		
2 – Have the following alternative options been considered		
Can the service level be temporarily reduced?		Yes / No
Can services elsewhere in the ward / department be reduced and resources transferred?		Yes / No
Can services elsewhere in the service be reduced and resources transferred i.e. from other wards or departments etc.?		Yes / No
Can the hours be covered at bank rates – offered to Staff Bank		Yes / No
Can the hours be covered at zero cost? TOIL offered to staff who prefer it and the manager is confident they will be able to take it within a period of three months?		Yes / No
Can the hours be covered at plain time rates - offered to part-time employees as AHs?		Yes / No
Can the hours be covered at overtime rates – offer to full-time employees as OT?		Yes / No
Last resort – is the use of agency workers the only option to cover the hours?		Yes / No

3 – EWTR Implications	
Will the individual receive appropriate breaks and rest time in accordance with EWTR?	Yes / No
Please ensure that WTR has been considered in relation to the hours already worked by employees as part of their standard contract of employment	

4. – OVERTIME AUTHORISATION			
Authorised Signatory (under the scheme of delegation this is line manager)			
Name		*Signature*	
Job Title			
Date			

No additional hours / overtime should be processed / paid until this form has been completed

In the event of emergency cover being required, the manager must complete the form within one calendar week of the hours being worked.

The Manager must retain this authorised form for a period of 4 years, for audit purposes.

Appendix 2
Additional Hours (AHs), Overtime (OT) and Time Off in Lieu (TOIL) Timesheet Record Form

One to be completed per employee for each calendar month   Month _____ Year 202_

Employee's Name:		Payroll No:	
Employee's Job Title:		Ward / Dept:	
Care Group:		Base:	
Contracted Hours per week:		Pay Band	
I have signed a WTD Opt Out Form *Tick the relevant box below* Yes ☐ No ☐		If you answered No* please click on the link Working Time Regulations Procedure to complete a form and submit it to your manager to retain on your personnel file.	

Type of hours worked *Please state AHs or OT	Date AHs / OT to be worked	No. of hours AHs / OT authorised	Name of Authorising Manager *write in BLOCK capitals	No. of hours worked *Please state start and end Time	Amount of break time taken *Min 20 mins after 6 hrs required	Confirm hours to be taken as *TOIL or paid AHs or OT	TOIL ONLY Request to take TOIL on date * Please enter proposed date	Name of manager authorising the timesheet *write in BLOCK capitals	Signature and date of authorising manager

I the undersigned confirm the information, which I have provided on this form, is accurate and correct. I further understand it is a disciplinary matter and potential criminal offence to provide false information relating to additional / overtime hours worked.

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

ALCOHOL, DRUGS AND SUBSTANCE MISUSE POLICY

Document Type:	Non Clinical Organisational Wide Policy
Ref:	People13
Author:	Philip Daniels, Executive Director of Public Health (Interim)
Executive Sponsor:	Executive Director for People
Approved By:	Choose an item.
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	1

Target Audience:

People who need to know about this document in detail	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: 08/05/2023
	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	Co-create with staff and partners a learning and growing culture

CONTENTS PAGE

1. INTRODUCTION

This Policy explains the responsibilities and principle behind Cwm Taf Morgannwg University Health Board's (the Health Board) approach to managing the misuse of illegal drugs, alcohol and other substances by employees. The Health Board aims to ensure that it provides a safe and productive work environment that promotes the health, safety and wellbeing of our employees, patients and service users.

The Health Board's position is one of not allowing the use, possession or supply of drugs, alcohol or substances by employees, workers etc. whilst in work or on duty. An employee or worker will not be allowed to continue working if they are found to be or if there is reason to suspect they are under the influence of any intoxicating substance, or if they smell of alcohol.

Where an employee, patient, visitor etc. is found in possession, using or supplying illegal substances, whilst on duty or visiting our premises, the Police will be contacted.

2. POLICY STATEMENT

Throughout the policy, substance misuse refers to the use and misuse of intoxicating substances, which includes:

- illegal drugs
- prescription drugs
- over the counter medicines
- alcohol
- novel psychoactive substances (legal highs)
- solvents and
- other substances

These substances, used intermittently or continuously, may interfere with an employee's health, work capabilities / performance or conduct and pose a risk to the safety of themselves and others. See **Appendix 1** for definitions.

The term misuse refers to inappropriate use, habitual misuse and/or excessive use of alcohol, drugs, including prescribed medicines and substances, whether the use is deliberate or unintentional.

All employees should be aware of the potential impact on patients,

colleagues, carers, relatives, visitors and the public etc. should they be able to smell alcohol on their breath or suspect substance misuse. For example, it may cause anxiety or concern over the employee's actual or potential ability to care for, treat or serve them effectively and safely, as well as undermining their professional image and reputation and that of the Health Board.

3. SCOPE OF POLICY

This policy applies to all Cwm Taf Morgannwg University Health Board and hosted employees and workers, including anyone working on our premises. This list includes:

- Apprentices
- Bank and Agency Workers
- Contractors
- Honorary Contract Holders
- Locums
- Secondees
- Students
- Volunteers

NB. This list is not exhaustive

4. POLICY AIM AND OBJECTIVES

The overall aim of the policy is to promote and support the health, wellbeing and safety of our employees, patients and service users etc.

The objectives include:

- Providing a framework to enable instances of substance misuse to be handled in an appropriate, fair, consistent and compassionate way;
- Safeguarding the safety and welfare of employees, patients etc. to minimise risks and complaints relating to the standards of care, treatment and services;
- Emphasising the potential dangers of substance misuse to an employee's health and work performance;
- Encouraging employees with a substance misuse problem to seek help within the workplace or via an external support organisation;
- Preventing accidents and impaired performance at work, which may be substance misuse related;

- Setting out the rules regarding the use of intoxicating substances, to ensure employees are aware of the likely consequences for their employment if they misuse them; and
- Promoting awareness and understanding of the effects of substance misuse related problems within the workplace.

5.   ROLES AND RESPONSIBILITIES

5.1 The Manager

To publicise the policy and the support available to employees, including through induction and thereafter, and ensuring policy compliance by reinforcing its requirements with their employees.

To be alert to the issue of potential substance misuse within their team and the wider organisation.

To encourage their employees to notify them if they have concerns regarding substance misuse, or if they suspects a colleague etc. may be under the influence of an intoxicating substance whilst at work.

To consider and where practical implement Occupational Health recommendations and utilise Health Board People policies, which may support the rehabilitation of the employee with the substance misuse problem e.g. Employee Wellbeing Policy, Special Leave Policy, Managing Attendance at Work, Redeployment Policy.

To know their employees and be aware of the changes in their work performance, attendance and behaviour / conduct, which may be associated with a substance misuse related problem (*Appendix 3*).

To have responsibility to ensure that in addition to general health and wellbeing information, appropriate messages regarding substance misuses are communicated to their employees.

5.2 The Employee

Is actively encouraged to seek appropriate advice and support voluntarily under this policy, should they believe that they have a potential substance misuse problem, before it becomes an issue in the workplace. In the first instance, they may wish to discuss the matter with their GP or the Occupational Health Service (via a self-referral) or an

external support organisation (Appendix 3). They may also discuss the matter with their manager, should they feel able to.

Must not bring illegal substances onto Health Board premises.

Is not permitted to consume alcoholic drinks, take illegal drugs or substances at any time during their working day. This includes all breaks during the working day whether paid or unpaid. It also applies to offsite retirement / leaving functions etc. that may take place during the working day.

Is required to behave responsibly and to always remember they must comply with health and safety legislation and their professional codes of practice.

Must not report for work, or when they are required to work on call or be on standby, when they are under the influence of an intoxicating substance.

If unexpectedly called into work to cover staff shortages or to comply with an unplanned emergency on-call situation, in such circumstances they are expected to behave responsibly. If they are under the influence of a substance, as defined in this policy, they must not report for duty and must inform their line manager that they are unable to fulfil such duties. They also have a duty to inform their manager if they believe their ability to drive is affected by alcohol, drugs or substances.

Should always plan, if they are going to be drinking alcohol at night etc., before attending work in a role which requires them to drive. This is to ensure that they are fit to drive the following day and are not in breach of the drink and drive alcohol limits. This should also be considered by employees who drive to and from work for business purposes. Should an employee consider that they might be over the limit they should consider using public transport, not attending work etc. to protect their health and safety and that of others.

If required to take prescribed medication they should seek advice on any potential adverse impact on their work performance or behaviour, particularly regarding safety.

If required to take prescribed medication and it has the potential to/is affecting their performance or ability to carry out their role safely, they

must bring the matter to the attention of their manager immediately to enable them to undertake a risk assessment.

Should be aware that they do not need to wait to be approached by their manager or a colleague before seeking help with a recognised substance misuse issue.

To cooperate with the support and assistance offered by their GP, Occupational Health Service, external support organisation by working with them, to address their substance misuse issue.

Must inform their manager if they know or suspect a colleague (including workers, contractors etc.) is under the influence of an intoxicating substance while working in the Health Board. Under no circumstances should they try to "cover up" for a colleague etc. in the workplace, as this could endanger the health and safety of their colleagues, patients etc.

Must inform their manager immediately, if they are charged with and/or convicted of a drugs / drink driving offence. This is necessary to consider the impact upon their contract of employment / role and to determine the appropriate action.

Must note that while the Health Board acknowledges that there are religions which believe in the use of some drugs as elements of their faith, drugs such as marijuana (except for prescribed cannabinoids) are illegal and therefore employees under the influence of or found to be using such drugs in the workplace will be managed under the Disciplinary Policy.

6. PROMOTION AND AWARENESS

The philosophy of this policy is that education on substance misuse should be part of a wider ongoing programme of health promotion and health and wellbeing at work, for the whole workforce. It is not only aimed at those who are identified as having issues with substance misuse, but to raise staff awareness and interest in their health and wellbeing, to the extent that substance misuse issues may be prevented from occurring or may be prevented from developing into a worse dependence issue.

Messages about healthy lifestyles and the benefits will continually be provided by the Health Board's Wellbeing Service, for the benefit of all staff.

7.   EQUALITY IMPACT ASSESSMENT STATEMENT

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

8.   RELATED POLICIES

- Capability Policy
- Disciplinary Policy
- Employee Wellbeing Policy
- Managing Attendance at Work Policy
- Professional Registration Policy
- Redeployment Policy
- Special Leave Policy

9.   INFORMATION, INSTRUCTION AND TRAINING

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

10.   MAIN RELEVANT LEGISLATION

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

- Health and Safety at Work Act (1974)
- The Misuse of Drugs Act (1971)
- Medicines Act (1968)

SUBSTANCE DEFINITIONS

Psychoactive Substances
The Psychoactive Substances Act 2016 captures all psychoactive substances that are not classified as illegal drugs. For this policy, psychoactive substances are those 'capable of producing a psychoactive effect in a person who consumes it'. Psychoactive substances include those which are often misleadingly referred to as 'legal highs.' These substances are designed and produced to mimic the effects of drugs such as cocaine, cannabis and ecstasy but have been created so that their chemical structure is different enough to avoid being controlled under current drug laws. This includes inhalation of substances that can affect an individual's coherence, health and wellbeing e.g. solvents.

Illegal Drugs
The Misuse of Drugs Act 1971, states that controlled drugs are those that are 'dangerous or otherwise harmful', primarily under a 3-tier system of classification, Classes A, B and C. The classification provides a framework within which criminal penalties are set with reference to the harm a drug has, or can have, when misused and the type of illegal activity undertaken regarding that drug.

Alcohol
Alcohol is a drug which can affect concentration, coordination and work performance. The misuse of alcohol interferes with an individual's health and wellbeing, and it may cause harm to colleagues, service users etc., as well as affecting the quality of the service. Drinking even small amounts of alcohol before carrying out work that is 'safety critical' will increase the risk of an accident. Alcohol can also affect those driving to work after a night of heavy drinking, as the staff member may have blood alcohol levels more than the legal limit and may therefore be unfit to drive and to work.

Prescribed Medicines
This applies to the misuse and dependence on prescribed or over the counter medication. If an employee believes that their prescribed or over the counter medicine has the potential to or has an adverse effect on their ability to perform their duties, they should stop working and report this matter to their manager immediately.

APPENDIX 2

MANAGING SUBSTANCE MISUSE
GUIDELINES FOR MANAGERS

These guidelines aim to:

- Help managers to be alert to behaviours affecting work performance which may be caused by substance misuse.
- Be able to identify deteriorating work performance in terms of potential substance misuse related problems.
- Be aware of how to deal with suspected or observed substance misuse concerns.
- Support and guide the employee and where applicable signpost them to their GP, the Occupational Health Service and or external support organisations that can support and help facilitate their recovery.

1.   IDENTIFYING A SUBSTANCE MISUSE PROBLEM

An employee may show signs of a substance misuse related problem, which may manifest itself in a variety of ways. There is no single characteristic which identifies a person with a substance misuse problem, and there are many possible reasons for an employee's deteriorating job performance.

Some employees will seek help voluntarily, but others may not. In this case, if the following characteristics occur in combination or as a pattern over time, a substance misuse related problems might be indicated. Below are some indicators to assist managers and colleagues to identify whether an employee may have a substance misuse related problem.

- **Absenteeism**
  - ➢ Multiple instances of unauthorised leave
  - ➢ Multiple excessive sick leave (including frequent self-certified sick leave)
  - ➢ Frequent Monday and/or Friday absences
  - ➢ Excessive lateness, e.g. arriving to work late and leaving early
  - ➢ Increasingly improbable excuses for absence

- High accident rate at home or at work
- Spasmodic work patterns
- Increasing general unreliability and unpredictability

- **Behaviour**
  - Attending work in an obvious inebriated condition
  - Smelling of alcohol
  - Hand tremor
  - Sudden mood changes
  - Depression
  - Acts of aggression
  - Inappropriate behaviour / conduct
  - Having a negative impact on team morale and relationships
  - Difficulty in concentrating
  - Increasingly unkempt appearance
  - Lack of personal hygiene

- **Work Performance**
  - Missed deadlines
  - Making numerous mistakes
  - Poor decision-making
  - Alternative periods of high and low productivity
  - Returning late from breaks
  - Safety concerns raised by others

- **Poor Relationships at Work**
  - Over-reaction to imagined or real criticism
  - Unreasonable resentment
  - Irritable / aggressive towards colleagues
  - Complaints from colleagues
  - Borrowing or trying to borrow money from colleagues
  - Avoidance of their manager / those in position of authority or colleagues in the workplace.

2.   THE APPROACH TO DEALING WITH SUSPECTED SUBSTANCE MISUSE CONCERNS

Should a manager identify a pattern of deteriorating work performance or obvious signs of substance misuse, the following steps are recommended before discussing the issue with the employee.

The manager should consider the following:

➢ Why do you suspect substance misuse?
➢ Are there indicators of substance misuse (see Section 1. above)
➢ What risks are they posing to themselves and others?
➢ The nature of the problem and possible causes.
➢ Do they have an underlying health issue? Noting substance misuse related problems could co-exist with other health issues.
➢ Might there be other causes for the deterioration of their performance / work?
➢ Do you suspect: drug, alcohol, other substance or multiple substances misuse?
➢ Has an incident or near miss occurred?
➢ Have there been similar behavioural issues etc. before?
➢ What are the employee's duties / responsibilities?
➢ What equipment do they use?
➢ Do they require a high level of concentration for their work?
➢ What would be the most appropriate course of action to deal with the situation?

Once the manager has considered and assessed these factors, if they believe the employee may have a substance misuse issue, they should follow the process set out in Section 3 below.

3.   THE APPROACH TO DEALING WITH A SUBSTANCE MISUSE CONCERN

Should a manager suspect or observe an employee they should firstly ask them to meet with them immediately, in an office / location where they can have a private and confidential discussion. This approach must also be followed where such a matter is brought to their attention.

Should a manager observe a bank / agency worker, contractor etc. in work

who appears to be in an unfit / unsafe state, due to potential substance misuse, they must immediately report the matter to the manager responsible. The manager responsible will arrange to meet with the individual and ensure they get home safely, using a safe method of transport. The manager responsible will also be required to report the incident to the Bank Office, Agency or Contractor etc.

The manager must inform the employee that the purpose of the meeting is to discuss their observation / suspicions regarding substance misuse. Where reasonably practical the employee may be accompanied to the meeting by a local trade union representative or a workplace colleague.

The manager should approach the concern in an honest, non-judgmental and empathetic manner, whilst understanding that the symptoms observed may have some other origin, e.g. side effects from prescription drugs.

During these discussions, the manager should always offer help and support, with reference to this policy and the Special Leave Policy (time off for medical appointments), which provides discretion for them to grant paid time off work to undergo face to face counselling or treatment, should it fall within their contractual hours.

The manager must remind the employee of their personal and professional responsibilities when reporting for work.

Where an employee divulges in the meeting that they have a substance misuse problem, the manager should always offer help and support with reference to this Policy. They must also obtain their consent and refer them to the Occupational Health Service to be assessed. When an employee is referred to this service, they must be reminded that in accordance with their contract of employment, they are required to cooperate fully with the referral or treatment recommended by the Occupational Health Department and / or any external support organisation.

The manager is required to take notes and retain a written record of the meeting, to include matters discussed, support offered and actions to be taken etc. in the employee's personnel file. In advance of the meeting, where possible, the manager may contact the People Services Team to discuss the matter, including the employee's response, to determine the most appropriate policy to use, next steps including an agreed course of action and / or support plan.

If it is determined the matter may have to be dealt with in accordance with the Disciplinary Policy, it may be appropriate to suspend the employee from

work, depending on the circumstances, until an initial assessment of the facts has been undertaken (See Section 5 below).

The manager should also provide them with a copy of this Policy, offer their support and signpost them to the appropriate external local support organisations (**Appendix 3**) to help facilitate their recovery. They must also be made aware of the potential implications for their future employment if they do not access support to facilitate their recovery.

Where an employee denies in the meeting that they have a substance misuse problem, depending on the circumstances, the manager may still refer them to the Occupational Health Department to request that they assess whether the employee has a substance misuse problem and if so, to what extent. The employee should be reminded that in accordance with their contract of employment they are required to cooperate fully with any referral or treatment recommended by the Occupational Health Department and / or an external support organisation.

If the meeting determines the employee is under the influence of an intoxicating substance, they must be sent home immediately, ensuring their safety and that of others. The manager is responsible for considering the safety of the employee and will therefore need to determine the risks and issues associated with the employee being sent home while intoxicated.

Following receipt of the Occupational Health Report, the manager will decide whether the employee should remain at work, taking into consideration the extent of their substance misuse issue(s) and the potential work-related risks of them doing so. Noting where an employee makes a self-referral to the Occupational Health Department the manager will not be provided with the medical report outlining their assessment or advice provided etc., unless the employee shares this or they have been given express permission by the employee to do so. Any disclosure will be made in accordance with the guidance on confidentiality issued by the General Medical Council or Nursing & Midwifery Council or other relevant professional regulatory bodies.

If the employee is unfit to attend work due to their substance misuse problem or during a period of ongoing treatment, the absence will be managed in accordance with the Managing Attendance at Work Policy.

Where an employee has taken a period of sick leave following identification of a substance misuse issue, they will be able to return to the same post, unless this would be inconsistent with the long-term resolution of the employee's problem or they have had their professional registration, driving license etc.

suspended / removed. Where a return to the same post is not advisable or possible, consideration will be given to redeployment, if appropriate.

4.   MONITORING AND REVIEW OF AN EMPLOYEE

It is appropriate for the manager of an employee who has confirmed that they are seeking help for their substance misuse issue via their GP, Occupational Health Service (via a self-referral) or an external support organisation to request the employee to provides written confirmation that they have accepted help and will / are attending for treatment.

Where an employee agrees and can confirm that they are seeking help and follow advice, attending for treatment, the matter will be treated as a medical problem, in the first instance.

Where an employee's substance misuse problems further deteriorate or previous patterns of behaviour return, the manager is responsible for bringing this to the employee's attention and arranging a further Occupational Health referral. If there is no improvement despite ongoing support, the manager should discuss invoking the appropriate Policy (e.g. Disciplinary or Capability Policy) with the People Services Team.

5.   ISSUES OF A CAPABILITY OR DISCIPLINARY NATURE

The desire to promote the wellbeing of employees and to provide support for those who seek it should be at the forefront for managers when dealing with matters of substance misuse.

The Health Board accepts that if an employee has or is suspected of having a substance misuse related problem affecting their work performance, they will be offered and given every opportunity to seek confidential help and support from their GP, the Occupational Health Service, or an external local support organisation (*see Appendix 3*) to overcome the problem.

Employees must be made aware that substance misuse issues in the workplace could affect their employment with the Health Board. Therefore, this policy does not preclude the use of disciplinary action for breaches of this policy or the disciplinary rules. Employees with a substance misuse problem cannot be excused from complying with the accepted standards of conduct, behaviour, health and safety etc.

Where it is identified that an employee is in possession of, using or suppling illegal drugs or psychoactive substances in the workplace, this will be

investigated under the Disciplinary Policy. The matter will also be reported to the Police.

The manager, and where applicable the Occupational Health Service, will continue to be offered advice and support in accordance with the provisions contained in this policy to employees who have a substance misuse issue being managed under the Disciplinary Policy.

The manager will need to decide on the appropriate course of action to be taken following an incident, depending on whether it is a long-term issue or a one-off incident.

Where support and encouragement has been given to the employee and concerns relating to their performance continue without the level of agreed improvement, it may be necessary to deal with this issue formally under the Capability Policy.

Where an employee does not accept that they have a substance misuse problem or fails to seek or accept help to facilitate their recovery and the concerns relates to their conduct, behaviours etc. without improvement, such matters will be dealt with under the Disciplinary and or Capability Policy.

Employees must be made aware that where a serious offence is committed, they will be subject to the Disciplinary Procedure. This does not prevent an employee providing evidence of a substance misuse issue in their mitigation during a disciplinary investigation and hearing. The disciplining officer will consider the employee's mitigation in this respect and may take a more understanding approach, due to their dependency problem.

6.   ISSUES WITH PROFESSIONAL REGISTRATION

Where an employee is registered with a professional body and it is identified and confirmed that they have a substance misuse problem which is affecting their practice, the appropriate Executive Director will be informed and make the decision on whether the matter should be reported.

Where it is deemed appropriate to report an employee, the Executive Director will follow the relevant professional body's mechanism for notification of such issues.

In circumstances where an employee's substance misuse leads to the loss of their professional registration, which is an essential requirement for them to practice and work in their contractual role, the matter will be dealt with via the

Disciplinary Policy and could result in their employment being terminated.

7. ISSUES WITH DRIVING DUTIES

Employees who voluntarily seek help or are managed under this policy will normally be guaranteed confidentiality. However, the Health Board may have a duty to inform the appropriate authorities if there is evidence which suggests that the employee's substance misuse problem has resulted in them breaking the law at work, e.g. in roles which involve driving.

In circumstances where an employee's substance misuse leads to the loss of their driving license, which is an essential requirement for them to undertake their contractual role, the matter will be dealt with via the Disciplinary Policy. In addition, it could result in their employment being terminated.

APPENDIX 3

LOCAL ORGANISATIONS OFFERING DRUGS AND ALCOHOL ADVICE AND COUNSELLING

Cwm Taf Morgannwg

Cwm Taf Morgannwg Integrated Substance Use Service
The integrated service provides several different services for adults, and young people who use substances, and concerned others (i.e., friends, family members). The service is delivered in partnership with the Cwm Taf Morgannwg UHB, Youth Offending service, Children's services, CAMHS and Criminal Justice, providing a one-stop service that meets the needs of the individuals whatever stage of their recovery journey.

DASPA (Drug and Alcohol Single Point of Access) is the first and single point of contact for people looking for support and/or advice regarding drug and alcohol use across the Cwm Taf Morgannwg region.

Helpline: 0300 333 0000

Website: www.daspa.org.uk

Drop in:
The Next Step – 8 Gelliwasted Road, Pontypridd, CF37 2BP

The service offers:

- Support and Brief Interventions
- Structure Support
- Harm Reduction Interventions
- Specialist Support
- Harm Reduction Intervention/advice
- Alcohol & Drug treatment
- Specialist Treatment
- Liaison Team
- GP Shared Care
- BBV Testing, Treatment and Vaccines
- Training for professionals

Swansea Bay UHB

Newid – Drug and Alcohol Service Neath Port Talbot and Swansea
Freephone 0300 7904044
https://www.newidcymru.co.uk/

Drop in:
Adferiad Recovery - 15 Victoria Gardens, Neath SA11 3AY
Adferiad Recovery - 46 Talbot Road, Port Talbot SA13 1HU
Adferiad Recovery - 41 St James Crescent, Swansea SA1 6DR
Barod - 73-74 Mansel St, Swansea SA1 5TR

Cardiff and Vale Substance Use Services
Open Access – referrals via phone: 0300 300 7000 or email: info@cavdas.com
Offering the following for Adults, Children, Young People, Families and Concerned Others:
- Support and Brief Interventions
- Structure Support
- Harm Reduction Interventions
- Specialist Support
- Harm Reduction

Referrals via GP or Health Professionals – 029 2046 1742 or 029 2033 5226 (Cardiff). 01443 700 943 (Barry).
Offering:
- Alcohol & Drug treatment
- Specialist Treatment
- Liaison Team
- GP Shared Care
- BBV Testing, Treatment and Vaccines
- Harm reduction

APPENDIX 4

NATIONAL SOURCES OF HELP AND ADVICE

Alcoholics Anonymous
It is the largest self-help group for people who acknowledge they cannot handle alcohol and want a new way of life without it. Access to their services is free.
Helpline: FREE 0800 9177650
Email: help@aamail.org
Website: www.alcoholics-anonymous.org.uk
The comprehensive website explains the philosophy of AA, what to expect and details of local groups.

Alcohol Change
Alcohol Change an expert in consultancy and training around alcohol harm; we help organisations and practitioners across the UK to improve their policies and practices in supporting people with alcohol problems.

Drinkline: 0300 123 1110
Website: www.alcoholchange.org.uk

Cocaine Anonymous
A national self-help group specifically for cocaine
users. **Helpline:** 0800 612 0225, open 10:00am
to   10:00pm
Website: ww.cocaineanonymous.org.uk

Dan 24/7
The Wales Drug & Alcohol Helpline, also known as DAN 24/7 is hosted by the Betsi Cadwaladr University Health Board with funding provided by the Welsh Government.

DAN 24/7 is a free and bilingual telephone helpline providing a single point of contact for anyone in Wales wanting further information and / or help relating to drugs and / or alcohol.

The service is available 24 hours a day, 7 days a week.

The helpline will assist individuals, their families, carers, and support workers within the drug and alcohol field to access appropriate local and regional services.

Helpline: 0808 808 2234 or text DAN to 81066

Website: www.dan247.org.uk
The website includes details of local groups.

Drinkaware

Drinkaware is an independent charity working to reduce alcohol misuse and harm in the UK. They work to help people make better choices about drinking.
Website: Drink Aware.co.uk
If you're unable to find the answer to your query on the website, then please email on contact@drinkaware.co.uk

Narcotics Anonymous

The largest self-help group for people who want to stop using drugs. Access to their services is free.
Helpline: 0300 999 1212
Website: www.ukna.org
The website includes details of local groups.

Talk to FRANK

A government funded free service, previously named the National Drugs Helpline. It provides advice to the individuals using drugs or anybody concerned about someone using drugs. It has a database of local support and treatment services that can help drug users. The focus of the helpline is for young people and concerned parents, but it will also assist adult drug users.
Helpline: 0300 1236600
Website: www.talktofrank.com
The website provides detailed information on drugs that the non-specialist can understand.

APPENDIX 5

THE LEGAL POSITION

1. Cwm Taf Morgannwg University Health Board has a duty under the **Health and Safety at Work etc. Act 1974** (HSW Act) to ensure, as far as is reasonably practicable, the health, safety and welfare at work of all staff and persons who use our services or enter our premises.

2. There is also a duty under the **Management of Health and Safety at Work Regulations 1999**, to assess the risks to the health and safety of our staff. The Health Board is concerned with the good health and wellbeing of all staff to enable them to work safely and effectively, to ensure that the Health Board's reputation is not damaged by incidents related to alcohol or substance misuse.

3. The **Road Traffic Act 1988** states that any person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence. An offence is also committed if a person unfit through drink or drugs is in charge of a motor vehicle, in the same circumstances.

4. It is an offence under the **Misuse of Drugs Act 1971** for any person knowingly to permit the production, supply or use of controlled substances on their premises except in specified circumstances, e.g. when a doctor or a registered healthcare professional has prescribed them.

	AGENDA ITEM
	2.2.2

PEOPLE & CULTURE COMMITTEE

EMPLOYEE WELLBEING POLICY

Date of meeting	09/08/2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Clare Wright (Strategic Lead for Employee Experience and Wellbeing)
Presented by	Clare Wright (Strategic Lead for Employee Experience and Wellbeing)
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
People and Culture Committee	08/02/2023	ENDORSED FOR APPROVAL

ACRONYMS	

1. SITUATION/BACKGROUND

1.1   The Employee Wellbeing Policy was approved at the People and Culture Committee on the 8th February 2023. This policy superseded the previous Stress Management Procedure and this has now been removed from Share Point. The Stress Management Procedure included a Stress Risk Assessment Form. This has been replaced with

a more generic process in which staff and their line managers are encouraged to have wellbeing conversations about all health and wellbeing related issues using a Staying Well Plan. The plan is designed to identify staff support needs proactively, encouraging staff and managers to make reasonable adjustments where needed, to pre-empt and avoid possible difficulties arising and to guide managers on how best to respond when support is required. It encourages individual staff members to identify and communicate their support needs and provides managers with a template in order to assist in these conversations.

1.2 Links to the full and brief versions of the Staying Well Plan were omitted from the original version of the Employee Wellbeing Policy and have now been added in section 5.3

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

2.1 The Committee is asked to approve the addition of links to the Staying Well Plans. Engagement on this Policy and Procedure has already taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	05.09.2022
Informal Consultation with interested parties	30.11.2022
Formal Consultation	13.12.2022
Approved by People and Culture Committee	08.02.2023

2.2 The policy has already been reviewed and is consistent with the approach across NHS Wales. It does not require further review.

2.3 Further consultation with the Cwm Taf Morgannwg University Health Board Health and Safety Service resulted in the request for the links to the Staying Well Plan (full and brief version) to be added to the policy in place of the superseded Stress Management Procedure.

2.4 The Health Board's organisational values and behaviours have been reflected within the policy.

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

3.1   In response to this additional consultation, the minor amendment of adding the links to the Staying Well Plans, and the addition of the Employee Wellbeing Service website address have been made.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Yes
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goal	Inspiring People

5. RECOMMENDATION

5.1   The People and Culture Committee are asked **APPROVE** the minor amendments to the Employee Wellbeing Policy.

5.2   Once approval is sought the author will share the amended version of the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

EMPLOYEE WELLBEING POLICY

Document Type:	Policy
Reference:	WOD 29
Author:	Strategic Lead for Wellbeing & Employee Experience
Executive Sponsor:	Executive Director for People
Approved By:	People and Culture Committee
Approval / Effective Date:	08/02/2023
Review Date:	08/02/2026
Version:	1

Target Audience:

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

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date:** 02.09.2022
	Outcome: This policy has undergone a robust and full EIA process. No potential negative impact has been identified.
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained
Date of approval by Equality Team:	05.09.2022
Aligns to the following Wellbeing of Future Generation Act Objective	Ensure sustainability in all that we do, economically, environmentally and socially

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

Contents

1. INTRODUCTION

1.1 Cwm Taf Morgannwg University Health Board (CTMUHB) was established on 1st April 2019. CTMUHB provides quality healthcare to more than 450,000 people principally covering the Merthyr Tydfil, Rhondda Cynon Taf and Bridgend Local Authority areas.

1.2 CTMUHB is responsible for delivering healthcare through three acute hospitals, six community hospitals and a network of health parks, health centres, clinics and facilities for patients with mental health and learning disabilities.

1.3 CTMUHB is one of the largest employers within the local area. It is estimated that 85% of CTMUHB employees live in the Health Board region. In delivering its role as healthcare provider, CTMUHB also acknowledges its responsibility to promote the health and wellbeing of employees.

1.4 The purpose of this document is to outline CTMUHB's policy on staff wellbeing. This policy provides a summary of the wellbeing services available to staff, and how this meets CTMUHB's organisational commitment to the health and wellbeing of its staff as well as its legislative and Department of Health and Social Care, Welsh Government, NICE guidance requirements etc.

2. POLICY STATEMENT

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

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

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

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

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

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

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

3. SCOPE OF POLICY

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

4. AIMS AND OBJECTIVES

4.1 The aims and objectives of this policy are to:

- Acknowledge the link between productive, healthy working conditions and

employee wellbeing

- Emphasis the importance of employee wellbeing across all levels of the organisation and acknowledge that staff health and wellbeing lie at the heart of what we do

- Raise awareness and provide guidance on issues relating to health and wellbeing in recognition of our role in improving employee health

- Contribute to the development of organisational culture, practices and work environments where the wellbeing of all its employees are prioritised and valued

- Promote an approach to employee wellbeing at work that is proactive and preventative rather than just reactive and treatment focused

- Help develop a culture that is supportive and non-judgmental of people experiencing menopause related symptoms, stress or mental health problems and reduce the potential for discrimination and stigma in relation to these challenges

5. RESPONSIBILITIES

5.1 Employees are responsible for:

- Their lifestyle choices

- Completing a brief Staying Well Plan with their line manager as part of the annual "Your Conversation" appraisal process and/or completing the full Staying Well Plan if they have a physical or emotional wellbeing issue or long term health condition to agree their support needs in work.

- Liaising with their line manager, the Staff Wellbeing and/or Occupational Health services if they need support with a health issue and referring themselves to either service when appropriate.

- Seeking approval from their line manager or leader, to attend a Wellbeing Service intervention during working hours. This is not required if staff would prefer to access the service in their own time.

- For attending appointments and participating in wellbeing initiatives

- Completing the CTMUHB staff wellbeing survey and the NHS staff survey

5.2 Executive board are responsible for:

- Providing leadership regarding employee wellbeing and promoting an understanding of the positive link between employee wellbeing and the quality of care we can provide our patients

- Ensuring employee health is integrated in organisational goals and objectives

- For valuing the strategic importance and benefits of a heathy workplace

- For encouraging and providing an actively consistent approach to employee wellbeing

- Identifying a clinical lead for employee wellbeing

- Communicating clearly with the organisation about what is possible practical and affordable with regard to supporting employee wellbeing

5.3 Managers and Team Leaders are responsible for:

- Creating a supportive environment that enables staff to be proactive to protect and enhance their wellbeing

- Making reasonable adjustments in the workplace following advice from Occupational Health, Health and Safety and Wellbeing Service in line with the Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999 and Equality Act 2010

- Promoting an understanding of the positive link between staff wellbeing and the quality of patient care

- Taking an interest in their staff's wellbeing, including natural consequences of ageing such as the menopause, and talking in confidence about these issues with staff in general and specifically at appraisal and at all return to work interviews following a period of absence. To assist these conversations, staff and their managers can complete a Staying Well Plan together which can be found here https://ctmuhb.nhs.wales/staff/employeewellbeing/staying-well-plans/

- Being proactive in supporting and encouraging staff to improve their wellbeing and to act as a positive role model for health and wellbeing

- Supporting staff and referring to, or encouraging staff to refer themselves to the Employee Wellbeing Service and/or Occupational Health as appropriate, giving them time to attend and encouraging them to attend

- Promoting awareness of CTMUHB wellbeing services amongst staff on maternity leave, special leave or long-term sickness, and supporting staff to engage with services where appropriate.

- Encouraging staff to complete CTMUHB staff wellbeing surveys and the NHS staff survey

5.4 People Services are responsible for:

- Incorporating employee wellbeing within all relevant people services policies

- Promoting an understanding of the positive link between staff health and wellbeing and the quality of patient care

- Taking an interest in staffs health and wellbeing and encouraging managers and leaders to talk in confidence about it with staff in general and specifically at appraisal and at all return to work interviews following a period of absence

- Encouraging a focus on employee wellbeing in job adverts

5.5 Employee Wellbeing service are responsible for:

- Providing a stepped care approach to emotional, physical and financial wellbeing where staff are offered a range of interventions in line with their level of need.

- Providing training, consultation and support to line managers and leaders to equip and enable them to support the emotional wellbeing of their staff.

- Providing peer support training to assist in the development of supportive workplace cultures around wellbeing

- Recruiting, training and supporting a network of Wellbeing Activist who can assist in the creation and maintenance of bespoke wellbeing initiatives within departments.

- Regularly assessing and adapting the wellbeing services provided in line with changing staff needs.

- Ensuring the service is accessible to all staff including accessing whether specific circumstances require an intervention to be offered out of hours when not doing so would prevent staff from being able to access support.

5.6 Occupational Health Service are responsible for:

- Assessing CTMUHB employees at the recruitment stage ("occupational health check") to advise as to whether employees are sufficiently fit and healthy to be able to carry out the role they are employed (or engaged) to do

- Proactively promoting employee health and wellbeing in alignment with wider public health and health promotion strategies

- Providing advice regarding fitness to return to work following a

management referral

- Providing advice on reasonable adjustments to employees and their manager / leader

- Providing advice on the effect of work on health and make recommendations in relation to an individual's return to work following sickness

- Encouraging employees to access the CTMUHB wellbeing service where appropriate

- Adopting the biopsychosocial model of care, which takes into account the interactions of biological, psychological and social factors on an individual's health and wellbeing. Recognising that employee health and wellbeing is more than just the absence of disease and may also be affected by membership to a 'protected' group

- Ensuring compliance with the occupational health aspects of Health and Safety legislation, Department of Health and Social Care and NHS Executive Standards.

6. DEFINITIONS

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

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[1] Johnson et al. (2018)
[2] World Health Organisation (1848). World Health Organisation Constitution. Available from: https://www.who.int/about/governance/constitution

	30-60% of women experience intermittent physical and/or psychological symptoms, which, in some cases, can adversely affect the quality of both personal and working life. Employers must recognise that women of menopausal age may need specific considerations and that clear processes are required to support women who are having difficulty coping with the symptoms.
Occupational therapy	Occupational Therapy is the treatment of people, with physical and mental illness or disabilities, through specific selected occupations for the purpose of enabling individuals to reach their maximum level of function and independence in all aspects of life. In partnership with the individual, the occupational therapist assesses the physical, psychological and social functions, identifies areas of dysfunction and involves the individual in a structured programme of activities.
Presenteeism	Being at work while in ill health[3].
Stress	An adverse reaction people have to excessive pressure or other types of demands placed upon them[4]
Wellbeing	Wellbeing is a holistic concept that encompasses facets of mental health, physical health, and stress[5].

7. IMPLEMENTATION / POLICY COMPLIANCE

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

7.1.1 People Services information

- ESR data (staff demographics, sickness absence and staff turnover)

- Exit interviews

- Grievance/ Disciplinary/ Capability or Dignity at Work cases

- Ill health retirements (numbers, reasons, clusters)

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

Reference: WOD 29
Policy Title: Employee wellbeing

- Work performance in terms of output, quality of work and efficiency

- Incident and accident reporting

- Numbers of complaints about staff behaviour and attitude received from patients

- Management referral rates to the Staff Wellbeing Service and Occupational Health

- The pace, extent and management of organisational change

- NHS Wales staff survey results

- CTMUHB Wellbeing survey

7.1.2. Staff Wellbeing Service information

- Activity numbers

- Survey results

- Any other feedback on services

- Organisational health reviews and team interventions

7.1.3 Occupational health service information

- Activity numbers

- Occupational health check results

- Any other feedback on services

7.2 The following wellbeing services are available to staff:

7.2.1 Employee Wellbeing Service

- The Employee Wellbeing Service provides a stepped care approach to emotional wellbeing. This ranges from preventative initiatives to enhance wellbeing, to low intensity interventions for those beginning to struggle with emotional wellbeing issues, through to the provision of and signposting to higher intensity interventions for those with difficulties that are more complex.

- Wellbeing services are aimed at supporting staff to support themselves and to access the appropriate services to meet individual needs.

- The wellbeing service aims to upskill managers, leaders and colleagues to support and enhance the wellbeing of others.

- The Employee Wellbeing Service provides interventions to promote healthy lifestyle choices, weight management, increased activity and support for anyone impacted by the Menopause, whether personally or indirectly. The Wellbeing service also provides a separate financial wellbeing care pathway, which signposts staff to a range of relevant sources of information and assistance depending on the level of financial need.

- The Employee Wellbeing Service seeks to provide an ever evolving range of bespoke interventions to different staff groups. This is based on specific wellbeing needs identified via feedback from staff, including the Employee wellbeing activist network.

7.2.2 Employee wellbeing activists

- Employee wellbeing activists (Activists) are CTMUHB employees who have an empathetic, compassionate approach to others and a particular interest in promoting and supporting staff wellbeing within the services where they work.

- Activists and the Wellbeing Service engage in a two-way information exchange. Firstly, the Activists share their knowledge, skills and learning in their own areas to inform the Wellbeing Service of unmet needs, examples of good practice that could be replicated elsewhere and they help to shape future Wellbeing Service initiatives going forward. Secondly, the Wellbeing Service provides training, supervision, support and information to help the Activists support themselves, and their colleagues, to publicise Wellbeing events and to develop in house wellbeing activities bespoke to their departments.

7.2.3 Occupational Health

- The CTMUHB Occupational Health service engages with staff from the recruitment stage (pre-employment) right up until they leave the organisation.

- CTMUHB staff are able to self-refer into occupational health services, be referred by a manager or be contacted by the occupational health service due to a Datix report.

- CTMUHB occupational health services include occupational physiotherapy, occupational nursing and a health intervention team. The CTMUHB occupational health service provides support and/or guidance to staff to promote wellbeing in a number of areas. This includes:

  - Guidance for managers and leaders

  - Guidance on infection and illness

- Guidance on managing a chronic illness

- Responding to incidents at work

- Health promotion material

- Guidance for pregnant women

- Reducing and preventing staff sickness absence by:

    o Providing confidential support and guidance to employees regarding their health and fitness for work.

    o Signposting employees to the full range of services available for support and assistance.

    o Providing written advice to managers and leaders regarding the impact of the employee's illness on their fitness to work.

    o Providing advice to managers and leaders on any reasonable adjustments to the workplace or an employee's job that may support them in attending regularly for work and/or returning to work after a period of sickness.

    o Providing advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.

    o Accessing advice and support for the employee from other professionals, as the need arises and with the agreement of the employee.

    o Working with the employee and manager and where relevant, the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.

7.2.4 Chaplaincy and Spiritual Care

- CTMUHB Chaplains are available to provide spiritual, pastoral and religious care for staff, carers and patients on a one-to-one basis. The Chaplaincy service is available for everyone, regardless of an individual's faith or belief system. Access the service via Switchboard.

- The CTMUHB Chaplaincy service provides shared multi-faith spaces, which are set aside for prayer, meditation, quiet reflection or a space to simply 'be'. The rooms are available to use at all times of the day or night.

- The CTMUHB Chaplaincy Service provides teaching to staff on spiritual care. This will help staff to understand their own spiritual needs and thus facilitate their own personal wellbeing as well as appropriately identifying the spiritual needs of patients.

- The CTMUHB Chaplaincy service provides public services and prayer meetings on a regular basis (weekly, fortnightly or monthly) information can be found via 'Chaplaincy and Spiritual Care' on SharePoint.

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

7.2.5 Arts and Health Coordinator

- The CTMUHB Arts and Health Coordinator and team provides an extensive range of arts and health interventions for CTMUHB staff, patients and local community, both in-person and online.

