People & Culture Committee Meeting

Mon 15 April 2024, 13:30 - 16:30

Classroom 2, , Post Grad Department Prince Charles Hospital

Agenda

13:30 - 13:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Dilys Jouvenat, Chair

1.2. Apologies for Absence

Information   Dilys Jouvenat, Chair

1.3. Declarations of Interest

Information   Dilys Jouvenat, Chair

13:30 - 13:30
0 min

2. CONSENT AGENDA

2.1. Items for Approval

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

Decision   Dilys Jouvenat, Chair

📄 2.1.1 Unconfirmed Minutes 7.2.24 Final PC Committee 15th April 2024.pdf (10 pages)

2.2. Items for Noting

2.2.1. Action Log

Information   Gareth Watts, Director of Corporate Governance/Board Secretary

📄 2.2.2 Action Log PC Committee 15th April 2024.pdf (4 pages)

13:30 - 13:30
0 min

3. MAIN AGENDA

3.1. Matters Arising Not Otherwise Contained Within the Action Log

Dilys Jouvenat, Chair

13:30 - 13:30
0 min

4. GOVERNANCE

4.1. Organisational Risk Register

Discussion   Gareth Watts, Director of Corporate Governance/Board Secretary

📄 4.1a Organisational Risk Register - March 2024 - PCC.pdf (6 pages)

13:30 - 13:30 0 min	## 5. INSPIRING PEOPLE

5.1. Outcome of the NHS Wales Staff Survey

Discussion   *Michelle Hurley-Tyers, Assistant Director of OD and Wellbeing*

5.2. Strategic Equality Plan

Discussion   *Michelle Hurley-Tyers, Assistant Director of OD and Wellbeing*

5.3. Revalidating Quality Review Report

Discussion   *Dom Hurford, Medical Director*

5.4. Workforce Metrics Report

Discussion   *Natalie Price, Assistant Director Strategic Workforce Planning*

13:30 - 13:30 0 min	## 6. SUSTAINING OUR FUTURE

6.1. Development of the CTM People Plan Progress Report - Presentation - to follow

Discussion   *Helen Watkins, Deputy Director for People*

6.2. Employee Relations Report

Discussion   *Karen Wright, Assistant Director of Policy, Governance & Risk*

6.3. Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across CTM

Discussion   *Richard Hughes, Deputy Director of Nursing, Midwifery & Patient Care*

6.4. Committee Referral from the Audit & Risk Committee - Local Counter Fraud Report

Discussion   *Gareth Watts, Director of Corporate Governance/Board Secretary*

13:30 - 13:30
0 min

7. OTHER MATTERS

7.1. Committee Forward Work Plan

Information   *Dilys Jouvenat, Chair*

📄 7.1 Forward Plan PC Committee 15 April 2024.pdf (3 pages)

7.2. Committee Highlight Report to Board

Dilys Jouvenat, Chair

7.3. Any Other Urgent Business

Dilys Jouvenat Chair

7.4. How Did We Do Today?

Dilys Jouvenat, Chair

13:30 - 13:30
0 min

8. DATE OF NEXT MEETNG: 7th August 2024

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

UNCONFIRMED MINUTES OF THE PEOPLE & CULTURE COMMITTEE

7th FEBRUARY 2024 AT KEIR HARDIE, ACADEMIC CENTRE

Members Present:

Dilys Jouvenat	Chair/Independent Member
Nicola Milligan	Independent Member
Geraint Hopkins	Independent Member

In Attendance:

Hywel Daniel	Executive Director for People
Greg Padmore-Dix	Executive Nurse Director / Deputy Chief Executive
Helen Watkins	Deputy Director for People
Michelle Hurley-Tyers	Assistant Director of Organisational Development and Wellbeing
Natalie Price	Assistant Director, Strategic Workforce Planning
Sallie Davies	Deputy Medical Director
Karen Wright	Assistant Director of Policy, Governance and Compliance
Clare Wright	Strategic Lead for Wellbeing, Consultant Clinical Psychologist & Systemic Psychotherapist
Simon Blackburn	Director of Communication, Engagement & Fundraising
Richard Hughes	Deputy Director of Nursing, Midwifery & Patient Care
Gareth Watts	Director of Corporate Governance/Board Secretary
Lauren Edwards	Executive Director of Therapies & Health Science
Rehana Begum	Head of Organisational Development & Inclusion
George Shouler	Learning & Development Manager (in-part)
Rhian Lewis	Learning & Development Lead (in-part)
Ben Screen	Welsh Language Manager (in-part)
Ioan Davies	Welsh Language Translator (in-part)
Nerys Heightley	Business Support Manager for People
Kathrine Davies	Corporate Governance Manager
Tyler Lewis	Corporate Governance Officer

Agenda Item

1.   PRELIMINARY MATTERS

1.1   Welcome & Introduction

D Jouvenat, Chair, welcomed everyone to the meeting and apologised for the late start. The Chair advised that they would be taking Agenda Item 5.3 Welsh Language Group Highlight Report as the first item on the main agenda.

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1.2 **Apologies for Absence**
Apologies were received from the following:
- Dom Hurford – Medical Director
- Kath Palmer – Independent Member
- Lynda Thomas – Independent Member
- Kay Chandler - Organisational Development Project Support

1.3 **Declarations of Interest**
There were no declarations declared.

2. **CONSENT AGENDA**

2.1 **Items for Approval**

2.1.1 **Unconfirmed Minutes of the Meeting held on the 8th November 2023**

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

2.1.2 **Unconfirmed minutes of the In Committee Meeting held on the 8th November 2023**

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

2.1.3 **Ratification of Chairs Urgent Action – Approval of the Flexible Working Policy.**
K. Wright presented the new All Wales Flexible Working Policy that had been endorsed for implementation by the Welsh Partnership Forum.

A question has been raised by an Independent Member in advance of the meeting which was as follows:

How as an organisation are we going to communicate and support the positive change the new policy brings where the default is yes to an application unlike the current situation where it can be extremely difficult to gain support for an application. This lack of support is often before options are even considered and the flexible working was not being seen as a way to retain staff.

The response was as follows:

The People function recognises that many managers will need and require significant support to assist them to change their mind set regarding dealing with flexible working requests.

There is a small People Group currently exploring the options to socialise and embed the policy, the ethos of which reflects a significant cultural change for our managers. The Group is developing a review process to be

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used in the post launch period, to identify where request are being approved (to identify good practice) and refused, to intervene to establish whether there is a possible solution to make the request happen in full or an alternative suitable solution which can be proposed.

Resolution: The Committee **RATIFIED** the **APPROVAL** of the All Wales Flexible Working Policy undertaken via Chair's Urgent Action as set out above.

2.1.4 Committee Annual Cycle of Business 2024-25
G. Watts presented the Cycle of Business for 2024-25.

Resolution: The Annual Cycle of Business 2024-25 was **APPROVED.**

2.2 FOR NOTING / ASSURANCE

2.2.1 Action Log

Resolution The Action Log was NOTED.

3. MAIN AGENDA

3.1 Matters Arising otherwise not contained within the Action Log
There were no matters arising raised on this occasion.

5.3 Welsh Language highlight report
B. Screen presented the report that provided the People & Culture Committee with details of the key issues considered by Grŵp Llywio'r Gymraeg, the Welsh Language Steering Group, at its bi-monthly meetings between March 2023 and January 2024.

The report was presented in Welsh with I. Davies translating for the Committee into English.

H. Daniel referred to the 'Hiraeth' Cultural Scheme that was planned for March 2024 and asked B. Screen to explain to the Committee the meaning of 'Hiraeth'. B. Screen advised that there was no English translation for this word but that it was a deep longing for something, especially one's home in the context of Wales and Welsh Culture and was very personal to Wales.

G. Watts advised that the National Eisteddfod was being held in Rhondda Cynon Taff in August 2024 and provided a good opportunity to showcase the organisation's work and commitment to the Welsh Language speaking and culture.

S. Blackburn referred to the Welsh Language signage work that had now commenced across the sites and advised that previously there had been some issues with quality and styles but this opportunity is being used to get this right in terms of parity with English language signage.

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G. Hopkins commented that now more children within the area were being educated through the medium of Welsh was there an opportunity to recruit more people into jobs within the Health Board who could speak Welsh and particularly with school leavers from Welsh medium education in regard to career opportunities within the Health Board.   H. Daniel advised that in the past staff have sometimes not had opportunities to use their Welsh speaking skills when coming into the workforce and there would be a requirement to lift their confidence and provide skills for them via courses. He added that the ability to see and treat patients in Welsh would be beneficial to staff, patients And to the organisation as a whole.

Resolution   The Committee **NOTED** the report.

4.   GOVERNANCE

4.1   Organisational Risk Register
G. Watts presented the report for the Committee to review and discuss the organisational risk register and consider whether the assigned risks had been appropriately assessed.

G. Watts advised that the risk in relation to the Junior Doctors strike had been escalated due to two more strikes being planned for February and March 2024.

N. Milligan referred to Risk 1133 in relation to the staffing in the Emergency Department at the Royal Glamorgan Hospital (RGH) and advised that it had been on the risk register for 10 years and whether there was an issue with benchmarking as the benchmarking work undertaken in Prince Charles Hospital (PCH) for example, had made huge development opportunities with retaining their staff due to the pathway for development. She queried whether they were going to do something similar for the Royal Glamorgan Hospital.

G. Padmore-Dix advised that the three Emergency Departments across CTM had three very different models and the environment of care in RGH was different following the Bridgend boundary change and some activity had been moved there following the changes in boundaries. He confirmed that there had been a multitude of workforce plans based on the PCH work but when you looked at the workforce model as a collective, they had more clinical staff and was not sure why this was still on the risk register as they always filled the vacancies when going out to recruit. He advised that he would review the risk outside of the meeting with the Chief Operating Officer.

Resolution:
Action:
H. Daniel, in response, advised that last year they had invested in substantive consultants in the Emergency Department in RGH and this was still currently in operation with some evaluation work being undertaken.

The Committee reviewed the Risk Register and **NOTED** the report
To review Risk 1133 outside of the meeting.

4.2 **WHC/2023/046 - All Wales Control Framework for Flexible Workforce Capacity – Baseline Return to Welsh Government**
N. Price presented the report and provided a presentation that outlined the commitment to taking joint action across Wales to reduce agency spend in NHS Wales as a key part of the Agenda for Change pay deal.

The Chair thanked the team for the amount of work undertaken and the good engagement from nursing colleagues.

G. Hopkins commented that it was pleasing to see the direction of travel and queried whether setting the agency targets was something that they would be considering. He added that the total spend of £79m could offset a financial risk for the Health Board. N. Price, in response advised that other organisations did have specific agency targets but historically it had not been considered but could be something that they could look at for the future.

G. Hopkins queried whether other health professionals were able to join the Bank. N. Price confirmed that they could.

H. Daniel, in response, advised that there had been some real gains on the work around agency and nursing controls, directly contracting with agency workers rather than going through the Agency Bank. He added that they would build on this initiative to prove that the project has worked and was successful.

R. Hughes advised that in terms of the future there were higher numbers of Healthcare Support Workers looking to advance their qualifications through the Open University. He added that in terms of retention the funding regime had changed with regard to post registration and was now being provided to Health Boards to use that how they see fit.

N. Milligan referred to international overseas nurses and the fact that they might already be working within the organisation but in other areas and suggested that they look to work with the universities as well. N. Price advised that they had nine individuals currently coming through the Programme and accepted that there could be qualified nursing staff working, for example, in catering, and they would be looking to explore that further.

Resolution   The Committee **NOTED** the report and presentation.