- The Arts and Health Coordinator provides a programme of innovative, transformative and holistic creative interventions to promote health and wellbeing. This programme is constantly developing, however examples of focus areas for staff include:

  - Self-care and self-empowerment

  - Mindfulness

  - Promoting wellbeing through diverse creative workshops

  - Commissioning freelance artists to facilitate wellbeing interventions

  - Commissioning art to improve the physical environment of CTMUHB sites

- The Arts and Health Coordinator oversees a network of over 30 staff Arts and Health Champions who assist in leading and promoting arts for health and wellbeing. Examples of the work of Arts and Health Champions include:

  - Publicising arts and health initiatives on social media and the staff SharePoint

  - Developing creative ways of working with CTMUHB Volunteers

  - Establishing a staff choir

  - Joint design and facilitation of a series of creative workshops exploring 'finding hope in loss and bereavement'

  - Encouraging photography for wellbeing being displayed within wards and hospital settings

7.3 Support sites

Wellbeing: http://ctuhb-intranet/dir/Wellbeing/SitePages/Home.aspx
https://ctmuhb.nhs.wales/staff/

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

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

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

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

8. EQUALITY IMPACT ASSESSMENT STATEMENT

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

9. REFERENCES

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

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

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

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

10. GETTING HELP

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

11. RELATED POLICIES

- Occupational health and wellbeing

- Managing attendance at work

Reference: WOD 29
Policy Title: Employee wellbeing

- Pregnancy loss

- All Wales Menopause policy

- NHS Wales Guidance for Managers on Supporting Employees on

- Long Term Sickness Absence with a diagnosis of Post-COVID-19 Syndrome

- Alcohol and substance misuse

- All Wales respect and resolution

- Equality and diversity

- Domestic abuse violence against women and sexual violence

- Flexible working

- Supporting employees with terminal illness

12. INFORMATION, INSTRUCTION AND TRAINING

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

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

13. MAIN RELEVANT LEGISLATION

- Health and Safety at Work Act 1974

- Working Time Regulations 1998

- Management of Health and Safety at Work Regulations 1999

- Control of Substances Hazardous to Health Regulations (COSHH) 2002

- Health and Safety Miscellaneous Amendments Regulations 2002

- New and Expectant Mothers at Work 2002

- Personal Protection Equipment at Work Regulations 1992

- The Manual Handling Operations Regulations 1992 as amended 2002

- Equality Act 2010

- Health and Safety (Sharps Instruments in Healthcare) Regulations 2013

- Well-being of Future Generations (Wales) Act 2015

- General Data Protection (GDPR) and the Data Protection Act 2018

- Agenda for Change Terms and Conditions of Service

Equality Impact Assessment - Policies

This section must be completed at the beginning of a policy or service review, this includes changed or withdrawn services in order to the assess the impact on different protected groups under the Equality Act 2010. For advice on its completion please contact the Equality Team on CTM_Equality@wales.nhs.uk. For examples of completed EIAs please see the Equality site on Sharepoint.

Section 1 – Preparation		
1.	**Title of Policy/service**	*Cwm Taf Morgannwg University Health Board Employee Wellbeing Policy*
	Is this a new policy/service or an existing one?	New Policy
2.	**Policy/Service Aims and Brief Description**	CTMUHB is committed to protecting and promoting the wellbeing of its staff. CTMUHB is committed to providing a robust wellbeing offer which is available for all employees. This policy outlines the responsibilities of CTMUHB with regards to staff wellbeing, and enables employees to understand the services available to protect and promote their own wellbeing.
3.	**Who Owns/Defines the Policy/Service?** -	*People Directorate*
4.	**Who is Involved in undertaking this EqIA?**	*Jonny Currie Specialty Registrar in Public Health* *Philip Daniels Consultant in Public Health*

Section 1 – Preparation		
		Michelle Hurley-Tyers Assistant Director of Organisational Development and Wellbeing
		Clare Wright Strategic Lead for Wellbeing and Employee Experience
5.	**Other Policies and Services** -	*Well-being of Future Generations Act Objective to Ensure sustainability in all that we do, economically, environmentally and socially*
		CTM 2030 strategies to create health, improve care, inspire people and sustain our future
		Statutory obligations under the Health and Safety at Work Act 1974
7.	**What might help/hinder the success of the policy/service?**	*Awareness and understanding of the policy among staff and line managers*
		Information sharing between employees and line managers regarding staff health at recruitment and thereafter
		Quality data captured on staff health and wellbeing
		Data capture of formal referrals to and utilisation of Staff Wellbeing Service
		Continuing resources to the Employee Wellbeing Service
		Ongoing maintenance of Employee Wellbeing activists group

2

Section 1 – Preparation		
8.	Is the policy/service relevant to "eliminating discrimination and eliminating harassment?"	*The Employee Wellbeing Policy aims to reduce the potential for discrimination among staff experiencing mental health problems, physical health problems and menopause-related symptoms through dedicated support services and improved recognition of these issues during line management and appraisal processes.*
9.	Is the policy/service relevant to "promoting equality of opportunity?"	*The Employee Wellbeing Service gathers demographic data relating to age, gender, ethnicity and sexuality at referral which enables identification of non-equitable uptake of staff wellbeing support.* *Staff wellbeing data generated by the CTM wellbeing survey will be analysed by demographic to determine need and highlight areas to improve equality of opportunity. Opportunities and services will be disseminated via established networks to groups with protected characteristics (e.g. CTM BAME network), in addition to universal promotion via general staff channels. The wellbeing service will work with minority staff networks in CTM (e.g.BAME DisABLEd and LGBTQ) to continuously monitor and improve services based on qualitative feedback from these groups.* *The policy provides the opportunity for staff to become wellbeing activists. Through this role they are able to provide mental health first aid and wellbeing support to colleagues. This group are regularly supported and will be monitored to ensure representation from staff with*

3

Section 1 – Preparation		
		protected characteristics. Where gaps are identified, the wellbeing service will work with staff networks to identify individuals who may be interested in becoming activists.
10.	Is the policy/service relevant to "promoting good relationships and positive attitudes?"	*The Employee Wellbeing Policy aims to promote good relationships and attitudes among managers and staff by emphasising the importance of staff wellbeing across all levels of the organisation.*

4

Section 2. Impact

Please answer the following.
Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised. Some examples have been given against each category but this is not exhaustive and you may identify other issues.

PLEASE INCLUDE RELEVANT DATA FOR EACH GROUP *E.G. IF YOU ARE AWARE OF YOUR POLICY OR SERVICE BEING RELEVANT TO PARTICULAR GROUPS E.G. IF IT IMPACTS ON OR IS LIKELY TO BE USED OR RELEVANT TO OLDER PEOPLE, ADD STATISTICS IN RELATION TO STAFF AND OR LOCAL POPULATION. USE NATIONAL STATISTICS WHERE RELEVANT.*

Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60)

Employee wellbeing can be affected by natural consequences of ageing, including the menopause. The policy aims to improve awareness among managers of these wellbeing factors to increase timely recognition and signposting to sources of support. The Employee Wellbeing Service includes options for support for staff affected by age-related phenomena including menopause-related symptoms, referencing where appropriate the All Wales Menopause Policy.

Policy evaluation will monitor formal referrals to the Employee Wellbeing Service by age to identify differential referrals among age-groups.

Demographic information will be collected in the CTM UHB staff wellbeing survey and used to continuously monitor engagement and wellbeing in different demographic groups. Services can then be targeted based on need.

Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long term conditions such as Cancer or HIV)

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The Employee Wellbeing Service will be available universally to all staff without discrimination. The policy aims to develop a culture that is supportive and non-judgemental of people with mental health conditions and reduce the potential for stigma. The service works collaboratively with the Equality Diversity and Inclusion service and with the disABLEd staff network.

Does the policy impact on people because of their caring responsibilities?

The Employee Wellbeing Policy and Service will not specifically offer support for staff with caring responsibilities but will enable discussion of how such factors outside of work may be affecting staff members' wellbeing and ensure sources of emotional support to allow staff to navigate such challenges alongside their work.

Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc.)

The policy aims to improve staff wellbeing irrespective of gender reassignment, though support for staff who are experiencing wellbeing challenges in relation to gender reassignment while working for the health board will be made available.

Do you think that the policy/service impacts on people because of their being married or in a civil partnership?

Relationship or marital status will not affect the implementation of this policy or the Employee Wellbeing Service.

Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

For example, e.g. would an individual miss an opportunity due to being on Maternity Leave? How will you ensure those absent on maternity leave have the same access to those at work?

The policy and information about wellbeing services are available to all staff and can be accessed by staff who are not in work, due to maternity leave. Information will be regularly shared via social media channels so that staff have access to up-to-date details of initiatives. Line managers will be responsible for raising awareness of the wellbeing service amongst staff

who are out of work, and support them to engage with services where appropriate. Care pathway and referral information can be accessed by staff from their homes via the Employee Wellbeing Service internet pages.
Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.) *The policy and the Employee Wellbeing Service will be implemented universally irrespective of race to ensure all staff have the opportunity to report factors affecting their wellbeing to line managers and be offered wellbeing support. Information about services will be disseminated via established channels for people of different races or ethnic origins, for example, via the BAME network. Evaluation of the policy will allow identification of differential formal referral to the Employee Wellbeing Service by ethnicity to ensure equity in implementation of the policy. Evaluation of the policy via the Employee wellbeing survey will also be undertaken and analysed by demographics to provide insight into the impact of the policy on people of different races.*
Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups) *Staff religion or belief will not affect the support they are entitled to receive for their wellbeing. The health board Chaplaincy can provide spiritual and pastoral care for staff on a one-to-one basis regardless of individual faith. The service provides multi-faith spaces for prayer, meditation or quite reflection and has a long history of ensuring tailored support including with bereavement for staff from all ranges of spiritual background.*
Do you think that the policy/service impacts on men and women in different ways? *Support will be available to staff irrespective of gender in relation to their wellbeing as a result of this policy.* *A number of wellbeing factors specific to women including the menopause have been considered in the development of this policy, with tailored support in place to ensure women are supported in work and are offered adjustments in line with the*

All Wales Menopause Policy. Tailored support for staff who identify as men is available through the Men's Wellbeing @ CTM initiative provided by the wellbeing service.
Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people) The Employee Wellbeing Policy applies to all staff regardless of sexual orientation.
Do you think that the policy/service impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc). *All written support materials will be provided bilingually in Welsh and English language. Counselling services are available in Welsh and English language. Other services can be requested in Welsh language, and will be supported via an interpreter, in collaboration with the Welsh Language team.*
The Welsh government is introducing **a new Socio-economic duty which will be effective from April 2021. It will ask us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage.** *The Employee Wellbeing Policy will aim to ensure support for staff wellbeing irrespective of socioeconomic background or job occupation. Referrals to the Employee Wellbeing Service and evaluation of staff wellbeing in general will be monitored where possible, by job-type and grade and work-base postcode area deprivation according to the Welsh Index of Multiple Deprivation 2019 index.*

Section 3 Outcome	
Summary of Assessment: **Please summarise Equality issues of concern and changes that will be made to the service development accordingly.**	The proposed CTMUHB Employee Wellbeing Policy is broadly consistent with equalities duties expected of the health board. Further changes are required in the following areas to the policy: - Support women on maternity leave to ensure parity of opportunity for support - Ensure appropriate policy evaluation of staff wellbeing and referrals to the staff wellbeing service by occupational role, grade and socioeconomic status (postcode area deprivation)
Please indicate whether these changes have been made.	- Changes have now been made to the policy to ensure line managers support women on maternity leave to access the Employee Wellbeing service. - Changes have now been made to the Employee Wellbeing Service referral form to ensure the team capture the demographic information of those accessing the service.
Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.	Staff may prefer to give their work rather than their home address at referral which may make it difficult to obtain postcode area deprivation data. To insist on providing home address on referral could deter staff from accessing the service.

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	-10-
Who will monitor this EIA and ensure mitigation is undertaken	**The People Directorate**
Approved by Equality Team	**Yes** **Signed: Rhiannon Ellis** **(Equality Officer)** **Date: 05-09-22**
To be held on Equality /Covid 19 Site	**Actioned: Yes**

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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 02.05.23)
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.

COMPLETED ACTIONS

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	Assistant Director, Strategic Workforce Planning'	May 2023	**Completed** The compliance reviewed by Head of People and Independent Member and

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

Pharmacy and Medicines Management
Joy in Work

August 2023

Joy in Work (clickable link for video)

1. Ask staff "what matters to you?"

2. Identify unique impediments to joy in work in the local context

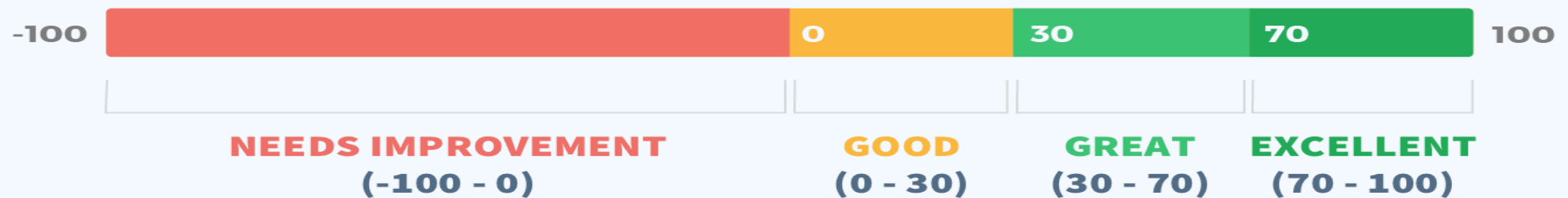3. Commit to a systems approach to making joy in work a shared responsibility at all levels

4. Use improvement science to test approaches to improving joy in work

Baseline

Burnout survey

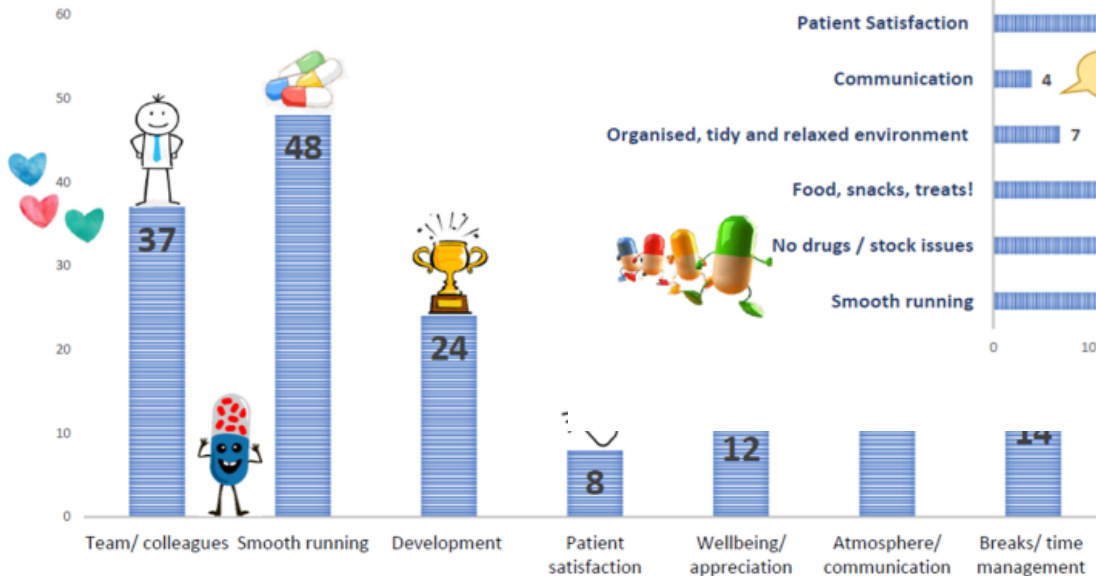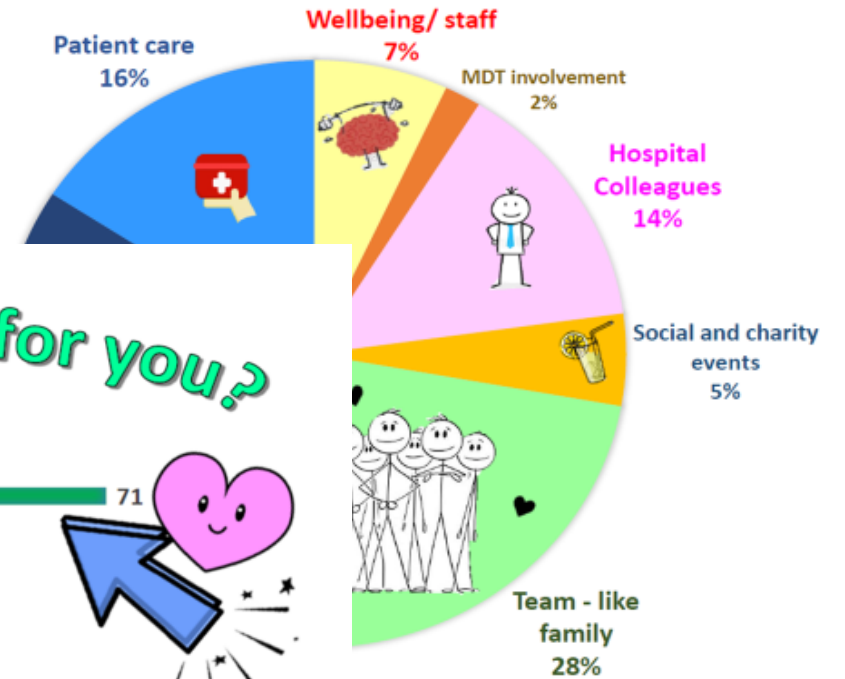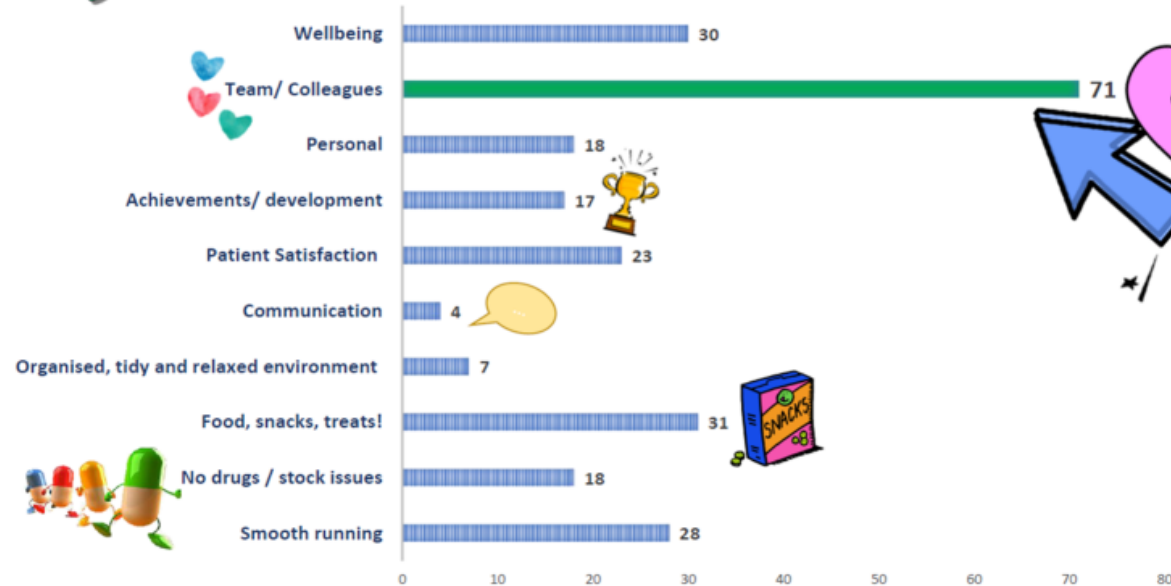- Validated tools within the White Paper

- Key metric is NPS

PCH session one

Actions taken at PCH

- Super user training **underway**

- Dispensary cupboard **ordered**

- Parking solutions **escalated** to site

- Team based working **implemented**

- Dispensary computer **replaced**

- IT/pharmacy trouble shooting exercise **planned**

- Line management structure of support staff **changed**

- Dispensary flow analysis and QI project **underway**
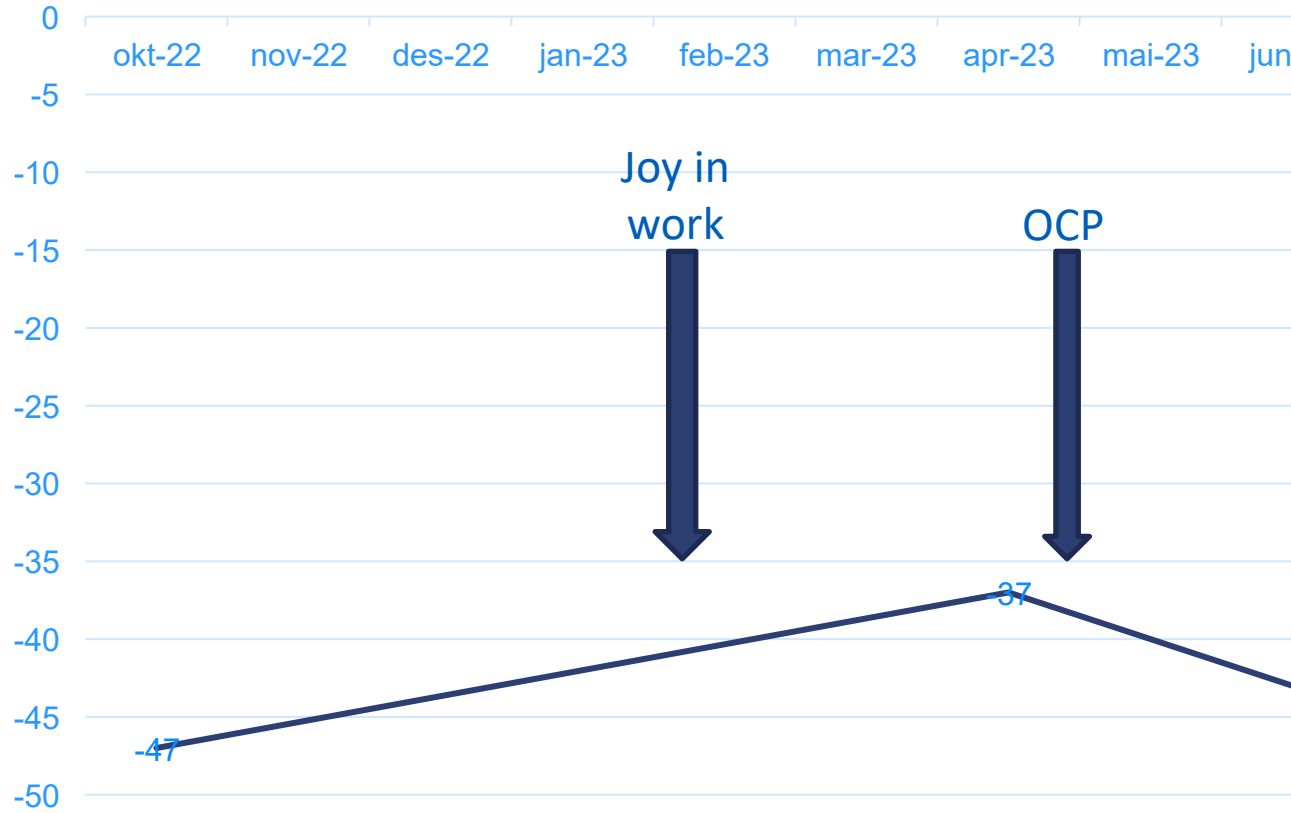
Comments from staff

"So much change in the last 6 months and I really don't want it to go back!"

"Distinct lack of transparency in the past; improvements have been brilliant since new management in place, but it has to continue in this way: we can no longer be mushrooms kept in the dark"
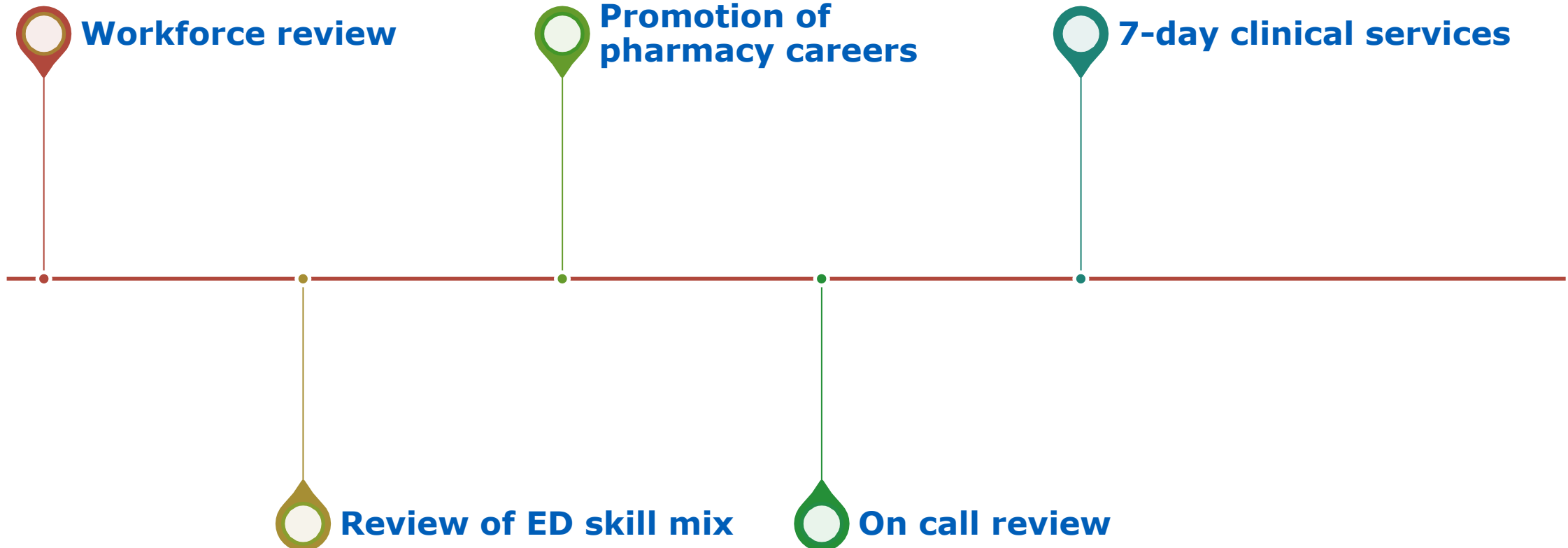
"Team working is brilliant"

Wider Pharmacy initiatives underway

Workforce review

Promotion of pharmacy careers

7-day clinical services

Review of ED skill mix

On call review

Any questions?

PEOPLE & CULTURE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	9th August 2023

FOI Status	Open

If closed please indicate reason	Not applicable – Public Meeting

Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
Approving Executive Sponsor	Paul Mears, Chief Executive

Report purpose	FOR REVIEW & APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	June/July	RISKS REVIEWED
Operational Management Board	12.7.2023	ENDORSED FOR ELG
Executive Leadership Group	17.7.2023	REVIEW AND EXECUTIVE SIGN OFF RECEIVED

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the People & Culture Committee to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register, which

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Register – July 2023

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are assigned to this Committee, are in accordance with the Risk Management Strategy.

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. **457** members of staff trained to date. Focussed sessions to discuss risk has also been undertaken with Care Group Leads during June and July and continues into August.

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 **Principal / Strategic Risks (Board Assurance Framework)**
The organisational risks captured in Appendix 1 are aligned to the Principal/Strategic Risks reported to the Board via the Board Assurance Framework Report. These risks as assigned to the People & Culture Committee are:
- Risk No. 4 – Sufficient workforce to deliver the activity and quality ambitions of the organisation. Risk score of 20.
- Risk No. 7 - Leadership and Management. Risk score of 12.
- Risk No. 8 – Culture, Values and Behaviours. Risk score of 12.

3.2 **NEW RISKS**
Diagnostics, Therapies, Pharmacy and Specialties Care Group
- Datix Risk ID 5462 - Adult weight management service - Insufficient capacity to meet demand. Risk scored as a 20.

Children and Families Care Group
- Datix Risk ID 5364 - Merthyr Cynon Band 6 - Special Community Public Health Nurses (SCPHN's) shortage. Risk scored as a 16.

3.3 **CHANGES TO RISKs**
a) Risks where the risk rating INCREASED during the period
Nil as assigned to this Committee.

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b) Risks where the risk rating <u>DECREASE</u>D during the period

Central Function Risks – Medical Directorate
- Datix Risk ID – 4080 - Failure to recruit sufficient medical and dental staff. Risk score reduced from a 20 to a 15.

Central Function Risks – People Services
- Datix Risk ID – 4679 - Absence of a TB vaccination programme for staff. Risk score reduced from a 16 to an 8.

Rationale for changes captured in Appendix 1.

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

Diagnostics, Therapies, Pharmacy and Specialties
- Datix Risk ID 3638 - Pharmacy & Medicines Management - Training & Development Infrastructure. Risk Closed.

Rationale for closure captured in Appendix 1.

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

Consequence	5			4080		
	4				5364 5462 1133	
	3					
	2					
	1					
CxL	1	2	3	4		5
				Likelihood		

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not applicable for the Risk Register item.

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

5. RECOMMENDATION

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

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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.	This is a new service in early stages of development and delivery. Optimisation of capacity is supported by continuous review of pathway design (Timeframe July 2023). Capacity and Demand is being closely monitored (Timeframe August 2023).	Quality & Safety Committee People & Culture Committee	20	C4xL5	8 - (C4xL2)	New Risk to Organisational Risk Register - Escalated July 2023	07.06.2023	08.06.2023	31.07.2023
1133	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	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 June 2023 - Medium term and substantive plans for workforce requirements and innovations to be worked through as part of the six goals board and advanced practice board. New target score of 8. New review date 30/09/23	Quality & Safety Committee. People & Culture Committee - Workforce aspect	16	C4 x L4	8 (C4xL2)	←→	20.02.2014	26.06.2023	30.09.2023
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. Letter send to Directors of Education and Head Teachers regards reduced SN service capacity. 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	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 C4xL2	New Risk to Organisational Risk Register - Escalated July 2023	03.02.2023	20.06.2023	31.08.2023
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	These are risks that will continue due to the National workforce availability. The Health Board will need to tackle these issues in a variety of ways – there is no one solution. This approach will encompass – recruitment, job planning (compliance and standardisation), regular establishment monitoring, new ways of working (MDT and expanding alternative roles), ADH spend and national rate cards, managing attendance. All of these impact on the workforce and are part of the Medical Workforce Productivity Programme agenda. As the Health Board now has a planned stepwise programme it is dealing with the matter with more clarity and direction. Key Updates from MWPG: - Proposed paper for localised CTMUHB Rate Card to be presented to exec team for approval (May '23) - Milestones agreed as realistic and achievable (Apr '23) - Interface with Care Groups for benefits realisation in development (May '23) - Work underway with Care Group managers to ensure job plans have standardised approach (May '23) - Medical Recruitment strategy being finalised (May '23) Whilst the uncontrollable national medical workforce recruitment issues continue, the MWPG has now been re-established with realistic and achievable targets. With a senior workforce now fully engaged with accountability for achieving the targets with the Care Groups, the overall score has been reflected. The likelihood of this risk has now been reduced to a score of 3.	Quality & Safety Committee People & Culture Committee	15 ↓ 20	C5 x L3	10 (C5xL2)	↓ Risk Score Reduced July 2023	01.08.2013	17.5.2023	31.8.2023

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
4679	Executive Director for People (Executive Lead for Occupational Health)	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Absence of a TB vaccination programme for staff	**If:** the Health Board is not providing TB vaccination to staff **Then**: Staff and patients are at risk of contracting TB **Resulting in**: Failure to comply with the Department of Health and Social Care guidance and lack of confidence in the service	The 'fitness letter' issued by Occupational Health to the appointing line manager following an employee health clearance highlights vaccination status. Screening for latent TB for new entrants and offering T spot testing to assess positive or negative.	Update for May 2023 - A new process has been mapped which needs to be ratified with the Occupational Health Dr provision, Specialist Respiratory Nurse Team and Pharmacy before training and implementation of TB screening can take place. A meeting is being arranged to progress. Update July 2023 - process has been ratified by OH Doctor and two OH nurses have undergone training. Pharmacy have confirmed vaccines are available to order. Prioritisation of at risk groups to be confirmed and then clinics can commence	Quality & Safety Committee People & Culture Committee	8 ↓ 16	8	Proposed for de-escalation and then closure as process in place and ratified. Closure of the risk to follow once clinics have commenced.

2

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
3638	Executive Medical Director	Inspiring People	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Pharmacy & Medicines Management - Training & Development Infrastructure	**IF:** the planned HEIW led changes to the education and training of pharmacists and pharmacy technicians with increased numbers of trainees across both primary and acute care are fully implemented **Then:** the there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees. **Resulting in:** a lack of appropriately qualified pharmacy professionals to meet future service demands in all sectors and particularly in hard to recruit to ILGs such as Merthyr where we have established a "grow our own" model. This can impact the primary care sustainability MDT model. Also a reduction in reputation of a HB that has a very high level of % qualifying and a reduction in future applicants. Current capacity is overstretched and a robust education, training and development infrastructure is needed to meet these demands for specialist & advanced practitioners in primary and secondary care.	This CTM Pharmacy issue that has stalled at various times in the past which has added to delay. Initially started in 2018 as an SBAR Included in IMTP and prioritised as number one priority, as part of the PRIMARY CARE pacesetter for education and development in primary care academic hubs and was successful. This element of the ed/tr will be implemented in 2018 for 3 years with evaluation. As such is in place and continues to run. Funding approved for primary care lead pharmacist - commenced in post April 2019.SBAR for Nov CBM on new technician training requirements. Progress and evaluate primary care pacesetter plan to increase training infrastructure to inform business case to continue funding and scale up. SECONDARY CARE elements were not supported in the IMTP prioritisation process	Update July 2023 - DTPS Care Group have proposed this risk for closure due to the new structure established and that Education and Training (ET) has been incorporated into Job Planning. The education and training and workforce development team within the pharmacy department consists of an acute site Head of Pharmacy, who is responsible for developing the workforce development strategy, and the necessary education and training to deliver this. The principal pharmacist will support the development of the strategy, and will lead on project delivery. The remainder of the ET team will be engaged in service provision, project delivery and support of education and training of medical, nursing and allied staff, the pharmacy team, students and undergraduates. The whole pharmacy workforce is expected to engage in the education and training, and this will be achieved through use of job planning software, as suggested in the HEIW strategic pharmacy workforce plan, and expectations set within job descriptions and managed through PADRs, and 121s. The strategic vision for the workforce development for the CTM pharmacy team will aim to be completed, and launched by April 2024.	People & Culture Committee	Jul-23	Update July 2023 - DTPS Care Group have proposed this risk for closure due to the new structure established and that Education and Training (ET) has been incorporated into Job Planning. See update in column H.

3

PEOPLE & CULTURE COMMITTEE

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2022-23

Date of meeting	09/08/2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Ben Screen, Welsh Language Lead
Presented by	Ben Screen, Welsh Language Lead
Approving Executive Sponsor	Executive Director for People

Report purpose	ENDORSE FOR BOARD APPROVAL

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

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 Each financial year the Health Board publishes an annual report on the Welsh Language under the Welsh Language Standards. The report covers various reporting responsibilities detailed under the individual standards.

1.2 The deadline for publication is six months after the end of the financial year to which it relates, therefore 31st October 2023 in this case.

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

2.1   The Committee is requested to endorse for Board Approval the report for publication.

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

3.1   Failure to approve the report in time could lead to the Health Board failing to meet its reporting obligations under the Welsh Language Standards, with various consequences for doing so as noted in the Welsh Language Commissioner's Imposition Policy.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Individual Care
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	The document is a descriptive report relating to actions completed or proposed in other plans. EIAs are/will be completed as appropriate in the specific cases.
Legal implications / impact	Yes (Include further detail below)
	The report needs to be published by October 31st to comply with the Welsh Language Standards.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1   That the Committee **Endorse for Board Approval** the report for publication.

Welsh Language Standards
Annual Report

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People & Culture Committee
9 August 2023

2/2

103/262

Cymraeg

Adroddiad Perfformiad Blynyddol Safonau'r Gymraeg ar gyfer Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg 2022/23

Y Gymraeg yn CTM
Welsh at CTM
Cymraeg

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

Cynnwys

Am yr adroddiad hwn

Mae'r adroddiad hwn yn disgrifio beth mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg wedi'i wneud eleni i ddarparu ei wasanaethau yn Gymraeg. Rydyn ni'n sôn am ein dull strategol o wreiddio'r Gymraeg ym mhob rhan o'n sefydliad a beth rydyn ni wedi'i wneud eleni i hybu ein hiaith a'i defnydd yn y gofal a roddwn a'r gwasanaethau a ddarparwn. Rydyn ni'n awyddus i rannu gyda chi pa mor galed rydyn ni wedi gweithio eleni i blethu dwyieithrwydd ym mhopeth a wnawn, a'r mentrau rydyn ni wedi'u gwneud yn rhan o hyn. Mae'r Gymraeg yn bwysig i ni fel y mae hi i lawer o bobl yn y cymunedau rydyn ni'n gofalu amdanyn nhw, ac mae'r adroddiad hwn yn sôn am y camau pendant rydyn ni wedi'u cymryd sy'n brawf o'r ymrwymiad hwn.

Mae'r adroddiad hwn hefyd wedi'i ysgrifennu o dan Safon y Gymraeg 120, sy'n ei gwneud yn ofynnol i ni gyhoeddi adroddiad ar sut rydyn ni wedi cadw at Safonau'r Gymraeg yn ein hysbysiad cydymffurfio. Mae ein hysbysiad cydymffurfio yn nodi beth mae'n rhaid i ni ei wneud yn ôl y gyfraith yn Gymraeg, ac mae ar gael i'w ddarllen **yma**.

Cyflwynon ni'r adroddiad hwn i'n Pwyllgor Pobl a Diwylliant, un o bwyllgorau'r Bwrdd, ym mis Awst 2023 a chafodd ei gymeradwyo i'w gyhoeddi. Bydd cofnodion y cyfarfod hwnnw lle trafodwyd yr adroddiad ar gael i'w darllen **yma**.

Rydyn ni'n croesawu eich sylwadau ar yr adroddiad hwn a'n gwasanaethau dwyieithog. Os hoffech chi gysylltu â ni, anfonwch neges aton ni yn **CTT_WelshLanguage@wales.nhs.uk** yn Gymraeg neu Saesneg.

Ac yn olaf, defnyddiwch y Gymraeg sydd gyda chi pan ddewch chi aton ni, rydyn ni'n awyddus i chi wneud hynny ac mae hawl gyda chi.

Rhagair y Prif Weithredwr

Mae'n bleser gennyf, ar ran Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, gyhoeddi ein Hadroddiad Perfformiad Blynyddol eleni o dan Safon y Gymraeg 120, i roi gwybod i ddefnyddwyr ein gwasanaethau sut rydym wedi cydymffurfio â Safonau'r Gymraeg.

Mae wedi bod yn flwyddyn o ddatblygiad sylweddol i'r Gymraeg yn ein Bwrdd Iechyd. O osod allan ein hymagwedd strategol newydd at y Gymraeg i ddatblygiadau arloesol, megis cyflwyno ein e-fyrddau gwyn i'n safleoedd gyda'u gallu i arddangos anghenion iaith cleifion yn ddigidol, unwaith eto mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn dangos y gall arwain ar agenda y Gymraeg.

Mae'r Cynllun 5 Mlynedd Mwy Na Geiriau newydd hefyd yn ei gwneud yn glir beth yw'r uchelgais ar gyfer gwasanaethau Cymraeg yn GIG Cymru, a thra bod yr adroddiad hwn yn canolbwyntio ar sut rydym wedi cydymffurfio â'n dyletswyddau statudol o dan Safonau'r Gymraeg, mae'r gwaith a amlygwyd yn yr adroddiad hwn yn nodi'n glir ein bod wedi dechrau ar y gwaith gyda nod craidd y cynllun hwnnw, sef sicrhau bod y Gymraeg yn rhan annatod o'n bywyd sefydliadol ar gyfer y rhai rydym yn gofalu amdanyn nhw a'r rhai sy'n gweithio yma.

Mae'r Gymraeg yr un mor bwysig i ni ag yw hi i lawer yn y cymunedau rydym yn gofalu amdanyn nhw, ac mae'r adroddiad hwn yn dangos sut rydym wedi rhoi'r rhethreg honno ar waith.

Gobeithio y gwnewch fwynhau darllen am y gwaith rydym wedi'i wneud eleni i wreiddio'r Gymraeg yn ein gwasanaethau, a'i fod yn rhoi'r hyder i chi ddefnyddio'ch Cymraeg gyda ni.

Paul Mears,
Prif Swyddog Gweithredol, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Crynodeb gweithredol

Mae'r Gymraeg yn bwysig i'r cymunedau rydyn ni'n gofalu amdanyn nhw, ac mae'n bwysig i ni hefyd. Mae ein hadroddiad eleni yn dangos yn fanwl ymrwymiad ein Bwrdd Iechyd i'r Gymraeg, ond hefyd ein hymrwymiad i ddod yn sefydliad blaenllaw ar gyfer y Gymraeg a diwylliant Cymru. Mae'n nodi ein dull strategol newydd o wreiddio'r Gymraeg ar draws y Bwrdd Iechyd drwy ein 5 thema, a beth yn union rydyn ni wedi'i wneud i hybu'r Gymraeg yn rhan o hyn.

Bydd darllenwyr yn gweld ein bod wedi canolbwyntio lawer eleni ar newid diwylliannol ac ymddygiadol yn rhan o'r thema Cyfathrebu ac Ymgysylltu, lle rydyn ni'n cydnabod y bydd cynnydd hirdymor, cynaliadwy yn ein darpariaeth ddwyieithog yn golygu newid mewn diwylliant ac ymddygiad. Fel y nodwyd yng Nghynllun 5 Mlynedd newydd Mwy Na Geiriau ar gyfer y Gymraeg yn GIG Cymru gan Lywodraeth Cymru, "Nid yw newid diwylliannol yn digwydd trwy systemau a phrosesau. Mae'n digwydd trwy gydgynhyrchu a chydweithredu o lefel y Bwrdd i'r ward, o arweinwyr i staff gofal rheng flaen...". Cytunwn â hyn, ac mae ein Strategaeth Fewnol newydd ar gyfer Hybu'r Gymraeg o dan y thema hon yn manylu ar sut rydyn ni'n bwriadu siarad am y Gymraeg a hyrwyddo'r iaith yn fewnol, wedi'i seilio ar ddamcaniaeth newid ymddygiad. Ymhlith yr uchafbwyntiau eleni yn rhan o'r cynllun hwn oedd ein digwyddiad staff y daeth dros 80 o staff iddo, creu ein Pecynnau Ward a Gwasanaeth newydd a'n deunydd Sefydlu Corfforaethol newydd ac ymwybyddiaeth iaith, sydd i gyd wedi'u cynllunio o amgylch cyfathrebu ar gyfer newid diwylliannol.

Mae uchafbwyntiau eraill yn cynnwys integreiddio theori ymddygiadol a chysyniad yr 'hergwd' i'r ffordd rydyn ni'n cynnig ein gwasanaethau, gyda'r e-fyrddau gwyn newydd yn enghraifft arloesol o hyn. Yn hytrach na disgwyl i gleifion mewnol ailadrodd eu dewis iaith ar draws y Bwrdd Iechyd i nifer o staff, mae ein system e-fwrdd gwyn newydd ar wardiau yn dangos dewis iaith cleifion yn electronig. Mae hyn yn golygu bod eu dewis iaith yn weladwy i'r holl staff. Mae hefyd yn hwyluso'r ddarpariaeth ddiofyn o wasanaethau yn Gymraeg drwy ganiatáu i staff chwilio am siaradwyr Cymraeg ar wardiau wrth gynllunio cylchdro ar y ward. Enghraifft arall o'r hergwd yw ychwanegu neges at ein gwefan eleni yn annog defnyddwyr i gysylltu â ni yn Gymraeg ac egluro sut i ddod o hyd i'r fersiwn Gymraeg y dudalen.

Uchafbwynt pwysig arall eleni yw nifer yr ardaloedd sydd wedi ymrwymo i wella eu darpariaeth ddwyieithog ar ôl nodi bylchau yn eu darpariaeth. Mae dros 50 o ardaloedd wedi cytuno ar Gynllun Gweithredu Datblygu'r Gymraeg, gan ganiatáu iddyn nhw gynyddu eu defnydd o'r Gymraeg yn eu hardaloedd. Gwasanaethau therapïau oedd yn cyfrif am lawer o'r rhain, ac o ystyried y swm sylweddol o ofal y mae'r pum proffesiwn Therapïau yn ei ddarparu, i gleifion mewnol a chleifion allanol fel ei gilydd ar draws eu 32 o dimau, mae hyn wedi cwmpasu cyfran sylweddol o wasanaethau'r Bwrdd Iechyd. Gwnaethon ni hyn ar y cyd â thimau a rheolwyr clinigol lleol, sy'n dangos pa mor effeithiol y gall cydgynhyrchu a chydweithio fod wrth wella ein darpariaeth ddwyieithog.

O feddwl yn fwy strategol am sut rydyn ni'n hybu'r Gymraeg, edrych ar yr agenda hon drwy newid diwylliannol ac ymddygiadol, adeiladu ar theori'r 'hergwd' o ran rhai agweddau ar sut rydyn ni'n cynnig gwasanaethau a'n cynlluniau gwella pendant ar gyfer ardaloedd, mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg wedi perfformio'n gryf o dan Safonau'r Gymraeg eleni.

Ond mae cyflawni ein rhwymedigaethau statudol yn golygu gwell gwasanaethau i'n cyhoedd sy'n siarad Cymraeg, a dyna sy'n ein hysgogi i symud ymlaen ymhellach a gwreiddio'r agenda hon ym mhopeth a wnawn.

Felly defnyddia dy Gymraeg gyda ni, mae hawl gyda ti!