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5. **INSPIRING PEOPLE**

5.1 **Shared Listening & Learning Story - Supported Intern Apprenticeships - Video**

M. Hurley-Tyers invited G. Shouler and R. Lewis to provide a short video and presentation with regard to Evan's story of working in Pharmacy at Prince Charles Hospital as a Supported Intern Apprentice.

Resolution   The Committee **NOTED** the report and presentation.

5.2 **Widening Access – Presentation**

R. Lewis provided a presentation to the Committee that provided a spotlight on the Apprenticeships and Pathways Widening Access programme.

G. Hopkins applauded the work that had been undertaken and that it was good to see the work with the schools. He advised that in Rhondda Cynon Taf they had schemes that provided opportunities for care leavers and wondered whether that would be something that they could consider, working with the Local Authority for individuals just about to leave care and providing an opportunity for them. R. Lewis advised that they could offer them work experience and would welcome the opportunity to work with them around some of the softer skills available.

L. Edwards advised that the presentation had showed that for an organisation with the size and complexity there was a whole range of opportunities and was beneficial for the workforce and patients. She added that it was not easy to undertake these projects really well and congratulated the team.

The Chair advised that this had been very inspirational and she had met Evan on a recent walk-around. She advised that this also impacts on the public health agenda and making things better for our communities.

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

5.4 **Culture Presentation**

M. Hurley-Tyers, C. Wright, R. Begum and L. Edwards provided a presentation to the Committee.

S. Davies queried whether they had given some thought to tackling outside influences with regard to restorative culture blame. L. Edwards advised that this had arisen when they did the Mersey Care work and that was why they now had an Executive Director on Board from a senior level and that organisational commitment was going to be key with the learning and actions.

N. Milligan extended her thanks to L. Edwards and the team for being so visible and active with this work, which was now making huge strides.

G. Hopkins commented that it was good to see the continuous improvement and queried how this would sit alongside the more formal disciplinary procedures. L. Edwards advised that they had moved away from the 'no blame' culture with the appropriate steps being taken when this was attempted by any individual.

G. Hopkins sought clarity on what the mechanism was if after the learning event something was identified and how would that feed into the process. H. Daniel referred to the learning and culture work that was being undertaken in the nursing team.

G. Padmore-Dix, in response, explained that they follow an investigating process that provided staff involved with a 'Serious Incident' pack and a listening and learning framework to assist them.

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

5.5   **Workforce Metrics Report**
N. Price updated the Committee on the key workforce metrics for November to December 2023, with historic trends shown as appropriate.

N. Price advised that as requested at the last meeting the report now contained 'Hot Spots'.

N. Milligan referred to sickness and queried whether more work would be done examining any themes or trends where hot spots had been identified.. N. Price advised that the information relating to 'hot spots' now provided the Workforce team, with knowledge of the areas and provide the ability to track.

G. Padmore-Dix thanked N. Price for the breakdown and advised that quite a few of the wards had sickness levels over 10,20 and 25% and advised that they could look at the nursing specification when the wards were broken down and would be happy to do some work on this with the team.

Resolution   The Committee **NOTED** the report and associated metrics.

5.6   **Job Planning Data Incident - Learning and Plan for Improvement**
N. Price and S. Davies updated members on an issue that had come to light regarding Job Planning Compliance figures for Consultant and SAS grade doctors at Cwm Taf Morgannwg University Health Board (CTM).

N. Price advised that they would be reporting regularly to the Committee on the progress with this.

H. Daniel advised that there was a requirement to be more intelligent about the timescales that had been set to really understand the data and to be a

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bit more structured about what they expect and in relation to seeing good high quality job plans. He added that the Group had also looked at disputes and in particular where there had been an impasse and would be picking up the pace on this.

N. Milligan queried whether staff where aware about what they were looking at and whether this was analysed. N. Price advised that they had now changed the way they received the data each month, receiving a highlight report for each Care Group and there was now an improved process for sharing the data.

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

5.7   **Phase Two Implementation of New Leadership & Management Service Structure –Presentation**
H. Watkins provided a presentation to the Committee on progress with regard to the Implementation of the New Leadership and Management Service Structure.

R. Hughes advised that they had undertaken training in relation to learning with nurses and the 8B interviews had been held yesterday within the organisational change process which had been very successful. He added that the coaching sessions with the personality results had been very positive.

N. Milligan advised that they had not always got this right in terms of the traditional ways of appointing staff and queried whether they were going to continue to do the coaching sessions so that staff can perform better as leaders moving forward in the recruitment process.

M. Hurley-Tyers advised that the intention was to correlate the learning from phase 2 into how we create any systems for using assessment centres. She added that it was important that we use the evidence in the right way based from performance data to ensure a better change of appointing the right person to the role.

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

6.   **SUSTAINING OUR FUTURE**

6.1   **Development of the CTM People Plan Progress Report – Presentation**
H. Watkins provided a Presentation to the Committee on the progress in relation to the development of the CTM People Plan.

The Presentation provided the outcome of the recent Census and referred to each People Priority and where they want to be by 2030.

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The Chair commented that this was a fascinating piece of work and thanked the team.

Resolution: The Presentation was **NOTED.**

6.2   **Employee Relations Report**
K Wright presented the report that provided a formal update in respect of ongoing ER cases and trends within the Health Board. The activity figures relate to Quarter 3 (1 October 2023 – 31 December 2023).

N. Milligan commented that the fast tracks were increasing but appreciated that formal disciplinary and Nursing and Midwifery Council (NMC) referrals had decreased.

R. Hughes advised that monthly discussions with the NMC were held on the quality of the referrals coming through. He added that some were external but small in number and were trying to manage this along with the backlog.

Resolution: The Report was **NOTED.**

6.3   **Retention Update on the Lateral Moves Scheme**
N. Price provided a Presentation that highlighted the development of the Retention Plan and the formation of the Retention Steering Group.

N. Price advised that they would shortly be launching for nursing and midwifery colleagues to allow them to work across the organisation and she extended her thanks to N. Milligan and B. Gammon for their assistance on this work.

G. Padmore-Dix commented that they had met with the Ward Managers who were really pleased that this was being launched.

Resolution: The Presentation was **NOTED.**

7.   **IMPROVING CARE**

7.1   **Committee Referral from Quality & Safety Committee - Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across CTM (Verbal Update)**
R. Hughes provided a verbal update on the progress in relation to the Development of the Strategy for Basic Life Support Training and Resuscitation Training.

R. Hughes advised that a formal written report would be received at the next meeting of the Committee and confirmed that this had been discussed at the Quality & Safety Committee due to concerns about basis life support compliance which was currently running at 515 and up from 49% last year.

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He advised that robust plan had now been put into place to recover the position and remain compliance.

N. Milligan referred to the amount of 'did not attends' with regard to the training and queried what they were doing about this. R. Hughes advised that there had been a communication gap between training trainers and that the Care Group Directors would be integral to this and feature as part of this work.

Resolution: The Committee **NOTED** the verbal update.

8   **OTHER MATTERS**

8.1   **Forward Work Plan**
The Chair asked Members of the Committee if they had any items that they would like to include for future meetings to let the Corporate Governance Team know.

8.2   **Committee Highlight Report**

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

8.3   **Any Other Urgent Business**

There was no urgent business to report.

8.4   **How did we do today?**
The Chair advised that if anyone had any comments to feedback, they could do that outside of the meeting if they so wished.

9.   **DATE AND TIME OF NEXT MEETING**

15th April 2024 at 13:30pm – Classroom 2, Post Grad Centre, Prince Charles Hospital

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 02/04/24)
4.1	February 2024	**Organisational Risk Register** To review the Risk 1133 relating to the staffing in the Emergency Department at the Royal Glamorgan Hospital	Deputy CEO/Executive Director of Nursing, Midwifery & Patient Care	April 2024	**Complete –** Unscheduled Care Group reframed the progress update captured in the March iteration of the Organisational Risk Register to address the action from this committee.
6.1	November 2023	**Employee Relations Report** To review the alignment of the culture leadership work within the respect and resolution cases.	Assistant Director of governance, Policy & Risk	April 2024	**In Progress** Being picked up in the work being undertaken by the Just, Restorative and Learning Policy Group.

COMPLETED ACTIONS

5.2	November 2023	**Workforce metrics Report** Offline discussion to be offered on the work with apprenticeships and qualifications.	Assistant Director of OD and Well Being	February 2024	**Completed** Pathways to Employment Report previously received by the Committee was reference in the minutes of the November 2023 meeting with a further report will be received at the April 2024 meeting.

5.1.1	August 2023	**Welsh Language Annual Report** To test some ideas out in relation to using more Welsh Language at a Board or Committee meeting.	Corporate Governance Team	February 2024	**Complete** Welsh Language Group Highlight Report on Agenda for February 2024 and will be presented in Welsh with simultaneous translation at the meeting and this will be rolled out where appropriate at future meetings of the Committee and Board.
2.2.1	May 2023	**National Community Nursing Specification** To add the Self-Assessment to Admin Control and add to the Forward Plan for future meetings of the Committee	Director of Nursing, Midwifery & Patient Care/Deputy Chief Executive	May 2023	**Completed** Self-Assessment added to Admincontrol and further updates added to Forward Work Plan.
08.22.11	August 2023	**BAME Story** Discussions to be held outside of Committee in relation to how the health board could support the Network in terms of the time and resource required to dedicate to this activity.	Director for People	November 2023	**Completed/Ongoing** Update provided at the February 23 Committee meeting which included work with the networks. In May 23 a more extensive equality, diversity and inclusion session was held which included the contribution of staff networks, further to the review of action plans and terms of

					reference with each network.
02.23.08	February 2023	**Organisational Risk Register** To receive an update from mental health colleagues on Risk 4722 and to update the consolidated risks with the Quality and Safety Committee.	Assistant Director of Governance & Risk	May 2023	**Completed** This risk was de-escalated from the organisational risk register in March 2023. The rationale for the score reduction is that the service area can now report that there is a Consultant Responsible Clinician for 3 areas, with CD Responsible Clinician for 1 area. Community Consultants are stable and set to improve with appointments in early February (Locum). Risk to be monitored by the MH and LD Care Group.
02.23.12	February 2023	**PCH Progress on Cultural Transformation and Improvement work** 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**	Assistant Director, Strategic	May 2023	**Completed** The compliance reviewed by Head of People and

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

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Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	15/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	February / March 2024	RISKS REVIEWED
Operational Management Board / Offline via Email	21st February 2024	ENDORSED NEW RISKS FOR ELG
Executive Leadership Group (ELG)	11th March 2024	MANAGEMENT SIGN OFF RECEIVED
Quality & Safety Committee	14th March 2024	ASSIGNED RISKS REVIEWED

Acronyms / Glossary of Terms

1. SITUATION/BACKGROUND

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

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

Risk Review

2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.

2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.

2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.

2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1. Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 1st March 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

2.4 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.

2.5 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
   • Risk Management Approach
   • Practical Approach to Managing Risk

- Risk Assessment and Scoring
- Datix Risk Management Module

2.5 To date **601** members of staff trained to date since training commenced in 2021.

2.6 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

2.7 Feedback on the training continues to be positive, please see below:

- 31 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
  - 77% (24/31) provided a score of 5/5 in terms of content of the session
  - 20% (6/31) provided a score of 4/5 in terms of content of the session
  - 3% (1/31) provided a score of 3/5 in terms of content of the session
- 100% of the 31 attendees providing formal feedback found that:
  - The session provided the right amount of information.
  - They gained more confidence and knowledge in risk management having attended.
  - They would recommend this training to a colleague.
- None of the 31 attendees considered that changes or improvements were needed to the training content.
- 97% of the 31 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- Some of the recent comments received through evaluation have been included below:

  "Easy to understand and helpful training".

  "Content was informative, trainer was knowledgeable and approachable. Practical help was provided with the Datix risk module".

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **NEW RISKS**

Diagnostics, Therapies, Pharmacy & Specialties Care Group

- **Datix ID 5658 – Lack of Dietetic service provision to Princess of Wales Critical Care.** New risk escalated to the Organisational Risk Register in March 2024. Risk score of 16.

3.2 **CHANGES TO RISKs**

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

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

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

Consequence	5			4080		
	4				5658 3133	1133 5640 5462
	3					
	2					
	1					
CxL	1	2	3	4		5
				Likelihood		

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

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

3.6 Matters to Note / Notified emerging risks

- The January 2024 cover report noted that a new risk (Lack of Dietetic service provision to Princess of Wales Critical Care) was being considered for escalation by the Diagnostics, Therapies, Pharmacy and Specialities Care Group. Members will note that this risk has been escalated in March 2024 under Datix Risk ID a 5658. See section 3.1.

4. IMPACT ASSESSMENT

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks

		may have been subject to QIA.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail for each risk	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial*	Yes (Include further detail below)	
	See detail for each risk.	

5. Recommendation

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

6. Next Steps

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

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
5640	Executive Medical Director	Central Support Function - Medical Directorate	Medical Directorate Manager	Sustaining Our Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Potential Junior Doctors Industrial Action	**If…**the NHS Wales Junior Doctors take industrial action related to a dispute over pay erosion between 21st-23rd February 2024 and as expected monthly going forward **Then…**there will be significant disruption on clinical services and planned and unscheduled care provision will likely be impacted. **Resulting in…**the quality of the care and services provided to patients and service users being affected in terms of access to services and compliance with performance and delivery objectives. This includes an impact on waiting list times for surgery and outpatients increasing, and patients being unable to access some health care services.	This is a national issue and decisions on any pay increases are out of CTM's control. A decision on strike action has been confirmed for 15th-18th January 2024 and.25th-29th March. There will be no derogation agreed ahead of the proposed strike unless the health board has offered BMA agreed rates to the doctors Consultants/SAS doctors in some cases will be asked and negotiated with to cover gaps in service. National group in place which includes group of senior colleagues who are agreeing process around pay rates for "acting down"	Process to be agreed with BMA for derogation decisions on day of strike with clear info on the information UHB's will have to provide. BMA have stated they will turn these around in 30-60 minutes CTM working group taking place regularly HB can switch pre-existing locum hours around with agreement, however, locums have already cancelled their shifts Planning and preparation with contingency plans for all affected service will be taken. With these measures in place the consequence score will reduce to 3, with a target score of 15. Update March 2024 - Medical Directorate undertaken a review of this risk and no changes made to mitigation or risk score on this review.	Planning, Performance & Finance Committee Quality & Safety Committee People & Culture Committee	20	C4xL5	C3xL5	↔	04.12.2023	20.02.2024	31.03.2024
5462	Executive Director of Public Health Executive Director of Therapies & Health Science	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.	Update January 2024 Last review 15.12.23 next review 11.03.23 Current actions are the monitoring of capacity and demand alongside pathway redesign. Mitigations via provision of an interim offer of a level 2 service have been fully explored. 1300 people remain on the waiting list. There was a 47% response rate to the partial booking letters sent in November. If this trend continues, estimated waiting time will reduce from 6 years to under 3 years. Initial findings from evaluation of pathway redesign (group interventions) will be completed in Quarter 4, from which further capacity mapping will take place. Update March 2024 - no change. risk scheduled for review in March 2024.	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4xL5	8 – (C4xL2)	↔	07.06.2023	15.12.2023	11.03.2024
1133 Linked to risk 3826	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 (ED) 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.	Update March 2024 - Unscheduled Care Group Senior Management Team risk reviewed, nurse establishment review continues in RGH ED, invest to save paper submitted for RGH ED nursing staff. This forms part of the investment cycle for the financial period 24/25 In the interim the requested staffing level has been achieved via bank and agency and the Care Group hope to reduce and or close this risk in the future months. Risk score remains 20.	Quality & Safety Committee. People & Culture Committee - Workforce aspect	20	C4xL5	12 (C4xL3)	↔	20.02.2014	27.02.2024	31.03.2024
5658	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Specialties Care Group	Care Group Service Director	Creating Health Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Lack of Dietetic service provision to Princess of Wales (POW) Critical Care	**If** there is no dietetic service to POW critical care… **Then** this will impact on the safe and effective provision of nutrition and hydration to critically ill patients… **Resulting in** poorer nutrition provision and increased rated of malnutrition, which in turn lead to increased risk of infection, dependency on mechanical ventilation, poorer patient outcomes, increased length of stay and longer rehabilitation and recovery times following critical care. In addition to increased health utilisation costs, inequity of service provision across CTM critical care units, and non compliance with national standards and guidance as highlighted in critical care peer review.	At present there is no dietetic service to POW critical care unit due to lack of specialist critical care dietitian on the POW site and lack of funding. Therefore the nutritional needs of critical care patients on the POW site are managed by the critical care Multi Disciplinary Team.	Establish funding for POW critical care dietitian. Meeting with POW Critical Care to discuss risk and mitigations and explore solutions to funding the position as per Guidelines for the Provision of Intensive Care Services (GPIC) Standards. Timeframe March 2024.	Quality & Safety Committee. People & Culture Committee - Workforce aspect	16	C4xL4	8 (C4xL2)	New risk escalated to the organisational risk register in March 2024	19.12.2023	24.01.2024	8.3.2024
3133	~~Chief Operating Officer~~ Executive Director of Nursing / Deputy Chief Executive	~~Central Support Function - Facilities~~ Patient Care and Safety	~~Governance and compliance manager, Facilities~~ Head of Clinical Education	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Poor compliance with Medical Gas Safety Training .	**If:** Staff are not able to attend Medical Gas Safety training or courses are being continuously rescheduled. **Then:** Staff are not being trained in safe storage and flow of cylinders (e.g. oxygen). **Resulting In:** Failure to adequately and safely obtain and continue flow of cylinders (e.g. oxygen), potentially causing harm to patients.	PSN041 Patient Safety Notice and local safety alert disseminated to all staff. Posters developed and displayed in areas to encourage attendance. New staff trained at induction. TNA has been undertaken. Refresher training is undertaken, however current attendance levels by clinical staff for Medical Gas Safety training is poor, hence the current risk score. Medical Gas Cylinder Policy developed with training section completed by Medical Device Trainer, referencing the mandatory requirement for training by all users. Completed To make it a key requirement that staff can be released to attend training to re-enforce safety and operating guidelines of medical gas cylinders. Completed. Medical Device Trainer has put in place a B4 role who is undertaking a rolling programme for Medical Gas Training, with two sessions, twice a month, at each ILG every month. However, although training has been undertaken for Porters and graduate nurses, nursing staff currently in post are still not attending and attendance continues to be poor due to current circumstances with Covid-19 and due to not being able to be released for the 2 hours of training. Medical Device Trainer and Assistant Director of Facilities to request again for the Executive Director of Nursing Midwifery and Patient Care to review nursing attendance and make the necessary arrangements to allow nursing staff to attend training and also to look at the possibility of introducing a 'training day' that will allow nursing staff to be released to attend those courses that are struggling with attendance levels. Meeting held and COO has requested for Facilities to work on a monthly Medical Device Training Compliance report template that can be presented to both COO and ILG Director leads to inform current compliance position and actions to improve attendance and compliance for all courses including Medical Gas Training. Medical Device Trainer has stated that the current report template needs to be reconfigured to account for the change of wards and Directorates for the new ILG structure and to deal with the pandemic, this will take time to complete, hence the change in action implementation date to account for this.	Update March 2024 - New module of training and education related to medical gases has been introduced in collaboration with Learning & Development and All Wales ESR Team to improve compliance and flexibility for all relevant staff to undertake training. Risk score to remain unchanged until training embedded.	Quality & Safety Committee. People & Culture Committee.	16	C4 x L4	8 (C4xL2)	↔	01.05.2018	04.03.2024	30.04.2024
4080	Executive Medical Director Executive Director of People	Central Support Function - Medical Directorate & People Directorate	Assistant Medical Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to recruit sufficient medical and dental staff	**If:** the CTMUHB fails to recruit sufficient medical and dental staff. **Then:** the CTMUHB's ability to provide high quality care may be reduced. **Resulting in:** a reliance on agency staff, disrupting the continuity of care for patients and potentially effecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUHB being drafted • Establishment of medical workforce productivity programme • Work to understand workforce establishment vs need • Development of 'medical bank' • Developing and supporting other roles including physicians' associates, ANPs -Improving induction and development of new doctors	Update March 2024 - led by the Change Hub Programme Team, in collaboration with the Care Group leads and Chief Operating Officer, the Medical Workforce Productivity Programme (MWPP) has now been reformed to focus its efforts on workforce performance across the health board. There are now two accountability groups that meet monthly (Performance and Escalation Group & Workforce Framework Group) - these feed in to the MWPP, Value and Efficiency, and then Transformation Board. No change to risk score.	Quality & Safety Committee People & Culture Committee	15	C5 x L3	10 (C5xL2)	↔	01.08.2013	04.03.2024	31.05.2024

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

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

3

People & Culture Committee

Outcome of the NHS Wales Staff Survey

Dyddiad y Cyfarfod / **Date of Meeting**	15/04/2024
Statws Cyhoeddi / **Publication Status**	Open/ Public
	Not Applicable
Awdur yr Adroddiad / **Report Author**	Clare Wright Strategic Lead for Employee Experience and Wellbeing
Cyflwynydd yr Adroddiad / **Report Presenter**	Michelle Hurley-Tyers Assistant Director for Organisational Development and Wellbeing
Noddwr Gweithredol yr Adroddiad / **Report Executive Sponsor**	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / **Report Purpose**	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Headline results were shared at Executive Leadership Group	11/03/2024	Results Noted
Initial discussions with Trade Union Lead	13/03/2024	Next steps agreed
High level results published on SharePoint	18/03/2024	For information
Discussion and dissemination with the Heads and Deputy Heads of People to Care Groups	19/03/2023	Next steps agreed
CTM All Staff Q & A	26/03/2024	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. **Situation /Background**

1.1 The All Wales NHS Staff Survey was launched on 16th October 2023 and was open for a six-week period until 27th October 2023. The overall NHS Wales response rate was 20.7% with Cwm Taf Morgannwg University Health Board (CTMUHB) achieving an 18.1% response rate which was an 8% increase when compared with 2020. When compared to other Health Boards, we obtained the highest number of completed surveys via smartphones, due to our engagement approach with staff.

1.2 The high level (all CTMUHB) results are now available and can be found here [Useful Staff Information - Staff Survey 2023](#) and also in the dashboards attached (appendix 1 and 2), with the detailed data relating to Care Group and Directorate levels due to be released in April 2024.

1.3 These high-level organisational results will be presented at the Leadership Forum and Board in April 2024, in accordance with the Communications and Engagement plan created in partnership with Employee Experience and Communications.

2. **Specific Matters for Consideration**

2.1 While there are some positive and challenging lessons to take from this high-level data, more meaningful findings will be available once we have the detailed data.

2.2 Positively, team working was shown to be a strong area, with more staff wanting to stay and work at CTM than leave and we were the only Health Board in Wales not to see a reduction in staff engagement levels. Concerns around levels of stress, burnout and issues with staffing and poor work life balance were raised, and plans are place to further investigate the data once the Care Group and Directorate level data is released.