Cynllunio'n strategol: Cyflwyno'r pum thema

Mae'r Gymraeg yr un mor bwysig i ni ag yw hi i'r cymunedau rydyn ni'n gofalu amdanyn nhw, felly rydyn ni am sicrhau ein bod yn gwneud popeth a ddylen ni fel bod y rhethreg hon yn cyfateb i'r realiti pan fo ein cleifion yn rhyngweithio â'n gwasanaethau o ddydd i ddydd. Mae hyn yn gofyn am ymateb strategol priodol i wneud y gwelliannau rydyn ni am eu gweld yn ein gwasanaethau dwyieithog. Mae cyhoeddiad diweddar Cynllun Mwy Na Geiriau 2022-2027, sydd ar gael i'w ddarllen **yma**, hefyd yn ei gwneud yn glir maint yr uchelgais ar gyfer gwasanaethau Cymraeg yn GIG Cymru. Rydyn ni'n deall y bydd yr uchelgais hon yn golygu edrych ar yr agenda hon yn wahanol, a bod yr ymateb strategol sydd ei angen yn amlochrog. Eleni, rydyn ni wedi cytuno y bydd angen edrych ar ein gwaith dros y Gymraeg o dan y themâu canlynol. Bydd y themâu hyn yn strwythuro sut rydyn ni'n meddwl am ein cynlluniau gwaith blynyddol i gwrdd â Safonau'r Gymraeg a'r disgwyliadau o dan y Cynllun Mwy Na Geiriau, a fydd yn ei dro yn dylanwadu ar ein cynllunio strategol ehangach fel yr eglurwn isod.

Y pum thema hyn yw:

Cyfathrebu ac Ymgysylltu	• Newid diwylliant ac ymddygiad ymhlith ein gweithlu • Hyrwyddo ein gwasanaethau o fewn ein cymunedau
Cynlluniau Gweithredu a Monitro	• Cytuno ar Gynlluniau Datblygu Dwyieithog a chefnogi ardaloedd i ddatblygu eu darpariaeth Gymraeg • Archwiliadau cydymffurfio a sgrinio polisïau a newidiadau
Profiad Gweithwyr a'n Gweithle Dwyieithog	• Defnyddio'r Gymraeg yn y gwaith a'n hethos dwyieithog • Rhwydweithio rhwng staff
Llywodraethu ac Atebolrwydd	• Ein prosesau sicrwydd ar gyfer polisi iaith • Cofrestrau risg a chydnabod materion yn briodol
Recriwtio a Chynllunio'r Gweithlu	• Deall ein gweithlu dwyieithog • Cynllunio i gynyddu ein gweithlu dwyieithog

Mae'r themâu hyn yn strwythuro ein Cynllun Cyflawni ar gyfer Gwasanaethau Cymraeg, sy'n nodi'r blaenoriaethau dros y 5 mlynedd nesaf. Mae'r Cynllun Cyflawni hwn yn ei dro yn llywio ein Cynllun Pobl ar gyfer y Bwrdd Iechyd o ran yr iaith, yn rhan o'n strategaeth sefydliadol ehangach, CTM2030. Gallwch chi ddod o hyd i ragor o wybodaeth am y strategaeth uchelgeisiol honno ar gyfer gwasanaethau gofal iechyd yn ein Bwrdd Iechyd **yma**. Mae hyn yn golygu bod cyfeiriad strategol clir gyda ni ar gyfer y Gymraeg, yn rhan o gynllunio strategol ehangach y Bwrdd Iechyd. Mae mabwysiadu dull strategol o wreiddio'r Gymraeg ym mywyd ein

sefydliad yn gam ymlaen i wasanaethau dwyieithog yn BIP CTM a'r rhai sy'n defnyddio ein gwasanaethau, ac edrychwn ymlaen at weithio drwy ein cynllun gwaith blynyddol wedi'i strwythuro o amgylch y themâu hyn mewn partneriaeth â staff ar draws y Bwrdd Iechyd.

Byddwn yn strwythuro gweddill yr adroddiad hwn, ac adroddiadau'r dyfodol, drwy roi'r wybodaeth ddiweddaraf i'r cyhoedd a'n partneriaid eraill am ein cynnydd yn y maes hwn o dan y pum thema hyn.

Thema 1: Cyfathrebu ac Ymgysylltu

Bydd gwreiddio'r Gymraeg ar draws system gofal iechyd mawr a chymhleth yn golygu newid yn ein diwylliant sefydliadol, a fydd yn golygu galluogi pobl i newid eu hymddygiad. Ond dydy newid ymddygiad ddim yn digwydd mewn gwagle, a bydd angen y gefnogaeth a'r adnoddau ar ein staff i wneud mwy yn Gymraeg. Mae derbyn hyn yn golygu y gallwn ddechrau meddwl yn strategol am beth sydd angen digwydd i annog y newid mewn ymddygiad mae angen i ni ei weld ar draws y system, fel bod pobl sy'n siarad Cymraeg yn gallu defnyddio'r Gymraeg heb unrhyw rwystrau neu wrthwynebiad.

Dyma pam rydyn ni wedi gosod Cyfathrebu ac Ymgysylltu fel y gyntaf o'r pum thema y bydd angen i ni ganolbwyntio arnyn nhw. Dyma beth rydyn ni wedi'i wneud eleni o dan y thema gyntaf hon.
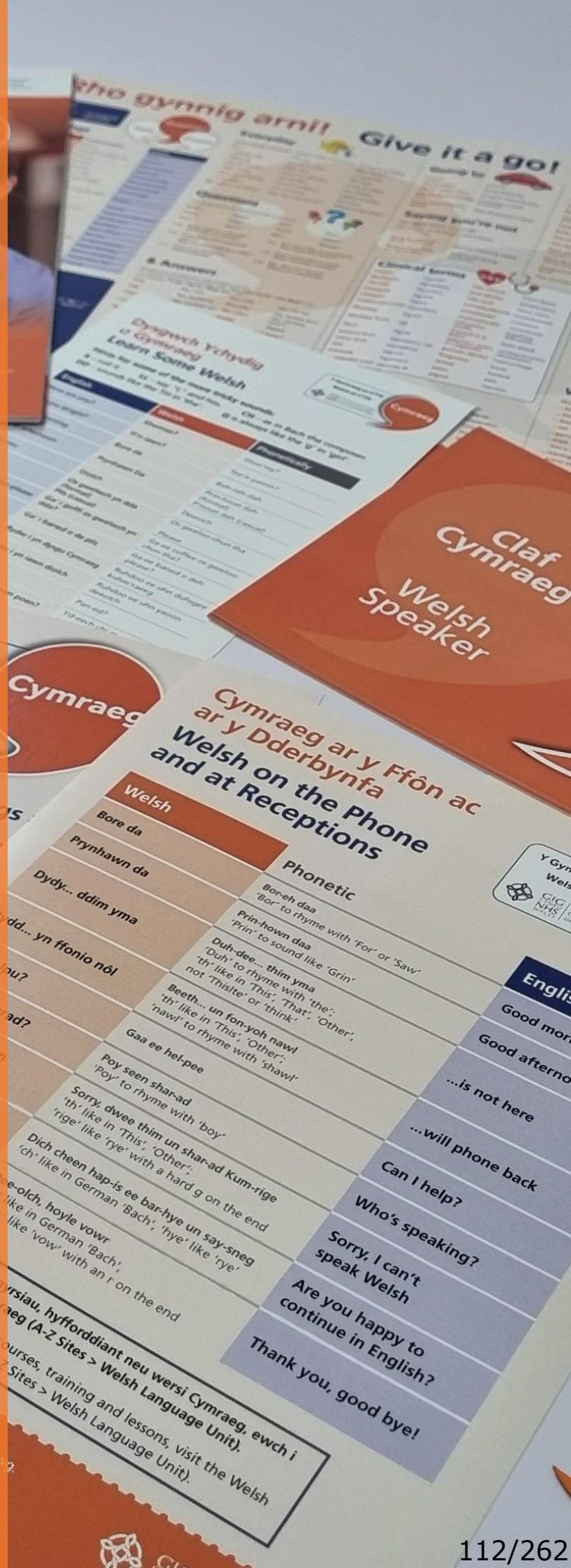
Strategaeth Hybu'r Gymraeg yn Fewnol

Eleni rydyn ni wedi edrych ar ddau beth yn feirniadol. Y cyntaf yw sut rydyn ni'n siarad am y Gymraeg, a'r ail yw sut rydyn ni'n hyrwyddo'r iaith. Wrth edrych ar hyn fe benderfynon ni fod angen newid mawr yn y modd rydyn ni wedi siarad am y Gymraeg hyd yn hyn, a bod angen dull mwy strategol o hyrwyddo'r Gymraeg yn y Bwrdd Iechyd.

Arweiniodd hyn at ddatblygu ein Strategaeth Hyrwyddo'r Gymraeg yn Fewnol gyntaf, sydd ar gael **yma**. Mae'n cynnwys rhestr wirio fel ein bod, pan fyddwn yn siarad am y Gymraeg gyda staff, yn gwneud hynny mewn ffordd sy'n cyflwyno'r Gymraeg:

- mewn ffordd gadarnhaol, gyda negeseuon symlach a gwybodaeth glir (Hawdd),
- mewn ffordd ddeniadol a deniadol (atyniadol),
- mewn ffordd sy'n canoli profiad y claf a'r Gymraeg fel rhywbeth sy'n perthyn i bawb yn ein Bwrdd Iechyd (Cymdeithasol) a
- mewn modd amserol (sy'n golygu ar yr amser iawn, a thrwy fanteisio ar rai dyddiau a digwyddiadau) (Amserol).

Mae'r egwyddorion hyn yn ffurfio niwmonig EAST ac maen nhw'n sail i ffordd brofedig o gyfathrebu'n strategol ar gyfer newid ymddygiad. [1]

Rydyn ni hefyd wedi nodi pa gamau y byddwn yn eu cymryd i hyrwyddo'r Gymraeg ymhlith ein staff fel eu bod yn eu tro yn gallu cynyddu'r gwasanaethau y gallan nhw eu cynnig yn Gymraeg. Rydyn ni wedi gwneud hyn gan ddefnyddio'r model galluogi COM-B adnabyddus. [2] Mae hyn yn golygu edrych ar y rhwystrau y mae staff yn eu hwynebu i gynyddu eu darpariaeth ddwyieithog o safbwynt eu gallu i wneud hynny (Gallu), yr amgylchedd y maen nhw'n gweithio ynddo a'r adnoddau sydd gyda nhw (Cyfle), a'u cymhelliant i wella eu gwasanaethau dwyieithog (Cymhelliant). Trwy gynllunio ar gyfer y tair agwedd hyn yn gywir, dylai hyn arwain at y newid ymddygiad (B) rydyn ni am ei weld.

Wrth edrych ar y ddwy elfen hyn gyda'i gilydd, sef cyfathrebu a hyrwyddo, y ddwy dan arweiniad mewnwelediadau ymddygiadol, rydyn ni'n ymgysylltu â'n gweithlu mewn ffordd fwy ystyrlon ac yn symud i ffwrdd o ailadrodd i staff beth yw'r gofynion heb fawr o werthfawrogiad o'r rhwystrau o'u blaenau.

Yn rhan o'r cynllun hyrwyddo mewnol hwnnw eleni, dyma beth rydyn ni wedi'i wneud. [3]

Digwyddiad staff ym mis Hydref 2022

Ym mis Hydref 2022, ychydig wythnosau ar ôl cyhoeddi'r Cynllun 5 mlynedd Mwy Na Geiriau newydd, fe wnaethon ni gynnal digwyddiad staff ar-lein, 'Mwy Na Geiriau yn CTM: Symud Ymlaen'. Roedden ni eisiau ailosod y ffordd mae'r Gymraeg yn cael ei gweld yn CTM ac ysbrydoli staff i ddefnyddio'r Gymraeg sydd gyda nhw a chymryd y camau bach ond dylanwadol hynny i wneud mwy yn Gymraeg. Dangoson ni fideo, lle bu staff yn sôn am beth mae'r Gymraeg yn golygu i'w cleifion ac iddyn nhw eu hunain, a lle bu pobl leol sy'n byw yn CTM yn sôn am eu profiadau o ddefnyddio'r Gymraeg mewn gofal iechyd. Cawson ni'r fraint hefyd o groesawu
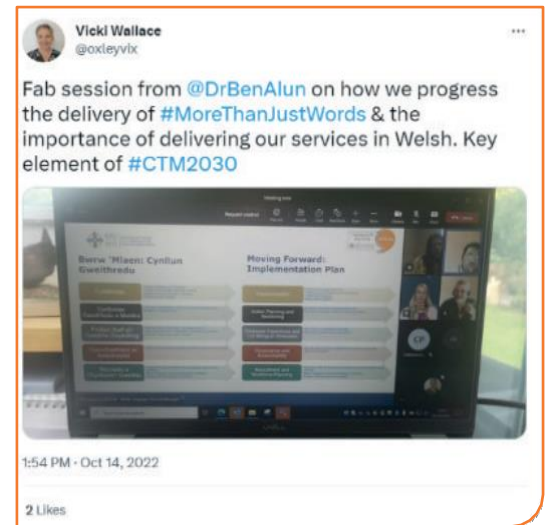
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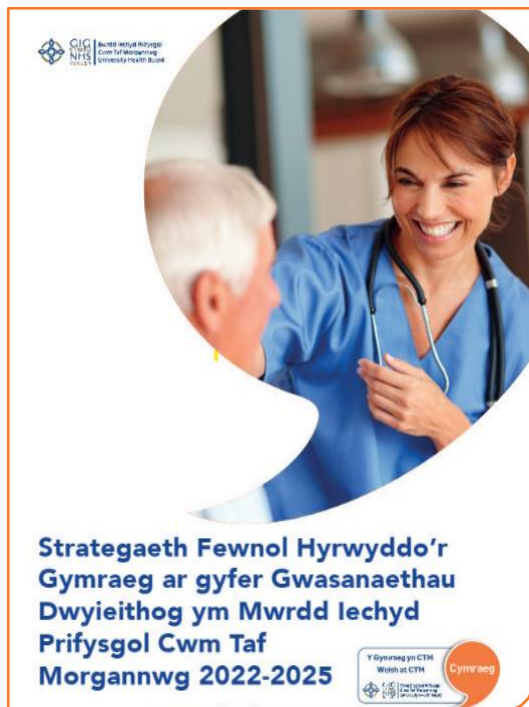
[1] Gwasanaeth, Owain et al, . 2012. EAST: Four Simple Ways to Apply Behavioural Insights. Llundain: BIT; Gwasanaeth Cyfathrebu'r Llywodraeth, 2012. Strategic Communication: A Behavioural Approach. Llundain: Gwasanaeth Cyfathrebu'r Llywodraeth.

[2] Michie et al, The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science 2011, 6:42, 1-11.

[3] Eglurir y cysylltiadau rhwng yr ymyriadau hyn a damcaniaeth newid ymddygiad yn ein Strategaeth Hybu'r Gymraeg yn Fewnol, sydd ar gael **yma**.

Dr Catrin Hedd Jones o Brifysgol Bangor i sôn am bwysigrwydd gofal yn y Gymraeg o safbwynt clinigol, gyda ffocws arbennig ar Ddementia. Cyflwynon ni hefyd ein pum thema i strwythuro ein gwaith ar gyfer y Gymraeg, i'w gweld uchod, gan ddangos i'r rhai a fynychodd fod cyfeiriad a momentwm clir i'r agenda hon.

Daeth dros 80 o staff i'r digwyddiad, ac roedd y positifrwydd o'r Bwrdd i'r ward yn amlwg. Wedi'i agor gan ein Prif Weithredwr gyda sylwadau cloi gan ein Noddwr Gweithredol dros y Gymraeg ac un o'n Haelodau Annibynnol, roedd y digwyddiad yn llawn brwdfrydedd newydd am wasanaethau dwyieithog o sawl ardal yn y Bwrdd Iechyd.

Dr Catrin Hedd Jones
@CatrinHedd

3 great suggestions from staff in @CwmTafMorgannwg today for ⬆️Welsh provision: Welsh speakers uniforms have the logo embroidered on, Magnets on beds, Welsh speaker ID on staff email. All seem to be in the pipeline and possible thanks to the Welsh language services team.

DW I'N DYSGU CYMRAEG

hapus i siarad Cymraeg!

2:14 PM · Oct 14, 2022

5 Retweets   15 Likes

Vicki Wallace
@oxleyvix

Fab session from @DrBenAlun on how we progress the delivery of #MoreThanJustWords & the importance of delivering our services in Welsh. Key element of #CTM2030

1:54 PM · Oct 14, 2022

2 Likes

Pecynnau Ward a Gwasanaeth

Cyflawniad arall yn rhan o'n cynllun hyrwyddo mewnol eleni yw datblygu a rhannu ein Pecynnau Ward a Gwasanaethau. Mae'r pecynnau'n cynnwys posteri i annog staff i ddefnyddio'r Gymraeg sydd gyda nhw, posteri i arddangos beth rydyn ni'n ei wneud yn ddwyieithog, cardiau ymadrodd, magnetau gwely a chardiau i gefnogi'r Cynnig Rhagweithiol, cardiau teimladau ac emosiynau dwyieithog i'w defnyddio gyda phlant fel y gallan nhw ddweud wrth staff sut maen nhw'n teimlo, poster Iaith Gwaith, cortynnau gwddf a bathodynnau, trionglau desg gydag anogaeth ffonetig a Chanllaw Staff dwyieithog, sy'n egluro pam mae gwasanaethau Cymraeg yn bwysig a beth rydyn ni'n ei wneud yn ddwyieithog (mwy am y canllaw isod).

Nod yr adnoddau yw mynd i'r afael â nifer o rwystrau yn ôl staff sy'n eu hatal rhag defnyddio mwy o Gymraeg, gan gynnwys diffyg hyder i ddefnyddio'r Gymraeg, diffyg dealltwriaeth o beth sydd angen i ni ei wneud yn ddwyieithog a diffyg gwerthfawrogiad ynghylch pam mae'n bwysig. Hyd yn hyn, rydyn ni wedi rhannu dros 60 o'r pecynnau, gyda digon yn cael ei rannu ar gyfer pob ardal gyda mwy nag un lleoliad i gael un pecyn yr un. Gweler Atodiad 1 am restr o'r holl ardaloedd sydd wedi cael pecyn.

Gwybodaeth i staff

Mae'r pecynnau a ddisgrifir uchod yn cynnwys ein Canllaw Staff i Wasanaethau Cymraeg ar ffurf brintiedig, fel bod gan staff rywbeth y gallan nhw droi ato heb orfod mewngofnodi i'r system mewn meysydd clinigol. Mae'r canllaw hefyd ar gael i'r holl staff, gan gynnwys rheolwyr gweithredol ac uwch reolwyr, ar ffurf electronig. Mae'r canllaw dwyieithog hwn yn arwain gyda pam rydyn ni'n cynnig gwasanaethau yn Gymraeg, gan ddefnyddio hanesion cleifion i wneud hynny, yn ogystal ag egluro'n ymarferol beth sydd angen i ni ei wneud yn ddwyieithog. Yna mae'n troi at y cymorth sydd ar gael i staff ac yn disgrifio pa adnoddau sydd ar gael iddyn nhw. Wrth sôn am beth a wnawn yn Gymraeg, mae'n arwain gyda'r Cynnig Rhagweithiol a'r theori y tu ôl i hyn, cyn troi at yr agweddau eraill ar beth a wnawn yn Gymraeg yn ogystal â'r Saesneg. Mae hefyd yn cynnwys enghreifftiau o sut mae pob gofyniad o dan y Safonau wedi'i weithredu'n llwyddiannus mewn un rhan o'r Bwrdd Iechyd, i rannu arfer gorau â chydweithwyr eraill. Mae rhannu arfer gorau hefyd yn bwysig, oherwydd gall y 'prawf cymdeithasol' hwn fod yn effeithiol iawn wrth annog pobl i ymgymryd ag ymddygiadau newydd. Mae'r canllaw hefyd yn anelu at annog staff dihyder i ddefnyddio'r Gymraeg sydd gyda nhw, o'r cychwyn cyntaf, fel nad yw staff yn teimlo na allan nhw gynnig gwasanaethau yn Gymraeg oherwydd nad yw eu sgiliau yn caniatáu iddyn nhw wneud hynny. Mae'r Gymraeg yn perthyn i bob un ohonon ni yn BIP CTM, ni waeth faint o Gymraeg rydyn ni'n gwybod, ac mae'r canllaw hwn yn gyfraniad mawr i'r ethos hwnnw.

Rydyn ni hefyd wedi datblygu canllaw yn arbennig ar gyfer timau Cyfathrebu ac Ymgysylltu. Mae'r canllaw yn egluro sut y gall staff ddefnyddio'r Gymraeg orau ar wefannau, wrth drefnu digwyddiadau a chyfarfodydd, wrth ddefnyddio cyfryngau cymdeithasol ac mewn agweddau eraill ar gyfathrebu â'r cyhoedd. Dyma enghraifft arall o ddarparu cyngor deniadol o ansawdd uchel i'n staff fel ein bod mewn gwell sefyllfa i ddarparu gwasanaethau yn Gymraeg.

Sesiynau ymsefydlu corfforaethol a lleol

Mae sesiynau ymsefydlu yn gyfle gwirioneddol bwysig i wreiddio ein gwerthoedd a'n disgwyliadau sefydliadol o ran ymddygiad ar gyfer gweithwyr newydd, ac maen nhw hefyd yn ffordd bwysig o sicrhau bod ein staff newydd yn deall ein hymagwedd at wasanaethau dwyieithog yn BIP CTM. Eleni, roedden ni'n falch o gael ein fideo newydd, 'Cymraeg yn CTM' wedi'i greu'n broffesiynol, a fydd yn cael ei ddefnyddio yn rhan o ymsefydlu corfforaethol yn sgil ein cynllun hyrwyddo mewnol. Neges greiddiol y fideo yw bod y Gymraeg yr un mor bwysig i ni ag yw hi i lawer yn y cymunedau rydyn ni'n gofalu amdanyn nhw, ac yn annog staff i ddefnyddio'r Gymraeg sydd gyda nhw. Mae'r fideo hefyd yn egluro pa gymorth sydd ar gael i staff ddefnyddio'r Gymraeg yn y gwaith a pha adnoddau sydd ar gael, gan dargedu'r rhwystrau hynny a nodir yn aml gan staff gofal iechyd rhag gwneud mwy yn Gymraeg. Gan ddefnyddio hanesion cleifion a thystiolaeth staff, mae'r fideo yn arf arall yn ein harfdy newid ymddygiad. Bydd y fideo hwn hefyd yn cael ei ddefnyddio mewn sesiynau ymsefydlu lleol a bydd yn rhan greiddiol o'n sesiynau ymwybyddiaeth iaith hefyd.

Sesiynau ymwybyddiaeth iaith

Mae siarad am y Gymraeg a'i heffaith ar ofal a phrofiad y claf wedi bod yn hynod bwysig eleni, ac eleni buom yn siarad am gydraddoldeb iaith i siaradwyr Cymraeg yn rhan o'n cynllun hyrwyddo gyda'r canlynol:

- Fforwm Proffesiynol Uwch-nyrsys a Nyrsys Arweiniol CTM ym mis Mehefin 2022,
- Fforwm Rheolwyr Ward ar gyfer Ysbyty'r Tywysog Siarl ym mis Mehefin 2022,
- Diwrnod Datblygu Rheolwyr Ward yn Ysbyty Cwm Rhondda ym mis Mehefin 2022
- Diwrnod Datblygu Nyrsys Practis ym mis Tachwedd 2022,
- Staff Therapïau Band 5 newydd ym mis Rhagfyr 2022,
- Tîm Datblygu iCTM, sy'n arwain ar wella gwasanaethau, ym mis Chwefror 2023.

Yn rhan o hyn, rydyn ni wedi ailddatblygu ein hymwybyddiaeth iaith fel ei fod yn:

- Wybodaeth sydd wedi ei thystiolaethu'n llawn, gan ddefnyddio enghreifftiau o ymchwil glinigol a seicolegol ar bwysigrwydd y Cynnig Rhagweithiol a gofal yn Gymraeg i siaradwyr Cymraeg, gan gysylltu theori ag ymarfer. Byddwn yn cadw'r wybodaeth yn gyfredol wrth i ymchwil newydd gael ei chyhoeddi a byddwn yn gweithio gyda'n staff clinigol ein hunain i wneud hyn yn ogystal ag eraill;
- Yn defnyddio enghreifftiau o'r byd go iawn fel bod yr ymchwil yn gysylltiedig â phrofiadau cleifion o Fwrdd Iechyd Prifysgol CTM;
- Wedi'i deilwra i gyfansoddiad cymdeithasol-ieithyddol a diwylliannol y cymunedau y mae BIP CTM yn gofalu amdanyn nhw ac yn eu gwasanaethu;
- Yn defnyddio cynnwys clyweledol wedi'i ddylunio'n broffesiynol i annog ymgysylltiad;
- Wedi'i ddylunio'n dda ac yn ddeniadol.

Gwerthusodd y rhai a gymerodd ran yn y sesiwn Therapïau Band 5 ym mis Rhagfyr 2022 eu sesiwn ymwybyddiaeth iaith eleni. Teimlodd pob un eu bod wedi dysgu rhywbeth newydd, ac yn bwysicaf oll, roedd y rhan fwyaf naill ai wedi eu 'hysbrydoli'n fawr' neu 'wedi'u hysbrydoli rywfaint' i ddefnyddio mwy o Gymraeg yn y gwaith yn y GIG. Mae'r hyfforddiant hwn yn effeithiol wrth annog ein staff i feddwl yn wahanol am y Gymraeg a byddwn yn anelu at ddefnyddio'r hyfforddiant hwn fel sail i'n sgyrsiau eleni gyda chymaint o'n staff â phosibl.

Cam arall ymlaen ar gyfer newid diwylliannol yn GIG Cymru fu gwneud modiwl ymwybyddiaeth iaith fer yn orfodol ar ESR, y system gweithlu a ddefnyddir gan staff y GIG. Mae'r modiwl hwn hefyd yn canolbwyntio ar brofiad y claf i feithrin y cymhelliant hollbwysig hwnnw i wneud y Cynnig Rhagweithiol a gwella ein gwasanaethau dwyieithog i'r rhai rydyn ni'n gofalu amdanyn nhw. Cafodd ei wneud yn orfodol gan y Bwrdd Iechyd ar 30 Ionawr ac, ar 31 Mawrth, roedd dros 40% o'n staff wedi ei gwblhau.

Mae rhagor o ddata ar nifer y staff sydd wedi cwblhau hyfforddiant yn ymwneud â'r Gymraeg yn Atodiad 3.

Ein brand ar gyfer y Gymraeg yn CTM

Elfen arall o'n cynllun hyrwyddo mewnol yw datblygu ein brand ar gyfer y Gymraeg yn CTM gyda'n logo ar gyfer gwaith datblygu'r Gymraeg. Mae'n bwysig bod y Gymraeg yn cael ei gweld fel rhywbeth sy'n perthyn i'n sefydliad ac yn rhan o wead ein bywyd sefydliadol.

Mae'r uchod i gyd yn hanfodol i hyn, ond bydd logo a brandio hefyd yn helpu i ennyn y teimlad hwnnw o berthyn, yn ogystal â sicrhau bod ein hadnoddau a'n deunydd wedi'u dylunio'n ddeniadol gyda thema gyffredin.
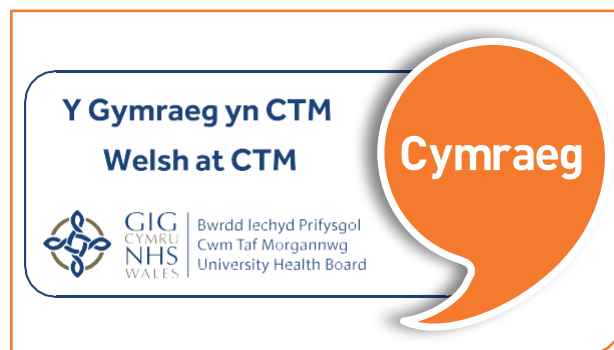
Hyrwyddo ein gwasanaethau yn allanol

Mae BIP CTM yn cydnabod bod angen i ni hyrwyddo ein hymrwymiad i'r Gymraeg ymhlith defnyddwyr ein gwasanaethau er mwyn ennyn hyder yn argaeledd ac ansawdd ein gwasanaethau Cymraeg. Rydyn ni hefyd yn deall po fwyaf y mae gwasanaeth Cymraeg yn cael ei gynnig yn rhagweithiol, y mwyaf tebygol yw hi y bydd pobl yn defnyddio'r Gymraeg gyda ni. Mae Diwrnod Hawliau'r Gymraeg, sy'n cael ei hyrwyddo'n flynyddol bob mis Rhagfyr, yn gyfle gwych i rannu gyda'r cyhoedd beth yw eich hawliau i ddefnyddio'r Gymraeg gyda'ch Bwrdd Iechyd. Rydyn ni wedi manteisio ar y cyfle y mae'r diwrnod hwn yn ei roi i siarad am eich hawl i ddefnyddio'r Gymraeg gyda ni. I wneud hyn fe wnaethon ni fanteisio ar ein gwefan a'n llwyfannau cyfryngau cymdeithasol ar y diwrnod megis **Twitter**.

Fe wnaethon ni hefyd gyhoeddi crynodeb o'n gwaith eleni i ddatblygu ein gwasanaethau Cymraeg, sydd ar gael **yma**. Roedd y crynodeb ar-lein hwn yn cynnwys fideo yn egluro pa hawliau sydd gyda chi i ddefnyddio'r Gymraeg gyda ni, ac esbonion ni beth gallwch ddisgwyl ei wneud a'i weld yn Gymraeg o fewn Gofal Sylfaenol ac Eilaidd. Yn rhan o hynny, fe wnaethon ni dynnu sylw at yr ymrwymiad i gydraddoldeb iaith o fewn un o'n deintyddfeydd ac o fewn llawer o'n gwasanaethau Gofal Eilaidd.

Mae'r pecynnau ward a gwasanaeth a ddisgrifiwyd uchod hefyd yn cynnwys poster safonol gyda'r symbol 'Iaith Gwaith', cortyn gwddf a bathodyn, gyda gwasanaethau'n gallu gofyn am fwy nag un lle bo angen. Bydd hyn yn caniatáu iddyn nhw hybu eu gallu i ddefnyddio'r Gymraeg a dangos i eraill eu bod yn siaradwyr Cymraeg. Mae hawl gyda chi i ddefnyddio'r Gymraeg gyda'r Bwrdd Iechyd yn unrhyw le, ond lle gwelwch yr arwydd hwn yn cael ei arddangos neu'n gweld aelod o staff yn gwisgo'r logo hwn ar eu gwisgoedd neu ar gortyn gwddf, defnyddia dy Gymraeg gyda ni.

Rydyn ni wedi gweithio'n galed iawn eleni ac wedi edrych yn feirniadol ar sut rydyn ni'n cyflwyno agenda'r Gymraeg, ac wedi penderfynu bod angen ymagwedd alluogi a phersbectif newid diwylliannol ac ymddygiadol i symud y gwaith hwn yn ei flaen. Mae llwyddo gyda'r agwedd hon yn golygu y bydd staff yn fwy tebygol o ddarparu mwy o'u gwasanaethau yn Gymraeg heb fod angen

eu gorfodi na'u hatgoffa i wneud hynny, a dyna sut mae cydymffurfio â Safonau'r Gymraeg yn dod yn norm, ac yn rhywbeth a wnawn yn reddfol. Fodd bynnag, mae hefyd yn bwysig ein bod yn cydnabod bod darparu gwasanaethau yn Gymraeg yn gyfraith bellach, ac felly isod yn Nhabl 1 rydyn ni'n croesgyfeirio'r gwaith hwn â Safonau'r Gymraeg ac yn dangos lle mae'r gwaith hwn yn ein cefnogi i gydymffurfio.

Croesgyfeirio gwaith o dan y thema gyda Safonau'r Gymraeg		
Thema: Cyfathrebu ac Ymgysylltu		
Menter	**Rheswm dros y gwaith**	**Perthynas â'r gofyniad o dan Safonau'r Gymraeg**
Digwyddiad staff	Cychwyn cyfres o sgyrsiau ar draws ein sefydliad am bwysigrwydd y Gymraeg i lawer o'n cleifion dan arweiniad arbenigwyr clinigol ac arweinwyr ar lefel Bwrdd.	Bydd newid diwylliannol hirdymor sy'n arwain at fwy o werthfawrogiad o'r Gymraeg a'i phwysigrwydd yn golygu cynnydd cynaliadwy wrth gydymffurfio â Safonau'r Gymraeg. Roedd y digwyddiad hwn yn nodi'r gwelliannau y mae angen i ni eu gweld, y rhesymau pam mae angen i ni weld y gwelliannau hyn a pha gymorth sydd ar gael i fodloni'r Safonau, gyda chefnogaeth uwch arweinwyr ar lefel y Bwrdd.
Pecynnau Ward a Gwasanaeth a Gwybodaeth i Staff	Nod y Pecynnau Ward a Gwasanaeth yw darparu adnoddau defnyddiol i staff i'w helpu i ddefnyddio mwy o Gymraeg yn ogystal â sicrhau bod canllawiau cywir a deniadol gyda nhw am beth rydyn ni'n ei wneud yn ddwyieithog. Mae'r theori y tu ôl i'r canllawiau a'r pecyn adnoddau o safbwynt galluogi i'w gweld yn ein Cynllun Hyrwyddo Mewnol **yma**.	• Safonau **1-7**, drwy egluro sut mae angen i ni drin y Gymraeg o fewn gohebiaeth a lle gall staff gael cymorth; • Safonau **17-20** drwy egluro sut mae angen trin y Gymraeg pan fydd pobl yn ein ffonio a thrwy ddarparu adnoddau i staff i'w hannog i ddefnyddio cyfarchion Cymraeg ac i ddefnyddio'r Gymraeg sydd gyda nhw ar y ffôn; • Safonau **21-22ch** a Safonau **25-32** drwy egluro sut mae angen i ni drin y Gymraeg wrth drefnu cyfarfodydd neu ddigwyddiadau a lle gall staff gael cymorth gyda chyfarfodydd a digwyddiadau dwyieithog; • Safonau **23 a 23A** drwy egluro cysyniad y Cynnig Rhagweithiol a'r theori y tu ôl iddo, a thrwy ddarparu cardiau bach a magnetau gwely y gellir eu defnyddio i ddynodi cleifion mewnol Cymraeg eu hiaith ar y wardiau; • Safonau **33 a 34 a 47 i 49** drwy egluro beth sydd angen i ni ei wneud wrth arddangos gwybodaeth ac wrth osod arwyddion, a lle

<table>
<tr><td></td><td></td><td>gall staff gael cymorth i sicrhau eu bod yn ddwyieithog;</td></tr>
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| | | gall staff gael cymorth i sicrhau eu bod yn ddwyieithog;
• Safonau **37 a 38** drwy egluro sut rydyn ni'n sicrhau bod dogfennau a ffurflenni yn ddwyieithog ac yn hyrwyddo eu fersiynau Cymraeg, a ble i gael cyfieithiad;
• Safonau **39-44** drwy egluro sut dylen ni drin y Gymraeg ar ein gwefannau ac apiau, sut i ddefnyddio ein system rheoli cynnwys i sicrhau bod ein cynnwys gwe yn ddwyieithog a ble i gael cyfieithiad;
• Safonau **45 a 46** drwy egluro sut dylen ni drin y Gymraeg ar y cyfryngau cymdeithasol a ble i gael cymorth i sicrhau bod ein cynnwys yn ddwyieithog;
• Safonau **50-53**, drwy egluro sut dylen ni drin y Gymraeg mewn derbynfeydd, drwy rannu adnoddau i annog staff i ddefnyddio cyfarchion Cymraeg a thrwy rannu poster 'Iaith Gwaith' i hyrwyddo unrhyw wasanaeth Cymraeg ar dderbynfeydd;
• Safon **60 a 105**, drwy roi poster 'Iaith Gwaith' i staff i hybu'r gwasanaeth Cymraeg y gallan nhw ei ddarparu, a thrwy ddarparu cortynnau gwddf a bathodynnau i staff nodi eu bod yn siarad Cymraeg;
• Safon **104**, drwy egluro pam mae llofnodion e-bost a llofnodion y tu allan i'r swyddfa dwyieithog yn bwysig, a chyfeirio staff at ble y gallan nhw lawrlwytho logo i nodi eu bod yn siarad Cymraeg mewn e-byst a lawrlwytho geiriad ar gyfer eu negeseuon e-bost y tu allan i'r swyddfa. |
| Ymsefydlu corfforaethol a lleol | Y nod yw siarad am bwysigrwydd y Gymraeg i ni a'r cymunedau rydyn ni'n gofalu amdanyn nhw, a lle gellir cefnogi staff, gan ddefnyddio cynnwys difyr ar adeg hollbwysig ar gyfer cynnal diwylliant sefydliadol. Rydyn ni hefyd yn sôn am beth rydyn ni'n ei wneud yn Gymraeg mewn gwahanol agweddau ar ddarparu ein gwasanaethau, gan | Safon **103**, drwy sicrhau bod ein hymsefydlu corfforaethol yn sôn am pam rydyn ni'n cynnig gwasanaethau yn Gymraeg. |

		gefnogi cydymffurfiaeth â'r Safonau Cyflenwi Gwasanaethau.	
Ymwybyddiaeth iaith	Ar wahân i ymsefydlu corfforaethol a lleol, mae angen i ni siarad am yr agwedd theoretig a chlinigol ar ofal yn Gymraeg, cyflwyno'r ymchwil, cynnwys hanesion cleifion yn rhan o hynny a siarad yn fanylach am y gefnogaeth y mae'r Bwrdd Iechyd yn ei chynnig i'w bobl i wneud mwy yn Gymraeg. Mae ein cynnwys ymwybyddiaeth iaith yn gwneud yr holl bethau hyn. Rydyn ni hefyd yn annog ein staff yn gryf ac yn rheolaidd i gwblhau'r cwrs byr ar ESR i'r un diben.	Safon **102**, gan fod ein cynnwys ymwybyddiaeth iaith sydd wedi'i dystiolaethu'n llawn ac sy'n seiliedig ar ymchwil, yn gwrs hyfforddi byr ar ymwybyddiaeth iaith i staff.
Ein brand ar gyfer y Gymraeg yn CTM	Mae angen gweld y Gymraeg fel rhywbeth mae CTM yn ei wneud, ac nid rhywbeth sy'n cael ei wneud i CTM. Mae angen ei gweld yn rhan o wead ein bywyd sefydliadol a dim ond agwedd arall ar ddarparu gwasanaeth. Mae ein holl waith yn anelu at sicrhau bod hyn yn digwydd, ond bydd ein logo a'n brand ar gyfer holl waith datblygu'r Gymraeg yn cryfhau'r teimlad mai dyma ein hagenda 'ni'.	Safon **104**, drwy ddarparu logo a brand y gallwn eu defnyddio ar gyfer, ymhlith pethau eraill, lofnodion e-bost fel y gall staff nodi eu bod yn siaradwyr Cymraeg.
Hyrwyddo ein gwasanaethau yn allanol	Dydy'r cyhoedd ddim bob amser yn ymwybodol o'u hawliau i ddefnyddio'r Gymraeg, ac mae hyrwyddo gwasanaethau yn bwysig beth bynnag gan y gall cynnig gwasanaeth Cymraeg yn rhagweithiol a dileu unrhyw rwystrau canfyddedig neu wirioneddol i wasanaethau Cymraeg gynyddu eu defnydd yn fawr. Dyna pam rydyn ni wedi cymryd camau bach eleni i hyrwyddo beth gallwn ni ei gynnig yn Gymraeg, gan ddefnyddio Diwrnod Hawliau'r Gymraeg ac adnoddau gweledol i wneud hynny.	Safon **60**, drwy sôn am ein hymrwymiad i ddefnyddio'r Gymraeg mewn modd cadarnhaol a hyrwyddo'r camau rydyn ni wedi'u cymryd i wella ein darpariaeth ddwyieithog. Gwnaethon ni hyn drwy gymryd mantais o'n gwefan gorfforaethol a'n llwyfannau ar y cyfryngau cymdeithasol, a darparu arwyddion, cortynnau gwddf a bathodynnau 'Iaith Gwaith'.

Thema 2: Cynlluniau Gweithredu a Monitro

Mae'r diwylliant sefydliadol cywir a dull galluogi, mwy cefnogol ar gyfer ein staff yn ddwy elfen hanfodol i sicrhau ein bod yn darparu ein gwasanaethau'n ddwyieithog ac wrth gydymffurfio â'n dyletswyddau cydraddoldeb iaith ar gyfer y Gymraeg. Mae cyfathrebu ac ymgysylltu yn allweddol i hyn. Elfen bwysig arall i hyn yw ein hymagwedd at gynlluniau gwella. Mae'r rhain yn nodi bylchau yn y ddarpariaeth, a'r prosesau sydd gennym i sicrhau bod y Gymraeg yn cael ei hystyried ar yr adeg gywir.

Ein hymagwedd at gynlluniau gweithredu

Eleni rydym unwaith eto wedi edrych yn feirniadol ar ein hymagwedd, y tro hwn o ran cynlluniau gweithredu lle rydym wedi penderfynu ein bod am newid ein ffordd o feddwl. Mae hyn wedi'i lywio gan ein dull o hyrwyddo'r Gymraeg a ddisgrifir uchod o dan Thema 1, a'r dull mwy galluogol a chefnogol yr ydym yn ei ddefnyddio. Isod mae ein hegwyddorion sylfaenol:

- Wrth gyfathrebu â staff, rydyn ni'n dilyn yr egwyddorion EAST a eglurir uchod. O ran cynlluniau gweithredu, mae hyn yn golygu:
  - o Bod y cynllun ond yn cynnwys yr agweddau hynny o wasanaethau dwyieithog sydd angen eu gwella ac sy'n benodol i'r maes dan sylw yn dilyn sesiynau datblygu'r Gymraeg gyda Thîm y Gymraeg, yn hytrach na disgwyl i staff ddehongli hysbysiad cydymffurfio eu hunain a chwblhau eu cynllun gweithredu ar wahân. Mae hyn yn gwneud y broses yn llawer haws i dimau a wardiau;
  - o Mae ein templed i gofnodi gwaith gwella wedi'i ddylunio'n broffesiynol, ac yn cynnwys negeseuon am bwysigrwydd y Gymraeg yn rhan o hyn;
  - o Mae'n enwi'r rheolwr sy'n atebol am gynnydd ac yn pennu dyddiad cwblhau.

Nod y dull hwn yw cael sgyrsiau ystyrlon, cefnogol gyda tôn gadarnhaol gyda rheolwyr sy'n gyfrifol am y ward neu'r gwasanaeth o ddydd i ddydd. Mae hyn yn caniatáu i'r rhesymeg dros wasanaethau Cymraeg gael ei thrafod ac i unrhyw rwystrau sy'n wynebu ardal i well darpariaeth Gymraeg gael eu chwalu mewn cydweithrediad â rheolwyr.

Cynlluniau gweithredu wedi'u pennu ar gyfer timau 2022/23

Ar ôl edrych ar ein proses o wella gwasanaethau lle mae bylchau yn y ddarpariaeth fel y disgrifir uchod, rydyn ni wedi rhoi'r theori ar waith gyda dros 50 o'n hardaloedd clinigol eleni. Mae adrannau o fewn y pum arbenigedd Therapïau yn cyfrif am 32 o'r rhain, ac mae'r 20 arall yn gymysgedd o wasanaethau cleifion mewnol, cymunedol a chleifion allanol. Yn y tabl isod mae'r gwasanaethau eleni sydd wedi addo gwella eu gwasanaethau dwyieithog gyda chynllun gweithredu cytunedig. Mae'r rhain yn cyfrif am gyfran helaeth o'r gwasanaethau y mae'r Bwrdd Iechyd yn eu cynnig ac rydyn ni'n falch eleni o weld cymaint o reolwyr a staff yn dangos cefnogaeth gadarn i gydraddoldeb iaith rhwng y Gymraeg a'r Saesneg. Mae hyn yn dangos pan rydyn ni'n dweud bod y Gymraeg yr un mor bwysig i ni ag yw hi i'r cymunedau rydyn ni'n gofalu amdanyn nhw, rydyn ni'n ddiffuant.