3. **Key Risks / Matters for Escalation**

3.1 Initial training on the system holding the data have identified some concerns about the flexibility and usability of it to complete the detailed data analysis required to run meaningful reports at a Care Group and Directorate level. We will have a greater understanding of this once the data has been released and we can start the analysis process.

4. Next Steps

4.1 Following service engagement all Care Groups are being asked to nominate key representatives from a cross section of occupational groups, clinical services and sites, to take on the role of Staff Survey Leads. Nominations close on 12th April 2024. These leads will be asked to:
- Attend a CTM Staff Survey focus group to take place on 18th April to identify two or three key areas where the Health Board is doing well

and can build on current performance and a similar number of key areas which we need to focus on to improve employee experience across the organisation.

- Staff Survey Leads will be responsible for feeding updates back to their Directorates / Care Groups.
- They will work with their Directorates/ Care Groups to develop and monitor the action plan for their own areas.
- They will share feedback on the results and use this information to inform the action plan.
- Finally, they will work with their Directorates/ Care Groups to plan for the 2024 Survey due to take plan in the Autumn, with the aim of increasing engagement levels.
- Staff are able to input into this process directly by using the iCTM Simply Do (Bright Ideas 2.0 | iCTM UHB (simplydo.co.uk)) platform to offer their ideas and suggestions.

4.2 Once the detailed data has been released and analysed and action plans have been agreed, further Communications and Engagement activities will take place using the Staff Update, Staff Question and Answer sessions, Leadership Forum, Share Point, posters and other engagement activities with the help of the Staff Survey Leads, to ensure that as many staff as possible can be made aware of and contribute to these action plans.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / **Link to CTMUHB Strategic Goal(s)**	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / **Link to CTMUHB Strategic Areas**	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	Effective

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: An assessment will now be undertaken
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): ~~POSITIVE/~~NEUTRAL ~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE/~~NEUTRAL ~~NEGATIVE~~	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	The reputation of the organisation could be impacted based on the findings of the NHS Wales Survey. More information will be available once the detailed data has been released to the Health Board for analysis	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

6. Recommendation

6.1 The Committee is asked to **NOTE** this report and for dissemination of the NHS Staff Survey across CTMUHB.

Staff Survey Dashboard – Cwm Taf Morgannwg UHB

View in Power BI ↗

Last data refresh:
22/02/2024 16:35:25 UTC

Downloaded at:
23/02/2024 14:01:19 UTC

Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at nhswalesstaffsurvey@wales.nhs.uk.

Reporting Design

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

Please note: A question may appear more than once, if the question relates to more than one category.

Response Rates

For response rate information, click the information icon at the top right.

The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
All Wales Total	**108,631**	**807**	**17,758**	**3,970**	**22,535**	**20.7%**

Select Theme

| Stressors | Thinking about leaving | Work pressure |

Morale

Stressors

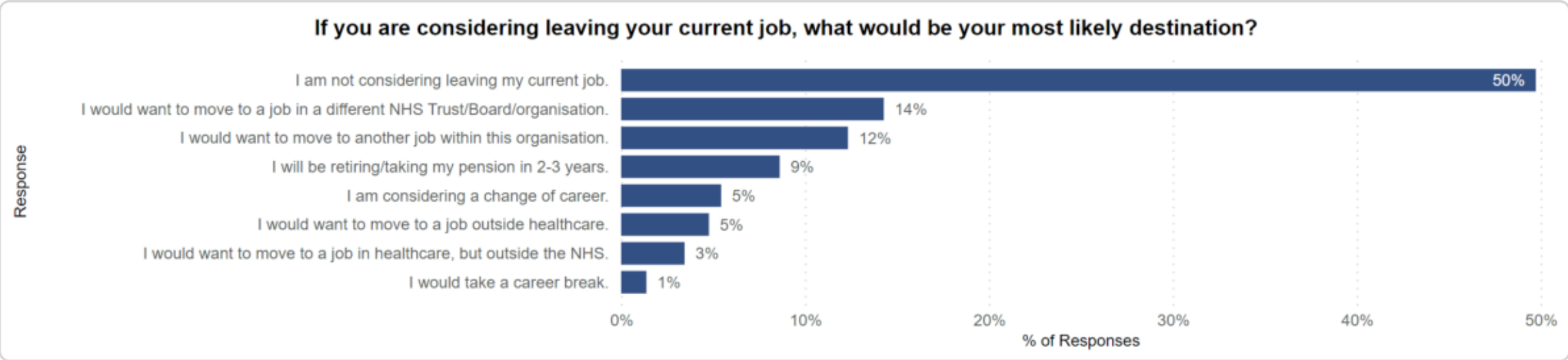| Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	8%	8%	54%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	10%	17%	22%	34%	17%
I have a choice in deciding how to do my work.	4%	12%	20%	44%	20%
My immediate manager (line manger) encourages me at work.	7%	10%	18%	36%	30%
Relationships at work are strained.	13%	33%	25%	21%	8%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	11%	23%	39%	19%	7%

Select Theme

| Stressors | Thinking about leaving | Work pressure |

Morale
Thinking about leaving

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	13%	26%	36%	20%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	29%	29%	26%	9%	7%
I often think about leaving this organisation.	19%	27%	22%	22%	10%
I will probably look for a job at a new organisation in the next 12 months.	23%	28%	26%	14%	8%

If you are considering leaving your current job, what would be your most likely destination?

Response	% of Responses
I am not considering leaving my current job.	50%
I would want to move to a job in a different NHS Trust/Board/organisation.	14%
I would want to move to another job within this organisation.	12%
I will be retiring/taking my pension in 2-3 years.	9%
I am considering a change of career.	5%
I would want to move to a job outside healthcare.	5%
I would want to move to a job in healthcare, but outside the NHS.	3%
I would take a career break.	1%

Select Theme

Stressors	Thinking about leaving	Work pressure

Morale

Work pressure

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	4%	12%	35%	39%	10%
I have adequate supplies, materials and equipment to do my work.	4%	12%	29%	34%	22%
There are enough staff at this organisation for me to do my job properly.	17%	26%	30%	19%	8%

How many hours a week are you contracted to work?

- 30 or more hours — 85%
- Up to 29 hours — 14%
- I am a bank worker. — 1%

Response — % of Responses

On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?

- 0 Hours — 74%
- Up to 5 hours — 13%
- 11 or more hours — 7%
- 6-10 hours — 6%

Response — % of Responses

On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

- 0 Hours — 46%
- Up to 5 hours — 39%
- 6-10 hours — 10%
- 11 or more hours — 5%

Response — % of Responses

Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	3%	5%	20%	52%	20%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	4%	8%	46%	33%	8%
We are given feedback about changes made in response to reported errors, near misses and incidents.	6%	15%	37%	33%	10%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	3%	9%	34%	41%	12%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	33%	4%	62%

Staff Engagement

Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	5%	11%	28%	43%	13%
I am involved in deciding on changes introduced that affect my work area/team/department.	10%	17%	22%	34%	17%

Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	2%	7%	26%	38%	27%
I am happy to go the extra mile at work when required.	2%	3%	15%	36%	44%
I look forward to going to work.	4%	12%	38%	34%	12%

Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	6%	10%	32%	36%	17%
I would recommend my organisation as a place to work.	8%	13%	29%	38%	13%

Select Theme

| Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion |

We are compassionate and inclusive

Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	4%	10%	24%	44%	19%
I feel safe to speak up about anything that concerns me in this organisation.	7%	14%	26%	39%	13%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	12%	51%	24%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	5%	13%	28%	41%	12%
My organisation acts on concerns raised by patients/service users.	2%	6%	32%	45%	16%
People here are compassionate in the way they behave towards patients/service users.	1%	2%	15%	54%	28%
People here are compassionate towards colleagues when they face problems.	2%	7%	16%	54%	22%
People here give good support to colleagues who are distressed.	2%	7%	16%	52%	24%
People here take effective action to help patients/service users in distress.	1%	2%	16%	54%	28%

Select Theme

| Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion |

We are compassionate and inclusive

Compassionate leadership

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	7%	9%	17%	38%	30%
My immediate manager (line manger) takes effective action to help me with any problems I face.	7%	10%	19%	35%	29%
My immediate manager (line manger) works together with me to come to an understanding of problems.	7%	10%	18%	35%	29%

Select Theme

| Compassionate culture | Compassionate leadership | **Diversity and equality** | Inclusion |

We are compassionate and inclusive
Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	4%	8%	28%	45%	15%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	19%	33%	5%	43%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	39%	17%	3%	40%
In the last 12 months have you sought a progression opportunity in your workplace?	60%	3%	5%	31%

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	6%	6%	88%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	6%	6%	88%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	7%	4%	89%

Select Theme

Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion

We are compassionate and inclusive

Inclusion

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	6%	11%	17%	40%	25%
The people I work with are polite and treat each other with respect.	2%	7%	16%	51%	24%
The people I work with are understanding and kind to one another.	3%	7%	16%	50%	24%

We recognise everyone's contribution

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	7%	15%	23%	41%	14%
My immediate manager (line manger) values my work.	6%	7%	18%	37%	31%
The organisation values my work.	8%	16%	32%	33%	11%
The people I work with show appreciation to one another.	2%	8%	19%	48%	22%

Select Theme

Autonomy and control	Raising concerns

We are all able to speak up

Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	8%	8%	54%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	10%	17%	22%	34%	17%
I am trusted to do my job.	2%	3%	7%	50%	38%
I have a choice in deciding how to do my work.	4%	12%	20%	44%	20%
There are frequent opportunities for me to show initiative in my role.	4%	8%	16%	45%	27%

Select Theme

| Autonomy and control | Raising concerns |

We are all able to speak up
Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	6%	14%	31%	36%	13%
I feel safe to speak up about anything that concerns me in this organisation.	7%	14%	26%	39%	13%
I would feel secure raising concerns about unethical behaviour.	4%	7%	14%	49%	26%
I would feel secure raising concerns about unsafe clinical practice.	3%	7%	19%	46%	25%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	8%	17%	37%	29%	9%

NHS Wales Staff Survey We are stronger together

Select Theme

Line management	Team working

We are stronger together
Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	11%	16%	19%	31%	24%
My immediate manager (line manger) encourages me at work.	7%	10%	18%	36%	30%
My immediate manager (line manger) gives me clear feedback on my work.	7%	13%	21%	34%	25%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	7%	9%	17%	38%	30%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	8%	8%	18%	35%	32%
My immediate manager (line manger) takes a positive interest in my health and well-being.	8%	9%	17%	33%	32%
My immediate manager (line manger) takes effective action to help me with any problems I face.	7%	10%	19%	35%	29%
My immediate manager (line manger) values my work.	6%	7%	18%	37%	31%
My immediate manager (line manger) works together with me to come to an understanding of problems.	7%	10%	18%	35%	29%

NHS Wales Staff Survey We are stronger together

Select Theme

Line management	Team working

We are stronger together
Team working

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	4%	13%	46%	35%
I feel able to ask other members of this team for help when I need it.	2%	6%	10%	47%	35%
I feel valued by my team.	6%	11%	17%	40%	25%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	12%	51%	24%
Team members are able to communicate closely with each other to achieve the team's objectives.	5%	11%	16%	48%	20%
Team members take time out to reflect and learn.	7%	20%	24%	37%	12%
Team members trust each other.	6%	12%	17%	43%	22%
Team members understand each other's roles.	4%	13%	14%	49%	20%
Team members work well with other teams.	3%	8%	18%	50%	21%
The team I work in has a set of shared objectives.	4%	8%	17%	51%	20%
The team I work in often meets to discuss the team's effectiveness.	9%	18%	14%	42%	18%