Grŵp Gofal	Gwasanaeth	Adran neu safle
Plant a Theuluoedd	Mamolaeth	Yr Uned Gofal Arbennig i Fabanod
	Gwasanaethau Cymunedol Plant	Ar draws CTM
	Gwasanaethau Pediatrig Cleifion Mewnol	Ward 17/18 Ysbyty Brenhinol Morgannwg, Ward 30/31 Ysbyty'r Tywysog Siarl Ward y Plant Ysbyty Tywysog Cymru
	Timau Ymwelwyr Iechyd Cymunedol ac Ymwelwyr Iechyd	Ar draws CTM
	Ward 12	Ysbyty Tywysoges Cymru
	Gynaecoleg ac Iechyd Rhywiol	Ar draws CTM
	Y Ward Mamolaeth	Ysbyty'r Tywysog Siarl
Gofal wedi'i Gynllunio	Endosgopi	Ysbyty Tywysoges Cymru Ysbyty'r Tywysog Siarl
	Cleifion Allanol y Genau a'r Wyneb	Cleifion Allanol y Genau a'r Wyneb Ysbyty'r Tywysog Siarl
	Uned Asesu Ddydd	Ysbyty'r Tywysog Siarl
Gofal heb ei Drefnu	Ward 6	Ward 6 Ysbyty Tywysog Cymru
Gofal Sylfaenol a Chymunedau	Y Gwasanaeth Nyrsio Ysgol	Ar draws CTM
	Gofal Iechyd Parhaus a'r Tîm Gofal Nyrsio Wedi'i Ariannu	Ar draws CTM
	Ward C3	Ysbyty Cwm Rhondda
	Tîm Nyrsio Diabetes Cymunedol	Ar draws CTM
	Tîm Nyrsio Ardal	Ardal Rhondda Taf Elái

	Tîm Nyrsio Anadlol Cymunedol	Ar draws CTM
	Gwasanaethau Gofal Lliniarol	Ward 6 Ysbyty Cwm Cynon Y Bwthyn, Ysbyty Brenhinol Morgannwg Y Bwthyn Newydd, Pen-y-bont ar Ogwr
Corfforaethol	Iechyd y Cyhoedd	Y Tîm Iechyd Ysgolion
Prif Swyddog Gweithredu	Cyfleusterau	Ein timau switsfwrdd
Diagnosteg, Therapïau, Fferylliaeth a Gwyddorau Iechyd	Podiatreg ac Orthoteg	Podiatreg Gymunedol Ysbyty Brenhinol Morgannwg
	Fferylliaeth	Fferyllfa, Ysbyty Brenhinol Morgannwg
	Yr Adran Therapi Iaith a Lleferydd Paediatrig	Ar draws CTM
	Adult Speech & Language Therapy	Ar draws CTM
	Ffisiotherapi	LTC, ar draws CTM
		Adsefydlu cleifion mewnol, Ysbyty Cwm Rhondda
		Cleifion Allanol Cyhyr-ysgerbydol, Ysbyty Cwm Rhondda
		Ffisiotherapi Pediatrig Cymunedol, Canolfan Blant Ysbyty Tywysoges Cymru
		Canolfan Gweinyddu Ffisiotherapi, Ysbyty Cwm Cynon
		Ffisiotherapi Paediatrig, Clinig Carnegie
		Ffisiotherapi Paediatrig, Ysbyty Brenhinol Morgannwg
		Ffisiotherapi Paediatrig, Ysbyty Cwm Cynon
		Ffisiotherapi Cyhyr-ysgerbydol, Ysbyty Cwm Cynon
		Ffisiotherapi Acíwt a COTE, Ysbyty Tywysoges Cymru
		Ffisiotherapi Acíwt a COTE, Ysbyty'r Tywysog Siarl
		Ffisiotherapi Acíwt a COTE, Ysbyty Brenhinol Morgannwg
		Cadw'n Iach yn y Cartref, yn y gymuned

	Therapi Galwedigaethol	Therapi Galwedigaethol Corfforol ac Acíwt, Ysbyty Tywysoges Cymru
		Therapi Galwedigaethol Adfer, Dwylo a Rhewmatoleg, Ysbyty Cwm Cynon
		Therapi Galwedigaethol, Ysbyty Brenhinol Morgannwg
		Therapi Galwedigaethol Iechyd Meddwl Oedolion, ar draws CTM
		Therapi Galwedigaethol Paediatrig, Clinig Carnegie ac Ysbyty Cwm Cynon
	Deieteg	Deieteg Acíwt, Ysbyty'r Tywysog Siarl
		Deieteg Aciwt, Ysbyty Cwm Cynon
		Deieteg Aciwt, Ysbyty Brenhinol Morgannwg
		Deieteg Acíwt, Ysbyty Tywysoges Cymru
		Deieteg Aciwt, Ysbyty Cwm Rhondda
		Dieteteg Paediatrig, ar draws CTM
		Gwasanaeth Rheoli Pwysau i Oedolion
		Dieteteg Gymunedol

Gwneud y Cynnig Rhagweithiol gyda chleifion

Wrth osod cynlluniau gweithredu fel y disgrifiwyd uchod, rydyn ni bob amser yn sôn am bwysigrwydd bod yn rhagweithiol yn ein darpariaeth ddwyieithog a sicrhau ein bod yn gofyn i'r claf ar y cyfle cyntaf beth yw ei ddewis iaith (sef y 'Cynnig Rhagweithiol'). Gwyddon ni fod hyn yn cael effaith aruthrol ar y defnydd o wasanaethau Cymraeg ac rydyn ni wedi egluro hyn a'r theori ymddygiadol y tu ôl iddo yn ein cyngor ar sail tystiolaeth i staff. Gan fod y Cynnig Rhagweithiol mor bwysig i ddarparu gwasanaethau dwyieithog a'r nifer sy'n manteisio ar wasanaethau dwyieithog, rydyn ni am drafod beth rydyn ni wedi'i wneud i hyrwyddo'r Cynnig Rhagweithiol yn benodol a sut rydyn ni wedi monitro cynnydd wrth wneud hynny.

E-fyrddau gwyn

Eleni, rydyn ni wedi dechrau ehangu ein system e-fwrdd gwyn arloesol a ddatblygwyd o fewn BIP CTM i Ysbyty Tywysoges Cymru, Ysbyty'r Tywysog Siarl, Ysbyty Cwm Rhondda ac Ysbyty Cwm Cynon, ar ôl dechrau mewn lleoliadau cleifion mewnol i oedolion yn Ysbyty Brenhinol Morgannwg.

Mae'r system hon yn arddangosfa fawr, electronig ar wardiau i alluogi staff clinigol i gasglu darnau amrywiol o wybodaeth am gleifion yn gyflym, gyda symbolau'n dynodi gwybodaeth amrywiol sy'n cael ei dangos ar wely ar gynrychioliad graffigol o'r ward. Mae'r system hon yn galluogi staff i nodi bod cleifion mewnol yn siarad Cymraeg, gan ddefnyddio symbol baner Cymru a'r geiriau 'siaradwr Cymraeg'. Mae'r symbol hefyd yn 'ffefryn', sy'n golygu ei fod bob amser yn ymddangos yn glir ar ochr chwith y sgrin. Mae hyn yn ein galluogi i gofnodi dewis iaith ac angen iaith cleifion mewnol oedolion mewn gwely acíwt neu ysbyty cymunedol ac i'r dewis hwnnw neu'r angen hwnnw fod yn weladwy i'r holl staff sy'n defnyddio'r e-fyrddau gwyn digidol. Mae hyn yn ychwanegol at y cardiau a'r magnetau erchwyn gwely gyda'r symbol 'Iaith Gwaith' arnyn nhw, sydd ar gael yn rhan o'r Pecynnau Ward a Gwasanaeth, y gellir eu defnyddio i ddynodi cleifion mewnol Cymraeg eu hiaith mewn unrhyw leoliad sydd gyda nhw (gweler Atodiad 1). Mae'r e-fyrddau gwyn hefyd yn galluogi staff heblaw staff nyrsio i wybod bod claf yn siarad Cymraeg, er enghraifft meddygon, meddygon ymgynghorol neu ffisiotherapyddion yn ystod eu hymwneud â chlaf mewnol. Nodwedd ddefnyddiol arall o'r system yw'r 'Golwg Rhestr', sy'n galluogi staff i glicio ar symbol a gweld yr holl gleifion y defnyddiwyd y symbol hwnnw ar eu cyfer a lle mae'r claf hwnnw wedi'i leoli. Byddai hyn yn galluogi staff i weld pa gleifion sy'n siarad Cymraeg, a chynllunio cylchdro ward a therapi yn unol â hynny.

Mae'r system hon i gael ei chyflwyno i wasanaethau Mamolaeth, cleifion mewnol paediatrig, gofal lliniarol ac Ysbyty Cymunedol Maesteg yn ystod gweddill 2023 a 2024, gyda gwasanaethau cleifion mewnol Iechyd Meddwl hefyd dan ystyriaeth. Bydd hyn yn caniatáu i'r system gael ei defnyddio ar gyfer yr holl gleifion mewnol ar draws BIP CTM o fewn y flwyddyn nesaf.

Mae'r system e-fwrdd gwyn hefyd yn gysylltiedig â'n system E-TOC, neu Gofnod Trosglwyddo Gofal Electronig, a ddatblygwyd gan BIP CTM yn fewnol hefyd, a ddefnyddir wrth ryddhau cleifion i ofal cymdeithasol. Wrth lenwi'r ffurflen electronig hon, mae staff yn cael eu hannog i ofyn i'r claf beth yw ei ddewis iaith, a fyddai'n galluogi staff gofal cymdeithasol i weld bod claf yn siarad Cymraeg a chynllunio'n unol â hynny. Mae'n rhaid ateb y cwestiwn hwn cyn y gellir trosglwyddo'r cofnod, sy'n golygu bod staff yn llawer mwy tebygol o sicrhau eu bod wedi gofyn am ddewis iaith.

Mae'r systemau e-fwrdd gwyn a'r ETOC yn atebion arloesol a ddatblygwyd gan BIP CTM a byddan nhw'n gwneud gwahaniaeth mawr i ofal cleifion ar gyfer ein cymunedau Cymraeg eu hiaith. Mae'r rhain hefyd yn enghreifftiau gwych o gymryd ymddygiad pobl go iawn i ystyriaeth wrth ddarparu gwasanaethau; drwy ofyn am ddewis iaith a chofnodi hyn ar gyfer staff a chleifion, rydyn ni'n ei gwneud yn llawer haws i staff adnabod cleifion sy'n siarad Cymraeg ac i gleifion fynegi eu dewis iaith, gan ddileu'r ffrithiant a'r ymdrech sy'n aml yn llesteirio darpariaeth ddwyieithog. Mae'r systemau hyn hefyd yn hwyluso'r ddarpariaeth ddiofyn o wasanaethau dwyieithog, trwy alluogi staff i adnabod cleifion Cymraeg eu hiaith ar wardiau ac o fewn gofal cymdeithasol a threfnu gofal cyfrwng Cymraeg ymlaen llaw, heb fod angen i'r claf fynegi hyn dro ar ôl tro drwy'r system.

Eleni, defnyddiwyd symbol iaith Gymraeg yr e-fwrdd gwyn yn y safleoedd canlynol (dim ond yn ddiweddar y cyflwynwyd nhw yn Ysbytai Tywysog Siarl a Thywysoges Cymru):

Safle	Wardiau	Nifer y cleifion
Ysbyty'r Tywysog Siarl	9 &10	3
Ysbyty Brenhinol Morgannwg	2, 3, 4, 6, 8, 14 & 20	23
Ysbyty Tywysoges Cymru	9, 15, 18 & 11	4

Mae systemau clinigol eraill a ddefnyddir a fyddai'n ganolog i gofnodi dewis iaith ar draws y system yn GIG Cymru ond sydd y tu allan i reolaeth uniongyrchol BIP CTM, megis Porth Clinigol Cymru neu Gofnod Gofal Nyrsio Cymru, hefyd yn bwysig i sicrhau bod dewis iaith yn cael ei rannu ar draws y system, ac mae pob un yn gallu nodi angen iaith mewn rhyw fodd.

Anogir staff i gofnodi angen iaith ar yr holl systemau perthnasol yn y cyngor a roddwn iddyn nhw, megis yn y Canllaw Staff i Wasanaethau Cymraeg ar gael o fewn y Pecynnau Ward a Gwasanaeth, ac ar-lein trwy SharePoint. Mae cyfarfodydd archwilio wardiau a chynlluniau gweithredu i wella darpariaeth ddwyieithog hefyd yn trafod y Cynnig Rhagweithiol a chofnodi dewis iaith ar bob system sy'n berthnasol i'r claf hwnnw.

Data profiad cleifion

Mae'r defnydd o'r e-fyrddau gwyn arloesol hefyd yn cyd-fynd yn dda â data o'n harolygon profiad cleifion neu PREMs (Patient Reported Experience Measures). Roedd yr arolygon hyn, a gwblhawyd gan gleifion sydd wedi derbyn gofal gan wahanol arbenigeddau, weithiau ar gyfer triniaethau penodol, ac ar gyfer cleifion mewnol a chleifion allanol ar draws y Bwrdd Iechyd, yn dangos, o'r cleifion hynny a gwblhaodd arolwg ac a atebodd y cwestiwn, 'A oeddech yn gallu siarad Cymraeg os oedd angen?', roedd y canlynol wedi gallu dweud eu bod wedi defnyddio eu dewis iaith:

Maes gwasanaeth/Arolwg PREM	Yn gallu siarad Cymraeg	Ddim yn gallu siarad Cymraeg, neu dim ond weithiau
Y Gwasanaeth Gwella Lles (WISE)	75%	25%
Methiant y Galon – Adsefydlu Cardiaidd	17%	82%
Methiant y Galon - Arolwg PREM	87%	12%
Asesiadau Digidol RIW	53%	46%
Therapïau	100%	0%
Endosgopi	100%	0%

O'r ardaloedd hynny lle cwblhaodd cleifion y PREM ac a atebodd y cwestiwn ar eu gallu i ddefnyddio'r Gymraeg, rydyn ni'n falch o ddweud bod y mwyafrif wedi gallu defnyddio'r Gymraeg. Fodd bynnag, fel y nodwyd yn ein hadroddiad blynyddol diwethaf, gallwn ddefnyddio'r data hwn i ddadansoddi tueddiadau a gweld lle nad yw rhai ardaloedd efallai'n cynnig gwasanaeth Cymraeg rhagweithiol. Byddwn yn mynd ar drywydd hyn gyda'r timau perthnasol lle bo angen.

Gwella ein gwasanaethau dwyieithog mewn meysydd anghlinigol

Rydyn ni hefyd wedi gwneud cynnydd mewn nifer o feysydd eraill y tu allan i wasanaethau clinigol rheng flaen eleni.

Llythyrau apwyntiad cleifion

Ar ôl parhau i gyfieithu amryw o lythyrau apwyntiad cleifion dros y flwyddyn ddiwethaf, rydyn ni bellach yn anfon y mwyafrif o'n llythyrau cleifion yn ddwyieithog yn ddiofyn. Yn adroddiad perfformiad y llynedd fe wnaethon ni ymrwymo i sicrhau bod pob llythyr apwyntiad yn ddwyieithog. Hwn oedd yr unig ymrwymiad yn yr adroddiad hwnnw i ni ei fethu, ar ôl llwyddo i gyflawni'r gweddill. Rydyn ni wedi derbyn bod angen anfon 100% ohonyn nhw yn ddwyieithog a byddwn yn gweithio tuag at hyn yn ystod y flwyddyn i ddod.

Gwefannau dwyieithog

Yn rhan o fonitro blynyddol, adolygwyd ein gwefan eleni i sicrhau ei bod yn gwbl ddwyieithog ac nad yw'n trin y Gymraeg yn llai ffafriol. Ar ôl dechrau ar y gwaith hwn ym mis Rhagfyr, erbyn diwedd mis Mawrth 2023, roedd dros 400 o fân welliannau wedi'u gwneud i'n gwefan er mwyn sicrhau ei bod ar gael yn llawn yn Gymraeg ac yn Saesneg. Roedd hyn yn cynnwys sicrhau:

- Bod unrhyw dudalennau nad oedd ar gael yn Gymraeg wedi eu cyfieithu,
- Bod unrhyw wallau ar dudalennau Cymraeg wedi eu cywiro,
- Bod unrhyw ddolenni nad oedden nhw'n arwain at y fersiwn Gymraeg gyfatebol o'r dudalen honno wedi eu cywiro,
- Bod unrhyw ddogfennau oedd angen bod yn Gymraeg ar dudalen wedi eu huwchlwytho i'r dudalen honno.

Roedd hwn yn ddarn mawr o waith ac mae'n brawf o ymrwymiad y Tîm Cyfathrebu ac Ymgysylltu a'r Tîm Gwasanaethau Cymraeg a weithiodd yn galed i'w gwblhau. Gyda chyfanswm o 11,397 o ymweliadau ar ochr Gymraeg y wefan eleni, roedd y gwaith hwn yn bwysig i sicrhau mynediad cyfartal i'n gwefan yn y ddwy iaith.

Rydyn ni hefyd wedi ychwanegu neges at hafan ein gwefan, y gallwch ei gweld ar y dde, i annog defnyddwyr ein gwefan i gysylltu â ni yn Gymraeg ac i ddefnyddio'r wefan yn Gymraeg. Mae hefyd yn esbonio lle gall y defnyddiwr ddod o hyd i'r botwm i weld fersiwn Gymraeg y dudalen y mae'r defnyddiwr arni. Mae hon yn enghraifft wych o hyrwyddo'r gwasanaethau rydyn ni'n eu darparu yn Gymraeg, ac o 'hergwd' wrth ddarparu gwasanaethau Cymraeg lle rydyn ni'n mynd ati i hyrwyddo ein gwasanaethau fel bod pobl yn gwybod eu bod yno, yn annog defnyddwyr gwasanaethau i ddefnyddio'u Cymraeg ac yn ei gwneud yn hawdd i'w defnyddio ar yr un pryd.

Gweithio gyda'n switsfwrdd

Mae ein switsfwrdd, neu ein prif linellau ffôn ar gyfer ein prif safleoedd, yn chwarae rhan bwysig wrth groesawu pobl i'n Bwrdd Iechyd a helpu galwyr i gael y wybodaeth sydd ei hangen arnyn nhw. Eleni, rydyn ni wedi gweithio trwy gynllun gweithredu gyda staff y switsfwrdd sydd wedi anelu at:

- Gefnogi staff i gyfarch pob galwr yn Gymraeg ac yn Saesneg trwy roi adnodd triongl desg i bob aelod o staff gyda thrawsgrifiadau ffonetig,
- Cynnig cefnogaeth i staff ddysgu rhai ymadroddion Cymraeg sylfaenol,
- Hysbysebu rolau newydd yn y tîm fel rhai sydd angen sgiliau llafar yn y Gymraeg.

Byddwn yn parhau i weithio gyda'r switsfwrdd i sicrhau bod y tîm yn gallu cynnig gwasanaeth Cymraeg yn rhagweithiol a derbyn galwadau gan y cyhoedd yn Gymraeg.

Ein gwasanaeth cyfieithu

Ein gwasanaeth cyfieithu mewnol yw'r pwynt canolog ar gyfer holl staff y Bwrdd Iechyd sydd angen cyfieithu unrhyw beth rhwng y Gymraeg a'r Saesneg, boed yn arwyddion, negeseuon cyfryngau cymdeithasol, cynnwys gwe neu ddogfennau a ffurflenni. Rydyn ni wedi rhoi'r cyfeiriad e-bost i'w gyfieithu ar ein holl ddeunydd, o dempledi cynllun gweithredu i feiros, ac wedi hyrwyddo'r gwasanaeth mewn cyfathrebiadau mewnol, fel bod cynifer o staff â phosibl yn gwybod bod y gwasanaeth ar gael iddyn nhw.

Eleni, rydyn ni wedi cyfieithu ychydig llai na 1.4 miliwn o eiriau i'r Gymraeg. Mae'r ffigur hwn ar ei ben ei hun yn dangos sut rydyn ni wedi ymrwymo i sicrhau bod ein cynnwys ysgrifenedig ar gyfer y cyhoedd yn ddwyieithog.

Nid yn unig bod gyda ni wasanaeth cyfieithu canolog sydd wedi'i hyrwyddo'n dda i'r holl staff ei ddefnyddio, gan ei gwneud mor hawdd

â phosibl iddyn nhw ddefnyddio'r Gymraeg yn eu gwaith a chydymffurfio â'r Safonau, ond rydyn ni hefyd yn gwneud hyn gan ddefnyddio'r dechnoleg cyfieithu ddiweddaraf, gan integreiddio Cyfieithu Peirianyddol a Chof Cyfieithu. Mae hyn yn ein galluogi i sicrhau cysondeb, cyfieithu cynnwys yn gyflym trwy olygu cynnwys a gynhyrchir yn awtomatig lle gallwn, ac ailddefnyddio cynnwys rydyn ni eisoes wedi'i gyfieithu. Rydyn ni hefyd wedi dechrau sicrhau bod ein darparwyr allanol yn defnyddio ein system eleni, a lle mae cynnwys wedi'i gyfieithu eisoes, dydyn ni ddim yn talu iddo gael ei gyfieithu eto. Mae hyn yn hollbwysig er mwyn caniatáu i ni gydymffurfio â'r Safonau, oherwydd po fwyaf effeithlon y byddwn yn cyfieithu, y mwyaf o Gymraeg y gall y Bwrdd Iechyd ei chyhoeddi a'r mwyaf o Gymraeg y gall ein defnyddwyr gwasanaeth ei weld a'i ddefnyddio, ond mewn ffordd sy'n gynaliadwy yn ariannol.

Cefnogi Gofal Sylfaenol

Dydy darparwyr Gofal Sylfaenol, fel meddygon teulu a deintyddion sy'n derbyn cleifion y GIG, ddim o dan Safonau'r Gymraeg. Maen nhw o dan y Chwe Dyletswydd, a gallwch chi ddod o hyd i ragor o wybodaeth am hynny **yma**. Fodd bynnag, mae'n rhaid i BIP CTM gefnogi ein cydweithwyr Gofal Sylfaenol mewn nifer o ffyrdd i gyflawni'r dyletswyddau hynny. Eleni, rydyn ni'n falch o weithio gydag un darparwr Gofal Sylfaenol y GIG, sef Roderick's Dental.

Sbotolau ar Roderick's Dental

Yn ogystal â rhoi sesiynau

ymwybyddiaeth iaith i sawl safle a rhannu cortynnau gwddf fel bod staff sy'n siarad Cymraeg yn gallu dangos i eraill eu bod yn siarad Cymraeg, mae nyrs ddeintyddol sy'n gweithio yn ardal BIP CTM i Roderick's Dental yn sôn ar y chwith am beth maen nhw wedi'i wneud i hybu'r Gymraeg yn un maes o Ofal Sylfaenol yn CTM, a sut mae'r Bwrdd Iechyd wedi eu cefnogi i wneud hynny.

"Dwi'n nyrs ddeintyddol ers 22 mlynedd a thros y cyfnod hwnnw dwi wedi gweld pa mor bwysig yw cyfathrebu, nid yn unig i'r cleifion, ond hefyd i'r staff. Mae astudiaethau'n dangos bod cyfathrebu â chleifion yn eu hiaith gyntaf yn arwain at well canlyniadau a dealltwriaeth o'r gofal a'r driniaeth maen nhw'n derbyn. Gall mynd i weld y deintydd fod yn amser pryderus i lawer, mae ein cleifion yn bwysig i ni a byddwn yn gwneud popeth o fewn ein gallu i wneud eu profiad yn well."

"Mae gennym 8 siaradwr Cymraeg ar draws pedwar o'n safleoedd, sef Bryant, Cefn Coed, Courtland ac 1 ddeintyddfa ym Mae Abertawe. Mae nyrs gyda ni hefyd sydd gyda diddordeb mewn dilyn cwrs i ddysgu Cymraeg. Dros y flwyddyn ddiwethaf, gyda chymorth gwasanaeth cyfieithu Cymraeg BIP CTM, rydyn ni wedi llwyddo i gyfieithu'r rhan fwyaf o wybodaeth ar gyfer ein cleifion sydd i'w gweld yn y dderbynfa. Ochr yn ochr â hyn, mae arwyddion wedi'u gosod yn yr ystafell aros i roi gwybod i gleifion os nad oes siaradwyr Cymraeg ac y gallwn ddarparu gwasanaeth Cymraeg ar eu cyfer ar safle arall os dymunan nhw hynny. Mae gan bob safle restr o siaradwyr Cymraeg ac ym mha ddeintyddfa maen nhw'n gweithio iddi hi, sydd ar gael yn y dderbynfa."

"Ym mis Mehefin 2022, gwnaethon ni gyflwyno dewis iaith. Rydyn ni'n gofyn i gleifion yn y dderbynfa beth yw eu dewis iaith, ac rydyn ni wedi creu offeryn ar ein system i gofnodi hyn. Rhwng mis Gorffennaf a mis Hydref, gofynnon ni i 21% o'r cleifion ar gyfartaledd beth oedd eu dewis iaith ac mae hyn wedi'i gofnodi. Rydyn ni'n gobeithio gwella hyn ar ôl i staff gymryd rhan yn yr hyfforddiant ymwybyddiaeth iaith Gymraeg rydyn wedi ei chael gan y Bwrdd Iechyd."

Sut mae gwaith o dan y thema hon yn croesgyfeirio â Safonau'r Gymraeg

Croesgyfeirio gwaith o dan y thema gyda Safonau'r Gymraeg		
Thema: Cynlluniau Gweithredu a Monitro		
Menter	**Rheswm dros y gwaith**	**Perthynas â'r gofyniad o dan Safonau'r Gymraeg**
Cynllunio gweithredu – meysydd clinigol	Gweithio'n adeiladol gyda thimau i nodi bylchau yn y ddarpariaeth a gweithio gyda nhw i sicrhau bod eu maes gwasanaeth yn parchu cydraddoldeb iaith rhwng y Gymraeg a'r Saesneg. Gan fod y sesiynau'n golygu edrych ar yr holl Safonau hynny a allai fod yn berthnasol cyn canolbwyntio ar y rhai sy'n berthnasol, mae'r sesiynau hefyd yn sesiwn ymwybyddiaeth o Safonau'r Gymraeg yn gyffredinol.	• Safonau **1-7**, drwy egluro sut y mae angen inni drin y Gymraeg mewn gohebiaeth a lle y gall staff gael cymorth a chynnwys cam gweithredu i wneud hynny lle bo'n berthnasol; • Safonau **17-20** drwy egluro sut mae angen inni drin y Gymraeg pan fydd pobl yn ein ffonio a thrwy ddarparu adnoddau i staff i'w hysgogi i ddefnyddio cyfarchion Cymraeg ac i ddefnyddio'r Gymraeg sydd gyda nhw ar y ffôn, a chynnwys cam gweithredu i fodloni'r safonau hyn lle bo'n berthnasol; • Safonau **21-22ch** a Safonau **25-32** drwy egluro sut mae angen i ni drin y Gymraeg wrth drefnu cyfarfodydd neu ddigwyddiadau a lle gall staff gael cymorth gyda chyfarfodydd a digwyddiadau dwyieithog; • Safonau **23 a 23A** drwy egluro cysyniad y Cynnig Rhagweithiol a'r theori y tu ôl iddo, a thrwy ddarparu cardiau bach a magnetau gwely y gellir eu defnyddio i ddynodi cleifion mewnol Cymraeg eu hiaith ar y wardiau. Hefyd drwy sicrhau bod yr e-fyrddau gwyn yn gallu cofnodi dewis iaith cleifion, trwy sicrhau bod ein proses ETOC yn cofnodi dewis iaith cleifion i'w rhannu â chydweithwyr gofal cymdeithasol a thrwy sicrhau bod ein system adborth cleifion yn gofyn i gleifion am y Cynnig Rhagweithiol; • Safonau **33 a 34 a 47 i 49** drwy egluro beth sydd angen i ni ei wneud wrth arddangos gwybodaeth ac wrth osod arwyddion, a lle gall staff gael cymorth i sicrhau eu bod yn ddwyieithog, yn ogystal â chynnwys cam gweithredu i fodloni'r safonau hyn lle bo'n berthnasol;

- Safonau **37 a 38** drwy egluro sut rydyn ni'n sicrhau bod angen i ddogfennau a ffurflenni fod yn ddwyieithog ac yn hyrwyddo eu fersiynau Cymraeg, a ble i gael cymorth cyfieithu, yn ogystal â chynnwys cam gweithredu i fodloni'r safonau hyn lle bo'n berthnasol. Hefyd, trwy gynnig gwasanaeth cyfieithu canolog am ddim sydd wedi'i hyrwyddo'n dda i'r holl staff ei ddefnyddio i gefnogi cydymffurfiaeth â'r safonau hyn;
- Safonau **39-44** drwy egluro sut dylen ni drin y Gymraeg ar ein gwefannau ac apiau, sut i ddefnyddio ein system rheoli cynnwys i sicrhau bod ein cynnwys gwe yn ddwyieithog a ble i gael cymorth ar gyfer cyfieithu, yn ogystal â chynnwys cam gweithredu i fodloni'r safonau hyn lle bo'n berthnasol ;
- Safonau **45 a 46** drwy egluro sut y dylen ni drin y Gymraeg ar y cyfryngau cymdeithasol a ble i gael cymorth i sicrhau bod ein cynnwys yn ddwyieithog, yn ogystal â chynnwys cam gweithredu i fodloni'r safonau hyn lle bo'n berthnasol;
- Safonau **50-53**, drwy egluro sut dylen ni drin y Gymraeg mewn derbynfeydd, drwy rannu adnoddau i annog staff i ddefnyddio cyfarchion Cymraeg a thrwy rannu poster 'Iaith Gwaith' i hyrwyddo unrhyw wasanaeth Cymraeg ar dderbynfeydd;
- Safon **60** yn achos y wefan, drwy annog ymwelwyr â'r wefan i ddefnyddio'u Cymraeg gyda ni ac egluro lle gall defnyddwyr ddod o hyd i'r botwm i weld fersiwn Gymraeg y tudalennau;
- Safon **104**, drwy egluro pam mae gyda ni lofnodion e-bost a llofnodion y tu allan i'r swyddfa dwyieithog, a chyfeirio staff at ble gallan nhw lawrlwytho logo i nodi eu bod yn siarad Cymraeg mewn e-byst a lawrlwytho geiriad ar gyfer eu negeseuon e-bost y tu allan i'r swyddfa, yn ogystal â chynnwys cam gweithredu i fodloni'r safonau hyn lle bo'n berthnasol.

Cynllunio gweithredu – meysydd anghlinigol	Gweithio'n adeiladol gyda thimau anghlinigol i nodi bylchau yn y ddarpariaeth a gweithio gyda nhw i sicrhau bod eu maes gwasanaeth yn parchu cydraddoldeb iaith rhwng y Gymraeg a'r Saesneg. Gan fod y sesiynau'n golygu edrych ar yr holl Safonau hynny a allai fod yn berthnasol cyn canolbwyntio ar y rhai sy'n berthnasol, mae'r sesiynau hefyd yn sesiwn ymwybyddiaeth o Safonau'r Gymraeg yn gyffredinol.	• Safonau **1-7**, trwy gyfieithu llythyrau apwyntiad cleifion; • Safonau **8-16**, drwy weithio gyda'n Switsfwrdd ar gynllun gweithredu i wella eu gallu i gynnig gwasanaeth dwyieithog; • Safonau **1-7, 33 a 34, 37 a 38, 47-59 a 39-46** trwy gynnig gwasanaeth cyfieithu cynhwysfawr a ddefnyddir yn helaeth ar gyfer gohebiaeth, dogfennau a ffurflenni, arwyddion, cynnwys gwe a'r cyfryngau cymdeithasol; • Safonau **39-43**, drwy wneud darn mawr o waith ar ein gwefan gan arwain at dros 400 o newidiadau yn cael eu gwneud i sicrhau ei bod yn gwbl ddwyieithog i filoedd o ddefnyddwyr ac felly'n cydymffurfio'n llawn.
E-fyrddau gwyn ac ETOCs	Dynodi angen iaith claf mewnol i'r holl staff sy'n gofalu am y claf hwnnw ar y ward, a chyfathrebu hyn i staff Gofal Cymdeithasol yn y gymuned.	• Safonau **23 a 23A**, drwy ddarparu ffordd arloesol o ddangos anghenion iaith cleifion unwaith i ni ofyn iddyn nhw.
Darparwyr Gofal Syl-faenol	Cefnogi darparwyr Gofal Sylfaenol i ddarparu mwy o'u gwasanaethau yn Gymraeg.	• Safon **66**, drwy hysbysebu ein gwasanaeth cyfieithu i ddarparwr Gofal Sylfaenol a darparu gwasanaeth cyfieithu iddyn nhw; • Safon **67**, drwy ddarparu cortynnau gwddf a bathodynnau i ddarparwr Gofal Sylfaenol fel y gall ei staff ddangos i eraill eu bod yn siarad Cymraeg; • Safon **68**, drwy ddarparu sesiynau Ymwybyddiaeth Iaith i ddarparwr Gofal Sylfaenol.
Safonau Llunio Polisi	Sicrhau bod y Gymraeg yn cael ei hystyried yn briodol ar yr adeg gywir yn rhan o unrhyw bolisi, datblygiad neu newid a fyddai'n dod o dan y Safonau Llunio Polisi.	• Safonau **69-71**, drwy ddatblygu proses ac offeryn i sicrhau bod y Gymraeg yn cael ei hystyried yn rhan o unrhyw ddatblygiad newydd i sicrhau cydraddoldeb iaith rhwng y Gymraeg a'r Saesneg; • Safonau **99-101**, drwy sicrhau bod ein Polisi Dysgu a Datblygu newydd yn cyfeirio at yr hawl sydd gan staff i ddysgu Cymraeg neu loywi eu Cymraeg yn y gwaith, yn ystod oriau gwaith ac yn rhad ac am ddim.

Thema 3: Profiad Gweithwyr a'n Gweithle Dwyieithog

Mae diwylliant Cymraeg ffyniannus, yn rhan o dapestri cyfoethog o ieithoedd a diwylliannau sy'n gwneud BIP CTM yn lle unigryw i weithio, yn golygu gwell gwasanaethau Cymraeg i'n cyhoedd ac amgylchedd mwy cynhwysol i'r cannoedd o'n staff sy'n siarad Cymraeg. Mae'r thema hon yn edrych ar waith rydyn ni'n ei wneud i blethu'r Gymraeg i'n bywyd sefydliadol.

Lledaenu'r neges a chyfathrebu mewnol

Eleni, ac yn rhan o'n cynllun hyrwyddo mewnol, rydyn ni wedi siarad llawer mwy am y Gymraeg drwy ein dulliau cyfathrebu mewnol. Mae yna lawer o resymau am hyn:

- Mae hyn yn codi proffil y Gymraeg yn gyffredinol fel rhan annatod o'n bywyd sefydliadol,
- Mae'n hyrwyddo gwasanaethau Tîm y Gymraeg ac adnoddau, i gefnogi staff i gynnig mwy o'u gwasanaethau yn Gymraeg a chydymffurfio â'r Safonau, a
- Mae rhannu straeon am lwyddiant staff sydd wedi dangos ymrwymiad i'r Gymraeg ac wedi gweithredu'r Safonau yn bwysig i newid diwylliannol ac ymddygiadol, lle mae defnyddio'r Gymraeg yn dod yn norm ar draws BIP CTM.

Trwy ein grŵp staff ar Facebook (gyda dros 8,000 o aelodau), ein mewnrwyd (yn weladwy i bawb sy'n defnyddio cyfrifiadur neu liniadur yn y gwaith) a'n diweddariad staff (a anfonir at bob aelod o staff trwy e-bost), rydyn ni wedi hyrwyddo Tîm y Gymraeg a chyrsiau Cymraeg a dathlu ein staff sydd wedi dod â'r Gymraeg a diwylliant Cymreig i mewn i'w meysydd gwaith. Mae rhywfaint o'r cynnwys rydyn ni wedi'i rannu i'w weld isod.
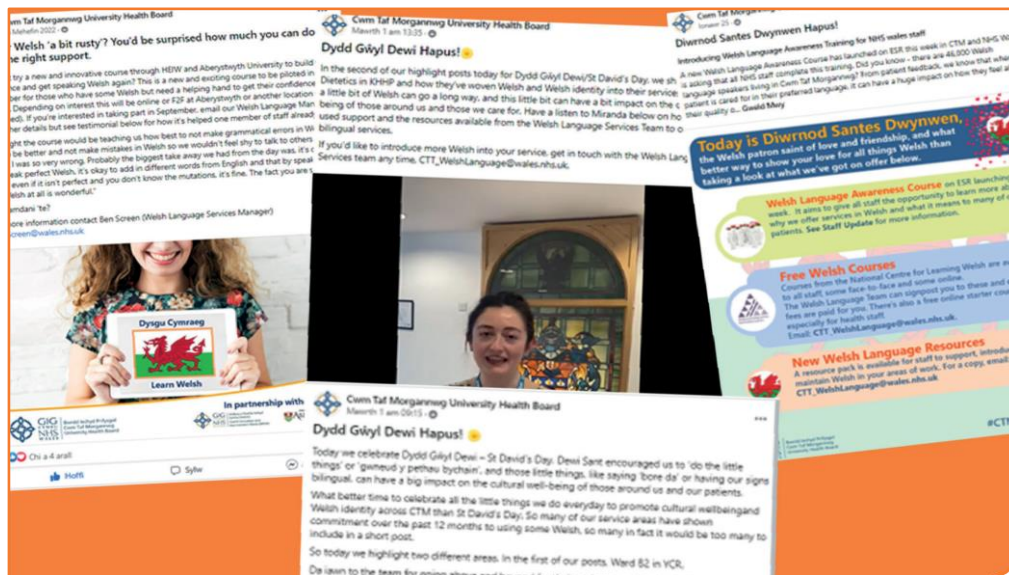
Ar gyfer Dydd Gŵyl Dewi 2023, roedden ni'n meddwl y bydden ni'n tynnu sylw at rai o'r timau hynny sydd wedi cyflwyno'r Gymraeg a diwylliant Cymru i'w gwasanaethau o ddydd i ddydd. Roedd Ward B2, Ysbyty Cwm Rhondda (i'w gweld yn y llun) yn bwriadu cynnal Eisteddfod ward fechan a lluniodd ein tîm Dieteteg fideo ar ryseitiau iachus o Gymru ar gyfer Dydd Gŵyl Dewi. Rhannwyd y ddau beth yn ein grŵp staff a bu llawer o sylw gan gydweithwyr. Mae staff Ward B2 i'w gweld yma yn dal Pecyn Ward y Gymraeg.

SharePoint

Mae ein gwefan SharePoint eleni wedi'i hailgynllunio, yn rhan o'n cynllun hyrwyddo mewnol, i sicrhau:

- Ei fod yn cynnwys y fersiynau electronig o'r adnoddau sydd gyda ni, gan gynnwys ein canllawiau staff newydd,
- Ei fod yn gwbl ddwyieithog,
- Ei fod wedi'i strwythuro o amgylch pam rydyn ni'n cynnig gwasanaethau yn Gymraeg gyda fideos profiad cleifion yn cael eu harddangos, sut y gellir cefnogi staff i wneud mwy yn Gymraeg a beth rydyn ni'n ei wneud yn ddwyieithog fel sy'n ofynnol gan y Safonau,
- Dydy e ddim yn trin y disgwyliadau ynghylch Cynllun Mwy Na Geiriau Llywodraeth Cymru a'r Safonau ar wahân, ac yn hytrach mae'n sôn am waith datblygu'r Gymraeg yn gyffredinol i osgoi dryswch ynghylch beth yw'r fframwaith polisi ar gyfer cydraddoldeb iaith yn GIG Cymru.

Mae'r wefan fewnol hon, sy'n cael ei hyrwyddo drwy ein hadnoddau, ein canllawiau, ein llofnodion e-bost a thrwy ein cyfathrebu mewnol yn cynnwys cyngor, adnoddau a deunydd ymwybyddiaeth i annog mwy o ddefnydd o'r Gymraeg ar draws y sefydliad. Mae hefyd yn 'ffefryn' felly pan fydd staff yn chwilio am 'Cymraeg', 'Welsh' neu 'Welsh language', y safle newydd ar SharePoint yw'r peth cyntaf sy'n ymddangos gyda tic wrth ei ymyl.

Rhwydwaith staff

Gan ddefnyddio ein cyfathrebu mewnol eleni, rydyn ni wedi ailgynnau ein grŵp staff a byddwn yn datblygu hwn dros y flwyddyn nesaf i feithrin grŵp ffyniannus. Gall profiad staff sy'n siarad Cymraeg roi adborth amhrisiadwy ar lwyddiant ein gwaith i hyrwyddo'r Gymraeg ar lawr gwlad, ac mae hefyd yn darparu llwybr ar gyfer rhannu syniadau newydd, arloesol gyda'r sefydliad ehangach. Ar hyn o bryd mae dros 30 o aelodau yn y grŵp, ac rydyn ni'n hyderus y bydd yn parhau i dyfu.

Hyrwyddo technoleg yn y Gymraeg

Mae'r gwirydd sillafu Cymraeg ar gael ar ein cyfrifiaduron pen desg ers nifer o flynyddoedd, ond eleni rydyn ni hefyd wedi sicrhau ei fod ar gael ar ein gliniaduron gan fod mwy o'n staff yn gweithio gartref. Mae Cysill a Cysgeir bellach ar gael i bawb ble bynnag y maen nhw'n gweithio, a hyrwyddon ni hyn trwy fewnrwyd y staff.

Wrth ail-ddylunio ein tudalen SharePoint eleni, fe wnaethon ni hefyd hyrwyddo pa dechnoleg sydd ar gael i'w defnyddio yn y Gymraeg, megis MS Teams, MS Office a Windows.

Gwasanaethau lles staff a dwyieithrwydd

Mae'r Gyfarwyddiaeth Gwasanaethau Pobl mewn amrywiol ffyrdd eleni wedi meddwl lawer mwy am y Gymraeg, nid yn lleiaf trwy waith Tîm y Gymraeg a'i Uwch-reolwyr y mae eu heffaith ar y Gymraeg yn BIP CTM yn fawr iawn. Un o'r ffyrdd hynod bwysig eraill rydyn ni wedi codi proffil y Gymraeg ar draws BIP CTM eleni yw trwy waith y Gwasanaeth Lles Staff, sydd wedi plethu dwyieithrwydd yn naturiol i'w ffyrdd o weithio ac wedi sicrhau bod eu harolwg llesiant, arwyddion, posteri, cyfryngau cymdeithasol a gwefan oll yn ddwyieithog. Mae hefyd aelod o staff sy'n siarad Cymraeg yn y tîm.

O ystyried y cyfraniad enfawr y mae'r tîm hwn yn ei wneud i ansawdd bywyd gwaith staff BIP CTM, bydd llawer ar draws y sefydliad wedi sylwi ar eu defnydd o'r Gymraeg. Bydd gweld y Gymraeg yn cael ei hintegreiddio i lesiant staff hefyd yn gysur i lawer ar draws y sefydliad.

Sut mae gwaith o dan y thema hon yn croesgyfeirio â Safonau'r Gymraeg

Croesgyfeirio gwaith o dan y thema gyda Safonau'r Gymraeg		
Thema: Profiad Gweithwyr a'n Gweithle Dwyieithog		
Menter	**Rheswm dros y gwaith**	**Perthynas â'r gofyniad o dan Safonau'r Gymraeg**
Cyfathrebu mewnol	Hyrwyddo'r Gymraeg ym mhob rhan o'r sefydliad, dathlu'r meysydd hynny sy'n cyflwyno'r Gymraeg a'i diwylliant i'w gwasanaethau dyddiol a hyrwyddo adnoddau a chyrsiau Cymraeg	Safonau **99, 100 a 101** drwy hybu cyrsiau Cymraeg a hawl staff i ddysgu Cymraeg yn y gwaith; Y safonau a darpariaeth ddwyieithog yn gyffredinol, trwy hyrwyddo cydymffurfiaeth â'r safonau ac enghreifftiau o arfer da.
Rhwydwaith staff	Creu rhwydwaith o staff Cymraeg eu hiaith ar draws CTM er mwyn galluogi staff i ddefnyddio mwy o Gymraeg yn y gwaith, gan gyfrannu at ethos dwyieithog y sefydliad.	Bydd rhwydwaith staff cryf yn ein galluogi i hyrwyddo cydymffurfiaeth â'r safonau drwy greu rhwydwaith gefnogol lle gellir rhannu arfer da a bwydo'n ôl yn anffurfiol am unrhyw achosion posibl o ddiffyg cydymffurfio.
SharePoint	Bod yn safle un stop ar gyfer cyngor ac arweiniad ar ddefnyddio Cymraeg yn y gwaith a darparu gwasanaethau dwyieithog	Safon **94**, drwy sicrhau bod tudalen fewnrwyd benodol gyda ni i gefnogi staff i ddefnyddio'r Gymraeg yn y gwaith.
Hyrwyddo Technoleg Cymraeg	Galluogi i staff ysgrifennu Cymraeg yn y gwaith yn hyderus a galluogi i staff ddefnyddio'r Gymraeg yn y gwaith drwy hyrwyddo'r dechnoleg sydd ar gael yn Gymraeg	Safon **89**, drwy ddarparu meddalwedd gwirio sillafu Cymraeg i staff a hyrwyddo technoleg gweithle sydd ar gael yn Gymraeg
Gwasanaethau lles staff	Sicrhau bod gan staff fynediad at ddeunydd lles yn Gymraeg. O ystyried faint o gynnwys y mae'r tîm lles yn ei gyhoeddi, mae sicrhau ei fod yn ddwyieithog hefyd yn cyfrannu'n fawr at amlygrwydd y Gymraeg yn CTM	Safon **39**, drwy sicrhau bod eu gwefan allanol yn ddwyieithog Safon **45**, drwy sicrhau bod eu cyfryngau cymdeithasol yn ddwyieithog Safonau **111-113**, drwy sicrhau bod arwyddion yn y gweithle am les staff yn y gweithle yn ddwyieithog

Thema 4: Llywodraethu ac atebolrwydd

Mae'r fffordd rydyn ni'n cyfathrebu â staff ac yn eu cefnogi, y prosesau sydd yn eu lle i ddatblygu'r Gymraeg yn strategol yn ein sefydliad a chreu ethos dwyieithog yn y gwaith yn dri ffactor holl bwysig i ddatblygu'r Gymraeg yn BIP CTM. Mae'r bedwaredd thema sy'n dod â hyn ynghyd, sef llywodraethu ac atebolrwydd, yn cyfeirio at y strwythurau sydd gyda ni ar waith i fonitro cynnydd, y prosesau sicrwydd a goruchwyliaeth briodol sydd ar waith i sicrhau ein bod yn bodloni ein gofynion cyfreithiol, a'n hymagwedd at risgiau polisi pan fyddwn o bosibl yn methu â bodloni'r gofynion hynny. Mae'r thema hon yn ymwneud â gwybod pa mor dda rydyn ni'n gwneud, gwybod lle mae angen i ni wella, a rhoi'r strwythurau cywir yn eu lle i ysgogi gwelliant a herio lle bo angen.

Grŵp Llywio'r Gymraeg

First two paragraphs at top of p.38 to be completely replaced with:
Eleni cyfarfu ein Grŵp Llywio'r Gymraeg am y tro cyntaf. Rôl Grŵp Llywio'r Gymraeg yw arwain yn strategol i wella'r amgylchedd sy'n cefnogi ac yn gwerthfawrogi'r Gymraeg a'i rôl wrth ddarparu gwasanaethau diogel ac o ansawdd uchel i'n cleifion. Mae'r grŵp yn cynnwys uwch arweinwyr o bob Grŵp Gofal sydd â'r dylanwad a'r awdurdod i sicrhau newid yn eu meysydd, yn ogystal ag uwch glinigwyr sy'n gwerthfawrogi'r Gymraeg yn y sefydliad ac sy'n gallu gweithredu fel hyrwyddwyr dylanwadol yn y meysydd clinigol. Mae agendâu'r Grŵp yn caniatáu i uwch arweinwyr y Bwrdd Iechyd ganolbwyntio ar feysydd a blaenoriaethau penodol, ac yn caniatáu i fforwm lefel uchel gael ei gynnal lle gellir trafod y Gymraeg a'i diwylliant a chynllunio a chytuno ar waith i ymgorffori'r Gymraeg ymhellach. Mae cylch gorchwyl y Grŵp yn llywodraethu gweithgareddau'r Grŵp.

Mae'r Grŵp yn rhoi cyngor a sicrwydd i'r Bwrdd a'r is-bwyllgorau mewn perthynas â chydymffurfiaeth y sefydliad â'n dyletswyddau statudol Safonau'r Gymraeg, i sicrhau nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg, ac yn sicrhau cynnydd yn ystod Cynllun strategol 5 mlynedd Mwy na Geiriau, i gryfhau darpariaeth Gymraeg. Rhoddir sicrwydd trwy ddiweddariadau adroddiadau ysgrifenedig ddwywaith y flwyddyn i'r Bwrdd ac adroddiadau amlygu chwarterol i'r Pwyllgor Pobl a Diwylliant. Mae sefydlu'r Grŵp hwn a'r cylch adrodd cadarn yn gam arwyddocaol arall ymlaen i'r Gymraeg yn y Bwrdd Iechyd.

Datblygu ein gwybodaeth busnes ar gyfer darpariaeth Gymraeg

Mae BIP CTM yn sefydliad mawr a chymhleth gyda dros 13,000 o aelodau o staff, sy'n cynnig amrywiaeth mawr o wasanaethau gofal iechyd ar draws tair sir o 450,000 o bobl. Mae hyn yn golygu ei bod yn bosibl na fydd hi bob amser yn bosibl sicrhau ein bod yn gwneud pob un peth y mae angen i ni ei wneud ym mhob lleoliad, ond rydyn ni'n cytuno bod angen i ni sicrhau bod proses gadarn ar gyfer casglu gwybodaeth busnes am ein cydymffurfiaeth â Safonau'r Gymraeg, ac offeryn cynhwysfawr ar gyfer dadansoddi ac arddangos y wybodaeth honno. Eleni, rydyn ni wedi diweddaru a datblygu ein dangosfwrdd cydymffurfio ar gyfer cydymffurfio â'r Gymraeg, oedd yn ddarn mawr o waith. Dyma beth rydyn ni wedi'i wneud:

- Diweddaru pa dystiolaeth y byddwn yn ei defnyddio i gasglu gwybodaeth am gydymffurfiaeth, fel ein bod yn gwybod pa wybodaeth sydd ei hangen arnon ni a gan bwy er mwyn adrodd ar gydymffurfiaeth â safonau penodol, a sut orau i gasglu'r wybodaeth honno. Er enghraifft, holiadur archwilio ar gyfer Safonau 1-7, neu ddefnyddio data Civica o holiaduron adborth cleifion a data o'r e-fyrddau gwyn ar gyfer Safon 23;
- Ailgynllunio'r dangosfwrdd fel ei fod yn cyd-fynd â model gweithredu newydd ein Grwpiau Gofal;
- Sicrhau bod yr holl wardiau a gwasanaethau, sef cyfanswm o dros 400 o adrannau unigol, wedi'u hychwanegu at yr offeryn gyda'r mwyafrif bellach wedi'u hychwanegu at y Grŵp Gofal cywir o fewn yr offeryn.

Mae'r offeryn hwn yn ein galluogi i wneud sawl peth:

- Rhoi sgôr cydymffurfiaeth feintiol gyffredinol ddangosol ar gyfer Safonau'r Gymraeg ar gyfer Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, yn seiliedig ar faint o Safonau lle gallwn ddweud yn hyderus ein bod wedi cyrraedd Sicrwydd Uchel yn unol â diffiniad Comisiynydd y Gymraeg a ddefnyddir wrth fonitro cydymffurfiaeth. [5] Bydd hyn yn caniatáu i ni nodi sgôr gyffredinol sy'n dangos cyflwr cyffredinol cydymffurfiaeth yn BIP CTM;
- Adrodd ar gydymffurfiaeth ar gyfer adrannau unigol a Grwpiau Gofal. Mae hyn yn caniatáu i gerdyn

[5] Sicrwydd Uchel: Mae'r sefydliad yn cydymffurfio â'r holl ofynion o dan bob amgylchiad ac eithrio ar adegau prin.

sgorio gael ei ddangos ar gyfer Grwpiau Gofal, gan ganiatáu i dueddiadau gael eu trafod yn y Grŵp Llywio ac mewn adroddiadau diweddariad a chrynodeb yn rhan o'n prosesau sicrwydd;

- Dadansoddi tueddiadau mewn cydymffurfiaeth dros amser ac o fewn meysydd, er mwyn caniatáu i ni ganolbwyntio gwaith datblygu ar feysydd blaenoriaeth drwy agendâu'r Grŵp Llywio;
- Ac yn olaf, mae'r offeryn hefyd yn diweddaru'n awtomatig ein dangosfwrdd Gwasanaethau Pobl a ddatblygwyd trwy MS Power BI, felly wrth i'r offeryn gael ei ddiweddaru'n rheolaidd gan Arweinydd y Gymraeg, bydd data craidd ar gydymffurfiaeth y Grwpiau Gofal yn cael ei fwydo drwodd i ddangosfwrdd cyffredinol y gyfarwyddiaeth. Mae hyn yn caniatáu arolygiaeth uwch ar gydymffurfiaeth o fewn Grwpiau Gofal, o ran y Safonau Cyflenwi Gwasanaeth a'r Safonau Gweithredu ynghylch nodi sgiliau a chwblhau'r cwrs Ymwybyddiaeth Iaith gorfodol yn benodol.

Casglwn ddata ar gyfer yr offeryn hwn trwy gynlluniau gweithredu gorffenedig, archwilio, data ESR, data gan y tîm cyfieithu ar ba geisiadau y maen nhw wedi'u derbyn ac o ymweliadau safle a hapwiriadau. Bydd yr offeryn hwn yn cael ei ddiweddaru'n fisol gan ddefnyddio'r ffynonellau gwybodaeth amrywiol hyn.

Cwynion

Ffynhonnell ddefnyddiol arall o wybodaeth am ba mor dda rydyn ni'n gwneud yw cwynion, a bydd y thema hon hefyd yn cynnwys trafodaeth ar y cwynion a gawson ni am ein gwasanaethau Cymraeg.

Eleni, cawson ni un gŵyn yn ymwneud ag un o'n cyrff a gynhelir, sef y Pwyllgor Gwasanaethau Ambiwlans Brys (EASC). Mae cyrff a gynhelir yn GIG Cymru yn gyrff â chylch gwaith cenedlaethol, ond cân nhw eu 'cynnal' neu eu cefnogi mewn amrywiol ffyrdd gan Fyrddau Iechyd neu Ymddiriedolaethau yn hytrach na bod yn sefydliadau llawn yn eu rhinwedd eu hunain, a pholisïau'r Byrddau Iechyd a'r Ymddiriedolaethau hynny ar gyfer y Gymraeg sy'n berthnasol i'r corff hwnnw a gynhelir. Roedd y gŵyn yn ymwneud ag aelod o'r cyhoedd sy'n byw yn ardal Bwrdd Iechyd Prifysgol Hywel Dda, a gwynodd i Gomisiynydd y Gymraeg nad oedd yn gallu lawrlwytho dogfen o ochr Gymraeg gwefan EASC. Roedd hyn oherwydd bod y ddogfen wedi'i huwchlwytho i ochr Saesneg y wefan yn unig, yn hytrach na'r ddwy ochr. Cychwynnodd Comisiynydd y Gymraeg ymchwiliad a phenderfynodd fod hyn yn groes i Safonau 39 a 60, a gofynnodd i Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg ac EASC gymryd camau i sicrhau nad oedd hyn yn digwydd eto. Mae'r broses o gydymffurfio â'r camau hynny yn mynd rhagddi ar adeg ysgrifennu'r adroddiad hwn.

Mae'r broses o gydymffurfio â'r camau hynny yn mynd rhagddi ar adeg ysgrifennu'r adroddiad hwn.

Sut mae gwaith o dan y thema hon yn croesgyfeirio â Safonau'r Gymraeg

Croesgyfeirio gwaith o dan y thema gyda Safonau'r Gymraeg		
Thema: Llywodraethu ac atebolrwydd		
Menter	**Rheswm dros y gwaith**	**Perthynas â'r gofyniad o dan Safonau'r Gymraeg**
Grŵp Llywio'r Gymraeg	Sicrhau bod grŵp strategol gyda ni gydag uwch-arweinwyr i ysgogi gwelliannau, gweithredu newid ac ymateb i flaenoriaethau polisi.	Safonau **1-121**, a sicrhau cynnydd gyda'r holl safonau ym mhob maes drwy grŵp llywodraethiant priodol ar gyfer y Bwrdd Iechyd cyfan.
Gwybodaeth busnes am ein cydymffurfiaeth	Sicrhau bod offeryn cynhwysfawr gyda ni i fonitro a dadansoddi cydymffurfiaeth ar draws y Bwrdd Iechyd, ac i adrodd yn gywir ar ein sefyllfa yn fewnol ac yn allanol.	Safonau **1-119**, drwy sicrhau bod dulliau priodol gyda ni o gasglu gwybodaeth busnes a dadansoddi ac arddangos hyn yn y fath fodd i sicrhau y gallwn flaenoriaethu gwaith datblygu; Safon **120**, i gefnogi ysgrifennu adroddiad perfformiad blynyddol Safonau'r Gymraeg drwy gael data craidd wrth law; Safon **121**, sy'n caniatáu i ni gael data wrth law ar ein cydymffurfiaeth os gofynna Comisiynydd y Gymraeg am hyn.
Cwynion	Sicrhau ein bod yn cofnodi cwynion am ein darpariaeth ddwyieithog ac yn cymryd y camau angenrheidiol.	Safon **115 a 120**, drwy gadw cofnod o'r cwynion ddaw i law ac adrodd arnyn nhw yn yr adroddiad hwn; Safon **39** y tro hwn, drwy ymateb i'r gŵyn a'r camau yr oedd angen i ni eu cymryd yn dilyn y penderfyniad bod EASC, sef corff a gynhelir, wedi torri'r safon hon.

Thema 5: Cynllunio'r gweithlu a recriwtio

Dyma'r olaf o'n pum thema a bydd gwaith o dan y thema hon yn anelu at ddadansoddi maint ein gweithlu dwyieithog a lle bo angen, cynyddu faint o'n staff sy'n siarad Cymraeg. Bydd y rhan hon o'r adroddiad hefyd yn cyhoeddi faint o staff sydd gyda ni sy'n siarad Cymraeg ac i ba lefel, a faint o swyddi rydyn ni wedi'u hysbysebu fel rhai sydd angen sgiliau yn y Gymraeg. Allwn ni ddim cynnig gwasanaeth iechyd gwirioneddol ddwyieithog i'r cyhoedd yn ardal BIP CTM oni bai bod gyda ni'r nifer cywir o staff dwyieithog; mae'r thema olaf hon yn cydnabod hyn ac yn manylu ar sut rydyn ni'n gweithio i adeiladu ein sylfaen o staff sy'n siarad Cymraeg.

Ein gweithlu dwyieithog

Rydyn ni'n disgwyl i holl staff BIP CTM nodi eu sgiliau iaith Gymraeg ar ESR, ein system gweithlu. Gwnawn hyn drwy nodi a oes gyda ni sgiliau ysgrifennu Cymraeg, sgiliau gwrando/siarad yn Gymraeg a sgiliau darllen yn Gymraeg, ac ar ba lefel o 0 i 5. Mae'r rhain yn golygu'r canlynol:

- 0: Dim gallu yn y sgil hon o gwbl,
- 1: Lefel mynediad ar y sgil hon, e.e. gallu ynganu enwau Cymraeg a dweud cyfarchiad sylfaenol,
- 2: Sylfaen,
- 3: Canolradd,
- 4: Uwch,
- 5: Hyfedr.

Rydyn ni wedi annog staff trwy gydol y flwyddyn i nodi eu sgiliau Cymraeg ar ESR mewn cydweithrediad â chydweithwyr yn ein hadran Dysgu a Datblygu. Canran y staff sydd wedi cofnodi eu sgiliau Cymraeg ar ESR yw 80% ar gyfer gwrando a siarad Cymraeg ac 81% ar gyfer ysgrifennu Cymraeg a darllen Cymraeg, sy'n gynnydd ar y llynedd pan oedd yn 78% ar gyfartaledd.

Gan droi at broffil ieithyddol gweithlu BIP CTM, mae'r graff isod yn dangos faint o'n staff sydd â sgiliau yn y Gymraeg.

O ran ein gallu i gynnig gwasanaethau yn Gymraeg, bydd staff gyda lefel 4 mewn sgil yn gyffredinol yn gallu defnyddio'r sgil hon yn y rhan fwyaf o sefyllfaoedd gyda chleifion a chydweithwyr, a dyna pam mai 'Uwch' yw enw'r lefel. Mae rhai staff a allai fod yn rhugl hefyd yn nodi'r lefel hon os nad ydyn nhw'n ddigon hyderus. Gellir casglu'n rhesymol o ganlyniad mai'r nifer o staff yn BIP CTM sy'n gallu siarad Cymraeg ar hyn o bryd yw 507 o leiaf (o'r rhai sydd wedi cofnodi eu sgiliau), wrth gyfuno'r staff hynny sydd wedi nodi Lefel 4 neu 5 ar gyfer gwrando/siarad.

Dadansoddiad o lefel sgiliau ar gyfer pob math o sgil (pob aelod o staff yn BIPCTM sydd wedi nodi'u sgiliau ar ESR)

	0	1	2	3	4	5
Writing/Ysgrifennu	8092	1511	290	173	188	262
Listening & Speaking/Gwrando a Siarad	7740	1871	295	197	223	284
Reading/Darllen	7873	1702	292	159	225	302

Number of staff with a particular lefel/Nifer o staff gyda lefel benodol

Writing/Ysgrifennu　Listening & Speaking/Gwrando a Siarad　Reading/Darllen

Mae dadansoddiad manylach o staff a'u sgiliau iaith fesul Grŵp Gofal i'w weld yn Atodiad 2.

O'i gymharu â'r llynedd, gallwn weld bod cynnydd bach wedi bod yn nifer ein staff â sgiliau Cymraeg. [6] Mae'r tabl isod yn cymharu 2021/2022 â 2022/23. Y rheswm mwyaf tebygol am y cynnydd hwn, sydd i'w groesawu, yw cynnydd yn y staff hynny sy'n adrodd eu sgiliau Cymraeg ar ESR am y tro cyntaf. Mae hyn yn golygu, lle nad oedd eu sgiliau Cymraeg wedi'u cofrestru o'r blaen, mae'r system bellach yn gallu cyfrif y sgiliau hynny. Mae'r cynnydd yn nifer y staff sydd wedi cofnodi eu sgiliau ar ESR eleni yn 1.2% yn uwch ar gyfartaledd fel y nodwyd uchod, sy'n cefnogi'r dadansoddiad hwn ymhellach. Mae'r cynnydd ar draws y math o sgil wedi'i fynegi fel canran hefyd o faint tebyg. Er enghraifft, mae'r cynnydd yn y staff hynny â Lefel 5 mewn gwrando/siarad, darllen ac ysgrifennu yn y Gymraeg yn 8% ar gyfer pob sgil, neu 22, 24 ac 20 o bobl yn y drefn honno. Mae hyn yn dangos, yn hytrach na bod y cynnydd hwn yn dod yn bennaf o staff yn ennill sgiliau newydd yn y Gymraeg neu yn sgil recriwtio bwriadus, fod staff presennol wedi cyrchu ESR ac wedi nodi beth yw lefel eu sgiliau ar gyfer pob un o'r tri math o sgil lle roedd angen iddyn nhw wneud hynny. Pe bai hyn ddim yn wir, fyddai'r cynnydd ar draws y math o sgil ddim yn unffurf.

Lefel	Gwrando/Siarad yn Gymraeg			
	2021/22	2022/23	Gwahaniaeth	Gwahaniaeth fel %
Lefel 0	7415	7740	+325	+4%
Lefel 1	1814	1871	+57	+3%
Lefel 2	263	295	+32	+11%
Lefel 3	189	197	+8	+4%
Lefel 4	208	223	+15	+7%
Lefel 5	262	284	+22	+8%
Level	Darllen yn Gymraeg			
	2021/22	2022/23	Gwahaniaeth	Gwahaniaeth fel %
Lefel 0	7547	7873	+326	+4%
Lefel 1	1636	1702	+66	+4%
Lefel 2	258	292	+34	+12%
Lefel 3	155	159	+4	+3%
Lefel 4	214	225	+11	+5%
Lefel 5	278	302	+24	+8%
Level	Ysgrifennu yn Gymraeg			
	2021/22	2022/23	Gwahaniaeth	Gwahaniaeth fel %
Lefel 0	7779	8092	+313	+4%
Lefel 1	1443	1511	+68	+5%
Lefel 2	261	290	+29	+10%
Lefel 3	163	173	+10	+6%
Lefel 4	176	188	+12	+6%
Lefel 5	242	262	+20	+8%

[6] Sylwch fod y niferoedd cyffredinol ar gyfer CTM y llynedd yn cynnwys staff sy'n gweithio mewn cyrff a gynhelir. Eleni, mae'r dadansoddiad wedi eithrio'r staff hynny sydd ddim yn gweithio i'r Bwrdd Iechyd. Mae'r niferoedd ar gyfer 2021/2022 a ddefnyddiwyd i gymharu niferoedd y staff gyda sgiliau Cymraeg ag eleni hefyd wedi eithrio staff o gyrff a gynhelir.

Rheswm arall y mae'r cynnydd hwn yn debygol o fod o ganlyniad i'r gweithlu presennol yn diweddaru eu sgiliau yw nad yw BIP CTM wedi hysbysebu nifer tebyg o swyddi Cymraeg hanfodol, fel y dangosir isod o dan 'Asesu a hysbysebu swyddi'.

Fodd bynnag, fydd staff sy'n cwblhau eu proffil sgiliau ar ESR ddim wedi cyfrif ar gyfer pob un o'r codiadau hyn, ac mae hyn yn arbennig o wir am y rhai â sgiliau Lefel 1 mewn 'Gwrando/Siarad Cymraeg'. Bydd y staff hynny sydd wedi cwblhau cwrs eleni, fel y Cwrs Blasu ar-lein ar gyfer gweithwyr proffesiynol Iechyd a Gofal Cymdeithasol, yn cael eu hychwanegu at gyfanswm y staff Lefel 1 mewn ESR ac wedi'u cynnwys yng nghyfanswm y staff sydd â sgiliau Lefel 1 ar gyfer 'Gwrando/Siarad Cymraeg' uchod. Mae mwy o fanylion am hyn isod o dan 'Dysgu Cymraeg yn y Gwaith'.

Dysgu Cymraeg yn y Gwaith

Rydyn ni wedi sôn uchod o dan Thema 3 sut rydyn ni wedi hyrwyddo'r Gymraeg yn fewnol, gan gynnwys hysbysebu cyrsiau i staff i wella eu hyder i ddefnyddio'r Gymraeg. Mae hyn wedi golygu bod 24 o bobl yn gyffredinol eleni wedi cysylltu â Thîm y Gymraeg yn gofyn am wybodaeth am ddysgu Cymraeg yn y gwaith, gyda gwybodaeth yn cael ei darparu. Mae staff yn cael eu hariannu'n llawn ac mae'n glir yn ein Polisi Dysgu a Datblygu y gall staff hefyd ddysgu Cymraeg yn ystod oriau gwaith. Yn ogystal, mae 18 o staff wedi llwyddo i gwblhau'r cwrs blasu Rhan 1 a 2 ar-lein i'r sector Iechyd a ddarperir gan y Ganolfan Dysgu Cymraeg Genedlaethol, a llongyfarchiadau i'r holl staff hynny sydd wedi ei gwblhau. Llongyfarchiadau arbennig hefyd i ddau o'n cydweithwyr yn yr Uned Cyn-asesu yn Ysbyty'r Tywysog Siarl a gwblhaodd y Cwrs Blasu yn bersonol ar safle'r ysbyty, i gyflwyno mwy o Gymraeg i'r uned ac yn y dderbynfa yn arbennig. Mae 22 o'n staff hefyd wedi dechrau cyrsiau Mynediad a Sylfaen yn y gymuned ar ôl nodi BIP CTM fel eu cyflogwr. Da iawn bawb!

Asesu a hysbysebu swyddi

Mae'r dadansoddiad isod yn dangos nifer y swyddi a hysbysebwyd fesul categori sgiliau iaith Gymraeg.

Cyfanswm nifer y swyddi gwag a hysbysebwyd fel:	Rhif
Sgiliau yn Gymraeg yn hanfodol	10
Sgiliau yn Gymraeg yn ddymunol	3370
Angen dysgu sgiliau Cymraeg wrth benodi i'r swydd	1
Sgiliau Cymraeg heb fod yn angenrheidiol	315
Cyfanswm nifer y swyddi gwag a hysbysebwyd 01/04/2022 i 31/03/2023	3696

Mae hyn yn ostyngiad o 2 swydd o gymharu â'r llynedd, pan hysbysebwyd 12 rôl fel swydd Gymraeg hanfodol. Roedd dwy rôl yn y Tîm Gwasanaethau Cymraeg, ac roedd y gweddill ar gyfer ein Switsfwrdd, mewn rolau gweinyddol neu ar un achlysur i Weithiwr Cymorth Gofal Iechyd. Bydd recriwtio mwy o staff sy'n siarad Cymraeg a chefnogi ein gweithlu presennol i wella eu hyder i ddefnyddio'r Gymraeg sydd gyda nhw yn cael blaenoriaeth y flwyddyn nesaf wrth i ni adeiladu ein gweithlu dwyieithog a thyfu ein hethos dwyieithog yn BIP CTM.

Yn gyffredinol, mae mwy o staff sy'n siarad Cymraeg gyda ni nag oedden ni'n meddwl yn wreiddiol, ac mae rhai staff yn asesu swyddi i weld a oes angen iddyn nhw recriwtio staff sy'n siarad Cymraeg cyn hysbysebu. Mae'r ffaith bod 3370 o swyddi wedi'u hysbysebu fel rhai lle mae sgiliau Cymraeg yn ddymunol, yn hytrach na nodi'n benodol nad oedd angen unrhyw sgiliau Cymraeg fel yn achos 315 o swyddi, yn dangos bod y categori 'Cymraeg yn ddymunol' yn aml yn ddatganiad gonest y byddai'r rheolwr recriwtio yn croesawu ymgeiswyr sydd â sgiliau yn y Gymraeg. Mae hyn oll yn sylfaen gadarn i ddechrau arni wrth i ni edrych y flwyddyn nesaf i wella'r ffordd rydyn ni'n trin y Gymraeg wrth recriwtio i swyddi.

Sut mae gwaith o dan y thema hon yn croesgyfeirio â Safonau'r Gymraeg

Croesgyfeirio gwaith o dan y thema gyda Safonau'r Gymraeg		
Thema: Recriwtio a chynllunio'r gweithlu		
Menter	**Rheswm dros y gwaith**	**Perthynas â'r gofyniad o dan Safonau'r Gymraeg**
Ein gweithlu dwyieithog	Monitro nifer y staff sy'n siarad Cymraeg sydd gyda ni, fel ein bod yn gwybod ble i gynyddu'r nifer hwn lle mae angen.	Safon **96**, drwy ei gwneud yn ofynnol i staff gofnodi eu sgiliau iaith ar ESR a Safon **116**, drwy gadw cofnod o bwy yn ein sefydliad sy'n siarad Cymraeg ar ESR.
Dysgu Cymraeg yn y Gwaith	Cefnogi staff i ddysgu Cymraeg yn y gwaith, drwy hysbysebu cyrsiau, cyfeirio staff atyn nhw a thalu ffioedd cyrsiau.	Safonau **99, 100 a 101** trwy hwyluso dysgu Cymraeg yn y gwaith mewn amrywiol ffyrdd.
Asesu a hysbysebu swyddi	Asesu swyddi i benderfynu a ydyn ni'n hysbysebu'r rôl fel un sydd angen sgiliau yn y Gymraeg i gynyddu ein gweithlu dwyieithog.	Safon **106**, drwy asesu rhai o'n swyddi i benderfynu a oes angen sgiliau yn y Gymraeg ai peidio; Safon **117**, drwy gael mecanwaith yn ei le i sicrhau ein bod yn derbyn data ar ba sgiliau oedd eu hangen ar gyfer swyddi a hysbysebwyd ar ddiwedd pob blwyddyn ariannol.

Atodiad 1:
Rhestr o ardaloedd y rhoddwyd Pecyn Iaith iddyn nhw

Isod mae rhestr o'r ardaloedd sydd wedi derbyn pecyn iaith yn rhan o'n cynllun hyrwyddo mewnol a ddisgrifir o dan Thema 1 uchod, rhwng Tachwedd 2022 pan oedden nhw ar gael gyntaf a diwedd mis Mawrth 2023. Er nad yw darparu'r pecynnau yn golygu ein bod o reidrwydd yn cydymffurfio, mae'n golygu bod y sefydliad wedi sicrhau bod gan staff y wybodaeth a'r adnoddau i allu cydymffurfio. Gellir gweld y pecynnau fel ymyriad cynllunio ieithyddol pwysig o ystyried yr adnoddau amrywiol sydd ynddyn nhw, ac felly mae'r rhestr isod yn bwriadu dangos y cynnydd a wnaed wrth eu lledaenu. Mae dros 60 wedi'u darparu, ac mae gan ardaloedd fwy nag un lle mae sawl safle gyda nhw.

- Gwasanaethau Pediatrig YTS, YBM a POWH,
- SCBU yn POWH,
- Dieteg ar draws CTM,
- Therapi Iaith a Lleferydd, YTS
- Gwasanaeth Ffisiotherapi Paediatrig YTC
- Y Gwasanaeth Deintyddol Cymunedol ar draws CTM,
- Bydwreigiaeth Gymunedol YCC,
- Uned Monitro Cardiaidd YBM,
- Endosgopi YTC ac YTS,
- Therapi Galwedigaethol Pobl Hŷn YGT,
- Cleifion Allanol y Genau a'r Wyneb YTS,
- Gynaecoleg ac Iechyd Rhywiol YBM ac YCR,
- Ward 6 YTS,
- Ward Mamolaeth YTS,
- Gwasanaethau Gofal Lliniarol BM, YCC ac YTC,
- Ward 12 YTC,
- Tîm Ysgolion Iach (Iechyd y Cyhoedd),
- Uned cyn-asesu YTS,
- Therapi Iaith a Lleferydd, YGT
- Ward B2, YCR
- Ward C3 YCR a'r
- Adran Caplaniaeth a Gofal Ysbrydol.

Atodiad 2:
Sgiliau Cymraeg fesul Grŵp Gofal

	Lefel	CH&F	Corfforaethol	DTS	MH	PC	PC&C	Heb ei drefnu	COO	CYFANSYMIAU
Ysgrifennu	0	761	758	979	886	1253	944	1451	1060	**8092**
	1	162	255	223	95	160	369	173	74	**1511**
	2	20	57	59	37	43	29	35	10	**290**
	3	20	18	30	23	17	27	29	9	**173**
	4	24	25	32	18	27	25	31	6	**188**
	5	27	34	67	34	18	38	36	8	**262**
	Lefel	**CH&F**	**Corfforaethol**	**DTS**	**MH**	**PC**	**PC&C**	**Heb ei drefnu**	**COO**	**CYFANSYMIAU**
Gwrando/ Siarad	0	723	702	906	861	1216	892	1416	1024	**7740**
	1	203	309	286	125	218	423	195	112	**1871**
	2	23	49	65	35	40	29	43	11	**295**
	3	23	27	38	27	22	28	22	10	**197**
	4	27	31	36	22	28	25	45	9	**223**
	5	27	37	70	35	21	46	39	9	**284**
	Lefel	**CH&F**	**Corfforaethol**	**DTS**	**MH**	**PC**	**PC&C**	**Heb ei drefnu**	**COO**	**CYFANSYMIAU**
Darllen Cymraeg	0	739	723	931	867	1237	913	1425	1038	**7873**
	1	184	285	256	115	179	398	192	93	**1702**
	2	22	52	66	32	40	31	39	10	**292**
	3	18	22	28	19	16	25	23	8	**159**
	4	25	29	35	29	32	27	39	9	**225**
	5	34	41	76	34	23	46	39	9	**302**

Cofiwch y canlynol:
- Yn y data a ddarparwyd roedd 7fed Grŵp Gofal, 'Grŵp Gofal y Banc', yn cynnwys 9 aelod o staff. Ychwanegwyd y rhain at y cyfanswm ar gyfer y 'Grŵp Gofal Corfforaethol' o ystyried eu rolau;
- Mae'r Grŵp Gofal Corfforaethol yn cynnwys y cyrff y mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn eu cynnal (cyrff a gynhelir). Mae'r rhain wedi'u heithrio o'r set ddata hon, a dim ond gweithwyr BIP CTM sydd wedi'u cynnwys;
- Mae'r talfyriadau yn golygu'r canlynol gyda gwasanaethau nodweddiadol y maen nhw'n eu darparu hefyd wedi'u nodi:
  - o CH&F: Grŵp Gofal Plant a Theuluoedd (Pediatreg, Mamolaeth, Bydwreigiaeth, Iechyd Rhywiol),
  - o Corfforaethol: Grŵp Gofal Gwasanaethau Corfforaethol (Gweinyddol a Chlercol, TG, AD, rolau proffesiynol, anghlinigol amrywiol),
  - o DTS: Grŵp Gofal Diagnosteg, Therapïau, Fferylliaeth a Gwyddorau Iechyd (Radioleg, Awdioleg, Ffisiotherapi, Therapi Galwedigaethol, Iaith a Lleferydd, Dieteteg, Podiatreg, Fferyllfeydd, Patholeg),
  - o MH: Grŵp Gofal Iechyd Meddwl ac Anableddau Dysgu (CAMHS, wardiau cleifion mewnol IM, gwasanaethau IM cymunedol),
  - o PC: Grŵp Gofal wedi'i Gynllunio (Gwasanaethau Cleifion Allanol, wardiau llawfeddygol, llawdriniaeth),
  - o Heb ei drefnu: Grŵp Gofal Heb ei Drefnu (wardiau meddygol acíwt, Adrannau Argyfwng ac Unedau Mân Anafiadau),
  - o PC&C: Grŵp Gofal Sylfaenol a Chymunedol (Rhai gwasanaethau Gofal Sylfaenol megis meddygfeydd a reolir, nyrsio ardal, clinigau cymunedol, wardiau ysbytai cymunedol),
  - o COO: Prif Swyddog Gweithredu (Ystadau, Cyfleusterau a gwasanaethau domestig, Porthorion, Arlwyo).

Atodiad 3: Data hyfforddiant staff

Dadansoddiad o nifer y staff sydd wedi cwblhau hyfforddiant sy'n berthnasol i Safonau'r Gymraeg 99(a) 102. Nid oes unrhyw staff wedi dilyn hyfforddiant sy'n berthnasol i Safon 99(b), 100 neu 101 yn fewnol ar hyn o bryd ond anelwn weithio tuag at newid hyn y flwyddyn adrodd nesaf. Nid ydym yn casglu data perthnasol i Safon 103 ar hyn o bryd ond anelwn weithio tuag at newid hyn y flwyddyn adrodd nesaf. Mae'r niferoedd ar gyfer sesiynau tîm a Safon 102 yn isel ond dylid cofio bod y rhain yn grwpiau arweinyddiaeth ac yn ddylanwadol o ran datblygiad dwyieithog ehangach gan y byddant yn rhaeadru'r negeseuon cywir i lawr.

Safon 99(a)	
'Cwrs Blasu' ar lein i ddechreuwyr	18
Cyrsiau Mynediad/Sylfaen yn y gymuned	22
Sesiwn Blasu 2 awr yn rhan o ddarpariaeth Cymraeg Gwaith	2
Safon 102	
Sesiwn Fforwm Proffesiynol Uwch Nyrs CTM a Nyrs Arweiniol	15
Fforwm Rheolwyr Ward ar gyfer Ysbyty'r Tywysog Siarl	12
Diwrnod Datblygu Rheolwyr Ward Ysbyty Cwm Rhondda	3
Diwrnod Datblygu Nyrs Practis	20
Staff Therapïau Band 5 newydd	25
Tîm Datblygu iCTM	5
Ymwybyddiaeth Iaith ar ESR hyd at 31 Mawrth 2023	5,040

Welsh Language Standards Annual Performance Report for Cwm Taf Morgannwg University Health Board 2022/23

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymreag.

This document / form is also available in Welsh

Contents

About this report

This report is about what Cwm Taf Morgannwg University Health Board has done this year to provide its services in Welsh. We talk about our strategic approach to embedding Cymraeg throughout our organisation and what we've done this year to promote our language and its use in the care we give and services we provide. We're keen to share with you how hard we've worked this year to weave bilingualism into all we do, and the initiatives we've done as part of this. Welsh is important to us as it is to many in the communities we care for. This report talks about the concrete steps we've taken which shows this commitment.

This report has also been written under Welsh Language Standard 120, which requires us to publish a report on how we've complied with the Welsh Language Standards in our compliance notice. Our compliance notice sets out what we have to do by law in Welsh, and is available to read **here**.

The report was presented to our People and Culture Committee, a committee of the Board, in August 2023 and approved for publication. The minutes of that meeting where the report was discussed will be available to read **here**.

We welcome your comments on this report and our bilingual services. If you would like to get in touch with us, please send us a message at **CTT_WelshLanguage@wales.nhs.uk** in Welsh or English.

And finally, use the Welsh you have with us. We encourage everyone to speak Welsh, as you have the right to.

Chief Executive's Foreword

I am pleased on behalf of Cwm Taf Morgannwg University Health Board to publish our Annual Performance Report this year under Welsh Language Standard 120, to inform our service users of how we've complied with the Welsh Language Standards.

It's been a year of significant development for the Welsh language in our Health Board. From setting out our new strategic approach to Cymraeg to innovative developments, such as introducing our e-whiteboards to sites with their ability to digitally display patient language need, once again Cwm Taf Morgannwg UHB is showing it can lead on the Welsh language agenda.

The new More Than Just Words 5-Year Plan also makes clear the scale of ambition for Welsh language services in NHS Wales, and whilst this report concentrates on how we've complied with our statutory duties under the Welsh Language Standards, the work showcased in this report makes clear we've hit the ground running with the core aim of that plan, which is to ensure Welsh is an integral part of our organisational life for those we care for and for those who work here.

Welsh is just as important to us as it is to many in the communities we care for, and this report shows how we've put that rhetoric to work.

I hope you enjoy reading about the work we've done this year to embed Welsh in our services, and that it gives you the confidence to use your Welsh with us.

Paul Mears,
Chief Executive Officer, Cwm Taf Morgannwg University Health Board

Executive Summary

Welsh is important to the communities we care for, and it's important to us too. Our report this year shows in detail the commitment of our Health Board to Welsh, but also our determination to become a leading organisation for Welsh language and culture. It sets out our new strategic approach to embedding Cymraeg throughout the Health Board and the actions we have taken to promote Welsh as part of our five themes.

Readers will see that we've focused a lot this year on cultural and behavioural change as part of the Communications & Engagement theme, where we recognise that a long-term, sustainable increase in our bilingual provision will mean a change in culture and in behaviours. As noted in the new More Than Just Words 5 Year Plan for Welsh in NHS Wales from Welsh Government, "Cultural change does not happen through systems and processes. It happens through co-production and collaboration from Board to ward, from leaders to frontline care staff...". We agree, and our new Internal Welsh Language Promotion Strategy under this theme details how we intend to talk about Welsh and promote the language internally, grounded in behaviour change theory. Highlights as part of this plan this year was our staff event to which over 80 staff came, creating our new Ward & Service Packs and our new Corporate Induction and Welsh Language awareness material, all of which have been designed around communicating for cultural change.

Other highlights include integrating behavioural theory and 'nudges' into how we offer our services, with our new e-whiteboards an innovative example. Rather than expecting in-patients to repeat their language preference across the Health Board to several staff, our new e-whiteboard system on wards displays the language preference of patients electronically. This means their language preference is visible to all staff. It also facilitates the default offering of services in Welsh by allowing staff to search for Welsh-speakers on wards when planning ward rounds. Another example of nudging is adding a message to our website this year encouraging users to contact us in Welsh and noting how to access the Welsh version of the page.

After identifying gaps this year, several wards and departments have committed to improving their bilingual provision. Over 50 areas have agreed a Welsh Language Development Action Plan, allowing them to increase their use of Welsh in their areas. Therapies services accounted for many of these, and given the significant amount of care the five Therapies professions provide, to in-patients and outpatients alike across their 32 teams, this has covered a sizable portion of the Health Board's services. This was done in collaboration with teams and local clinical management, making clear how effective co-production and collaboration can be when improving our bilingual provision.

From thinking more strategically about how we promote Welsh, viewing this agenda through cultural and behavioural change, buildling in 'nudge' theory into some aspects of how we offer services and our concrete improvement plans for areas, Cwm Taf Morgannwg University Health Board has performed strongly in meeting its statutory obligations under the Welsh Langauge Standards this year.

But meeting our statutory obligations means better services for our Welsh-speaking public, which is what drives us to further progress and embed this agenda into everything we do.

Felly defnyddia dy Gymraeg gyda ni, mae hawl gyda ti!
So use your Welsh with us, you have the right to!

Planning strategically: Introducing the five themes

Welsh is just as important to us as it is to the communities we care for and serve. Therefore, we want to ensure we are doing all we need to do so to ensure that this rhetoric meets reality in the day-to-day interactions of our patients with our services. This requires an appropriate strategic response to make the improvements we want to see in our bilingual services. The recent publication of the More Than Just Words Plan 2022-2027, available to read **here**, also makes it clear what the scale of ambition is for Welsh language services in NHS Wales. We understand this ambition will mean looking at this agenda differently, and that the strategic response required is multifaceted. This year we have agreed that we will need to look at the work we do for Welsh under the following themes. These themes will structure how we think about our annual work plans to meet both the Welsh Language Standards and the expectations under the More Than Just Words Plan, which in turn will influence our wider strategic planning as we explain below.

These five themes are:

Communications & Engagement	• Culture and behaviour change among our workforce • Promoting our services within our communities
Action Planning and Monitoring	• Agreeing Bilingual Development Plans and supporting areas to develop their Welsh provision • Compliance audits & screening policies and changes
Employee Experience and Our Bilingual Workplace	• Using Welsh at work and our bilingual ethos • Networking between staff
Governance and Accountability	• Our assurance processes for Welsh language policy • Risk registers and recognising issues appropriately
Recruitment and Workforce Planning	• Understanding our bilingual workforce • Planning to increase our bilingual workforce

These themes structure our Delivery Plan for Welsh Language Services, which sets out what the priorities are over the next 5 years. This Delivery Plan in turn feeds into our People Plan for the Health Board, as part of our wider organisational strategy, CTM2030. You can find more information on that ambitious strategy for healthcare services in our Health Board **here**. This means that we have a clear strategic direction for Welsh, thread through wider Health Board strategic planning. Adopting a strategic approach in how we embed Cymraeg into our organisational life is a step forward for bilingual services in CTM UHB and those who use

our services, We look forward to working through our annual work plan structured around these themes in partnership with staff across the Health Board.

We will structure the rest of this report, and future reports, by updating the public and our other partners and stakeholders on our progress in this area under these five themes.

Theme 1: Communications & Engagement

Embedding Welsh across a large and complex healthcare system will mean a change in our organisational culture, which will mean enabling people to change their behaviours. But change in behaviour does not happen in a vacuum, and our staff will need the support and resources to do more in Welsh. Accepting this means we can start to think strategically about what needs to happen to encourage the change in behaviours we need to see across the system, so that whenever a person who speaks Welsh wants to use Welsh, they are able to do so without any friction or resistance.

This is why we have put Communications and Engagement as the first of our five themes which we will focus on. This is what we've done this year under this first theme.
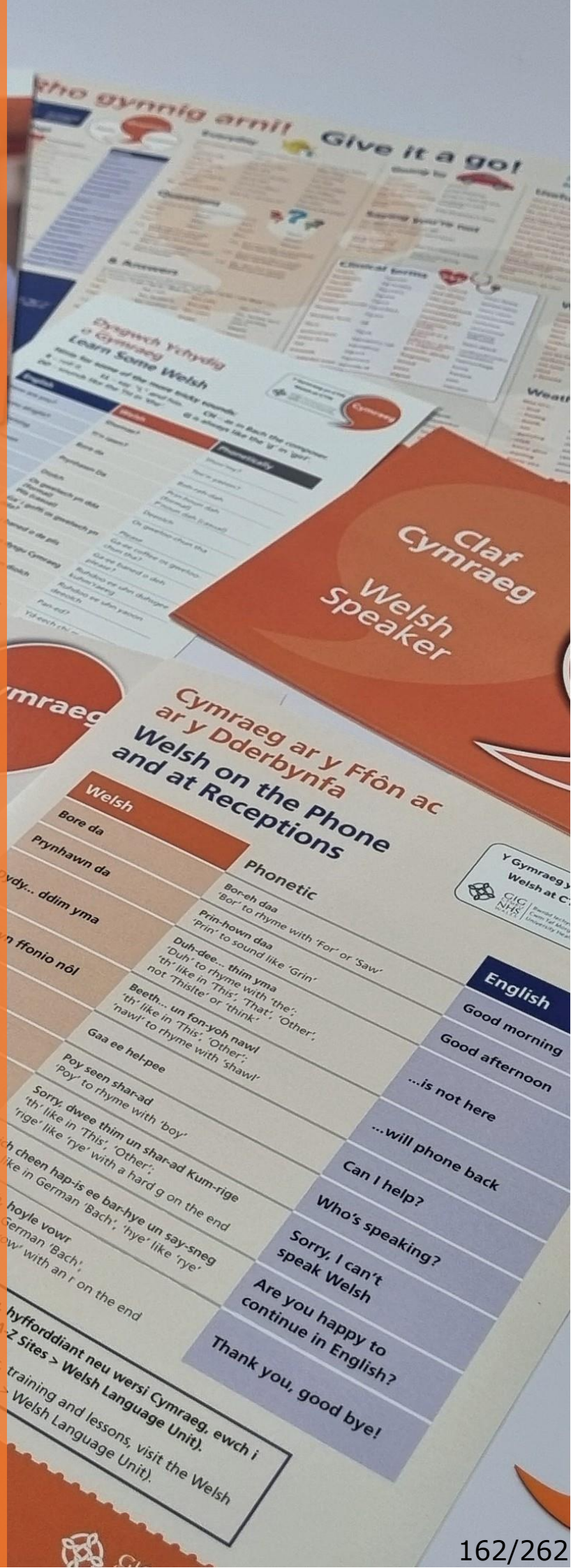
Internal Welsh Language Promotion Strategy

This year we've looked at two things critically. The first is how we talk about Welsh, the second is how we promote the language. When we reviewed these elements, we decided that we needed a step change in how we have talked about Welsh up until now, and that we need a more strategic approach to promoting Welsh across the Health Board.