We champion flexible working

Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	9%	16%	20%	40%	15%
I am satisfied with the opportunity for flexible working patterns.	11%	13%	21%	34%	21%
I can approach my immediate manager (line manager) to talk openly about flexible working.	8%	9%	19%	38%	26%
My organisation is committed to helping me balance my work and home life.	11%	16%	25%	32%	16%

Select Theme

Burnout	Health and safety climate	Negative experiences

We nurture healthy working environments

Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	10%	27%	34%	21%	8%
How often, if at all, do you feel burnt out because of your work?	10%	31%	35%	18%	6%
How often, if at all, do you feel that every working hour is tiring for you?	7%	18%	32%	29%	13%
How often, if at all, do you feel worn out at the end of your working day/shift?	14%	35%	34%	13%	4%
How often, if at all, do you find your work emotionally exhausting?	12%	33%	37%	14%	4%
How often, if at all, do you not have enough energy for family and friends during leisure time?	7%	26%	36%	22%	8%
How often, if at all, does your work frustrate you?	10%	37%	38%	11%	3%

NHS Wales Staff Survey We nurture healthy working environments

Select Theme

Burnout	Health and safety climate	Negative experiences

We nurture healthy working environments
Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	4%	12%	35%	39%	10%
I have adequate supplies, materials and equipment to do my work.	4%	12%	29%	34%	22%
There are enough staff at this organisation for me to do my job properly.	17%	26%	30%	19%	8%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	7%	19%	39%	23%	11%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	6%	13%	35%	36%	9%

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	23%	2%	52%	2%	20%
The last time you experienced physical violence at work, did you or a colleague report it?	5%	1%	82%	1%	11%

Select Theme

| Burnout |

| Health and safety climate |

| Negative experiences (Part 1) |

| Negative experiences (Part 2) |

We nurture healthy working environments
Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	14%	1%	67%	1%	16%

Question	Yes		No	
During the last 12 months have you felt unwell as a result of work-related stress?	44%		56%	
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	25%		75%	
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	62%		38%	

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	13%	50%	37%

We nurture healthy working environments
Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	81.35%	9.06%	3.88%	1.53%	2.75%	1.44%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	78.28%	9.55%	3.75%	1.61%	1.79%	5.02%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	77.41%	12.08%	4.01%	1.22%	1.22%	4.06%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	72.36%	12.99%	6.36%	2.27%	3.75%	2.27%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.17%	0.22%		0.04%	0.04%	0.52%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	99.00%	0.48%		0.09%	0.09%	0.35%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	91.08%	5.22%	1.78%	0.35%	0.87%	0.70%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	89.98%	5.93%	1.96%	0.61%	0.70%	0.83%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	94.12%	3.57%	0.83%	0.26%	0.22%	1.00%

*their relatives or other members of the public.

Select Theme

Development	PDR/Appraisal

We are continuously learning and improving

Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	5%	14%	26%	42%	12%
I feel supported to develop my potential.	6%	15%	25%	39%	14%
I have opportunities to improve my knowledge and skills.	4%	11%	19%	50%	16%
There are opportunities for me to develop my career in this organisation.	8%	18%	26%	37%	11%
This organisation offers me challenging work.	2%	5%	23%	51%	19%

Select Theme

Development	PDR/Appraisal

We are continuously learning and improving

PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	24%	3%	73%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	17%	25%	37%	21%
It helped me to improve how I do my job.	28%	25%	34%	13%
It left me feeling that my work is valued by my organisation.	22%	25%	32%	20%

NHS Wales and Organisation Engagement Score

● 2020 Score ● 2023 Score ● NHS Wales 2020 Score ● NHS Wales 2023 Score

— NHS Wales 2020 Score = 75%
— NHS Wales 2023 Score = 73%
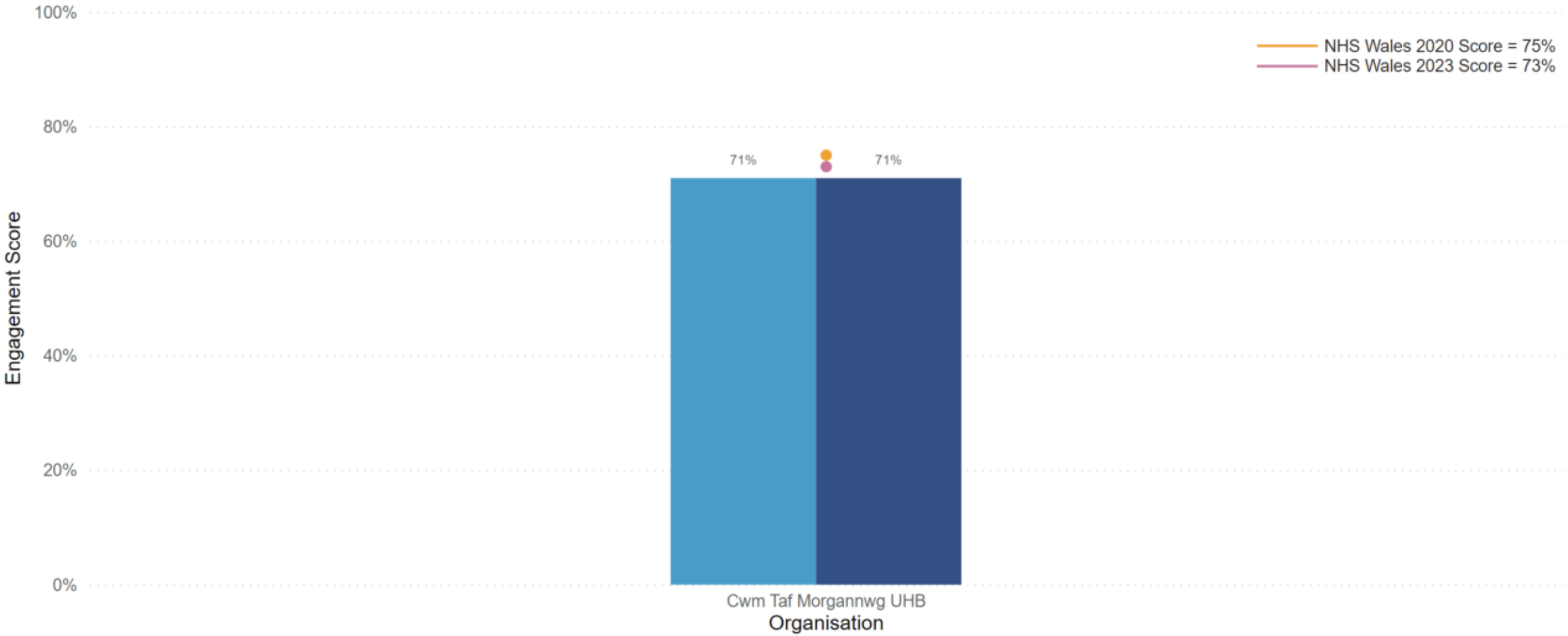
Note: Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.

Staff Survey Dashboard - All Wales

View in Power BI ↗

Last data refresh:
22/02/2024 16:28:24 UTC

Downloaded at:
23/02/2024 13:57:16 UTC

Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at nhswalesstaffsurvey@wales.nhs.uk.

Reporting Design

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

Please note: A question may appear more than once, if the question relates to more than one category.

Response Rates

For response rate information, click the information icon at the top right.

NHS Wales Staff Survey Response Rates

The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
All Wales Total	**108,631**	**807**	**17,758**	**3,970**	**22,535**	**20.7%**

Select Theme

| Stressors | Thinking about leaving | Work pressure |

Morale

Stressors

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	54%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%
I have a choice in deciding how to do my work.	4%	10%	18%	45%	22%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	39%	32%
Relationships at work are strained.	13%	35%	26%	19%	7%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	10%	22%	39%	22%	6%

NHS Wales Staff Survey Morale

Select Theme

| Stressors | Thinking about leaving | Work pressure |

Morale
Thinking about leaving

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	12%	24%	38%	19%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	31%	31%	23%	8%	6%
I often think about leaving this organisation.	19%	29%	23%	20%	8%
I will probably look for a job at a new organisation in the next 12 months.	25%	30%	25%	13%	7%

If you are considering leaving your current job, what would be your most likely destination?

Response	% of Responses
I am not considering leaving my current job.	52%
I would want to move to another job within this organisation.	14%
I would want to move to a job in a different NHS Trust/Board/organisation.	11%
I will be retiring/taking my pension in 2-3 years.	7%
I am considering a change of career.	6%
I would want to move to a job outside healthcare.	5%
I would want to move to a job in healthcare, but outside the NHS.	3%
I would take a career break.	1%

Select Theme

| Stressors | Thinking about leaving | Work pressure |

Morale

Work pressure

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	33%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	11%	25%	36%	25%
There are enough staff at this organisation for me to do my job properly.	12%	22%	32%	25%	9%

How many hours a week are you contracted to work?

- 30 or more hours: 85%
- Up to 29 hours: 14%
- I am a bank worker.: 1%

% of Responses

On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?

- 0 Hours: 76%
- Up to 5 hours: 13%
- 6-10 hours: 6%
- 11 or more hours: 5%

% of Responses

On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

- 0 Hours: 46%
- Up to 5 hours: 40%
- 6-10 hours: 10%
- 11 or more hours: 4%

% of Responses

Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	3%	5%	19%	52%	22%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	4%	7%	44%	35%	10%
We are given feedback about changes made in response to reported errors, near misses and incidents.	6%	13%	37%	34%	10%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	4%	8%	35%	41%	13%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	33%	3%	64%

Staff Engagement

Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	4%	11%	26%	45%	14%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%

Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	2%	7%	25%	40%	26%
I am happy to go the extra mile at work when required.	1%	3%	15%	38%	42%
I look forward to going to work.	4%	11%	35%	38%	12%

Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	4%	8%	27%	40%	21%
I would recommend my organisation as a place to work.	6%	11%	26%	41%	16%

Select Theme

| Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion |

We are compassionate and inclusive

Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	3%	9%	21%	45%	23%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	43%	14%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	51%	24%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	5%	13%	28%	40%	14%
My organisation acts on concerns raised by patients/service users.	2%	6%	29%	46%	18%
People here are compassionate in the way they behave towards patients/service users.	1%	2%	16%	54%	27%
People here are compassionate towards colleagues when they face problems.	2%	5%	16%	54%	22%
People here give good support to colleagues who are distressed.	2%	5%	15%	54%	24%
People here take effective action to help patients/service users in distress.	1%	2%	17%	53%	28%

Select Theme

| Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion |

We are compassionate and inclusive

Compassionate leadership

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	39%	32%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	19%	37%	30%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	18%	39%	29%

Select Theme

| Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion |

We are compassionate and inclusive

Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	3%	7%	25%	47%	18%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	18%	31%	4%	47%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	36%	18%	3%	44%
In the last 12 months have you sought a progression opportunity in your workplace?	56%	4%	4%	36%

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	6%	6%	88%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	6%	5%	89%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	7%	3%	90%

Select Theme

| Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion |

We are compassionate and inclusive

Inclusion

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	6%	10%	16%	42%	26%
The people I work with are polite and treat each other with respect.	2%	6%	15%	52%	25%
The people I work with are understanding and kind to one another.	2%	6%	15%	51%	25%

We recognise everyone's contribution

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	6%	14%	22%	42%	16%
My immediate manager (line manger) values my work.	5%	6%	16%	39%	33%
The organisation values my work.	6%	14%	30%	37%	13
The people I work with show appreciation to one another.	2%	7%	18%	49%	23%

Select Theme

Autonomy and control	Raising concerns

We are all able to speak up

Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	54%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%
I am trusted to do my job.	2%	3%	7%	48%	39%
I have a choice in deciding how to do my work.	4%	10%	18%	45%	22%
There are frequent opportunities for me to show initiative in my role.	3%	8%	16%	45%	28%

Select Theme

Autonomy and control	Raising concerns

We are all able to speak up

Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	6%	12%	29%	38%	15%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	43%	14%
I would feel secure raising concerns about unethical behaviour.	4%	7%	13%	50%	27%
I would feel secure raising concerns about unsafe clinical practice.	3%	6%	19%	47%	26%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	7%	16%	35%	32%	10%

NHS Wales Staff Survey We are stronger together

Select Theme

Line management	Team working

We are stronger together

Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	9%	14%	19%	34%	25%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	39%	32%
My immediate manager (line manger) gives me clear feedback on my work.	6%	11%	19%	37%	27%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	39%	32%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	6%	7%	16%	37%	34%
My immediate manager (line manger) takes a positive interest in my health and well-being.	7%	8%	16%	36%	33%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	19%	37%	30%
My immediate manager (line manger) values my work.	5%	6%	16%	39%	33%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	18%	39%	29%

Select Theme

Line management	Team working

We are stronger together

Team working

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	4%	13%	46%	36%
I feel able to ask other members of this team for help when I need it.	2%	4%	9%	48%	36%
I feel valued by my team.	6%	10%	16%	42%	26%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	51%	24%
Team members are able to communicate closely with each other to achieve the team's objectives.	4%	10%	16%	50%	21%
Team members take time out to reflect and learn.	6%	18%	24%	40%	13%
Team members trust each other.	5%	11%	17%	45%	23%
Team members understand each other's roles.	4%	12%	13%	51%	21%
Team members work well with other teams.	3%	7%	18%	50%	22%
The team I work in has a set of shared objectives.	3%	7%	14%	53%	23%
The team I work in often meets to discuss the team's effectiveness.	8%	15%	14%	42%	21%

We champion flexible working

Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	7%	14%	19%	41%	18%
I am satisfied with the opportunity for flexible working patterns.	9%	11%	19%	36%	25%
I can approach my immediate manager (line manager) to talk openly about flexible working.	6%	8%	17%	40%	29%
My organisation is committed to helping me balance my work and home life.	9%	13%	24%	35%	19%

NHS Wales Staff Survey We nurture healthy working environments

GIG Cymru NHS Wales
Arolwg Staff Staff Survey
Mae eich llais yn bwysig | Your voice matters

Select Theme

Burnout	Health and safety climate	Negative experiences

We nurture healthy working environments

Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	9%	24%	34%	24%	9%
How often, if at all, do you feel burnt out because of your work?	8%	28%	37%	21%	6%
How often, if at all, do you feel that every working hour is tiring for you?	6%	15%	30%	33%	16%
How often, if at all, do you feel worn out at the end of your working day/shift?	12%	33%	37%	15%	4%
How often, if at all, do you find your work emotionally exhausting?	9%	32%	39%	16%	5%
How often, if at all, do you not have enough energy for family and friends during leisure time?	7%	24%	37%	23%	9%
How often, if at all, does your work frustrate you?	9%	36%	39%	13%	3%

NHS Wales Staff Survey We nurture healthy working environments

Select Theme

Burnout	Health and safety climate	Negative experiences

We nurture healthy working environments
Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	33%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	11%	25%	36%	25%
There are enough staff at this organisation for me to do my job properly.	12%	22%	32%	25%	9%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	6%	22%	39%	22%	10%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	5%	12%	33%	39%	10%

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	23%	2%	53%	2%	20%
The last time you experienced physical violence at work, did you or a colleague report it?	5%	1%	81%	1%	12%

Select Theme

Burnout	Health and safety climate	Negative experiences (Part 1)
		Negative experiences (Part 2)

We nurture healthy working environments
Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	13%	1%	68%	1%	16%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	41%	59%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	25%	75%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	60%	40%

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	12%	49%	39%

We nurture healthy working environments

Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	83.64%	8.40%	3.61%	1.24%	2.05%	1.07%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	80.08%	9.37%	3.75%	1.33%	1.76%	3.71%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	77.31%	12.75%	3.90%	1.18%	1.56%	3.31%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	74.65%	13.13%	5.41%	2.06%	3.09%	1.67%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.21%	0.19%	0.03%	0.02%	0.08%	0.47%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.81%	0.53%	0.08%	0.02%	0.09%	0.47%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	91.80%	4.83%	1.58%	0.42%	0.78%	0.59%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	90.55%	5.68%	1.82%	0.47%	0.66%	0.82%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	94.31%	3.14%	0.81%	0.23%	0.48%	1.03%

*their relatives or other members of the public.

Select Theme

Development	PDR/Appraisal

We are continuously learning and improving

Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	5%	13%	25%	43%	13%
I feel supported to develop my potential.	6%	14%	24%	41%	15%
I have opportunities to improve my knowledge and skills.	4%	10%	17%	51%	18%
There are opportunities for me to develop my career in this organisation.	7%	15%	24%	40%	13%
This organisation offers me challenging work.	2%	6%	20%	53%	20%

Select Theme

Development	PDR/Appraisal

We are continuously learning and improving

PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	17%	3%	80%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	16%	19%	40%	24%
It helped me to improve how I do my job.	28%	19%	38%	15%
It left me feeling that my work is valued by my organisation.	22%	19%	35%	24%

NHS Wales Staff Survey Staff Engagement Score

NHS Wales and Organisation Engagement Score

● 2020 Score ● 2023 Score ● NHS Wales 2020 Score ● NHS Wales 2023 Score

NHS Wales 2020 Score = 75%
NHS Wales 2023 Score = 73%

Organisation	2020 Score	2023 Score
Aneurin Bevan UHB	76%	72%
Betsi Cadwaladr UHB	73%	72%
Cardiff & Vale UHB	74%	73%
Cwm Taf Morgannwg UHB	71%	71%
Digital and Health Care Wales	82%	80%
Health Education and Improvement Wales	81%	79%
Hywel Dda UHB	76%	72%
NHS Wales Shared Services Partnership	79%	76%
Powys Teaching HB	78%	76%
Public Health Wales	76%	75%
Swansea Bay UHB	75%	73%
Velindre University NHS Trust	78%	76%
Welsh Ambulances Services NHS Trust	72%	67%

Note: Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.

People & Culture Committee

Strategic Equality Plan 2024 – 2028

Dyddiad y Cyfarfod / Date of Meeting	15/04/2024
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	For Future Publication
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic Equality Plan Consultation internal and external (April 23-July 23)	14/07/2023	Development of SEP
People & Culture Committee	08/11/2023	Support of Approach & Plan
EDI Working Group	29/02/2024	Support of Approach & Plan
Board	28/03/2023	Approved

Acronyms / Glossary of Terms	
SEP	Strategic Equality Plan
EDI	Equality Diversity and Inclusion
LGBTQ+	Lesbian, gay, bisexual, transgender, queer, others.
EIA	Equality Impact Assessment
PSED	Public Sector Equality Duty

1. Situation /Background

5.1   The purpose of this paper is to outline the development of Cwm Taf Morgannwg University Health Board's (CTMUHB) Strategic Equality Plan (SEP) 2024-2028 as a part of the CTMUHB 2030: Our Health, Our Future Strategy. The SEP is also a key part of our People priorities and our on-going work on *Creating the Conditions for Everyone to thrive* within a **Compassionate, Inclusive and Just Culture**.

5.2   To work effectively towards our 2030 priorities and our People priorities, the Health Board recognises EDI as a key area of focus. The SEP objectives can be used to ensure there is an organisational understanding and accountability of EDI, and to support embedding EDI across strategic activities, initiatives, and policies. The objectives will serve as a framework for ensuring EDI underpins the way the Health Board works through 4 areas of focus which include Community, Services, People and Infrastructure which aligns to the CTM2030 strategic objectives of Creating Health, Improving Care, Inspiring People and Sustaining our Future.

5.3   Each Health Board across Wales is expected to agree its Strategic Equality Plan Objectives for 2024-2028 and publish by end of March 2024.

2.   Strategic Equality Plan

2.1   The SEP Consultation took place internally (within the organisation) and externally (with external partners, the community and invited patient and service users to contribute) over the period of March 2023 to July 2023. The key themes that emerged from the SEP Consultation were:

1. Service Delivery:
   • Issues around Equity of Access to Services
   • Issues around Accessible Information

2. SEP Development and Implementation:
   • Activities and Measuring Impact
   • Co-production
   • Executive Leadership Involvement
   • Communication and Engagement of SEP

3. Workforce
   • Flexible Working and Equal Pay
   • Training and Development
   • Women's Health Equity

5.4 Transforming our culture to one that fully embraces EDI is not a standalone initiative but one that links with, supports, and complements much of the work we are already doing within CTMUHB throughout wider enabling services. These include:
- Speaking Up Safely
- Restorative, Just and Learning Approach
- Patient Safety and Experience
- Workforce Planning and Retention
- Quality
- Public Health
- Strategy and Transformation

5.5 Our approach to the development of the SEP, has been to align national strategic drivers with our CTM2030 Strategy. These strategic drivers include:
- The Anti-Racist Wales Race Equality Action Plan[1]
- The LGBTQ+ Action Plan[2]
- The Welsh Government on-going work on Disability Action Plan, and the Code of Practice for Delivery of Autism Services[3]
- The recommendations made in the Annual Equality (Appendix 2) and Gender Pay Gap (Appendix 3) Reports
- The EHRC recent report on the Experiences from Health and Social Care: the treatment of lower paid ethnic minority workers[4]

5.6 Following the feedback from the consultation, the SEP has updated its four key objectives that sit in alignment with the CTM2030 strategy (Appendix 1). These are:

1. **Services** - Improve the experience and health outcomes for our patients, ensuring equal access to the services that they need.
2. **People** – Improve staff engagement and experience, attracting and retaining diverse talent and create an inclusive environment in which everyone can thrive.
3. **Community** - Make sure under-represented groups and marginalised communities are involved at the outset of design and delivery of services.
4. **Infrastructure** – Make sure equality, diversity and inclusion is embedded into the way CTMUHB operate and delivers its services.

5.7 Under each of these objectives, an Action Plan will be developed which will be owned and delivered through the EDI Working Group. The newly formed EDI Working Group, chaired by the Executive Sponsor for EDI, will evaluate and assess activities to ensure they are having the impact we anticipate and will be split into two areas:

- **Systems and processes** - this will include:
  - o ensuring the Equality Impact Assessment (EIA) is embedded into all our policies and processes; and moving forward any programme of works that impact on people (whether workforce or patient/service users).
  - o ensuring EDI is embedded into our current people processes i.e., PADRs (Personal Appraisal and Development Review); workforce planning; recruitment.
  - o look at our EDI dataset to ensure we can review our current state and show progress through our measures (acknowledging our current data availability and quality requires more development).

- **Behaviours and mindsets**
  - o This will include a full programme that will include education and awareness raising; safe reflective spaces; role-modelling; leadership; embedding into values and behaviours and our work on restorative; just and learning.

5.8   The EDI working group will include representation from all enabling services as well as care groups to ensure EDI responsibility is distributed. The working group will also link closely with the Staff Networks; Patient Experience, Community Partners and Trade Unions within CTMUHB to ensure a two-way communication process around intelligence from minoritised groups within the workforce; our patient/service users as well our communities to assess whether interventions/activities undertaken as part of the SEP action plan is having a progressive impact in addressing structural inequity.