This led to the development of our first Internal Welsh Language Promotion Strategy, available **here**. It sets out a checklist so that when we talk about Welsh with staff, we do so in a way that presents Welsh:

- in a positive way, with simplified messaging and clear information (**E**asy),
- in an attractive and engaging way (**A**ttractive),
- in a way that centres the patient experience and Welsh as something that belongs to all in our Health Board (**S**ocial) and
- in a timely way (meaning at the right time, and by capitalizing on certain days and events) (**T**imely).

These principles form the EAST pneumonic and are the basis of a tried and tested way of communicating strategically for behaviour change.[1]

We have also set out what actions we will take to promote Welsh among our staff so that they are able in turn to increase the services they can offer in Welsh. We've done this using the well-known COM-B model of enablement.[2] This means looking at the barriers staff face to increasing their bilingual provision from the perspective of their capability to do so (**C**apability), the environment they work in and the resources they have (**O**pportunity), and their motivation to improve their bilingual services (**M**otivation). When these three aspects are planned for properly, this should lead to the change in **B**ehaviour we want to see.

By looking at these two elements together, communication and promotion, both guided by behavioural insights, we are engaging with our workforce in a more meaningful way and moving away from simply repeating to staff what the requirements for Welsh are with little appreciation of the barriers they're facing.

As part of that internal promotion plan this year, this is what we have done.[3]

Staff event in October 2022

In October 2022, a few weeks after the publication of the new More Than Just Words 5-year Plan, we held a staff event online, 'More Than Just Words in CTM: Moving Forward'. We wanted to reset the way Welsh is seen in CTM and inspire staff to use the Welsh they have and take those small but impactful steps to do more in Welsh. We presented a video, where staff talked about what Welsh has meant for their patients and themselves, and where local people living in CTM talked about their experiences of using Welsh in healthcare. We were also privileged to welcome Dr Catrin Hedd Jones of Bangor University to talk about the importance of care in Welsh from a clinical perspective, with a particular focus on Dementia. We also presented our five themes, seen

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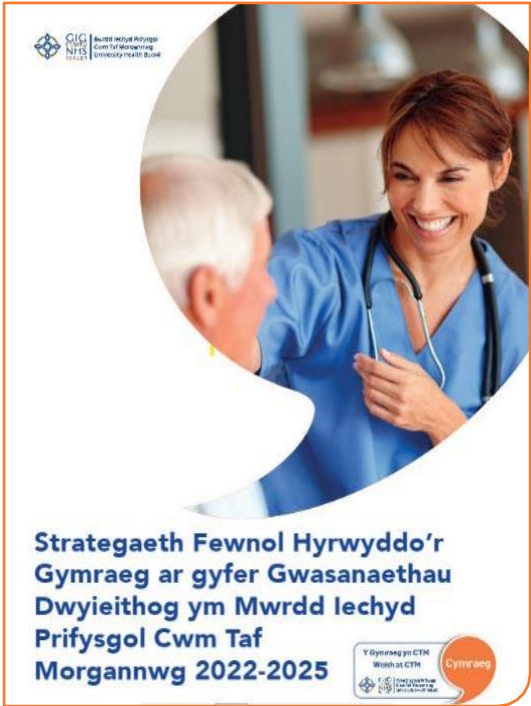
[1] Service, Owain et al,. 2012. EAST: Four Simple Ways to Apply Behavioural Insights. London: BIT; Government Communications Service, 2012. Strategic Communication: A Behavioural Approach. London: Government Communications Service.
[2] Michie et al, The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science 2011, 6:42, 1-11.
[3] The links between these interventions and behaviour change theory are explained in our Internal Welsh Language Promotion Strategy, available **here**.

above, to structure our work for Welsh, showing those who attended that there is a clear sense of direction and momentum for this agenda.

Over 80 staff came to the event, and the positivity from Board to ward was palpable. Opened by our Chief Executive with closing remarks from our Executive Sponsor for Welsh and one of our Independent Members, the event marked a renewed enthusiasm for bilingual services from many areas.

Dr Catrin Hedd Jones
@CatrinHedd

3 great suggestions from staff in @CwmTafMorgannwg today for ⬆Welsh provision: Welsh speakers uniforms have the logo embroidered on, Magnets on beds, Welsh speaker ID on staff email. All seem to be in the pipeline and possible thanks to the Welsh language services team.

DW I'N DYSGU CYMRAEG

hapus i siarad Cymraeg!

2:14 PM · Oct 14, 2022

5 Retweets   15 Likes

Vicki Wallace
@oxleyvix

Fab session from @DrBenAlun on how we progress the delivery of #MoreThanJustWords & the importance of delivering our services in Welsh. Key element of #CTM2030

1:54 PM · Oct 14, 2022

2 Likes

Ward and Service Packs

Another achievement as part of our internal promotional plan this year is developing and sharing our Ward and Services Packs. The packs include posters to encourage staff to use the Welsh they have, posters to display what we do bilingually, phrase cards, bed magnets and cards to support the Active Offer, bilingual feelings and emotions cards to use with children so that they can tell staff how they're feeling, the Iaith Gwaith poster, lanyards and badges, desk triangles with phonetic prompting and a bilingual Staff Guide, which explains why services in Welsh are important and what we do bilingually (more on the guide below).

The resources aim to tackle a number of barriers staff have identified to using more Welsh and providing bilingual services, including a lack of confidence to use Welsh, a lack of understanding about what we need to do bilingually and a lack of

appreciation of why it's important. So far, we've shared over 60 of the packs, with enough being shared for each area with more than one location to have one pack each. See Appendix 1 for list of all areas who've had a pack.

Information for staff

The packs described above include our Staff Guide to Welsh Language Services in printed form, so that staff have something they can turn to without having to log in to the system in clinical areas. The guide is also available for all staff, including operational and senior managers, in electronic form. This bilingual guide leads with why we offer services in Welsh, using patient stories to do so, as well as explaining in practical terms what we need to do bilingually. It then turns to how staff can be supported and describes what resources are available to them. When talking about what we do in Welsh, it leads with the Active Offer and theory behind this, before turning to the other aspects of what we do in Welsh as well as English. It also includes examples of how each requirement under the Standards has been successfully implemented in one area of the Health Board, to share best practice with other colleagues. The sharing of best practice is also important, as this 'social proof' can be really effective in encouraging the take-up of new behaviours. The guide also aims to embolden under-confident staff to use the Welsh they have, right at the start, so that staff do not feel they are unable to offer services in Welsh because their skills do not allow them to. Welsh belongs to all of us at CTM UHB, no matter how much Welsh we know, and this guide is a large contribution to that ethos.

We have also developed a guide especially for Communications and Engagement. The guide breaks down how staff can best use Welsh on websites, when arranging events and meetings, when using social media and in other aspects of communicating with the public. This is another example of providing high-quality and attractive advice to our staff, to better equip them to provide services in Welsh.

Corporate and local inductions

Inductions are an important opportunity to imprint our organisational values and expectations around behaviour to our new employees, and a way of ensuring they understand our approach to bilingual services at CTMUHB. This year we were proud to have our new content, 'Welsh at CTM' created professionally, which will be used as part of corporate induction as part of our internal promotional plan. The video's core message is that Welsh is just as important to us as it is to many in the communities we care for and serve. It also encourages staff to use the Welsh they have. The video also explains what support there is for staff to use Welsh at work and what resources are available, again targeting those barriers often identified by healthcare staff to doing more in Welsh. Using patient stories and staff testimony, the video is another tool in our behaviour change armory. This video will also be used at local inductions and will be a core part of our language awareness sessions too.

Language awareness sessions

Talking about Welsh and its impact on care and the patient experience is important and this year we have talked about language equality for Welsh speakers, at the following meetings, as part of our promotion plan:

- CTM Senior Nurse and Lead Nurse Professional Forum in June 2022,
- Ward Manager Forum for Prince Charles Hospital in June 2022,
- Ward Manager Development Day in Ysbyty Cwm Rhondda in June 2022
- Practice Nurse Development Day in November 2022,
- New Band 5 Therapies staff in December 2022,
- iCTM Development Team, who lead on service improvement, in February 2023.

As part of this, we have redeveloped our language awareness so that it:

- Is fully cited, using examples from clinical and psychological research on the importance of the Active Offer and of care in Welsh for Welsh speakers, linking theory to practice. We will keep the information up to date as research is continually published and will work with our own clinical staff to do this as well as others;
- Uses real-world examples so that the research is linked to patient experiences from CTM UHB;
- Is tailored to the socio-linguistic and cultural make-up of the communities that CTM UHB cares for and serves;
- Uses professionally-designed audio-visual content to encourage engagement;
- Is designed well and attractive.

Those who took part in the Band 5 Therapies session in December 2022 evaluated their awareness session this year. All felt they had learned something new, and most importantly, most were either 'very inspired' or 'somewhat inspired' to use more Welsh at work in the NHS. This training is effective in encouraging our staff to think differently about Welsh and we'll aim to use this training as the basis of our conversations this year with as many of our staff as possible.

Another step forward for cultural change in NHS Wales has been the mandating of a short language awareness module on ESR, the workforce system used by NHS staff. This module also centres the patient experience to
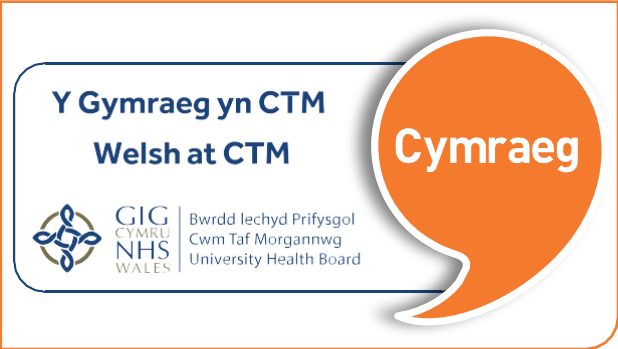
build that all-important motivation to make the Active Offer and improve our bilingual services for those we care for. It was mandated by the Health Board on 30th January and, as of March 31st, over 40% of staff had completed it.

More data on the numbers of staff who have completed training related to Welsh can be found in Appendix 3.

Our brand for Welsh at CTM

Another element of our internal promotion plan is developing our brand for Welsh at CTM with our logo for Welsh language development work. It's important Welsh is seen as something that belongs to our organisation and is part of the fabric of our organisational life.

All of the above is essential to this, but a logo and branding will also help engender that feeling of belonging, as well as ensuring that our resources and material are attractively designed with a common theme.

Promoting our services externally

CTM UHB recognizes we need to promote our commitment to Welsh among our services users to inspire confidence in their availability and quality of Welsh Language Services. We also understand that the more something is pro-actively offered, the more likely it is that people will use Welsh with us. Welsh Language Rights Day, promoted annually every December, is a great opportunity to share with the public what your rights are to use Welsh with your Health Board. We've capitalized on the opportunity this day provides to talk about your right to use Welsh with us. To do this we took advantage of our website and our social media platforms on the day such as **Twitter**.

We also published a write-up of our work this year to develop our Welsh language services, available **here**. The write-up online included an explainer video on what rights you have to use Welsh with us, and we explained what you can expect to do and see in Welsh within Primary and Secondary Care. As part of that, we shone a spotlight on the commitment to language equality within one of our dental practices and within many of our Secondary Care services.

The ward and service packs we described above also include as standard a poster with the 'Iaith Gwaith' symbol, a lanyard and a badge, with services being able to request more than one where needed. This will allow them to promote their ability to use Welsh and identify themselves individually as Welsh-speakers. Everyone has the right to use Welsh within CTMUHB anywhere at any time. Whenever this sign is displayed or a member of staff is wearing this logo on their uniforms or on a lanyard, defnyddia dy Gymraeg gyda ni [Use your Welsh with us!]; it denotes there is someone who can speak welsh in that area.

We've really worked hard this year and took a critical look at how we present the Welsh language agenda, and decided an enabling approach and cultural and behavioural change perspective were needed to move this work forward. Getting this aspect right means that staff will be more likely to provide more of their services in Welsh without needing to be told or reminded to do so, and that is how compliance with the Welsh Language Standards becomes the norm, just something we do. However, it's also important we recognise that providing services in Welsh is the law now, and so below in Table 1 we cross-reference this work with the Welsh Language Standards and show where this work will support compliance.

How work under this theme cross-references with the Welsh Language Standards

Cross-referencing work under the theme with the Welsh Language Standards		
Theme: Communications & Engagement		
Initiative	**Reason for work**	**Relationship with requirement under WL Standards**
Staff event	Begin a series of conversations across our organisation about the importance of Welsh to many of our patients and was led by clinical experts and Board-level leadership.	Long-term cultural change which leads to a greater appreciation of the Welsh language and its importance will mean sustainable progress in complying with the Welsh Language Standards. This event set out the improvement we need to see, the reasons why we need to see this improvement and what support is available to meet the Standards, supported by Board-level senior leadership.
Ward and Service packs and Information for Staff	The aim of the Ward and Service Pack is to provide staff with useful resources to help them use more Welsh as well as ensure they have accurate and attractive guidance on what we do bilingually. The theory behind the guides and the resource pack from an enabling approach perspective can be found in our Internal Promotion Plan **here**.	• Standards **1-7**, by explaining how we need to treat Welsh within correspondence and where staff can get support; • Standards **17-20** by explaining how we need to treat Welsh when people call us and by providing staff with resources to prompt them to use Welsh greetings and to use the Welsh they have on the phone; • Standards **21-22ch** and Standards **25-32** by explaining how we need to treat Welsh when arranging meetings or events and where staff can get support with bilingual meetings and events; • Standards **23 & 23A** by explaining the Active Offer concept and the theory behind it, and by providing small cards and bed magnets that can be used to denote Welsh-speaking in-patients on the wards; • Standards **33 & 34** and **47 to 49** by explaining what we need to do when displaying information and when erecting signs, and where staff can get support to ensure they're bilingual;

		• Standards **37 and 38** by explaining how we ensure documents and forms need to be bilingual and promote their Welsh versions, and where to get translation; • Standards **39-44** by explaining how we should treat Welsh on our websites and apps, how to use our content management system to ensure our content is bilingual and where to get translation; • Standards **45 & 46** by explaining how we should treat Welsh on social media and where to get support to ensure our content is bilingual; • Standards **50-53**, by explaining how we should treat Welsh at receptions, by sharing resources to prompt staff to use Welsh greetings and by sharing the 'Iaith Gwaith' poster to promote any Welsh-language service on receptions; • Standard **60 & 105**, by providing staff with a 'Iaith Gwaith' poster to promote the Welsh language service they're able to provide, and by providing lanyards and badges to staff to identify themselves as Welsh speakers; • Standard **104**, by explaining why we have bilingual email signatures and out-of-office signatures, and signposting staff to where they're able to download a logo to identify themselves as Welsh speakers in emails and download a wording for their out-of-office.
Corporate & local inductions	The aim is to talk about the importance of Welsh to us and the communities we care for, and where staff can be supported, using engaging content at a crucial time for maintaining organisational culture. We also talk about what we do in Welsh in various aspects of providing our services, supporting compliance with the Service Delivery Standards.	Standard **103**, by ensuring that our corporate induction talks about why we offer services in Welsh.

Language awareness	Aside from corporate & local inductions, we need to talk about the theoretical and clinical aspect of care in Welsh, present the research, build in patient testimony and talk in more detail about the support the Health Board offers its staff to do more in Welsh. Our language awareness content does all these things. We also strongly encourage our staff at regular intervals to complete the brief course on ESR for the same purpose.	Standard **102**, as our fully-cited and research-based language awareness content can be considered a short training course for staff on language awareness.
Our brand for Welsh at CTM	Welsh needs to be seen as something CTM does, and not something CTM has done to it. It needs to be seen as part of the fabric of our organisational life and just another aspect of service delivery. All of our work aims to ensure this happens, but our logo and brand for all Welsh language development work will strengthen the feeling that this is 'our' agenda.	Standard **104**, by providing a logo and brand we can use for, among other things, email signatures so staff can identify themselves as Welsh speakers.
Promoting our services externally	The public aren't always aware of what their rights to use Welsh are, and promoting services is important anyway as pro-actively offering a Welsh language service and removing any perceived or real barriers to Welsh language services can significantly increase their use. This is why we've taken small steps this year to promote what we can offer in Welsh, using Welsh Language Rights Day and visual resources to do so.	Standard **60**, by talking about our commitment to using Welsh in a positive way and promoting the steps we've taken to improve our bilingual provision. We did this by taking advantage of our corporate website and our social media platforms, and providing 'Iaith Gwaith' signs, lanyards & badges.

Theme 2:
Action Planning & Monitoring

The right organisational culture and an enabling, more supportive approach for our staff are two critical elements in ensuring we provide our services bilingually and in complying with our language equality duties for Welsh. Communication and engagement is key to this. Another important element to this is our approach to improvement plans. These identify gaps in provision, and the checks and balances we have in place to ensure Welsh is considered at the right time.

Our approach to action planning

This year we have once again looked critically at our approach, this time in terms of action planning where we have decided we want to change our way of thinking. This has been informed by our approach to promoting Welsh described above under Theme 1, and the more enabling and supportive approach which we are taking. Set out below are our underpinning principles:

- When communicating with staff, we follow the EAST principles explained above. In terms of action planning, this means:
  - o The plan only includes those aspects of bilingual services that need to be improved and are specific to the area in question following Welsh language development sessions with the Welsh Language Team, rather than expecting staff to interpret a compliance notice themselves and completing their action plan in isolation. This makes the process much easier for teams and wards;
  - o Our template to record improvement work is professionally designed, and includes messaging about the importance of Welsh as part of this;
  - o It names the manager accountable for progress and sets a date for completion.

This approach aims to have meaningful, supportive conversations in a positive tone with managers responsible for the ward or service on a daily basis. This allows the rationale for Welsh language services to be discussed and for any barriers that area faces to better Welsh language provision to be dismantled in co-operation with managers.

Action plans set for teams 2022/23

Having looked at our process of improving services where there are gaps in provision as described above, we've put the theory into practice with over 50 of our clinical areas this year. Departments within the five Therapies specialties account for 32 of these, and the remaining 20 are a mixture of in-patient, community and out-patient services. In the table below are the services this year that have pledged to improve their bilingual services with an agreed action plan. These account for a large portion of the services the Health Board offers and we're proud this year to see so many managers and staff show concrete support for language equality between Welsh and English. This shows that when we say Welsh is just as important to us as it is to the communities we care for, we mean it.

Care Group	Service	Department or site
Children & Families	Maternity	Special Care Baby Unit
	Childrens Community Services	CTM-wide
	In-patient Paediatric Services	Ward 17/18 Royal Glamorgan Hospital, Ward 30/31 Prince Charles Hospital Children's Ward Princess of Wales Hospital
	Community Health and Health Visiting	CTM-wide
	Ward 12	Princess of Wales Hospital
	Gynaecology & Sexual Health	CTM-wide
	Maternity Ward	Prince Charles Hospital
Planned Care	Endoscopy	Princess of Wales Hospital Prince Charles Hospital
	Maxillofacial Out-patients	Maxillofacial Out-patients PCH
	Pre-assessment Unit	Prince Charles Hospital
Unscheduled Care	Ward 6	Ward 6 Prince Charles Hospital
Primary Care & Communities	School Nursing Service	CTM-wide
	Continuing Health Care and Funding Nursing Care Team	CTM-wide
	Ward C3	Ysbyty Cym Rhondda
	Community Diabetes Nursing Team	CTM-wide
	District Nursing Team	Rhondda Taf Elai District

	Community Respiratory Nursing Team	CTM-wide
	Palliative Care Services	Ward 6, Ysbyty Cwm Cynon Y Bwthyn, Royal Glamorgam Hospital Y Bwthyn Newydd, Bridgend
Corporate	Public Health	Health Schools Team
Chief Operating Officer	Facilities	Our Switchboard teams
Diagnostics, Therapies, Pharmacy and Health Sciences	Podiatry and Orthotics	Community Podiatry Royal Glamorgan Hospital
	Pharmacy	Pharmacy, Royal Glamorgan Hospital
	Paediatric Speech & Language Therapy	CTM-wide
	Adult Speech & Language Therapy	CTM-wide
	Physiotherapy	LTC, CTM-wide
		Inpatient rehabilitation, Ysbyty Cwm Rhondda
		Musko-skeletal Outpatients, Ysbyty Cwm Rhondda
		Community Paediatric Physiotherapy, Children's Centre Princess of Wales Hospital
		Physiotherapy Administration Hub, Ysbyty Cwm Cynon
		Paediatric Physiotherapy, Carnegie Clinic
		Paediatric Physiotherapy, Royal Glamorgan Hospital
		Paediatric Physiotherapy, Ysbyty Cwm Cynon
		Musko-skeletal Physiotherapy, Ysbyty Cwm Cynon
		Acute and COTE Physiotherapy, Princess of Wales Hospital
		Acute and COTE Physiotherapy, Prince Charles Hospital
		Acute and COTE Physiotherapy, Royal Glamorgan Hospital
		Stay Well @Home, community-based

	Occupational Therapy	Physical & Acute Occupational Therapy, Princess of Wales Hospital
		Rehabilitation, Hands & Rheumatology Occupational Therapy, Ysbyty Cwm Cynon
		Occupational Therapy, Royal Glamorgan Hospital
		Adult Mental Health Occupational Therapy, CTM-wide
		Paediatric Occupational Therapy, Carnegie Clinic & Ysbyty Cwm Cynon
	Dietetics	Acute Dietetics, Prince Charles Hospital
		Acute Dietetics, Ysbyty Cwm Cynon
		Acute Dietetics, Royal Glamorgan Hospital
		Acute Dietetics, Princess of Wales Hospital
		Acute Dietetics, Ysbyty Cwm Rhondda
		Paediatric Dietetics, CTM-wide
		Adult Weight Management Service
		Community Dietetics

Making the Active Offer with patients

When setting action plans as described above, we talk about the importance of being pro-active in our bilingual provision and ensuring we ask the patient, at the first opportunity what their language of preference is (the 'Active Offer'). We know this has a huge effect on the uptake of Welsh language services and have explained this and the behavioural theory behind it in our evidence-based advice to staff. Because the Active Offer is so important to bilingual service delivery and the uptake of bilingual services, we want to discuss what we have done to promote the making of the Active Offer specifically and how we have monitored progress in doing so.

E-whiteboards

This year we have begun the wider roll-out of our innovative e-whiteboard system developed within CTM UHB to the Princess of Wales Hospital, Prince Charles Hospital, Ysbyty Cwm Rhondda & Ysbyty Cwm Cynon, having starting with in adult in-patient settings at the Royal Glamorgan Hospital

This system is a large, electronic display on wards to allow clinical staff to gather various pieces of information

about patients at a glance, with symbols denoting various information placed on a bed on a graphical representation of the ward. This system allows staff to note that in-patients are Welsh-speaking, currently using the Welsh flag symbol and the words 'Welsh speaker'. The symbol is also 'favourited', meaning it always appears clearly on the left of the screen. This allows us to record the language preference and need of adult in-patients in an acute or community hospital bed and for that preference or need to be visible to all staff who use the digital whiteboards. This is in addition to the bedside cards & magnets with the 'Iaith Gwaith' symbol on them, available as part of the Ward & Service Packs, which can be used to denote Welsh-speaking in-patients in any setting which have them (see Appendix 1). The e-whiteboards also allow staff other than nursing staff to know a patient is Welsh-speaking, for example doctors, consultants or physiotherapists during their interactions with an in-patient. Another useful feature of the system is the List View, which allows staff to click on a symbol and see all patients for whom that symbol has been used and where that patient is located. This would allow staff to see which patients are Welsh-speaking, and plan ward rounds and therapy accordingly.

This system is due to be rolled out to Maternity, in-patient paediatric services, palliative care and Maesteg Community Hospital during the rest of 2023 and 2024, with Mental Health in-patient services also under consideration. This will allow the system to be used for all in-patients across CTM UHB within the next year.

The e-whiteboard system is also linked to our E-TOC system, or Electronic Transfer of Care Record, also developed by CTM UHB, which is used when discharging patients to social care. When completing this electronic form, staff are prompted to ask whether the patient has been asked what their language preference

is, which would allow social care staff to see that a patient is Welsh-speaking and plan accordingly. This question has to be answered before the record can be transferred, meaning staff are much more likely to ensure they've asked language preference.

The e-whiteboard and ETOC systems are innovative solutions developed by CTM UHB and will make a considerable difference to patient care for our Welsh-speaking communities. These are also excellent examples of taking into account real human behaviour when providing services; by asking language preference and recording this for staff and patients, we're making it much easier for staff to identify Welsh-speaking patients and for patients to express their language preference, thereby removing friction and effort which often hinder bilingual provision. These systems also facilitate the default offering of bilingual services, by allowing staff to identify Welsh-speaking patients on wards and within social care and arranging Welsh-medium care in advance, without the patient needing to express this themselves over and over again throughout the system.

This year, the e-white board Welsh language symbol was used at the following sites (having only recently been introduced at Prince Charles & Princess of Wales Hospitals):

Site	Wards	Number of patients
Prince Charles Hospital	9 &10	3
Royal Glamorgan Hospital	2, 3, 4, 6, 8, 14 & 20	23
Princess of Wales Hospital	9, 15, 18 & 11	4

Other clinical systems used that would be central to the recording of language preference across the system in NHS Wales but outside the control of CTM UHB, such as the Welsh Clinical Portal or the Welsh Nursing Care Record, are also important to ensuring language preference is shared across the system and all are able in some capacity to note language need.

Staff are encouraged to note language need on all relevant systems in advice given to them, such as in the Staff Guide to Welsh Language Services shared within the Ward & Service Packs, and online through SharePoint. Ward auditing and action planning meetings to improve bilingual provision also discuss the Active Offer and the recording of language preference on all systems that are relevant to that patient.

Patient experience data

The use of the innovative e-whiteboards also chimes well with data from our patient experience surveys or PREMs (Patient Reported Experience Measures). These surveys, completed by patients cared for by various specialties, sometimes for specific treatments, and for in-patients and out-patients across the Health Board, showed that of those patients who completed a survey and answered the question, 'Were you able to speak Welsh if you needed to?', the following had been able to say they were able to use their language of preference:

Service area/PREM Survery	Was able to speak Welsh	Was not able to, or only sometimes
Wellness Improvement Service (WISE)	75%	25%
Heart Failure Cardiac Rehabilitation	17%	82%
Heart Failure-PREM Survey	87%	12%
RIW Digital Assessments	53%	46%
Therapies	100%	0%
Endoscopy	100%	0%

Of those areas whose patients filled in the PREM and answered the question on their ability to use Welsh, we are proud to report the majority were able to use Welsh. As we noted in our last annual report however, we can use this data to analyse trends and see where some areas may not be offering a pro-active Welsh language service. We use this data to undertake a follow up with the identified teams.

Improving our bilingual services in non-clinical areas

We have also made progress in a number of other areas outside of patient-facing clinical services this year.

Patient appointment letters

Having continued to translate various patient appointment letters over the past year, we now send the majority of our patient letters bilingually by default. In last year's performance report we committed to having all appointment letters bilingual. This was the only commitment in that report that we missed, having succeeded in meeting the rest. We accept we need to send 100% of them bilingually and we will work towards this during the coming year.

Bilingual websites

As part of annual monitoring, we reviewed our website this year to ensure it's fully bilingual and does not treat Welsh less favourably. Having started this work in December, by the end of March 2023, over 400 small improvements had been made to our website to ensure it is fully available in Welsh and in English. This included ensuring:

- Any pages that weren't available in Welsh were translated,
- any errors on Welsh pages were corrected,
- any links that did not lead to the corresponding Welsh version of that page were corrected,
- any documents that needed to be in Welsh on a page were translated and uploaded to that page.

This was a large piece of work and is testament to the commitment of the Communications & Engagement Team and the Welsh Language Services Team who worked hard to complete it. With a total view count on the Welsh side of the website of 11,397 this year, this work was important to ensure equal access to our website in both languages.

We've also added a message to the homepage of our website, which you can see on the right, to encourage users of our website to contact us in Welsh and to use the website in Welsh. It also explains where the user can find the button to access the Welsh version of the page the user is on. This is a great example of promoting the services we provide in Welsh, and of a 'nudge' in service delivery where we actively promote our bilingual services so that people know they're there, encourage service users to use their Welsh and make it easy for them to do so.

Work with our switchboard

Our switchboard, or main telephone lines for our main sites, play an important role in welcoming people to our Health Board and helping callers get the information they need. This year we've worked through an action plan with switchboard staff which has aimed to:

- Support staff to greet all callers in Welsh and in English by giving all staff a desk triangle prompt with phonetic transcriptions,
- Offer support for staff to learn some basic Welsh phrases,
- Advertise new roles in the team as needing oral skills in Welsh.

We'll continue to work with switchboard to ensure that the team are able to pro-actively offer a Welsh language service and take calls from the public in Welsh.

Our translation service

Our internal translation service is the central point for all Health Board staff who need translation of anything between Welsh and English, whether it be signs, social media, web content or documents and forms. We've put the email address for translation on all our material, from action plan templates to pens, and have promoted the service in internal communications, so that as many staff as possible know the service is available to them.

This year we have translated just under 1.4 million words into Welsh. This figure alone shows how we're committed to ensuring our written content for the public is bilingual.

Not only do we have a well-promoted central translation service for all staff to use, making it as easy as possible for them to use Welsh in their work and comply with the Standards, we also do this using the latest translation technology, integrating Machine Translation and Translation Memory technology. This allows us to ensure consistency, translate content quickly by editing automatically generated content where we can and reusing content we've already translated before. We have also begun to ensure our external providers use our system this year, and where content may already have been translated before, we don't pay for it to be translated
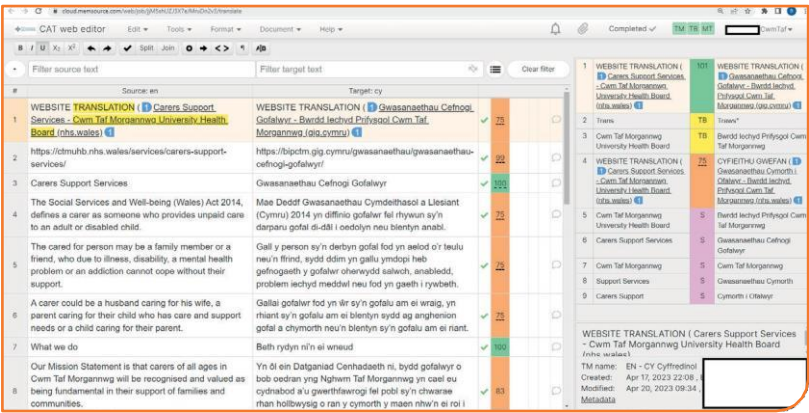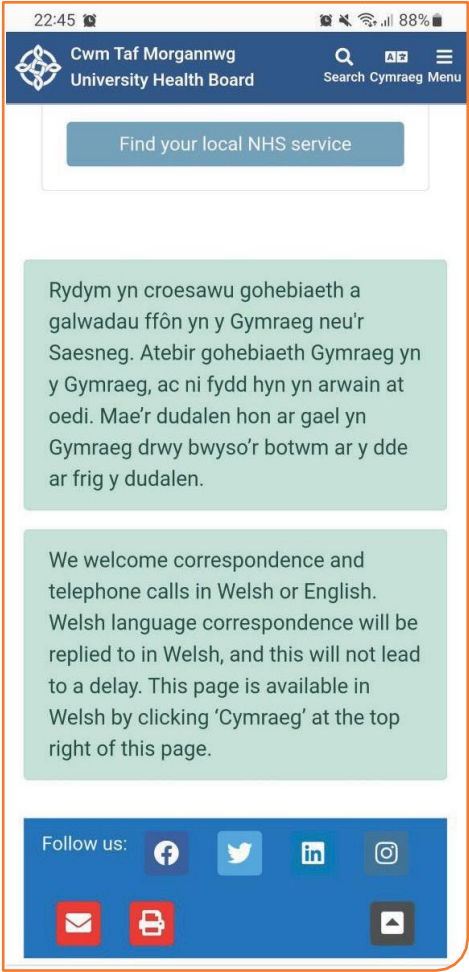
again. This is crucial to allowing us to comply with the Standards as the more efficiently we translate, the more Welsh the Health Board can publish and the more Welsh our service users can see and use, but in a financially sustainable way.

Supporting Primary Care

Primary Care providers, such as GPs and dentists who accept NHS patients, are not under the Welsh Language Standards. They are under the Six Duties, and you can find more information on that **here**. However, CTM UHB has to support our Primary Care colleagues in a number of ways to meet those duties. This year we're proud to work with one NHS Primary Care provider, Roderick's Dental.

Spotlight on Roderick's Dental

As well as giving Welsh Language Awareness sessions to several sites and sharing lanyards so Welsh-speaking staff can show others they speak Welsh, a dental nurse working in the CTM UHB area for Roderick's Dental talks on the right about what they've done to promote Welsh in one area of Primary Care in CTM and how the Health Board has supported them to do so.

"I have been a dental nurse for 22 years and over that time have seen how important communication is, not only for the patients, but also the staff. Studies show that communicating with patients in their first language lead to improved outcomes and understanding of the care and treatment they are receiving. Attending the dentist can be an anxious time for many, our patients matter to us and we will do all we can to make their experience more positive."

"We have 8 Welsh speakers across four of our sites, Bryant, Cefn Coed, Courtland and 1 practice in Swansea bay. We also have a nurse interested in taking a course to learn Welsh. Over the last year, with the assistance of the Welsh translation service in CTM UHB, we have managed to translate the majority of our patient's information displayed in reception. Alongside this, signs have been placed in the waiting room to inform patients if there are no Welsh speakers and that we can offer a Welsh language service to them at another site if they wish. Each site has a list of Welsh speakers and at which practice they are based, available in reception."

"In June 2022, we introduced language preferences. Patients are to be asked at reception what their choice of language is, and we have created a tool on our system to record this. Between July and October 21% of patients seen on average have been asked their language preference and it has been recorded. We hope to improve this after staff have taken part in the Welsh language awareness training which we have booked over the next few weeks."

Cross-referencing work under the theme with the Welsh Language Standards		
Theme: Action Planning & Monitoring		
Initiative	**Reason for work**	**Relationship with requirement under WL Standards**
Action planning – clinical areas	To work constructively with teams to identify gaps in provision and work with them to ensure their service area respects language equality between Welsh and English. As the sessions mean looking all those Standards that could be applicable before concentrating on those that are relevant, the sessions are also an awareness session on the Welsh Language Standards in general.	• Standards **1-7**, by explaining how we need to treat Welsh within correspondence and where staff can get support and including an action to do so where relevant; • Standards **17-20** by explaining how we need to treat Welsh when people call us and by providing staff with resources to prompt them to use Welsh greetings and to use the Welsh they have on the phone, and including an action to meet these standards where relevant; • Standards **21-22ch** and Standards **25-32** by explaining how we need to treat Welsh when arranging meetings or events and where staff can get support with bilingual meetings and events; • Standards **23 & 23A** by explaining the Active Offer concept and the theory behind it, and by providing small cards and bed magnets that can be used to denote Welsh-speaking in-patients on the wards. Also by ensuring our E-whiteboards can record patient language preference, ensuring our ETOC process records patient language preference to be shared with social care colleagues and by ensuring our patient feedback system asks patients about the Active Offer; • Standards **33 & 34** and **47 to 49** by explaining what we need to do when displaying information and when erecting signs, and where staff can get support to ensure they're bilingual, as well as including an action to meet these standards where relevant; • Standards **37 and 38** by explaining how we ensure documents and forms need to be bilingual and promote their Welsh versions, and

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where to get translation support, as well as including an action to meet these standards where relevant. Also, by having a well-promoted central translation service free for all staff to use to support compliance with these standards;

- Standards **39-44** by explaining how we should treat Welsh on our websites and apps, how to use our content management system to ensure our content is bilingual and where to get support for translation, as well as including an action to meet these standards where relevant;
- Standards **45 & 46** by explaining how we should treat Welsh on social media and where to get support to ensure our content is bilingual, as well as including an action to meet these standards where relevant;
- Standards **50-53**, by explaining how we should treat Welsh at receptions, by sharing resources to prompt staff to use Welsh greetings and by sharing the 'Iaith Gwaith' poster to promote any Welsh-language service on receptions;
- Standard **60** in the case of the website, by encouraging site visitors to use their Welsh with us and explaining where users can find the button to access the Welsh version of pages;
- Standard **104**, by explaining why we have bilingual email signatures and out-of-office signatures, and signposting staff to where they're able to download a logo to identify themselves as Welsh speakers in emails and download a wording for their out-of-office, as well as including an action to meet these standards where relevant.
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<td>Action planning – non-clinical areas</td>
<td>To work constructively with non-clinical teams to identify gaps in provision and work with them to ensure their service area respects language equality between Welsh and English. As the sessions mean looking all those Standards that could be applicable before concentrating on those that are relevant, the sessions are also an awareness session on the Welsh Language Standards in general.</td>
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- Standards **1-7**, by translating patient appointment letters;
- Standards **8-16**, by working with our Switchboard on an action plan to improve their ability to offer a more bilingual service;
- Standards **1-7, 33 & 34, 37 & 38, 47-59** and **39-46** by offering a comprehensive and well-used translation service for correspondence,
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		documents and forms, signage, web content & social media; • Standards **39-43**, by carrying out a significant piece of work on our website resulting in over 400 changes being made to ensure it's fully bilingual for its thousands of users and therefore fully compliant.
E-whiteboards and ETOCs	To denote an in-patient's language need to all staff caring for that patient on the ward, and to communicate this to Social Care staff in the community.	• Standards **23 & 23A**, by providing an innovative way to display language need of patients once asked.
Primary Care providers	To support Primary Care providers to provide more of their services in Welsh.	• Standard **66**, by advertising our translation service to a Primary Care provider and providing a translation service to them; • Standard **67**, by providing lanyards and badges to a Primary Care provider so that they can show others they speak Welsh; • Standard **68**, by providing Welsh Language Awareness sessions to a Primary Care provider.
Policy Making Standards	To ensure that Welsh is duly considered at the right time as part of any policy, development or change that would fall under the Policy Making Standards.	• Standards **69-71**, by developing a process and tool to ensure Welsh is considered as part of any new development to ensure language equality between English and Welsh; • Standards **99-101**, byensuringournew Learning & Development Policy references the right staff have to learn Welsh or improve their Welsh at work, during working hours and free of charge.

Theme 3: Employee Experience and Our Bilingual Workplace

A thriving Welsh language culture, as part of a rich tapestry of languages and cultures makes CTM UHB a unique place to work and will overtime mean better Welsh language services for our patients and service users, and will allow a more inclusive environment for the hundreds of our staff who speak Welsh to develop. This theme looks at the work we are doing to weave Welsh into all aspects of our organisational life.

Spreading the message and internal communications

This year, and as part of our internal promotion plan, we've talked about Welsh through our internal communications methods a lot more. There are many reasons for this:

- This raises the profile of Welsh in general as part of our organisational life,
- It promotes the services of the Welsh Language Team and resources, to support staff to offer more of their services in Welsh and comply with the Standards, and
- Sharing success stories of staff who've shown commitment to Welsh and implemented the Standards is important to cultural and behavioural change where using Welsh becomes the norm across CTM UHB.

Through our staff Facebook group (with over 8,000 members), our intranet (visible to all who use a computer or laptop at work) and our staff update (sent to every member of staff via email), we've promoted the Welsh Language Team and Welsh courses and celebrated our staff who've brought Welsh language and culture into their areas of work. Some of the content we've shared can be seen below.
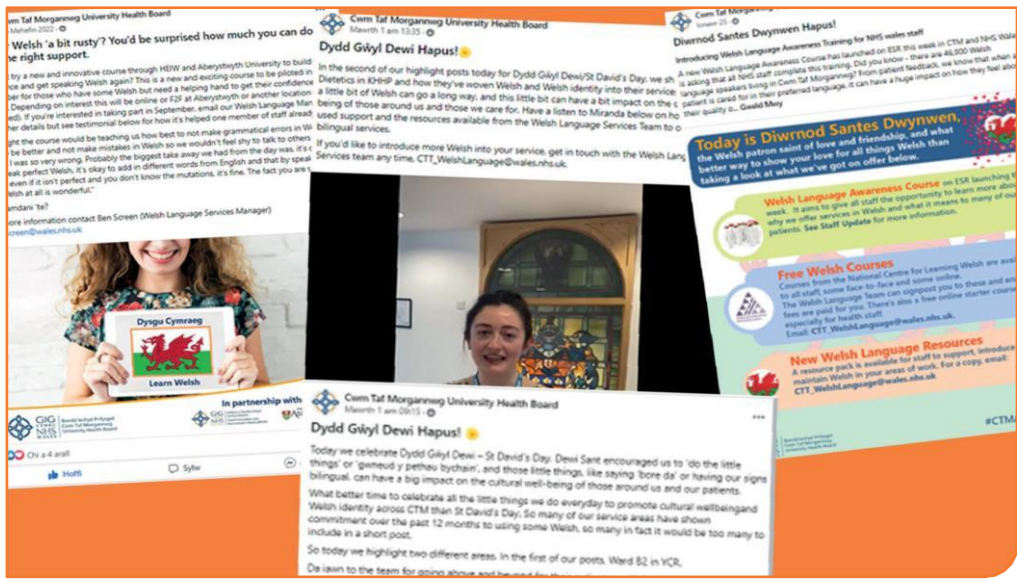
For St David's Day 2023, we thought we would put a spotlight on some of those teams who've brought Welsh language and culture into their day-to-day services. Ward B2, Ysbyty Cwm Rhondda (shown in picture) planned to hold a small ward Eisteddfod and our Dietetics team put together a video on healthy Welsh recipes for St David's Day. Both were shared in our staff group and attracted a lot of attention from colleagues. Ward B2 staff can be seen here, holding the Welsh Language Ward Pack.

SharePoint

Our SharePoint site this year has been redesigned, as part of our internal promotion plan, to ensure that:

- It contains the electronic versions of the resources we have, including our new staff guides,
- It's fully bilingual,
- It's structured around why we offer services in Welsh with patient experience videos showcased, how staff can be supported to do more in Welsh and what we do bilingually as required by the Standards,
- It doesn't treat the expectations around the More Than Just Words Plan from Welsh Government and the Standards separately, and instead talks about Welsh language development work in general to avoid confusion on what the language equality policy framework for Welsh in NHS Wales is.

This site, promoted throughout our resources, guides, email signatures and through our internal communications contains advice, resources and awareness material to encourage more use of Welsh across the organisation. It's also favourited so that when staff search 'Welsh' or 'Welsh Language', the new SharePoint site is the first thing that appears with a tick next to it.

Staff network

Using our internal communications this year we've reignited our staff group and will develop this over the next year into a thriving group. The experience of Welsh speaking staff can provide invaluable feedback on the success of our work to promote Welsh on the ground, and also provides an avenue for new, innovative ideas to be shared with the wider organisation. We currently have over 30 members and we are confident it will continue to grow.

Promoting technology in Welsh

The Welsh spell-checker has been available on our desktop computers for a number of years, but this year we've also ensured it's available on our laptops as more of our staff work from home. Cysill and Cysgeir are now available to all wherever they work, and this was promoted through the staff intranet.

When we redesigned our SharePoint page this year, we also promoted what technology is available to use in Welsh, such as MS Teams, MS Office and Windows.

Staff well-being services and bilingualism

The People Services Directorate in various ways this year have thought about Welsh a lot more, not least through the work of the Welsh Language Team and its Senior Management whose impact on Welsh in CTM UHB is significant. One of the other really important ways we've raised the profile of Welsh throughout CTM UHB this year is through the work of the Staff Well-being Service, who have weaved bilingualism naturally into their ways of working and have ensured their well-being survey, signage, posters, social media and website is bilingual. They also have a Welsh-speaking staff member.