5.9   The evaluation approach for the SEP is focused on the four pillars of Value Based Healthcare Model and includes both process measures (activity delivery) as well as outcome measures (impact). The Working Group will consider how this can be developed further to show progress on the EDI portfolio.

5.10   Activity undertaken under the EDI portfolio over 2023/24 include:
- **SEP** Consultation and high-level objectives developed
- **EDI working group** formed and established with Executive Sponsor as Chair
- Review and implementation of new **Equality Impact Assessment** process. This now includes Welsh Language Impact Assessment (the first Health Board in Wales to implement this) and is aligned to the newly revised Quality Impact Assessment process.   A further

mechanism has been set up to embed within organisation via support sessions and ownership directly back to those involved in change and policy initiatives

- The development of an **EDI Education Offering** through the Culture Offer to respond to the various Welsh Government Actions Plans and requests via Staff Networks and Services within the Health Board
- Delivery of the **Cultural Competency Programme** focussed on Anti-racism across 11 areas within the Health Board
- **Staff Network Support** across all 4 staff networks to support around infrastructure, purpose and impact
- Development and delivery of **Inclusion Communication and Engagement Programme** with monthly campaigns to raise awareness and support education within the Health Board

6. Culture

6.1 The CTM2030: Our Health, Our Future sets out how we aim to develop services to meet the needs of our population as we look to 2030 and beyond. In line with our new strategy; and our People Priorities we are also looking at developing the CTMUHB Culture Plan. The Culture plan will look to bring together our wider enabling services in a collaborative and holistic way; to streamline our offer in supporting our front-line service and shift ownership of culture change to the whole organisation.

6.2 The SEP sits within the CTMUHB emerging Culture Plan, and while its focus is on delivering our obligations under the Equalities Act (2010), we are acutely aware that EDI issues touch on all aspects of CTMUHB activities and is essential to the culture of the organisation.

6.3 To support the development of the CTMUHB Culture Plan, an initial assessment was undertaken through various stakeholder engagement discussions including findings from the SEP consultation. Alongside this analysis of internal data from current activity such as wellbeing surveys, workforce data, review of evidence based best practice, Staff Networks, Welsh Government Action Plans, and discussion with wider services was carried out.

6.4 Through the development of the SEP, it became clear that EDI previously sat on its own rather than being seen as a whole systems approach. The emerging Culture Plan now places EDI within a wider context and links to our recent work on Leadership and our new Teams Offer.

7.   Specific Matters for Consideration

7.1   We acknowledge that as an organisation, CTMUHB's maturity on EDI is not where we would want it to be. As such our approach is to increase the confidence and psychological safety within the organisation to discuss topics of EDI from the lens of learning, whilst also ensuring systems and processes are in place which enables all to take accountability as well. This is supported by our work on Restorative, Just and Learning and our wider work on Culture.

7.2   The adoption of the new equality objectives within the SEP is a starting point to ensure that we are compliant with the Equality Act (2010) and meet the requirements of national strategic drivers which we have aligned to our CTM20230 strategy.

7.3   If the equality objectives are not updated, there is a risk that the Health Board will not meet the requirements of the strategic drivers and its responsibility for the Public Sector Equality Duty (PSED) and our statutory duty relating to the SEP.

7.4   The SEP needs to be owned by the whole organisation, it requires the input and support of all through collaborative working across all enabling services to avoid duplication and efficient use of resource. This will ensure all processes, systems and work plans complement each other and communicate the vision for the culture we are aspiring to. There needs to be confirmation that all parts of the organisation buy-in to this change approach to build the trust and maturity required within the organisation around EDI.

4.   Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	As well as all other goals
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	As well as all other areas
	A More Equal Wales

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People
	As well as all other areas
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Equitable
	As well as all other areas
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): **POSITIVE**/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): **POSITIVE**/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	

	WG Legal obligation to publish report and meet our Public Sector Equality Duty
Enw da / Reputational	Yes (Include further detail below)
	Impact on our workforce as well as patients/service users and community
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	Resource in terms of time required to engage with activities from organisation; led by Executives

5.   Recommendation

5.1   Members of the Committee are asked to **NOTE** the emerging strategic approach to EDI and the activities undertaken to date to support this approach, and the development of the Strategic Equality Plan for 2024-28

6.   Next Steps

6.1   The SEP was approved at Board on 28th March 2024 and published thereafter.

6.2   Next Steps is for the newly formed EDI working Group to look at implementing the SEP within the wider organisation and for the work on EDI to be owned by the organisation, particularly Senior Leadership, and is embedded into all activity.

Appendices:

1. Strategic Equality Plan (high level)

References

1. Anti-Racist Wales Action Plan (gov.wales)
2. LGBTQ+ Action Plan for Wales | GOV.WALES
3. Action on disability: the right to independent living framework and action plan | GOV.WALES
4. Experiences from health and social care: the treatment of lower-paid ethnic minority workers | EHRC (equalityhumanrights.com)

SERVICES

WHAT WE WILL DO

- Improve the experience & health outcomes for our patients, ensuring that every patient has equity of access to the services that they need

WE WILL DO THIS BY

- Taking action to ensure the people who use our services have equity of access and improved experience
- Ensuring engagement is inclusive
- Evaluating progress on mental health to ensure we are meeting the needs of people with different protected characteristics
- Adopting Social Model of Disability language
- Align service plans with emerging national and organisational strategic drivers (e.g. Anti-racist Wales Plan; LGBTQ+ Action Plan, Disability Action plan, Code of Practice for Delivery of Autism Services).

WE WILL MEASURE OUR PROGRESS BY

- Reviewing the total number of reported incidents and the reporting on datix
- Reviewing feedback from Patient Surveys
- Monitoring the number of staff that have attended EDI-related training
- Monitoring the number of Equality Impact Assessments carried out on changes and policies
- Reviewing evidence of our response to recommendations made by others concerning inequalities in access, experience and outcomes

PEOPLE

WHAT WE WILL DO

- Improved staff engagement and experience, attracting and retaining diverse talent and create an inclusive environment in which all colleagues can thrive

WE WILL DO THIS BY

- Addressing gender, ethnicity and disability pay differences
- Reviewing our flexible working practices to ensure equal opportunities at all levels
- Ensuring effective policies to prevent and respond to harassment, discrimination and bullying
- Reviewing Pregnancy and Maternity Provision in the Workplace
- Increasing the number of disabled people in work
- Reducing Gender Segregation
- Improving participation of women, ethnic minorities and disabled people across apprenticeships
- Considering the use of positive action measures in recruitment campaigns where specific groups are under-represented
- Implementing specific awareness and support for neurodiverse staff
- Implementing specific awareness and support for Transgender staff
- Improving staff engagement and experience
- Ensuring equal opportunities for employment and career progression

WE WILL MEASURE OUR PROGRESS BY

- Reviewing our recruitment, retention and workforce data
- Monitoring the median and medium pay gap difference
- Monitoring participation in staff diversity networks
- Reviewing staff survey results

COMMUNITY

CREATING HEALTH

WHAT WE WILL DO

- Make sure under-represented groups and seldom-heard voices are involved at the outset of design and delivery

WE WILL DO THIS BY

- Continuously assessing the evolving needs of our local population
- Building our relationships with external groups and seeking their input into how we can better serve them
- Involving seldom-heard voices by asking for feedback on what we're doing
- Communicating with those we serve, letting them know what we are doing, and why
- Collecting and analysing relevant data to make sure we are not accidentally excluding a group (or groups)

WE WILL MEASURE OUR PROGRESS BY

- Number of engagement events held with diverse communities
- Number of improvements implemented based on the Equality and Community Engagement Forum
- Diversity distributed over geography
- Diversity distributed over services

INFASTRUCTURE

WHAT WE WILL DO

- Make sure equality, diversity and inclusion are essential to the way that we operate

WE WILL DO THIS BY

- Increasing awareness of the importance of diversity in our decision-making
- Ensuring access to services is supported by appropriate language support
- Embedding the socio-economic duty into our decision-making
- Embedding Equality, Diversity and Inclusion in the implementation of our CTM 2030 Strategy
- Gaining/maintaining our position on workplace equality indexes

WE WILL MEASURE PROGRESS BY

- Monitoring the diversity percentage difference between the organisation's Board and its overall workforce
- Reviewing usage levels and satisfaction rates of our multi-channel access points (such as Language line, WITS, Big Word, etc)
- Our position on the Workplace Equality Index (e.g. Disability Confident, Stonewall, etc)
- Number of EQIAs conducted in implementing the CTM 2030 Strategy

Our people tell us they feel they can be themselves at work and they feel valued for the difference that they bring

Our teams and senior leaders are representative of the people we serve

Equality Impact Assessments are systematically carried out across all Divisions and Departments and Equality is embedded in our decision-making processes

All our actions truly demonstrate a zero-tolerance to inappropriate behaviour, and it is safe to challenge at all levels

Our Diversity Data is improved and a truly representation of our workforce

How we will know when we have arrived

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

Evaluation

VALUE-BASED HEALTHCARE

PERSONAL VALUE | TECHNICAL VALUE | ALLOCATIVE VALUE | SOCIETAL VALUE

Evaluation will be embedded throughout the delivery of the Strategic Equality Plan and focused upon the four pillars of Values Based Healthcare Model and includes both process measures (activity delivery) as well as outcome measures (impact)

Personal Value: ensuring that each individual's values are used as a basis for decision-making in a way that will optimise the benefits for them.

Technical Value: ensuring that the allocated resources are used optimally (no waste).

Allocative Value: ensuring that all available resources are taken into account and distributed in an equitable fashion.

Societal Value: ensuring that the intervention in healthcare contributes to connectedness, social cohesion, solidarity, mutual respect, openness to diversity, wellness, wellbeing and flourishing. It also includes wider determinants of health, wellness and wellbeing including environmental impact, energy and waste management, implications for circular economy and creating vibrant and resilient communities

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

CTM 2030
Ein Hiechyd
Ein Dyfodol

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CREATING HEALTH
IMPROVING CARE
INSPIRING PEOPLE
SUSTAINING OUR FUTURE

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Annual Equality Report

2023 / 2024

Contents Page

Foreword

I am really pleased to share with you our Annual Equality Report for 2023/24.

This report summarises our main achievements and progress against the Strategic Equality Plan (SEP) during the past 12 months. It also sets out some of our aims and ambitions for the coming year.

The SEP is also a key part of our People priorities and our on-going work on Creating the Conditions for Everyone to thrive within a Compassionate, Inclusive and Just Culture.

Cwm Taf Morgannwg University Health Board (CTMUHB) has made encouraging headway with our EDI objectives in 2023–2024, despite it being a challenging time.

It is also important to note that we are the first Health Board in Wales to review and implement a revised Equality Impact Assessment which now includes Welsh Language Impact which makes it more streamlined and easier to use.

I very much look forward to sharing the next stage of the Health Boards work towards becoming a more inclusive, diverse and equitable organisation.

Hywel Daniel
Executive Director for People

Our Health Board

Cwm Taf Morgannwg University Health Board provides primary, community, hospital and mental health services to the 450,000 people living in three County Boroughs: Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.

The Health Board currently employs 11,081.74 whole-time equivalent (WTE) staff as of 1 November 2023, with a headcount of 12,703. 78% of our workforce live within the Health Board's footprint with a gender split of 81.19% female: 18.81% male. 40% of our workforce works part-time. Out of the total female workforce, 46% work part time compared with 16% of the male workforce.

At CTMUHB providing great health care to our community is our number one priority.

Our 65 – 84 and 85+ age groups are projected to have the largest increase by 2036, when an estimated one in four people in Wales will be aged 65 and over. These projections will have significant implications for the way in which we design and provide our increasingly integrated health and social care services, so that we can help the people living in our communities to live long and healthy lives, free from the limiting effects of multiple chronic conditions.