Given the huge contribution this team makes to the quality of working life for CTM UHB staff, their use of Welsh

will have been noticed by many across the organisation. Seeing Welsh integrated into staff well-being will also be a comfort to many across CTM UHB.

How work under this theme cross-references with the Welsh Language Standards

Cross-referencing work under the theme with the Welsh Language Standards		
Theme: Employee Experience and Our Bilingual Workplace		
Initiative	**Reason for work**	**Relationship with requirement under WL Standards**
Internal communications	To promote Welsh throughout the organisation, celebrate those areas that are bringing Welsh language and culture into their daily services and to promote Welsh language resources and courses	Standards **99, 100 & 101** by promoting Welsh language courses and the right staff have to learn Welsh at work; The Standards and bilingual provision in general, by promoting compliance with the standards and examples of good practice.
Staff network	To create a network of Welsh-speaking staff across CTM to allow staff to use more Welsh at work, contributing to the organisation's bilingual ethos.	A strong staff network will allow us to promote compliance with the standards by creating a supportive network where good practice can be shared and any possible cases of non-compliance fed back informally.
SharePoint	To be a one-stop site for advice and guidance on using Welsh at work and providing bilingual services	Standard **94**, by ensuring we have an intranet page dedicated to supporting staff to use Welsh at work.
Promoting Welsh Language Technology	To allow staff to write Welsh at work confidently and to allow staff to use Welsh in work by promoting the technology that's available in Welsh	Standard **89**, by providing staff with Welsh spellchecking software and promoting workplace technology that's available in Welsh
Staff well-being services	Ensuring staff have access to well-being material in Welsh. Given the amount of content the well-being team publishes, ensuring it's bilingual also makes a significant contribution to the visibility of Welsh in CTM	Standard **39**, by ensuring their external website is bilingual Standard **45**, by ensuring their social media was bilingual Standards **111-113**, by ensuring workplace signs about staff well-being in the workplace are bilingual

Theme 4: Governance and accountability

The way we communicate with staff and support them, the processes we have in place to strategically develop Welsh in our organisation and creating a bilingual ethos at work are three all-important factors to developing Welsh in CTM UHB. The fourth theme that brings this together, governance and accountability, refers to the structures we have in place to monitor progress, the assurance processes and appropriate oversight in place to ensure we're meeting our legal requirements, and our approach to policy risks when we may fail to meet those requirements. This theme is about knowing how well we're doing, knowing where we need to improve, and having the right structures in place to drive improvement and challenge where necessary.

Our Welsh Language Steering Group

This year our Welsh Language Steering Group met for the first time. The role of the Welsh Language Steering Group is to lead strategically to improve the environment that supports and values the Welsh Language and its role in the delivery of safe and high quality services to our patients. The group consists of senior leaders from each Care Group who have the influence and authority to see through change in their areas, as well as senior clinicians who value Welsh in the organisation and who can act as influential champions in the clinical areas. The Group's agendas allow senior Health Board leadership to focus on particular areas and priorities, and allow for a high-level forum to take place where Welsh language and culture can be discussed and work to further embed Welsh to be planned and agreed. The Group's terms of reference govern the Group's activities.

The Group provides advice and assurance to the Board and sub-committees in relation to the organisation's compliance with our statutory Welsh Language Standards duties, to ensure we treat the Welsh language no less favourably than the English Language, and ensure progress with the five-year More than Just Words strategic plan, to strengthen Welsh language provision. Assurance is provided through bi-annual written report updates to Board and quarterly highlight reports to the People and Culture Committee. Establishing this Group and the robust reporting cycle demonstrates another significant step forward for Welsh in CTMUHB.

Developing our business intelligence for Welsh language provision

CTM UHB is a large and complex organisation with over 13,000 members of staff, offering a myriad of healthcare services across three counties of 450,000 people. This means it may not always be possible to ensure we're doing each and every single thing we need to do all of the time at all locations, but we do agree we need to ensure we've got a robust process for gathering business intelligence on our compliance with the Welsh Language Standards, and a comprehensive tool for analyzing and displaying that information. This year, we've significantly updated and developed our compliance dashboard for Welsh language compliance. This is what we've done:

- Updated what evidence we will use to gather information on compliance, so that we know what information we need and from whom to report on compliance with certain standards, and how best to gather that information. For example, an audit questionnaire for Standards 1-7, or using Civica data from patient feedback questionnaires and data from the e-whiteboards for Standard 23;
- Redesigned it so that it coincides with our new Care Group operating model;
- Ensured that all wards and services, totaling over 400 individual departments, have been added to the tool with the majority now added to the right Care Group within the tool.

This tool allows us to do several things:

- Give an indicative overall quantitative compliance score with the Welsh Language Standards for CTM UHB, based on how many Standards where we're able to confidently say we have reached High Assurance as per the Welsh Language Commissioner's definition used in compliance monitoring. [5] This will allow us to have a general score which suggests the overall health of compliance in CTM;
- Report on compliance for individual departments and Care Groups. This allows a scorecard to be shown for Care Groups, allowing trends to be shared within reporting at the Welsh Language Steering Group and in highlight and update reports as part of our assurance;
- Analyse trends in compliance over time and within areas, to allow us to focus developmental work on priority areas through the Welsh Steering Group's agendas;

[5] High Assurance: The organisation complies with all requirements under all circumstances except for on rare occasions.

- And finally, the tool also automatically updates our People Services dashboard developed via MS Power BI, so that as the tool is regularly updated by the Welsh Language Lead, core data on the Care Group's compliance is fed through to the overall directorate dashboard. This allows senior oversight on compliance within Care Groups, in terms of the Service Delivery Standards and Operational Standards around noting skills and completing the mandatory Language Awareness course specifically.

Data is gathered for this tool through completed action plans, auditing, ESR data, data from the translation team on what requests they've received and from site visits and spot checks. This tool will be updated monthly using these various sources of information.

Complaints

Another useful source of information on how well we're doing is complaints and this theme will also include a discussion of complaints we've received about our Welsh language services.

This year, we received one complaint relating to one of our hosted bodies, the Emergency Ambulance Services Committee (EASC). Hosted bodies in NHS Wales are bodies with a national remit, but they are 'hosted' or supported in various ways by Health Boards or Trusts as opposed to being full organisations in their own right, and the policies of those Health Boards and Trusts for Welsh apply to that hosted body. The complaint concerned a member of the public living in the Hywel Dda University Health Board area, who complained to the Welsh Language Commissioner that they were unable to download a document from the Welsh side of EASC's website. This was because the document was uploaded to the English side of the website only, rather than both sides. The Welsh Language Commissioner instigated an investigation and determined this was in breach of Standards 39 and 60, and asked CTM UHB and EASC to take steps to ensure this breach did not occur again.

The process of complying with those steps is ongoing at the time of writing this report.

How work under this theme cross-references with the Welsh Language Standards

Cross-referencing work under the theme with the Welsh Language Standards		
Theme: Governance and accountability		
Initiative	**Reason for work**	**Relationship with requirement under WL Standards**
Our Welsh Language Steering Group	Ensuring we have a strategic group with senior leadership to drive improvements, enact change and respond to policy priorities.	Standards **1-121**, and ensuring progress with all standards in all areas through an appropriate Health Board-wide governance group
Business intelligence on our compliance	Ensuring we have a comprehensive tool to monitor and analyse compliance across the Health Board, and to accurately report on our position internally and externally	Standards **1-119**, by ensuring we have appropriate methods of gathering business intelligence and analyzing and displaying this in such a way to ensure we can prioritize developmental work; Standard **120**, to support the writing of the Welsh Language Standards annual performance report by having core data to hand; Standard **121**, to allow us to have data to hand on our compliance if this is requested by the Welsh Language Commissioner.
Complaints	Ensuring we record complaints on our bilingual provision and take the necessary action	Standard **115** and **120**, by keeping a record of complaints received and reporting on them in this report; Standard **39** on this occasion, by responding to the complaint and the steps we needed to take following a determination EASC, a hosted body, breached this standard

Theme 5: Workforce planning and recruitment

This is the final of our five themes and work under this theme will aim to analyse the size of our bilingual workforce and where necessary, increase the number of Welsh-speaking staff we have. This part of the report will also publish how many staff we have who speak Welsh and to what level, and how many jobs we've advertised as needing skills in Welsh as part of this. We can't offer the public a truly bilingual health service in the CTM UHB area unless we have the right number of bilingual staff; this final theme recognises this and details how we're working to build our Welsh-speaking workforce.

Our bilingual workforce

All staff in CTM UHB are expected to note their Welsh language skills on ESR, our workforce system. We do this by noting whether we have skills in writing Welsh, listening/speaking in Welsh and reading in Welsh and at what level, from 0 to 5. These mean the following:

- 0: No ability in this skill at all,
- 1: Entry level at this skill, e.g. can pronounce Welsh names and say a basic greeting,
- 2: Foundation,
- 3: Intermediate,
- 4: Higher,
- 5: Proficient.

We've encouraged staff throughout the year to note their Welsh language skills on ESR in co-operation with colleagues in our Learning & Development department. The percentage of staff who have recorded their Welsh language skills on ESR is 80% for listening and speaking in Welsh and 81% for both writing Welsh and reading Welsh, which is an increase on last year where it was 78% on average.

Turning to the linguistic profile of CTM UHB's workforce, the graph below illustrates how many of our staff have skills in Welsh.

In terms of our ability to offer services in Welsh, staff with level 4 in a skill will generally be able to use this skill in most situations with patients and colleagues, hence the 'higher' descriptor. Some staff who may be fluent also note this level if they're under-confident. It can reasonably be inferred as a result that the number of staff in CTM UHB able to speak Welsh is currently at least 507 (of those who've recorded their skills), when combining those staff who've noted Level 4 or 5 for listening/speaking.

Breakdown of skill level for each type of language skill (all CTMUHB staff who've noted their skills on ESR)

	0	1	2	3	4	5
Writing/Ysgrifennu	8092	1511	290	173	188	262
Listening & Speaking/Gwrando a Siarad	7740	1871	295	197	223	284
Reading/Darllen	7873	1702	292	159	225	302

Number of staff with a particular lefel/Nifer o staff gyda lefel benodol

Writing/Ysgrifennu   Listening & Speaking/Gwrando a Siarad   Reading/Darllen

A more detailed breakdown of staff and their language skills according to Care Group can be seen in Appendix 2.

Compared to last year, we can see that there have been small increases in the number of our staff with skills in Welsh. [6] The table below compares 2021/2022 with 2022/23. The most likely cause of this welcome increase in those staff who report skills in Welsh is simply that these staff have now recorded their skills on ESR for the first time. This means that where previously their Welsh language skills were not registered, the system is now able to count those skills. The increase in the number of staff who have recorded their skills on ESR this year is 1.2% on average as noted above, lending further credence to this analysis. The increases across skill type expressed as a percentage are also of a similar magnitude. For example, the increase in those staff with a Level 5 in listening/speaking, reading and writing in Welsh is 8% for each skill, or 22, 24 and 20 people respectively. This shows that rather than these increases coming primarily from staff gaining new skills in Welsh or from recruitment, current staff have accessed ESR and noted what their skill level is for each of the three skill types where they needed to. If this were not the case, the increases across skill type would not be uniform.

Level	Listening/Speaking in Welsh			
	2021/22	2022/23	Difference	Difference as %
Level 0	7415	7740	+325	+4%
Level 1	1814	1871	+57	+3%
Level 2	263	295	+32	+11%
Level 3	189	197	+8	+4%
Level 4	208	223	+15	+7%
Level 5	262	284	+22	+8%
Level	Reading in Welsh			
	2021/22	2022/23	Difference	Difference as %
Level 0	7547	7873	+326	+4%
Level 1	1636	1702	+66	+4%
Level 2	258	292	+34	+12%
Level 3	155	159	+4	+3%
Level 4	214	225	+11	+5%
Level 5	278	302	+24	+8%
Level	Writing in Welsh			
	2021/22	2022/23	Difference	Difference as %
Level 0	7779	8092	+313	+4%
Level 1	1443	1511	+68	+5%
Level 2	261	290	+29	+10%
Level 3	163	173	+10	+6%
Level 4	176	188	+12	+6%
Level 5	242	262	+20	+8%

[6] Note that last year, the overall numbers for CTM included staff working in hosted bodies. This year, the analysis has excluded those staff who do not work for the Health Board. The numbers for 2021/2022 used to compare staff numbers with this year have also had staff from hosted bodies removed.

Another reason these increases are likely to come from the current workforce simply updating their skills is that CTM UHB has not advertised a similar number of Welsh essential posts, as shown below under 'Assessing and adverting posts'.

However, staff completing their ESR skills profile won't have counted for all of these increases, and this is particularly true of those with Level 1 skills in 'Listening/Speaking Welsh'. Those staff who have this year completed a course, such as the online Taster Course for Health & Social Care professionals, will be added to the total of Level 1 staff in ESR and have been included in the total of staff with Level 1 skills for 'Listening/ Speaking Welsh' above. More detail on this is given below under 'Learning Welsh at work'.

Learning Welsh at work

We've talked above under Theme 3 how we've promoted Welsh internally, including advertising courses for staff to improve their confidence to use Welsh. This has meant that overall this year, 24 people have contacted the Welsh Language Team requesting information on learning Welsh at work, with information being provided. All staff are fully funded and it is made clear in our Learning & Development Policy that staff can also learn Welsh during working hours. In addition, 18 staff have succeeded in completing the online Welcome Part 1 and 2 Taster course for the Health sector provided by the National Centre for Learning Welsh, and congratulations to all those staff who've completed it. A special congratulations also to two of our colleagues at the Pre-assessment Unit at Prince Charles Hospital who completed the Taster Course in person onsite at the hospital to introduce more Welsh into the unit and at its reception in particular. Twenty two of our staff have also begun Mynediad and Sylfaen courses in the community having noted CTM UHB as their employer. Da iawn bawb!

See Appendix 3 for more information on training related to Welsh.

Assessing and advertising posts

The breakdown below shows the number of posts advertised per Welsh language skills categorization.

Total number of vacancies advertised as:	Number
Welsh language skills are essential	10
Welsh language skills are desirable	3370
Welsh language skills need to be learnt when appointed to the post	1
Welsh language skills are not necessary	315
Total Number of vacancies advertised 01/04/2022 - 31/03/2023	3696

This is a decrease of 2 posts compared to last year, when 12 roles were advertised as Welsh essential. Two roles were in the Welsh Language Services Team, and the rest were for our Switchboard, in administrative roles or on one occasion for a Healthcare Support Worker. Recruiting more Welsh speaking staff and supporting our current workforce to improve their confidence to use the Welsh they have will take priority next year as we build our bilingual workforce and grow our bilingual ethos at CTM UHB.

Overall, we have more Welsh-speaking staff than originally thought and some staff do assess posts to see whether they need to recruit Welsh-speaking staff before advertising. That 3370 posts were advertised as Welsh desirable, as opposed to specifically noting no skills in Welsh were required as was the case for 315 posts, shows that the 'Welsh desirable' category is often a genuine statement that the recruiting manager would welcome candidates who have skills in Welsh. All of this is a sound base to start from as we look next year to improve how we treat Welsh when recruiting to posts.

Cross-referencing work under the theme with the Welsh Language Standards		
Theme: Recruitment and workforce planning		
Initiative	**Reason for work**	**Relationship with requirement under WL Standards**
Our bilingual workforce	Monitoring the number of Welsh-speaking staff we have, so that we know where to increase this number where we need to	Standard **96**, by requiring staff to record their language skills on ESR and Standard **116**, by having a record of who in our organisation speaks Welsh on ESR.
Learning Welsh at Work	Supporting staff to learn Welsh at work, by advertising courses, signposting staff to them and paying course fees	Standards **99, 100 & 101** by facilitating the learning of Welsh at work in various ways
Assessing and advertising posts	Assessing posts to decide whether we advertise the role as needing skills in Welsh to increase our bilingual workforce	Standard **106**, by assessing some of our posts to decide whether skills are needed in Welsh or not; Standard **117**, by having a mechanism in place to ensure we receive data on what skills were advertised as needed for posts at the end of each financial year.

Appendix 1:
List of areas given a Welsh Language Pack

Below is a list of areas who have received a Welsh language pack as part of our internal promotion plan described under Theme 1 above, between November 2022 when they were first available and end of March 2023. Whilst providing the packs does not mean we are necessarily compliant, it does mean that the organisation has ensured staff have the knowledge and resources to reach compliance. The packs can be seen as an important language planning intervention given the various resources they include, and so the list below intends to show progress made in disseminating them. Over 60 have been provided, with areas having more than one where they have several sites.

- Paediatric Services PCH, RGH & POWH,
- SCBU in POWH,
- Dietetics across CTM,
- Speech & Language Therapy PCH,
- Paediatric Physiotherapy POWH,
- the Community Dental Service across CTM,
- Community Midwifery YCC,
- Cardiac Monitoring Unit RGH,
- Endoscopy POWH & PCH,
- Older People's Occupational Therapy YGT,
- Maxillofacial Outpatients PCH,
- Gynaecology & Sexual Helath RGH & YCR,
- Ward 6 PCH,
- Materity Ward PCH,
- Palliative Care Services RGH, YCC & POWH,
- Ward 12 POWH,
- Healthy Schools Team (Public Health),
- Pre-assessment Unit PCH,
- Speech & Language Therapy YGT,
- Ward B2 YCR
- Ward C3 YCR and the
- Chaplaincy and Spiritual Care Department.

Appendix 2:
Welsh language skills by care group

	Level	CH&F	Corporate	DTS	MH	PC	PC&C	Unsched	COO	TOTALS
Writing	0	761	758	979	886	1253	944	1451	1060	**8092**
	1	162	255	223	95	160	369	173	74	**1511**
	2	20	57	59	37	43	29	35	10	**290**
	3	20	18	30	23	17	27	29	9	**173**
	4	24	25	32	18	27	25	31	6	**188**
	5	27	34	67	34	18	38	36	8	**262**
	Level	CH&F	Corporate	DTS	MH	PC	PC&C	Unsched	COO	TOTALS
Listening/ Speaking	0	723	702	906	861	1216	892	1416	1024	**7740**
	1	203	309	286	125	218	423	195	112	**1871**
	2	23	49	65	35	40	29	43	11	**295**
	3	23	27	38	27	22	28	22	10	**197**
	4	27	31	36	22	28	25	45	9	**223**
	5	27	37	70	35	21	46	39	9	**284**
	Level	CH&F	Corporate	DTS	MH	PC	PC&C	Unsched	COO	TOTALS
Reading Welsh	0	739	723	931	867	1237	913	1425	1038	**7873**
	1	184	285	256	115	179	398	192	93	**1702**
	2	22	52	66	32	40	31	39	10	**292**
	3	18	22	28	19	16	25	23	8	**159**
	4	25	29	35	29	32	27	39	9	**225**
	5	34	41	76	34	23	46	39	9	**302**

Please note the following:
- In the data as provided there was a 7th Care Group, 'Bank Care Group', consisting of 9 members of staff. These were added to the total for the 'Corporate Care Group' given their roles;
- The Corporate Care Group includes the bodies CTM UHB host. These have been excluded from this dataset, and only employees of CTM UHB have been included;
- The abbreviations mean the following with typical services they provide also noted:
  - CH&F: Children & Families Care Group (Paediatrics, Maternity, Midwifery, Sexual Health),
  - Corporate: Corporate Services Care Group (Admin & Clerical, IT, HR, various professional, non-clinical roles),
  - DTS: Diagnostics, Therapies, Pharmacy & Health Sciences Care Group (Radiology, Audiology, Physiotherapy, Occupational Therapy, Speech & Language, Dietetics, Podiatry, Pharmacies, Pathology),
  - MH: Mental Health and Learning Disabilities Care Group (CAMHS, MH in-patient wards, community MH services),
  - PC: Planned Care (Outpatient services, surgical wards, surgery),
  - Unsched: Unscheduled Care (acute medical wards, A&Es and Minor Injury Units),
  - PC&C: Primary Care and Communities (Some Primary Care services such as managed practices, district nursing, community clinics, community hospital wards),
  - COO: Chief Operating Officer (Estates, Facilities and domestic services, Porters, Catering).

Appendix 3: Staff training data

Breakdown of numbers of staff who have completed training as relevant to Welsh Language Standards 99(a) and 102. No staff have currently taken training relevant to Standard 100 or 101 internally but we aim to work towards changing this next reporting year. We do not currently collect data relevant to Standard 103 but we aim to work towards changing this next reporting year. The numbers for team sessions and Standard 102 are low but it should be borne in mind that these are leadership groups and so influential in terms of wider bilingual development as they will cascade the right messages downwards.

Standard 99(a)	
Beginners 'Cwrs Blasu' online	18
Mynediad/Sylfaen courses in the community	22
2-hr Taster Course within Cymraeg Gwaith	2
Standard 102	
CTM Senior Nurse and Lead Nurse Professional Forum Session	15
Ward Manager Forum for Prince Charles Hospital	12
Ward Manager Development Day for Ysbyty Cwm Rhondda	3
Practice Nurse Development Day	20
New Band 5 Therapies staff	25
iCTM Development Team	5
Language Awareness on ESR as at March 31st 2023	5,040

AGENDA ITEM
5.2

PEOPLE & CULTURE COMMITTEE

EMPLOYMENT RELATIONS UPDATE

Date of meeting	09/08/2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable – Public Meeting

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

Report purpose	FOR DISCUSSION / REVIEW

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

ACRONYMS	
ER	Employee Relations
ET	Employment Tribunal
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 Workforce Policy and Procedure.

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

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

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

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

1 January 2023 – 30 June 2023, which includes the data for quarter four of 2022 / 2023 and quarter one of 2023 / 2024.

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

3. KEY RISKS/MATTERS FOR ESCALATION TO COMMITTEE

Current ER Cases – As of 30 June 2023

3.1 There were 30 formal live ER cases* ongoing across the Health Board on 30 June 2023, compared to 31 cases on 31 December 2022 (end of quarter 3). At 31 March 2023 (quarter 4), the Health Board had 19 live cases. During the period April to June 2023, 11 new cases were opened. Therefore, activity levels have remain static over the past six months.

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

3.2 In the first three months of 2023 / 2024, the Health Board closed 182 historic and new ER cases.

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

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

- The number of staff suspensions / exclusions from work during quarter four of 2022/2023 and quarter one of 2023 / 2024 remain at a very low level with only 2 members of staff currently being suspended from work. This is due to the Health Board's approach of using this option as a last resort. The Health Board acknowledges suspension / exclusion from work is not a neutral act and can have a negative impact on the staff member's health and wellbeing. The ongoing approach to suspension / exclusion helps to keep staff at work, working in some capacity, providing them with some normality and allowing them to continue to contribute to service delivery.

- Prior to a formal investigation being commissioned, managers are required to consider the appropriateness of the disciplinary fast-track option (non-medical staff only). The Health Board, supported by trade union colleagues, are proactively encouraging managers and employees to use the fast-track procedure, when appropriate to do so. During quarter four of 2022 / 2023, the Health Board undertook and concluded 22 fast track cases. On 31 December 2022, there were 6 outstanding cases. During quarter one of 2023 / 2024, the Health Board undertook and concluded 7 fast track cases. On 30 June 2023 there was 1 outstanding fast track case.

- At the end of March 2023, the Health Board had 7 live ER investigations ongoing. By the 30 June 2023, 2 of these cases had been concluded, leaving 5 ongoing cases with the addition of 4 new cases, making a total of 9 ongoing investigations on 30 June 2023. The low levels of investigations reflect the increased number of fast tracks being undertaken.

- On 31 December 2022, the Health Board had 2 UPSW cases. On the 30 June 2023, the Health Board had no formal UPSW cases.

- Police and Safeguarding cases often require the Health Board to undertake its own concurrent internal investigation or to investigate after legal proceedings end. On 31 December 2022 there were 5 cases. On 30 June 2023, the total number of these cases remained at 5, but these were not the same, with some closing and new cases being opened.

- The fourth quarter of 2022 / 2023 and first quarter of 2023 / 2024 saw an upward trend in the number of Respect and Resolution cases. At the end of June 2023, there were 10 live cases, which was an increase of 3 cases from 31 December 2022.

- During quarter four of 2022 / 2023 and quarter one of 2023 / 2024, the Health Board completed 2 formal investigations (including disciplinary, UPSW and Respect and Resolution). There were 12 formal ongoing investigations on 30 June 2023.

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

- The Health Board continues to experience an increase in the number of Employment Tribunal claims. This is in keeping with national trends, with the Government reporting Employment Tribunal claim levels being at their highest since 2013. As at the end of June 2023, the Health

Board had five ongoing cases. Three cases were concluded between January and June 2023. There is one case where the Health Board is waiting for the Employment Tribunal decision.

3.5   There are no patterns in the types or number of ER cases dealt with by the Health Board each year. During the final quarter of 2022 / 2023 and the first quarter of 2023 / 2024, the People Services Team continued to work proactively with Disciplinary Officers, Investigation Officers, employees, and trade union representatives, to bring several cases to a close and to explore informal or fast track routes (where appropriate) to achieve resolution of these outstanding ER matters.

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

- The advice and support to managers etc. places an emphasis on ER cases being dealt with informally / at the lowest policy stage, unless the case warrants formal action;
- The People Services Leaders are holding regular ER case meetings with the Senior People Coaches and People Coaches, to review the live cases to agree actions to discuss with the relevant parties i.e., Investigating and Disciplinary Officers, Meeting Chairs etc.;
- The People Coaches will continue to hold regular meetings with managers to discuss their ER cases, including progress, barriers, support which may be required where cases have become stuck;
- The People Coaches support managers to ensure the scope and matters to be investigated are clear from the outset and timescale for completion of the case by the Investigating and Disciplinary Officer are outlined at the start of the process;
- All nursing ER cases are escalated monthly to the Care Group Directors of Nursing for awareness and support where required;
- The Heads of People hold monthly Professional Concerns meetings with the Assistant Medical Directors to discuss UPSW cases and ensure consistency of Policy application;
- The Heads of People hold monthly Professional Concerns meetings with their Group Directors, to discuss all informal and formal medic and professional concerns cases.

4.   PROFESSIONAL REGISTRATION FITNESS TO PRACTICE REFERRALS

4.1   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.

4.2 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.

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

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

4.4 Set out below is the referral activity to professional bodies across the Health Board, including the number of cases closed and the outcomes.

4.4.1 General Medical Council (GMC)

No. of Active / Closed Cases	On 31 Dec 2022	On 30 June 2023
No. of Active Cases	1	3
No. Current Employees	0	0
No. Ex-Employees	0	2
No. Agency Workers	0	1
Cases Closed	0	0
Closed Case Outcomes	Not applicable	Not applicable

4.4.2 Health and Care Professions Council (HCPC)

No. of Active / Closed Cases	On 31 Dec 22	On 30 June 2023
No. of Active Cases	3	1
No. Current Employees	0	0
No. Ex-Employees	3	1
No. Agency Workers	0	0
Cases Closed	1	3
Closed Case Outcomes	1. Did not meet the threshold criteria for fitness to practice investigation (Not CTM employee but Health Board referred).	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. 3. Upon receipt of requested certification, case closed.

4.4.3 Nursing and Midwifery Council (NMC)

No. of Active / Closed Cases	On 31 Jan 2023	On 30 June 2023
No. of Active Cases	23	15
No. Current Employees	10	9
No. Ex-Employees	8	1
No. Bank / Agency Workers	3	5
Cases Closed since October 2022	9	5

Closed Case Outcomes	1. 3 cases – a finding of 'No case to answer 2. 6 cases - 'Provision of monitoring, support and learning'.	1. 9 month suspension 2. 18 month restrictive practice 3. 2 cases with the CPS 4. NMC closed case, employee terminated

5. IMPACT ASSESSMENT

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

6. RECOMMENDATION

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

6.2 The People and Culture Committee is asked to **NOTE** the professional referral activity across the Health Board and the progress being made to have these cases closed.

AGENDA ITEM
5.3

PEOPLE & CULTURE COMMITTEE

DISCLOSURE BARRING SERVICE (DBS) ASSURANCE UPDATE

Date of meeting	09/08/2023

FOI Status	Open/Public

If closed, please indicate reason	Not Applicable - Public Report

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

Report purpose	FOR NOTING

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

ACRONYMS	
CRB	Criminal Records Bureau
DBS	Disclosure and Barring Service
ESR	Electronic Staff Record

FAQ	Frequently Asked Questions
NWSSP	NHS Wales Shared Services Partnership
PST	People Services Team

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to present an update in respect of the work currently being undertaken by the Compliance Team to reduce the number of eligible employees without a DBS check on their ESR record.

1.2 Following a paper that was presented to Management Board in October 2019 and subsequent reports / papers presented to the People and Culture Committee, this paper provides an update on the retrospective Disclosure and Barring Service (DBS) check process being undertaken by the People Compliance Team.

1.3 Following the boundary change on 1 April 2019, it was identified that DBS details for eligible former Abertawe Bro Morgannwg University Health Board employees, who TUPE transferred into the Health Board, were not recorded on their Electronic Staff Record (ESR) following transfer. This has impacted significantly on the numbers of eligible Health Board employees without a DBS check on ESR.

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

2.1 **Phase 1 – Pilot Summary**

A pilot of 135 employees was undertaken in November 2022, using Microsoft Forms to contact those employees employed since 2012 (including those in the former Cwm Taf and Abertawe Bro Morgannwg University Health Boards) who did not currently have evidence of a DBS check on their ESR record.

The pilot had a response rate of 36% with 49 responses received.

2.2 **Phase 2 – Update**

Set out below is the progress made to date and the forward plan to reduce the number of missing DBS checks and drive up the compliance figures.

Due to several factors the work on phase 2 stalled in quarter four of 2022/2023. Since then, work has begun on evaluating the pilot, amending the process and, based on any lessons learned, developing a recovery project plan to drive improved compliance figures. The work commenced during May 2023, to be completed before the end of the current financial year.

At the start of phase 2, 2,348[1] Health Board employees were identified as requiring a retrospective DBS check.

The DBS Audit Recovery Project Plan has two stages:

Stage 1 – Contacting Employees to determine their DBS status

During stage 1, the focus of the work is to identify whether or not these employees have a valid DBS Certificate which can be used to confirm compliance or whether they no longer require one, as they no longer work in a regulated role.

Since 27 June 2023, the Compliance Team has been contacting the identified employees by email, in Care Group batches as outlined in the Gantt Project Plan (*Appendix A*). Below is a summary of the activity to date and the forward plan.

Care Groups	No. of staff identified	Date communication to be sent	Date communication Sent
Children and Families	246	27 June 2023	27 June 2023
Primary Care and Community	234	4 July 2023	4 July 2023
Mental Health and	160	11 July 2023	11 July 2023

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[1] This value may change significantly as the Staff Bank is currently cleansing their register.

Learning Disabilities			
Unscheduled Care	318	18 July 2023	18 July 2023
Chief Operating Officer	156	25 July 2023	25 July 2023
Planned Care	307	1 August 2023	On plan
DTS	225	8 August 2023	On plan
Corporate and Hosted	146	15 August 2023	On plan
Bank	556	22 August 2023	On plan

At 25 July 2023, of the 1114 employees who have been contacted to date:-

- 244 have responded (22%);
- 870 have not responded (78%);
- 38 of the 244 have provided evidence of a DBS Certificate (15.5%);
- 206 of the 244 responded that they do not have a DBS Certificate (84.5%).

To date this process has reduced the number of missing DBS checks from 2,348 to 2,310. It is anticipated this number will continue to reduce as more employees are contacted and respond.

It is recognised that those employees that do not respond will have to be followed up to gain a more accurate picture of the current non-compliance figures.

Stage 2 – Undertaking retrospective DBS Checks

The focus of stage 2 is to undertake the identified retrospective DBS checks. This work will commence from 10 September 2023 and will continue to December 2023 and beyond if necessary.

To make the process as simple as possible, employees who confirm they have a current biometric passport will be sent a link to apply online for their DBS Certificate, avoiding the need for them to have a face-to-face ID check with the PST. Those without a biometric passport will be required to have a face-to-face ID check, which will be offered across the various Health Board sites to encourage employees to attend.

Throughout the period September to December 2023, those employees who have not responded will continue to be followed up. It is acknowledged that this follow up work may have to continue to the end of the financial year and beyond. This work will not stop until all those employees confirmed as requiring a retrospective DBS check have completed one and their ESR records updated.

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

3.1   There are currently 2,310 employees working in the Health Board with vulnerable adults and children, without a recorded DBS check on ESR.

3.1   The project plan confirms that all identified Care Group employees will be contacted by 22 August 2023, with processes in place to deal with employees' responses and to take the appropriate actions.

3.2   Until the number of outstanding DBS checks reduce significantly, the Health Board can only provide limited assurance that it is appropriate and safe for these employees to work in their regulated role. The risk has been assessed as being low to medium, as all identified employees have been working in the Health Board for minimum of 5 years and a maximum of 21 years, without incident or concerns being raised.

3.3   It should be noted the risk of an eligible new employee commencing work as a new starter within the Health Board without an appropriate DBS check is very low, due to the recruitment pre-employment processes undertaken by the NWSSP Recruitment Team.

3.4   The Health Board also has in place a monthly new starter report, to check DBS compliance for all eligible new employees and workers. This approach ensures the Health Board continues to maintain high levels of DBS check compliance moving forward, whilst still actively taking steps to undertake the retrospective DBS checks.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Patient safety may be compromised if eligible employees do not have a DBS check or the appropriate level of DBS check.

Related Health and Care standard(s)	Safe Care
	Staff and Resources Safe Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below)
	Not required
Legal implications / impact	Yes (Include further detail below)
	Potential for employees to be working in DBS regulated activity posts without a legally required DBS Certificate. Risk of harm to patients, employees etc. and legal claims against the Health Board.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The cost of undertaking new DBS checks ranges from £18 for a standard/basic check to £38 for enhanced / enhanced bar list, per employee check.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The People and Culture Committee is asked to **NOTE** the content of this paper and the actions being taken by the Health Board, including timescales, to significantly improve DBS check compliance figures by December 2023.

5.2 The People and Culture Committee is asked to **NOTE** that the follow-up of those employees who have not responded to the Phase 2 request will continue to the end of the financial year and beyond. This work will continue until all employees who require a retrospective DBS check have completed the process and had their ESR records updated.

PEOPLE & CULTURE COMMITTEE

WORKFORCE METRICS REPORT

Date of meeting	09/08/2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager
Presented by	Natalie Price, Assistant Director of Strategic Workforce Planning
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR NOTING

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

ACRONYMS	
CG	Care Group
FTE	Full Time Equivalent
COO	Chief Operating Officer Care Group
C&F	Children & Families Care Group

C & HCG	Corporates and Hosted Care Group
D & T&S	Diagnostics, Therapies & Specialties Care Group
MH & LD CG	Mental Health & Learning Disabilities Care Group
PC CG	Planned Care - Care Group
P&C CG	Primary & Community Care Group
UCG	Unscheduled Care - Care Group
A4C	Agenda for Change
APST	Add Prof Scientific and Technical
ACS	Additional Clinical Services
A&C	Administrative and Clerical
AHP	Allied Health Professionals
E&A	Estates and Ancillary
HS	Healthcare Scientists
M&D	Medical and Dental
NMC	Nursing and Midwifery Registered
ST	Students

1. SITUATION/BACKGROUND

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

The following narrative describes the high and low lights of the current workforce metrics, as contained within the Appendix. An additional Appendix is included with data definitions.

2.1   ***What's gone well***

Topic: Return to Work
Narrative: The Health Board has seen an improvement in the entry of Returns to Work following sickness absence, moving from 52.14% in March to 61.96% in May. All bar two areas are now reporting amber; the two areas that are still reporting red have made considerable improvements over this period.

Topic: Job Planning progress
Narrative: The number of signed off job plans is continuing to improve; between March and June, Consultants improved from 45% to 49% and SAS doctors from 37% to 47%.

As discussed in previous reports, this is as a result of consistent efforts to promote job planning through training and support from Medical Workforce. Job planning guidance has been published and issued to all areas to aid the improvement. Clear communication from the Medical Director's office continues to be issued around the importance of job planning to the organisation and the clinical areas the medics work in.

Topic: Core mandatory training compliance
Narrative: Following a concentrated campaign by the People Directorate and Care Group leadership teams, compliance with core mandatory training requirements has improved from 61.31% (March) to 65.27% (June). Whilst there is still progress to be made, this is a positive improvement. Actions are now being developed to further drive this improvement across the Care Groups, including a focus on supporting improvements in Medical and Dental compliance levels. Also, within Mental Health a task and finish group has been established following the recent HIW report; this group will be monitoring these areas as part of the quality improvement work.

Topic: Recruitment – time to clear pre-employment checks
Narrative: In late August 2022 changes were made to the offer and pre-employment checks processes, aimed at reducing the time taken for someone to clear the checks and allowing notice periods to run in parallel to the checks being completed. The average time to move from offer letter

sent to mandatory checks completed has decreased from 49 days in August 2022 to 36.4 days in June 2023, reducing the time by 2 ½ weeks.

2.2 *Areas for Improvement*

Issue: Sickness levels
Narrative: There has been a slight improvement in the rolling 12 month sickness levels from 7.47% (February) to 7.15% (May).

The People Services Team are working to re-establish effective Managing Attendance practices following Covid and structural changes, including:
- Providing Managing Attendance training and refresher training;
- Support to line manager on high priority and complex cases to resolve cases at the earliest opportunity; and
- Designated People Services contacts introduced, aligned to Care Groups, to enable consistent support, proactive identification of trends, and to support the development of action plans.

Issue: PDR – Your Conversation
Narrative: Whilst there has been an improvement in PDR Your Conversation completion since March, this has only moved from 59.40% (March) to 60.17% (June). Care Groups are focusing on compliance, with new dashboards recently developed that help focus this attention in performance meetings. Work is underway on proposals to drive improvement with an expectation for staff to work towards achieving and maintaining at least 85% compliance.

3. IMPACT ASSESSMENT

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

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

4. RECOMMENDATION

4.1   Discuss the report and associated metrics and report and **NOTE** the detail.

Resourcing & Recruitment

Starters and Leavers FTE

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Starters FTE	66.66	80.49	139.16	206.12	109.45	114.87	120.53	81.18	75.64	93.35	85.41	78.53
Leavers FTE	-125.48	-116.78	-128.18	-110.20	-93.80	-89.65	-105.29	-67.95	-180.36	-93.65	-88.72	-86.22
Cumulative FTE	-58.83	-95.12	-84.31	11.61	27.26	52.47	67.71	80.93	-23.80	-24.10	-27.41	-35.11

Medical & Dental FTE

Nursing & Midwifery FTE

Sickness Absence

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

- C.O.O — 10.06%
- C&F — 6.21%
- C. & H.C.G — 4.70%
- D&T&S C.G — 4.77%
- MH&LD C.G — 6.68%
- PC-C.G — 5.43%
- P&C C.G — 7.51%
- U.C.G — 5.67%

Sickness Rolling 12 months

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

61.96%

C.O.O	C&F	C. & H.C.G	D&T&S C.G	MH&LD C.G	PC-C.G	P&C C.G	U.C.G
71.63%	65.33%	68.75%	67.78%	51.85%	63.22%	46.63%	61.79%

% RTW Entered Yes — CT MUHB

PDR & Job Planning

PDR Statistics for Non Medical Staff

C.O.O, C&F, C.&H.C.G, D&T&S C.G, MH&LD C.G, PC-C.G, P&C C.G, U.C.G

% Appraisal Reviews Completed by Staff Group (Non Medical Staff) July-22 to June-23

- APST — 43.07
- ACS — 64.64
- A&C — 48.60
- AHP — 74.63
- E&A — 61.10
- HS — 57.14
- NMC — 63.78
- ST — 31.58

Job Planning Percentages 27-Jun-2023 (% completed)

Children & Families, Mental Health & Learning, Pathology & Radiology, Planned Care, Primary & Community, Unscheduled Care

% Consultant Completed — % SAS Completed

Workforce Metrics   **Page 7 of 9**   **People & Culture Committee**
9th August 2023

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Efficiency of Recruitment Process

Recruitment Volumes	2017-18 totals	2018-19 totals	2019-20 totals	2020-21 totals	2021-22 totals	2022-23 totals	Jun-23	2023-24 total YTD
Number of Vacancies Raised	1311	1713	2759	2715	2993	5979	615	1874
Number of FTE Raised	2041.12	2479.97	3905.88	4634.7	4632	8784.1	840.8	2532
Number of posts advertised	-	-	-	-	2982	3907	233	754
Number of FTE advertised	-	-	-	-	4044.8	5039	282.6	880
Number of Conditional Offers Sent	1213	1346	2271	2859	3800	3530	254	922
Number of ID Checks Completed (Face to face)	1163	1364	2272	2491	3743	2766	107	309
Number of IDVT Checks Completed	-	-	-	-	-	722	86	364
Number of Occupational Health Clearances Received	1043	1254	2012	2203	3069	3244	245	734
Number of Sponsorships Requested	0	0	0	0	18	78	0	0
Number of References Received	1179	1278	1998	2213	3284	2453	188	531
Number of DBS Checks	0	812	1372	1925	2926	2689	181	585
Number of all checks complete	-	-	-	-	2977	3091	229	648
Number of Start Dates Requested	1118	1222	2082	2271	2971	3183	238	695
Number of Contracts Issued	1169	1140	2049	2150	1976	4139	245	727
Number of Ad Hoc DBS Checks	67	35	42	16	35	175	3	22

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	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	45.7
T1a	10	Org	Time to approve vacancy request	14.2	12.9	10.6	14.1	14.3	14.1	21.3	24.2	24.6
T1b	2	NWSSP	Time to advertise	2.0	1.7	1.6	1.6	2.5	2.2	1.7	1.8	1.7
T3	Variable	Manager	Duration of advertising	9.2	8.8	8.3	8.7	8.4	9.2	9.0	9.2	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	1.0
T4	3	Manager	Time to Shortlist (original)	10.1	8.8	6.8	7.9	9.3	8.2	7.9	6.8	9.5
T4	3	Manager	Time to Shortlist (cleansed)	-	-	4.7	5.2	6.2	6.1	6.3	6.6	8.2
T5	2	NWSSP	Time to send interview invites	1.0	1.3	1.0	1.0	1.5	1.0	0.8	1.0	0.7
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	9.2
T5b	3	Manager	Time to update interview outcomes	4.8	4.7	2.5	3.4	2.7	2.4	2.9	3.4	3.8
T6	5	NWSSP	Time to send conditional offer	3.3	3.6	3.8	3.6	3.4	4.1	3.5	3.6	3.5
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	8.6
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	9.2
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	2.9
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	12.8
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	6.0
T8		Candidate/OH	Conditional offer to OH clearance					17.3	22.6	20.0	16.1	15.6
T12e	Variable	All	Checks ok to start date	17.2	14.4	18.9	18.8	20.1	28.1	19.5	17.4	18.7
T12	2	NWSSP	Checks ok to unconditional offer	3.3	1.7	1.6	1.7	1.8	5.8	1.9	1.8	1.8
T13	44	All	Vacancy Creation to conditional offer	51.6	51.1	40.8	44.6	46.8	46.4	52.7	59.4	56.4
T10	49	All	Advertising start date to checks ok						76.0	78.8	69.9	67.8
T11	25	All	Conditional offer letter to Checks OK							47.9	36.4	36.6
T14	71	All	Vacancy Creation to unconditional offer	88.7	92.3	74.7	76.9	80.1	85.4	100.2	93.1	91.2
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	21.4
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	37.4
T26	Variable	All	Unconditional Offer to start date	15.7	18.3	19.1	17.6	19.0	19.6	18.0	18.2	18.1

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

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL — SUSTAINING OUR FUTURE
YSBRYDOLI POBL — INSPIRING PEOPLE
GWELLA GOFAL — IMPROVING CARE
CREU IECHYD — CREATING HEALTH

6.1	9/8/2023	People & Culture Committee	Strategic Workforce Planning: KPMG

Report Details:

FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Natalie Price
Presented By:	Hywel Daniel
Approving Executive Sponsor:	Hywel Daniel
Report Purpose	Please Select: **For Approval** Endorsing for Approval For Discussion For Noting
Engagement undertaken to date:	The outcomes from the KPMG report have already been shared with senior colleagues, including presentations to Executive Leadership group and LPF

Impact Assessment:

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

Strategic Workforce Planning:

Update on KPMG Review & Findings

Natalie Price, Assistant Director
Strategic Workforce Planning

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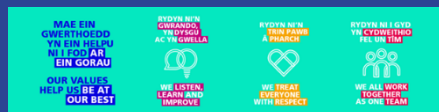
Global and national context – a crisis in healthcare workforce

- By 2030 estimated global need for 80m health workers, with a supply of just 65m (WHO)

- In the UK shortages in critical posts including around 40,000 nurse vacancies

- Use / impact of technology on traditional roles and ways of working requires radical thinking about workforce

- Challenges for all:
  - Need to develop, retain and engage the workforce
  - Impact on patients & staff

Wales & CTM Context
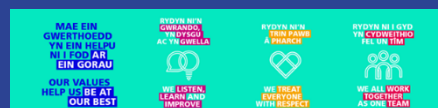
- Welsh Government's **Healthier Wales**: Our Plan for Health and Social Care (2018)
  - Whole system approach to health and social care, focused on health & wellbeing and prevention
  - Recognises high quality delivery of health and social care is entirely dependent on workforce

- **Healthier Wales Workforce Strategy for Health and Social Care** (2022), **National Workforce Implementation Plan** (2023), **NHS England Long Term Workforce Plan** (2023)

- Significant CTM challenges: long term workforce gaps, high turnover (13%) and sickness (7.7%), significant financial pressures from agency and bank spend , variation in service operating models across site models and in implementation of new roles

- Our **10 People Priorities** & emerging **People Plan**

- How can we enable an **agile and effective response** to operational pressures, recruitment and retention challenges and demographic challenges as well as ensuring emerging opportunities of doing things differently are leveraged.

- **Sustainability** is key - How can we develop local workforce planning/ resourcing / retention plans that minimise vacancies and optimise the skills of existing workforce?

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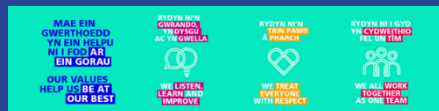
Project scope & Approach

A. Assessment of capacity and capability

Map out maturity via framework & extract themes/ areas of focus that will support strategic workforce planning for the future. Engagement enabled a joint view of where we are & where are the gaps in plans to build a workforce fit for the future

B. Tactical & transformational opportunities –

Developed via engagement, analysis of the various data sources & KPMG insights/ examples

C. Workforce projection over 5-10 years

Model spec & tool to project workforce requirements across staff groups over a 5-10 year period & develop scenarios

Scope and Approach:

A Assessment of strategic workforce planning capacity and capability,

B Identification of tactical and transformational opportunities, and

C Workforce projection over 5-10 years

Workshops x 5 (66 attendees)

Survey (66 responses)

Desktop Review (35 data sources)

Interviews x 10 (19 interviewees)

Data Collection

- CTM UHB 2030 organisational strategy provides a critical step in forming clear plan/ direction... but need to further develop detailed **service level clinical plans** with agreed priorities

- Combined impact of **merger & pandemic** have created challenges for strategic workforce planning

- Changes to organisational structures & boundaries - **variation in clinical models**. Unsustainable longer term way of working (quality, workforce & financial perspective). Service model reviews needed in key pressure areas.

- **High level of engagement** from staff (19 interviewees, 66 survey respondants, 66 workshop attendees)

- **High level of consistency of views** - shared recognition of need for a joined-up workforce strategy & clinical strategy. Collective understanding that the **current state is not sustainable** nor fit for the future.

- Real sense of **community** - core strength & strong foundation for work that needs to be done, sustained & built upon
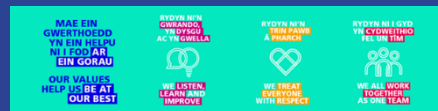
Workstream A: Maturity Assessment Findings

CTM UHB is **EMERGING** in its strategic workforce maturity, with areas of progress:

- Investment in support for & **wellbeing** of the workforce well received.

- **Leadership training offer** is seen as positive and helpful.

- Formation of **care groups** & **new executive team** leading by example

Less mature areas included:

- Use of **workforce data** to provide insight & benchmarking

- Confidence in developing **new models of care & new roles**

- Preparing for the **impact of technology**

- **Maximising relationship** with Voluntary, Community, Social Enterprise and carers

- **Strategic workforce planning & development**

Maturity assessment using the System Workforce Improvement Model (SWIM):

Overall workforce maturity rating of EMERGING
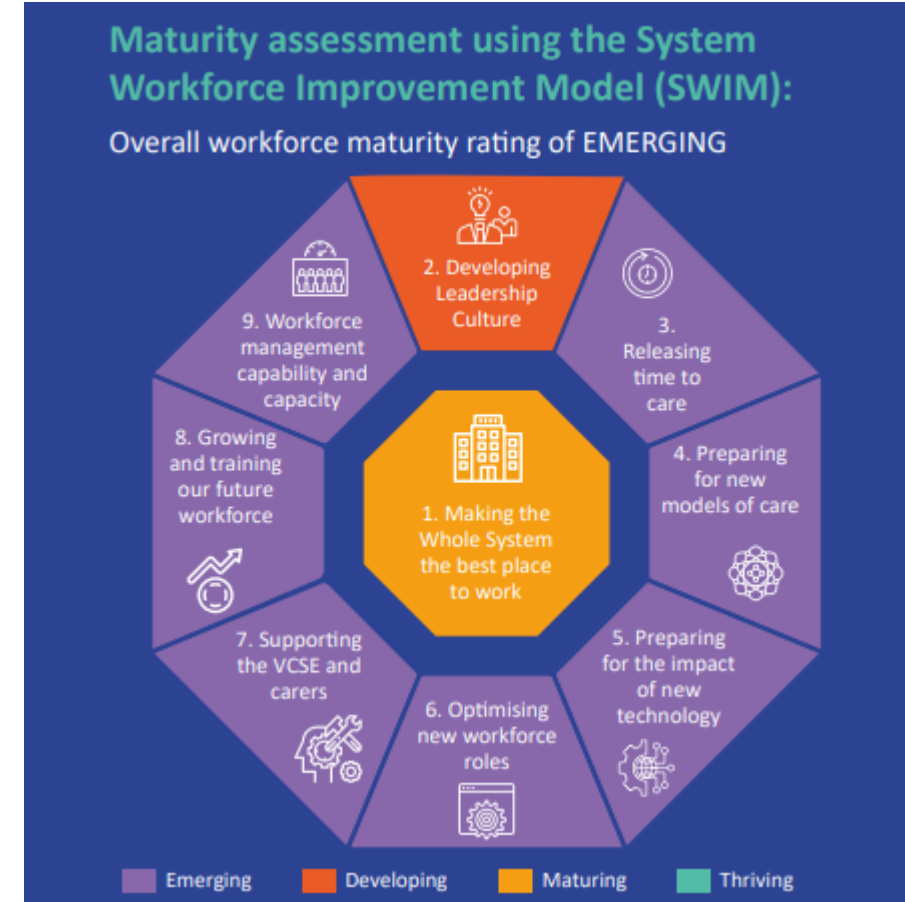
Overview: CTM UHB workforce maturity ratings by SWIM theme

Colour coding reflects maturity rating:

Emerging | Developing
Thriving | Maturing

01 g the system the best place to work

- CTM UHB has a well developed Wellbeing offer to support staff, that is well recognised and accessed.
- Progress has been made in creating a focus on the Equality, Diversity and Inclusivity agenda.
- Over the last 12 months over 330 leavers cited work life balance reasons, there is a clear need for action to support staff to stay in, and enjoy, their roles.

02 oping leadership culture

- There is a well-established and well received leadership training offer.
- Evidence of successful targeted leadership and culture support to improve services for patients.
- More work to do in creating ownership of the strategic workforce plans across the wider leadership community.
- Focus needed to ensure inclusive talent management processes.

03 ing time to care

- There are significant workforce data integrity issues preventing meaningful analysis, benchmarking, or workforce modelling.
- Limited examples of staff-led initiatives to harness and deliver local ideas for improving patient care and releasing staff time to care.
- Workforce utilisation and productivity is an area of focus within the Value and Effectiveness workstream

04 ring for new models of care

- Where new models of care are being designed limited work is underway to understand the implications for the workforce model.
- Processes are not yet in place with HEIW, FE and HE to develop L&D requirements to support new models of care.
- The potential impact of patient activation not yet factored into thinking or planning for future workforce requirements.

05 ring for the impact of technology

- Recognition that healthcare will be radically re-shaped by innovation and technology, requiring investment in digital leadership and capability.
- The digital workforce strategy needs to be refreshed in light of CTM UHB 2030 and re-launched to ensure that the implications of the impacts of future technology understood or planned for.
- There is a significant opportunity for CTM UHB to ensure best use of existing systems and technology.

06 ising new workforce roles

- There is recognition that the future workforce will require a different skill mix and different ways of working.
- There is limited progress in rolling out new roles across the Health Board.
- There is no established process or mechanism to capture feedback or measure impact of new roles.

07 rting the Voluntary, Community ocial Enterprise (VCSE) sector and carers

- CTM UHB has limited plans to harness the efforts of the wider workforce (third sector, other volunteers and carers).
- Learning and development and wellbeing offers are not yet extended to the wider workforce.
- There is limited evidence that volunteers and carers are supported to transition into the core workforce.

08 ng and training our workforce

- The Health Board does not have a systematic process in place to identify and prioritise workforce gaps or model future workforce requirements.
- The approach to attracting and recruiting staff is piecemeal rather than strategic.
- There is a lack of clear career pathways across staff groups.

09 orce management capability and capacity

- Some of the system architecture to deliver workforce development work is not yet fully developed
- Workforce programmes do not consistently have dedicated and stable resource.
- Networks and communities of practice to share good ideas and best practice in workforce planning and development are limited.

8

Tactical financial opportunities

1. **Establishment control:** Must progress & workforce data cleanse, to enable confidence in workforce data/ modelling

2. **Contract compliance review**
   - Bank & agency spend of over £71m 2022/23
   - Contract compliance review – est. recurrent savings of £5m
   - Savings could be used to support new models of care.

3. **Urgent service model review in prioritised workforce areas :** Agree services & establish changes to clinical/ workforce models/ plans

Transformational workforce opportunities

1. **Service model review (inc. new models of care & new role development) :** Review activity, workforce demand/ supply, and service stability/safety

2. **Workforce resourcing strategy development:** Link to supply side issues & review role profiles

3. **Develop digital roadmap:** Prioritise technology that supports new models of care in priority areas, automated routine process.

4. **Invest in leadership:** Grow the offer to frontline leaders with focus on change management leadership skills

Workstream B: Opportunity Analysis Findings : Areas of financial opportunity

1 Unnecessary spend

Contract 'leakage' where paying for more than received (short term benefits)

2 Excess spend

Paying for more than is needed, ensuring effective and efficient use of existing workforce (medium term benefits)

3 Reducing the level of dependency on agency and temporary staff

Filling rota gaps substantively to reduce need for temporary or agency staff through improving attraction, recruitment and retention and/or developing new models of care options (medium to longer term benefits)

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Workstream B: Opportunity Analysis Findings : Reducing dependency on temporary staff

1 Attraction

How do we describe what it looks and feels like to work at CTM UHB?

Do job descriptions and adverts catch the eye, are posts offered as less than full-time and/or flexible working

Are we positioning CTM UHB as the employer of choice?

2 Recruitment

How do we create a positive, inclusive first impression of CTM UHB for candidates?

Is the process slick, timely, digital and personalised - are candidates assured they have made the best choice in choosing CTM UHB?

3 Retention

How do we ensure that individuals want to stay?

The 'what's in it for me' - renumeration, recognition, development, career pathways, equal opportunities

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Workstream B: Opportunity Analysis Findings : Hotspot Areas

Workforce Opportunity Analysis

- Worked with Heads of People & key stakeholders to identify a number of workforce hotspot areas i.e. pressure points

- Include shortages of medical staff (Consultant level) and nursing staff (e.g. Band 5)

- Further triangulation with other People data, e.g. temporary staffing spend

- Plan for detailed service reviews in agreed hotspot areas

  - What are the necessary models of care

  - Service sustainability - volume of activity by site, do we have the Royal College min. levels of activity?

  - Is the service safe?
  - Can we get a substantive workforce in 5 years?
  - Link with Clinial Services Development Plan

Clinical services strategy: The foundation for workforce transformation

Service delivery plans should outline what will be provided, where, and how and the skills and resources needed to deliver the service safely and effectively over time. These plans generate the service requirements of the workforce strategy & set the direction/ priorities for workforce transformation.

> *We serve a population of 400-450,000, we have 3 acute general hospitals. We are trying to sustain 3 AEs, 3 ITUs etc. – it's not viable and possible to sustain with traditional shaped workforce of doctors – we need a new workforce to deliver new models of care.*

- A clear clinical strategy is the foundation of new CTM UHB operating and workforce models. It is critical that safe and sustainable service models are established for all services/specialties, informing new workforce models & shaping workforce strategy.

- The workforce model: numbers of staff & competencies needed

- The workforce strategy will outline how CTM UHB will deliver the future workforce.

> *"We need to clearly articulate our clinical strategy to attract staff – describe the direction of travel and sell why they should come to CTM UHB."*

> *Long-standing issue of vacancies and recruitment particularly in Medical workforce – consultant vacancies we struggle to fill, how many times do we have to put application out with no applicants or not able to appoint – are the people out there? should we work with senior clinicians to do something different?*

- Current workforce model reflects **traditional professional hierarchy with variation**

- Consensus across CTM UHB that this **model is not fit for the future**

- Our current & future workforce needs to be **re-shaped and designed to meet the changing needs** of our population and workforce, this will also reduce spend.

> *It is about competency based delivery not just professional boundaries. ….what is difficult for us is wrestling control out of people – we …recognise competencies but are so afraid because of registration, professional boundaries etc.*

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CTM UHB 2030: Clinical services strategy & workforce transformation
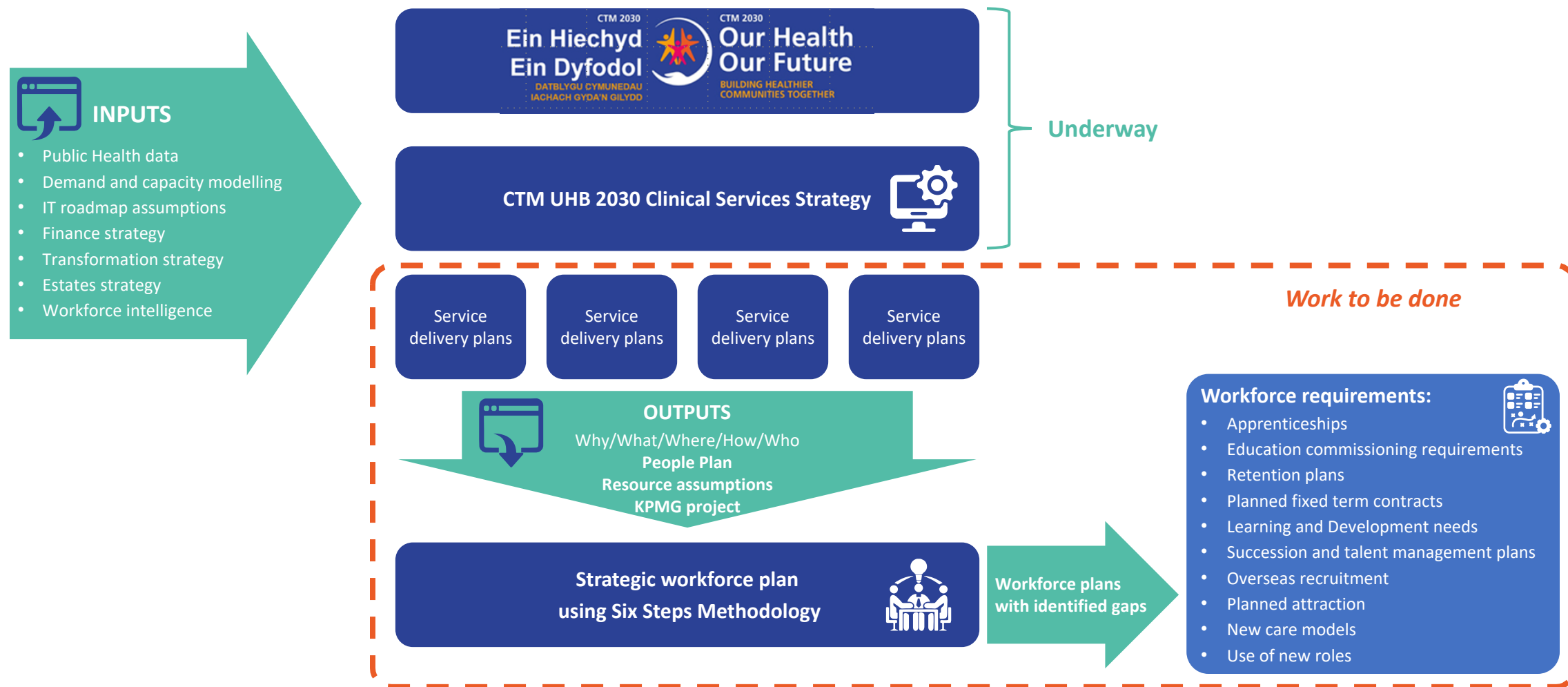
Workstream C: Workforce Forecast Model

- High level workforce tool developed that can project workforce demand and availability over a 10 year horizon

- Fully functional but data requires further cleansing/ reconciling to give accurate baseline workforce data to provide future projections

- Will enable targeted approach to transformation

- Diagram below illustrates comparison between the required staff to meet demand and the overall availability of staff, before and after interventions are realised.
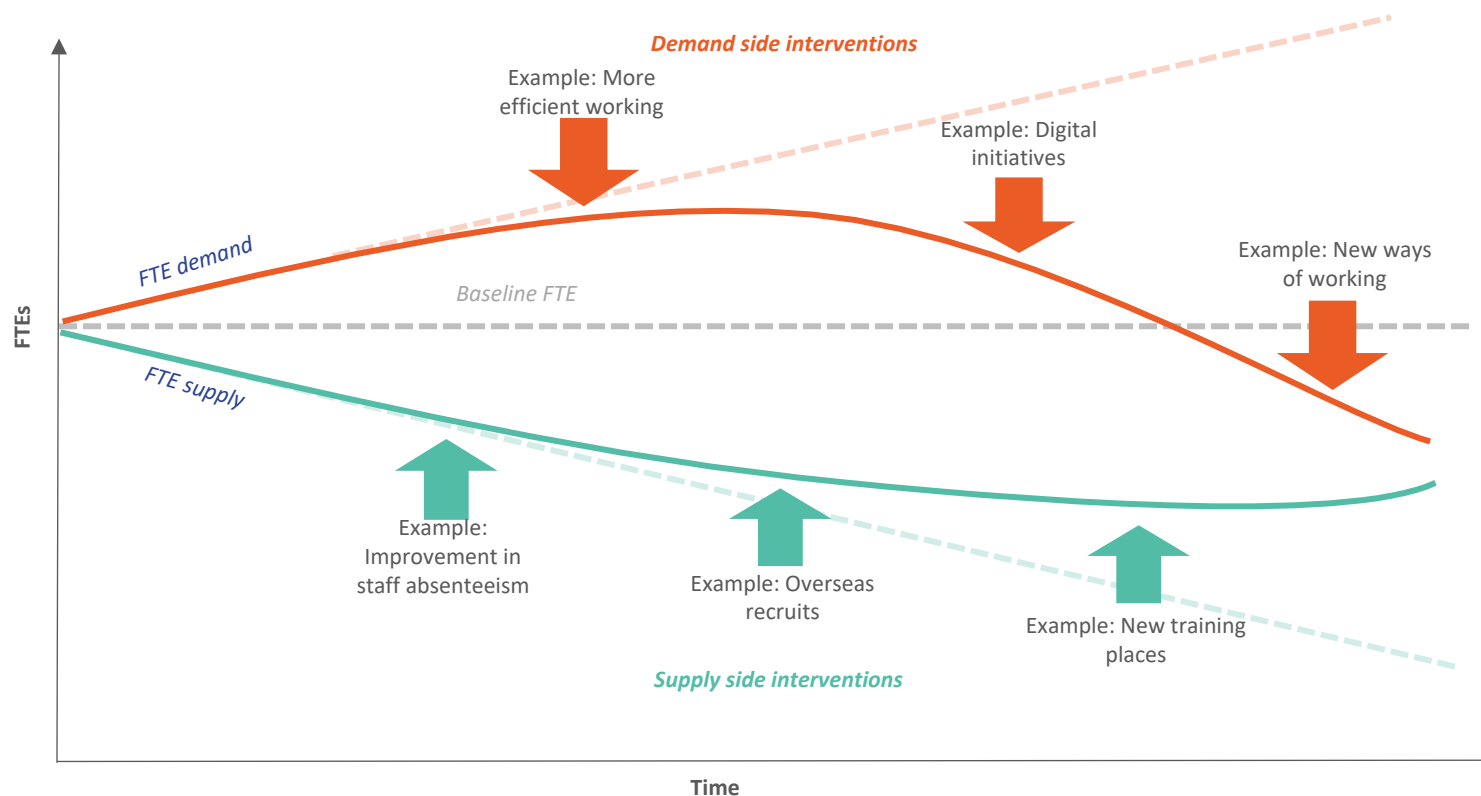
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Recommendation:	The Board or Committee are asked to:
	• Note the update as provided above • Approve the ongoing direction of travel outlined in the presentation

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	AGENDA ITEM
	6.2

PEOPLE & CULTURE COMMITTEE

INSPIRING PEOPLE PLAN DEVELOPMENT TIMELINE

Date of meeting	09/08/2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Helen Watkins, Deputy Director for People
Presented by	Helen Watkins, Deputy Director for People
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Executive Leadership Group	28th July 2023	SUPPORTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
ELG	Executive Leadership Group
IMTP	Integrated Medium Term Plan

1. SITUATION/BACKGROUND

1.1 The purpose of the report is to outline the development timeline of the Inspiring People plan which will outline the actions required to achieve the Inspiring People goal as a key part of the CTM 2030: Our Health Our Future ambitions.

1.2 The people agenda is significant for CTM given the workforce challenges faced and as a major employer in the area. Our ambitions as an organisation are driven by improvements to population health and, with such a high number of employees also residing in the CTM catchment area, the HB has a unique opportunity to make a difference within and outside the organisation.

1.3 Our existing 10 people priorities will be refined into a new People Plan for CTM, articulating the vision and supporting actions necessary to achieve our People and organisational ambitions.

1.4 The development of the Inspiring People plan will set out our strategic ambition against each of the ten priority areas together with a set of actions that will drive progress. It will also account for national actions and priorities and the work recently undertaken by KPMG to support strategic workforce planning and incorporate the findings of the Census 2021.

1.5 Given the recognised workforce challenges faced by CTM and the wider system, the development of this plan is a fantastic opportunity to share a positive modern and ambitious vision for our people and outline plans to ensure that CTM is a people focussed organisation and a great place to work.

1.6 It is intended that the narrative plan will be supplemented with a range of 'products' to enable and ensure engagement with our people across the organisation and an understanding of the priorities wherever colleagues work. For the plan to make the biggest difference it needs to be organisationally owned and not seen as simply the plan for the People Directorate. To that end the engagement, leading to ownership, needs to be inclusive to ensure that the implementation makes a difference to employee experience of work at CTM leading to improved healthcare to our population.

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

2.0 CTM 2030: Our Health Our Future

Inspiring People is one of the four strategic goals driving CTM's ambition to "Build Healthier Communities Together" recognising that our people are central to the provision of the healthcare that our population needs against a backdrop of changing technology, economic hardship, social deprivation, and demographic shifts.

To deliver this will require different thinking and planning predicated on the need for service and cultural change, all delivered through our people. Our strategy states that this will be achieved through:
- Visible and inspiring leadership
- Promoting diversity and inclusion
- Embedding our values and behaviours
- Encouraging local employment.

Delivery of the Inspiring People plan must align with actions identified in the Creating Health, Sustaining our Future and Improving Care strategic goals and, in some areas, overlap will exist; for example, an ambition for Creating Health is for CTM to be a healthy organisation which links to the people priority focussed on employee health, wellbeing and safety. Progress against all four is required to achieve our aim of improved population health but without our people on board, feeling valued, undertaking fulfilling work in an inclusive culture enabled by compassionate leaders, progress will be limited.

2.2 Ten People Priorities

The Inspiring People plan will build on the 10 people priorities (see figure 1) which have underpinned the people narrative of recent IMTP submissions and provided a focus to the work plan of the People Directorate aligned to the delivery of Care Group service plans.

Each priority has been informed by A Healthier Wales: Our Workforce Strategy for Health and Social Care which sets out seven themes to deliver a seamless workforce across Health and Social Care and supports the delivery of the National Workforce Implementation Plan. The All-Wales ambitions chime with the CTM focus on population health and the role of the organisation as both a provider of healthcare and influencer of health choices as a major employer. Taking a workforce planning lens to the 2021 Census also provides us the opportunity to assess the impact of demographic changes on our workforce and, build into our thinking and design, plans that feel bespoke to CTM; factors include the changing age profile, prevalence of welsh speakers, ethnicity of the population, socio-economic factors and mobility to work.
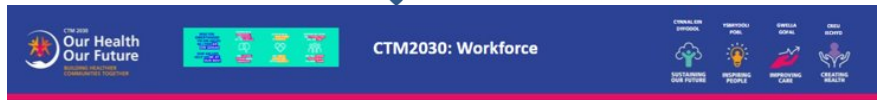
- **Support and improve** the physical, emotional and financial **well-being** and **safety** of our people.
- **Improve** what it is like to work at CTM through positive **employee experience**.
- **Create** a culture that is **inclusive**, recognises and celebrates difference, and is **anti-racist**.
- **Improve our culture** across the Health Board to ensure CTM can be at its best.
- **Enhance our leadership and management capability**, creating compassionate and collective leadership.
- Support workforce and service **change** within the Health Board to **deliver our four goals** and clinical strategy ambitions.
- Develop and **deliver strategic workforce plans** which fill our gaps, as well as modernising our workforce now and for the future.
- Create a **thriving Welsh language** culture and identity, improving skills and awareness.
- Create **pathways to employment** for our local communities, linked to workforce plans, as an anchor institution.
- Improve the **quality of our workforce data and** use this to drive intelligence and improved performance.

Figure 1 – People Priorities

2.3   Inspiring People Plan Development Timeline

There are three phases to the development of the plan: Research, Development and Design; Consultation and Engagement, and; Formal Ratification, culminating in the presentation of the narrative document to Board on the 30th November 2023. The timescale is ambitious but builds on previous engagement and the development of programmes of work led by the People Directorate to deliver the IMTP. A clearly articulated vision for our people will provide a different lens and focus to organisational decision making and the design of future service plans.

2.3.1 Research, Development and Design

The ambition is that each priority area will have a strategic ambition statement that articulates the desired future state in 2030 and that will support the achievement of the Creating Health; Sustaining our Future and Improving Care strategic goals.

To ensure alignment with best practice these statements will have a credible evidence base and supported by research and best practice. To achieve this a series of conversations are taking place across the summer to "deep dive" in each of the priority areas with stakeholders from across the organisation to consider the different perspectives, what good will look like in 2030 and what of today's challenges should the plan address to enable us to progress. The deep dives are also considering the pledge that could be made to the organisation that connects with our people across the organisation.

During this phase the approach to the plan development will be presented to Executive Leadership Group, People and Culture Committee and the Inspiring People Board. In addition, a discussion has taken place with the Trade Unions as important stakeholders in this work.

2.3.2 Consultation and Engagement – September/ October 2023

Having completed the deep dives, the intention is for the strategic ambition statements to be shared to allow engagement on the vision and to start the formal consultation on the emerging plan. Key fora include Local Partnership Forum; Local Negotiating Committee; Inspiring People Board and Integrated Care Board.

Other opportunities include discussions with Care Group and Corporate Team meetings, the Networks and there is an intention to engage frontline staff with several focus groups and any further suggestions including any external stakeholders are welcomed to ensure that plan feels owned and aligned to organisational need and ambition for improved population health.

2.3.3 Formal Ratification October – November 2023

The formal ratification process of the plan will involve ELG, People and Culture Committee with the intention of being presented to Board on the 30th November.

2.4 Inspiring People Plan Products

To supplement the narrative plan, it is the intention to develop different of products to make the priorities and ambitions understood and owned across the organisation and ensure that it is not a plan that sits on a shelf but instead drives change and makes CTM a really great place to work.

A simpler plan on a page will be developed that is easy to read and understood by busy colleagues whose time is of a premium. Recognising this and the demographic shift in our workforce we intend to explore video / podcasts to share the message utilising more engaging and modern communication approaches; support from the CTM Communication and Engagement team will be key to achieving this. It is also the intention to turn each of the priorities into a set of pledges that resonate with our people and capture and communicate the changes that are planned that will make a difference to their experience of work.

The plan will also be supported by a Delivery Plan that will be monitored by Inspiring People Board to ensure that we maintain focus

on actions that support the improvement journey with a lens of 2030 as well as the immediate needs of the workforce.

2.5 Measurement approach

The review and evaluation of agreed measures will be key to driving on going improvements and to understanding the impact of the plan. Through initial discussions at Inspiring People Board it is proposed that the use of Value Based Healthcare principles is explored to underpin measurement design. A value-based healthcare approach is increasingly being used to measure PREMS (Patient Reported Experience Measures and PROMs (Patient Reported Outcome measures), and more recently WREMs (Workforce Reported Experience Measures). This work will be progressed through Inspiring People Board and reported to the Unified Transformation Board.

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

3.1 This is a unique opportunity to set out a people focussed vision to our people about future plans that make CTM an even better place to work. The risk is that with all the challenges the organisation faces that time and resources are not invested in the actions that will make a difference.

3.2 Organisational support and ownership of the plan is essential to ensure progress is made and positive employee experience is felt across all sites and services.

3.3 Given the challenges of the here and now there is a risk that insufficient time is given to keeping a focus on 2030 and the need for longer term plans. Alignment through the delivery action plan will be key to ensure that our strategic ambitions influence the delivery today and keep a focus on the actions that will make a difference in the short and longer term.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Staff and Resources
Equality Impact Assessment (EIA) completed - Please note	No (Include further detail below)

EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	EIA will be completed on the plan once developed
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	People plan will impact positively by ensuring absence is reduced and workforce is efficiently and effectively planned.
Link to Strategic Goals	Sustaining our Future

5. RECOMMENDATION

The People and Culture Committee is asked to:

5.1 **ENDORSE** the planning approach for the development of the Inspiring People Plan.
And;

5.2 **SUGGEST** any further opportunities for engagement particularly external to the organisation.

PEOPLE & CULTURE COMMITTEE

IMPLEMENTATION OF SPEAK UP SAFELY FRAMEWORK

Date of meeting	09/08/2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Claire Nicholas, Compliance Manager
Presented by	Michelle Hurley-Tyers, Assistant Director of OD and Wellbeing
Approving Executive Sponsor	Executive Director for People

Report purpose	FOR DISCUSSION / REVIEW

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

ACRONYMS	
BCUHB	Betsi Cadwallader University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian – *Noting this is a protected term which is only used in NHS England*
MDT	Multi-Disciplinary Team
SUSG	Speak Up Safely Guardian
SUSS	Speak up Safely Sponsor
SUSWG	Speaking Up Safely Working Group

1. SITUATION/BACKGROUND

1.1. Freedom to Speak up Guardians (FTSUGs) were introduced into every NHS England Trust following the Francis Report in 2013, which identified significant failings in the care provided by Mid Staffordshire NHS Foundation Trust[1]. The report highlighted the problematic treatment of those who speak up, and the numerous missed opportunities to prevent avoidable and serious harm to patients and staff when workers' concerns went unheeded. The Francis Report identified the need for a more open and transparent culture in healthcare organisations, where staff feel comfortable raising concerns without fear of reprisals.

1.2 FTSUGs were introduced to provide a confidential and supportive channel for staff to raise concerns and to work to resolve issues before they escalated. The role of FTSUGs is to help ensure that a culture of openness and learning is embedded within English healthcare organisations, with a focus on improving patient safety and the quality of care provided.

1.3 In 2019, the Welsh Government commissioned a review of the role of FTSUGs in Wales and, in December 2021, announced that all Health Boards in Wales must have their own equivalent FTSUGs in place.

1.4 Following this decision, a task and finish group of colleagues across NHS Wales was established. Its purpose was to design and develop a framework that set out Organisational, Board, manager and individual members of staff's (and volunteer) responsibilities in the creation of a culture where individuals feel safe and able to speak up about anything that gets in the way of delivering safe, high-quality care or which negatively affects their experience in the workplace. The framework is currently with the Welsh Partnership Forum and Welsh Government for sign off before its subsequent launch.

1.5 In 2022, the Aled Jones et al. review[2] provided a comprehensive study of the implementation of FTSUGs in Acute and Mental Health Trusts in England. The study identified wide variability in how the guardian role had been implemented, resourced and deployed, caused in part by the absence of any detailed specification about the appointment, responsibilities and accountabilities of the role.

[1]Mid Staffordshire NHS Foundation Trust Public Inquiry. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office; (2013)

[2]Jones, A., Maben, J., Adams, M., Mannion, R., Banks, C., Blake, J., Job K. & Kelly, D. Implementation of 'Freedom to Speak Up Guardians' in NHS Acute and Mental Health Trusts in England: the FTSUG mixed-methods study. Health and Social Care Delivery Research, 10 (23) 2022

1.6 The Aled Jones report concluded that optimal implementation of the FTSUG role requires five components:

1) All key stakeholders within the NHS organisation must share the view that the FTSUG role is important for a positive workplace culture and develop a collaborative and coherent strategy to the implementation.

2) The NHS organisation must introduce robust policies to support the practice of enabling a FTSU culture.

3) The implementation of the FTSUG role is frequently monitored and evaluated.

4) The NHS organisation must create a positive implementation climate and culture, in line with FTSU values, which will support staff to speak up and best support the wellbeing of the FTSUG.

5) FTSUGs are given sufficient time and resources to undertake this role. They specify that this should include:
   - ✓ At least one full time position per NHS organisation;
   - ✓ An allocated budget;
   - ✓ Dedicated psychological support for the FTSUGs; and
   - ✓ Access to a dedicated, confidential space to undertake their work.

1.7 Recognising some of the implementation difficulties and loss of confidence in the NHS England FTSUG scheme, Do No Harm Wales, an independent group of healthcare professionals with extensive personal experience as whistle-blowers within NHS Wales, submitted a paper to the Health Social Care and Sport Committee Health and Social Care (Quality and Engagement) (Wales) Bill[3]. In this paper they urged the Welsh Government to distance itself from the current FTSUG scheme in England, by renaming the guardian role to avoid any doubt that the Welsh FTSU Scheme is different. As a result, the term "Speak Up Safely Guardians," or "Speak Out Safely Guardians," has been utilised within those Welsh NHS Health Boards who have already implemented a scheme.

[3]Do No Harm Wales: Submission to the Health Social Care and Sport Committee Health and Social Care (Quality and Engagement) (Wales) Bill

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 In scoping the implementation of Speak up Safely (SUS) roles in Cwm Taf Morgannwg University Health Board (CTMUHB), efforts have been made to learn from the experiences of other Health Boards in Wales who have already have schemes in place. A key message has been the importance of working in partnership with the Trade Unions from the outset, to co-construct an approach which they can promote and support.

2.2 The SUS framework will not replace existing mechanisms and there is an expectation that all efforts will be made to exhaust existing problem-solving approaches (line management, Trade Union representation, multi-

disciplinary team processes and procedures) and internal policies and procedures to resolve the concern <u>before raising through SUS</u>. Equally, the role of SUS is not to investigate but to work collaboratively with those who raise concerns, to problem solve and identify a way forward.

2.3   Whilst awaiting the confirmation and approval of the framework and supporting toolkits from Welsh Government an internal Speaking Up Safely Working Group (SUSWG) has been established, Terms of Reference agreed (see **Appendix 1**), and the group has met twice. The role of the SUSWG is to plan and develop, in partnership, the Health Board's SUS approach and model, which will provide the environment and conditions which support and value speaking up. The SUSWG will also oversee the implementation of the Speaking Up Safely framework across the Health Board.

2.4   The SUSWG has undertaken a mapping exercise to understand the variety of current routes and processes staff can go through to raise a concern within CTMUHB.

2.5   The aim of SUS is to provide staff with an alternative route through which to raise concerns. This does not replace or negate the need to exhaust internal methods, such as having an informal conversation with their line manager or senior leader or invoking a formal process, policy, or procedure. SUS focuses on helping change the culture across CTMUHB, to ensure everyone feels empowered and able to speak up.

2.6   The SUSWG will be working with the Communications and Engagement Team to develop a communications plan and a dedicated SUS SharePoint online page, to raise awareness and to actively promote SUS. Its purpose is to signal to staff the mechanisms available should they wish to raise any concerns, and provide clarity about what will happen next and how they will be kept informed of progress. The site will reinforce the wider approach to shaping an organisational culture that supports speaking up, through identification of the most appropriate mechanisms and processes available to most effectively resolve their concerns.

2.7   Work is underway with the ICT Department to develop a digital platform that is accessible to staff inside and outside of the Health Board. The platform will also give staff the choice to remain anonymous, should they wish. It will be important to alleviate staff fears around SUS and to ensure they feel listened to and thanked for speaking up and that they are confident that they will not experience any detriment because they have spoken up about their concerns.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   The failure to listen to and protect staff speaking up has been described by the House of Commons Health Select Committee as a "stain on the

reputation of the NHS"[4]. CTMUHB is under an obligation to both its staff and patients to provide a robust mechanism for staff to raise their concerns.

3.2   There is a need for a culture where staff concerns are taken seriously, investigated, and resolved with the proper corrective actions. Speaking up difficulties will continue to exist and even grow if there is not a widespread culture of openness and honesty where speaking up is encouraged and staff who do so are recognised.

[4]House of Commons Health Committee. Complaints and Raising Concerns. London: The Stationery Office; 2015 URL: https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/350/ 350.pdf

4   IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The implementation of the SUS Scheme and investment in a SUSS role(s) will, according to research findings, have a positive impact on the quality of our services; the safety of our services, patients and staff; and provide our patients and staff with an improved experience.
Related Health and Care standard(s)	Safe Care
	Governance, Leadership and Accountability Staff and Resources, Staying Healthy Dignified Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) An EIA is in progress with SUSWG.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	A Business Case has been submitted to the Executive Team outlining associated costs.
Link to Strategic Goals	Inspiring People, Sustaining our Future

5   RECOMMENDATION

5.1   The People and Culture Committee are asked to **NOTE** the progress being made by the SUSWG to plan and implement the SUS framework within the Health Board.

1.   Purpose

The role of the Speaking Up Safely Working Group is to plan and develop, in partnership, Cwm Taf Morgannwg's approach which provides the environment and conditions that support and value speaking up. The Working Group will also oversee the implementation of Speaking up Safely across the Health Board.

The Working Group will provide operational updates to the Executive Leadership Group (ELG) and assurance to the People and Culture Committee and Board in relation to the Health Board's compliance in implementing and embedding a Speaking Up Safely culture, informed by the Welsh Government Speaking up Safely framework.

2.   Scope

The scope of the Working Group is to:

- Support the Health Board to deliver its responsibilities in accordance with the Welsh Government Speaking Up Safely framework, to ensure every employee can use their voice to share views, suggestions and concerns without fear of victimisation or reprisal.

- Ensure the Health Board's Speaking Up Safely approach and the associated processes have integrity and are fit for purpose, to ensure compliance with the Welsh Government's framework.

- Develop a straightforward Speaking Up Safely approach where employees' views, suggestions and concerns can be reported and not only welcomed and respected, but valued as an opportunity to listen, learn and improve, in keeping with the Health Board's values.

- To work in partnership with the Information Technology Department to develop a digital solution, which will enable employees to voice their views, share a suggestion or raise a concern at any time from any place.

- To report any identified organisational risks associated with the Speaking Up Safely, to ensure that appropriate risks are escalated to the Organisational Risk Register, with clear mitigations to reduce and potentially eliminate the risk.

- To collate baseline data to monitor the impact Speaking Up Safely has on employee engagement and retention, employee relations, employee wellbeing etc.

- To develop key performance indicators and progress measurements to ensure the approach meets the expectations and needs of our employees and the Health Board. To develop a robust process for assessing, measuring and reporting on the outcomes of the Speaking Up Safely process.

- To scrutinise and be accountable for the delivery of actions against the action plan timescales to deliver the Speaking Up Safely approach, and for it then to be led by the Director of Corporate Governance as the Cwm Taf Morgannwg University Health Board lead.

- Provide assurance to the ELG and People and Culture Committee that positive progress is being made in respect of implementing Speaking Up Safely, including shaping and setting direction, monitoring progress and promoting understanding inside the Health Board.

- To ensure all Speak Up Safely activity supports and aligns to other People-related programmes such as Culture; Inclusion; Health and Wellbeing; Learning and Development; Quality Improvement etc.

3.   Principles

All members will have a responsibility to seek out and listen to the views of their colleagues to inform the work of the Working Group.

Where actions and tasks are allocated within the meeting, each member of the Group has a responsibility to undertake the work as requested and to the agreed timescale.

Where decisions are required that fall beyond the authority levels and remit of the Working Group, they will be escalated to the appropriate Executive Directors.

4.   Delegate Authority

The ELG has delegated operational authority to the Working Group 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.

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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

## 5.	Authority

The Working Group has authority to:

- Identify key actions and pieces of work to develop, implement and embed Speaking Up Safely across the Health Board.

- To seek resources and any associated funding which may be required to develop and implement Speaking Up Safely across the Health Board.

## 6.	Membership

Programme Role
People Lead
People Lead
Assistant Director of Quality and Safety
Medical Lead
Senior Nursing Lead
Trade Union Representative
Director of Corporate Governance
Assistant Director of Governance and Risk
Race Equality Network (REN) Representative
Disability Network representative
Staff Representative
WE (Women's) Network Representative
LGBTQ+ Network Representative
Head of Organisational Development & Inclusion
Equality, Diversity and Inclusion Lead
Care Group Representative
Assistant Director of Health, Safety & Fire
Communication and Engagement Representative
Digital Representative
Secretariat

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7.   Procedural Arrangements

Quorum – The Group will be considered quorate when 50% or more members are present.

Agenda – The Business Support Manager will ensure that all papers are distributed at least five calendar days in advance of the meeting.

Attendance – Each member will be required to protect time to attend meetings. If a member is unable to attend, they will arrange for a suitable representative to attend or provide a written update in advance of the meeting to the Chair.

Secretariat – The Business Support Manager will provide the Secretariat for the Working Group.

Frequency of meetings - The meetings will be held monthly and expected to run for six months to plan, develop, implement and launch Speaking Up Safely across the Health Board.

8.   Reporting and Assurance

The Working Group shall:

- Report formally, regularly and on a timely basis to the Executive Leadership Group, People and Culture Committee and the Board (via the Committee Highlight Report) on their activities and progress.

- Bring to the Executive Leadership Group, People and Culture Committee's and the Board's specific attention any significant matters under consideration, barriers to be addressed etc.

- Ensure appropriate escalation arrangements are in place to alert the Executive Leadership Group and Chair of the People and Culture Committee of any urgent / critical matters that may affect the operation of Speaking Up Safely and / or the reputation of the organisation.

9. Review

The Working Group at its first meeting and subject to review shall endorse these Terms of Reference for formal approval by the Executive Leadership Group.

These Terms of Reference will be reviewed annually or as required following wider governance changes.

Version Control:

Version	Date	Author	Comments
0.1	08.05.23	Assistant Director of Workforce & Organisational Development	Initial Draft
0.2	10.05.23	Business Support Manager, People Services	Development of draft
0.3	11.05.23	Assistant Director of Governance & Risk, Business Support Manager, Assistant Director of Employee Experience and Wellbeing and group input	Development of draft
0.4	22.05.23	Independent Member (Trade Union), Consultant Anaesthetist and Pain Specialist, Business Support Manager People Services	Development of draft
0.5	26.07.23	Executive Assistant to Director for People	Final proof/edit before submission to P&CC

Version: 0.5 draft

Date: 26.07.23

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

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL
SUSTAINING OUR FUTURE

YSBRYDOLI POBL
INSPIRING PEOPLE

GWELLA GOFAL
IMPROVING CARE

CREU IECHYD
CREATING HEALTH

❑ Recognise decades of NHS service at 10, 20, 30, 40, 50 years.

❑ *Three in-person celebration events per year: Bridgend, MT, and RCT (potential for additional events to address backlog)

❑ Recognition led by the CTM Board, with executive and IM participation.

❑ *Gifts/keepsakes of long service will be differentiated by length of service.

❑ Information on those reaching service milestones will be gathered from the electronic service record (ESR).

*Funded through charitable funds –requires careful consideration given financial position.

STARTING WELL GROWING WELL LIVING WELL AGEING WELL DYING WELL

❑ Work underway with People directorate to interrogate ESR and identify backlog

❑ Host venues within each borough being identified

❑ Funding being explored

❑ Promotion planning underway: ESR data to be supplemented by engagement with managers and staff

❑ **July:** Staff provided opportunity to name awards brand.

❑ **July:** Shortlisted brand names shared with ELG, and TUs.

❑ **July:** Brand confirmed: CTM Seren Awards (CTM Star Awards).

❑ **August:** Platform build completed/ Branding of resources completed.

❑ **September:** Peer-to-peer scheme launched.

❑ **September:** Corporate scheme launched.

❑ **November:** Potential annual awards launch.

❑ **TBC** Annual Awards.