Our Vision & Values

Our Vision

Our CTM 2030: Our Health, Our Future Strategy sets the vision and provides the framework for decision-making and priority development within the Health Board, setting the strategic direction for all areas of our work.

The Strategic Equality Plan sits within this framework and while its focus is on delivering our obligations under the Equalities Act (2010), we are acutely aware that equality and diversity issues touch on many aspects of our work.

Our Values

WE LISTEN, LEARN AND IMPROVE

Everyone deserves to speak and be heard. So give people the space to open up. Ask questions, listen carefully, and use what you learn to make things better.

WE TREAT EVERYONE WITH RESPECT

We all make a difference, whatever our role. So be kind and fair. Help people, just for the sake of it. And when someone deserves a thank you, say thank you.

WE ALL WORK TOGETHER AS ONE TEAM

Each of us is brilliant. But all of us together are better. So look out for others, bring them in to your decisions and be open and clear to help them feel involved. And when you learn something useful, share it!

Our Legal Requirements

Under the public sector equality general duty, public authorities must:

- Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Equality Act 2010;
- Treat people who share a protected characteristic and those who do not equally; and
- Encourage good relations between people who share a protected characteristic and those who do not

The act provides protection for people with protected characteristics.

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

As well as the general duty, we must meet the specific duties, which are set out in the Equality Act 2010 (Statutory Duties) and the (Wales) Regulations 2011. These duties came into force in Wales on 6 April 2011 and include:

- developing Strategic Equality Plans which include our equality objectives;
- involving the public and our partners from protected groups when developing plans and policies and shaping services;
- completing appropriate equality impact assessments;
- collecting and publishing information about equality, employment and differences in pay;
- promoting equality-based staff training; • considering equality when buying services and agreeing contracts;
- publishing our Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current; and
- making sure people can access the information we provide.

Strategic Equality Plan 2024 - 28

To work effectively towards our 2030 priorities and our People priorities, the Health Board recognises Equality Diversity and Inclusion (ED&I) as a key area of focus. The Strategic Equality Plan (SEP) objectives can be used to ensure there is an organisational understanding of ED&I and will aid to embed ED&I across strategic activities, initiatives, and policies. The objectives will serve as a framework for ensuring ED&I underpins the way the Health Board works.

The SEP Consultation took place internally (within the CTMUHB) and externally (with external partners, the community and invited patient and service users to contribute) over the period of April 2023 to 14 July 2023. This was signed off at Board on 28 March 2024.

Following the feedback from the consultation the SEP has updated its four key objectives that sit in alignment with the CTM2030 strategy. These are:

1 Improve the experience and health outcomes for our patients, ensuring that every patient has equity of access to the services that they need.

2 Improved staff engagement and experience, attracting and retaining diverse talent and create an inclusive environment in which all colleagues can thrive

3 Make sure under-represented groups and seldom-heard voices are involved at the outset of design and delivery

4 Make sure equality, diversity and inclusion are essential to the way that we operate

Key Achievements

Significant work has taken place over from April 2023 to March 2024 in moving the Equality, Diversity & Inclusion work forward.

2023

- Formed the Organisational Development & Inclusion Team – move towards a cultural change model for Equality Diversity & Inclusion (EDI)
- Developed and implemented Staff Network developmental framework
- Reviewed our Equality Impact Assessment (EIA) process, and ensured it is fit for purpose and aligns with National review align to Quality Impact Assessment (QIA) and wider work on Organisational Policy review
- Carried out an internal and external consultation for Strategic Equality Plan (SEP) between end of March – mid July '23
- Delivered x7 Cultural competency work shops over 5 areas - Executive Team, Strategy & Transformation; People Directorate; Mental Health & Learning Disability; iCTM
- Developed a 3-year work plan for Equality; Diversity & Inclusion which incorporates the delivery of the SEP
- Attended key events to support under-represented groups to raise awareness and deliver education
- Developed and delivered pre-employment workshops for our minority ethnic community; engaging with community partners to support with recruitment and entry into the Health Board in collaboration with L&D
- Provided dedicated support to 30 areas within CTMUHB relating to Equality Impact Assessments; providing education and guidance around the process
- Developed a Communication & Engagement Plan for EDI campaigns which included 1st Staff Network Week; Black History Month; Sensory Loss Month.

Key Achievements

2024

- Create an EDI steering group to own SEP and ensure accountability of delivery of Action Plan is distributed throughout CTMUHB
- Develop and deliver Hiraeth Cultural campaign with Welsh Language Services
- Design internal Cultural Competency programme
- Develop Educational offer to support Culture Offer responding to WG NHS Anti Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans
- Support the review and development of Terms of Reference, & action plans for Yr2
- Developed workshop on Inclusive Thinking and Practice as a Leader to be delivered as part of Leading through Change Programme to support Phase 2 of Organisational Change Programme
- Build up cultural awareness and understanding by Overseeing Diverse Cymru cultural competency programme within internal 11 teams which have been commissioned
- Continue to deliver the EDI Communication & Engagement Plan including Hiraeth; International Women's Day, Ramadan; Eid
- Developing a data set for Workforce Race Equality standards (WRES) data submission to HEIW.
- Developing a culture dashboard to include key metrics relating to ED&I and the SEP.
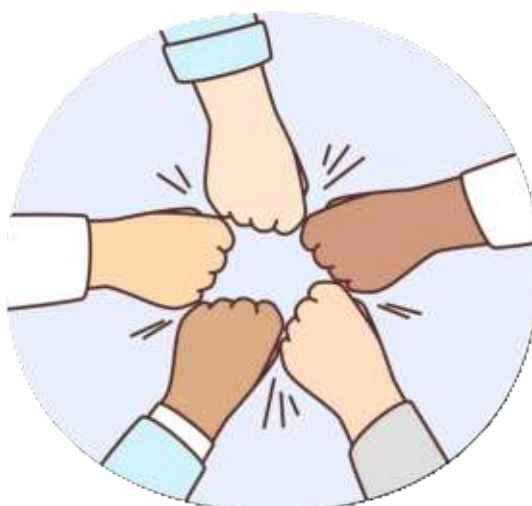
Staff Networks

We have agreed Network Action Plans for the second year and these have been supported but appointing Executive Sponsors for each of the Networks:

The Health Board celebrated Staff Network Week with an awareness, education and engagement session on anti-Racism, pronouns, gender inequality, leading inclusively, reasonable adjustments.

We have seen an increase in engagement and attendance at Inclusion events since Sept 23 where we held our Staff Network Week to relaunch all the networks.

We have also seen an increase in membership for the Women's Network and a new Chair has been appointed.
The Women's Network has set up a Book Club and meet regularly online and face to face and there are plans to set up a mentor scheme within the Network to support Career Progression for women.

We have collaborated with Network Chairs to create Equality Diversity & Inclusion awareness training (anti-racism, reasonable adjustments, gender equality and conduct at work and LGBTQ+ Awareness) which is to be offered through the organisations Culture Plan/Offer.

High Level Plan Year 1	Current Activity

• Support Staff Network infrastructure
• Set Up **Joint Chairs Group** (Aug '23)
  • Review **Exec Sponsor Role** (Aug '23)
  • Develop and deliver Staff Network Week – (Sept '23)
  • **Review Chair & Secretary Role** (Sept '23)
  • Support the review and development of Terms of Reference, & action plans for Yr2 (Jan - Mar '24)
	• Collaborating on Key inclusion Events raise profile of EDI issues and Network profile – Delivered Sensory Loss, Disability History Month, LGBTQ+ History Month and International Women's Day
	
	• Collaborating to plan on Key Inclusion Development/Educational offerings gaining feedback from networks
	
	• Finalising Terms of Reference, Chair roles and Action Plans for Year 2

Annual Equality Report 2023-2024

Inclusion Calendar

The purpose of the Inclusion calendar is to: -

- Promote Equality, Diversity and Inclusion
- Break down barriers and foster an inclusive environment
- Avoid wastage by ensuring appointments are scheduled accordingly
- Ensure key events do not clash with major festivals
- Encourage wellbeing
- To support staff in organising diversity and inclusion campaigns, events and activities locally.

Annual Equality Report 2023-2024

Promoting Diversity and Cultural Competence in the Workplace

In our ongoing efforts to create an inclusive workplace environment where everyone can thrive, we've undertaken two significant initiatives.

Hiraeth

This initiative is designed to honour Welsh culture and enhance awareness of Welsh Language Services throughout our Health Board.

Through various activities and initiatives, we've worked to instigate a cultural shift where every individual feels a sense of belonging. By integrating the campaign into broader inclusion initiatives, such as Women's History Month and OD&I events, we underscore our commitment to diversity and equity.

Our desired outcomes include not only an increase in the use of Welsh language in the workplace and higher participation rates in internal language courses, but also measurable engagement metrics and changes in confidence levels. Ultimately, we seek to create a workplace where every individual, regardless of background, feels valued and respected.

Diverse Cymru: Cultural Competence Certification Scheme

Our commitment to diversity and inclusivity extends to our pursuit of an accreditation through the Diverse Cymru Cultural Competence Certification Scheme.

This initiative aligns perfectly with our mission to create a workplace culture that nurtures everyone's potential within a compassionate, inclusive, and just environment. By prioritising cultural competence, we strengthen relationships with our patients, foster innovation, and ensure compliance with legal and ethical standards. Completion of the certification process will not only demonstrate our commitment to diversity but also provide a framework for continuous improvement in cultural competence.

The certification scheme focuses on enhancing awareness, knowledge, and skills in working effectively with diverse populations.
Our aim is to create a workplace where diverse perspectives are valued, inclusivity thrives, and all individuals feel a sense of belonging. Through action plans we will hold ourselves accountable to ensure that we translate learning into practice and embed good practice.

Moving forward, we will continue to monitor and evaluate the progress of these initiatives, striving to create a workplace that reflects our values.

Annual Equality Report 2023-2024

Black History Month

October 2023

We celebrated Black History Month in October by sharing stories of famous Black, Welsh women throughout the month.

The team also participated in Wear Red to Work day to raise awareness and funds for Show Racism the Red Card. We offered a session on challenging racism in work and shared stories around the Empire Windrush and it's 75th Anniversary including events being held in the local community. Throughout the month we received 75 views on the dedicated page and 40 people accessed the challenging racism session. Other resources we had available around inclusion and racial equality we're also accessed by 24 people.

Sensory Loss

 A dedicated SharePoint page has been created to offer guidance and resources around sensory loss. A news article was sent out each week highlighting a different type of sensory loss and throughout the month encouraged people through the staff newsletter and the intranet and internal Facebook to complete the sensory loss awareness training.

Videos and stories from external organisations were shared from within our ACCESS network also and all posts were linked to the NHS 'It Makes Sense campaign'.

During the course of the month the dedicated page received 268 views and the rate of completion for sensory loss awareness training doubled. We also received 6 enquiries to our OD&I inbox around sensory loss and equipment to support staff with this.

Annual Equality Report 2023-2024

Apprenticeships, Pathways and Widening Access

Our aim is to provide a range of pathways for our communities to develop, grow and improve their lives through learning.

We are proud to coordinate a number of programmes and initiatives that enable **all** to access development and increased access to careers in the NHS.

Pathways and Widening Access data at CTM

8	Number of PS interns in PCH 23/24	**8**	Number of PS interns in POW 23/24
36	Total number of PS Interns to date in CTM	**18**	Total PS interns employed or Volunteering to date
49	Total number of people that have completed Work Experience at CTM	**20**	Careers/Widening Access events attended
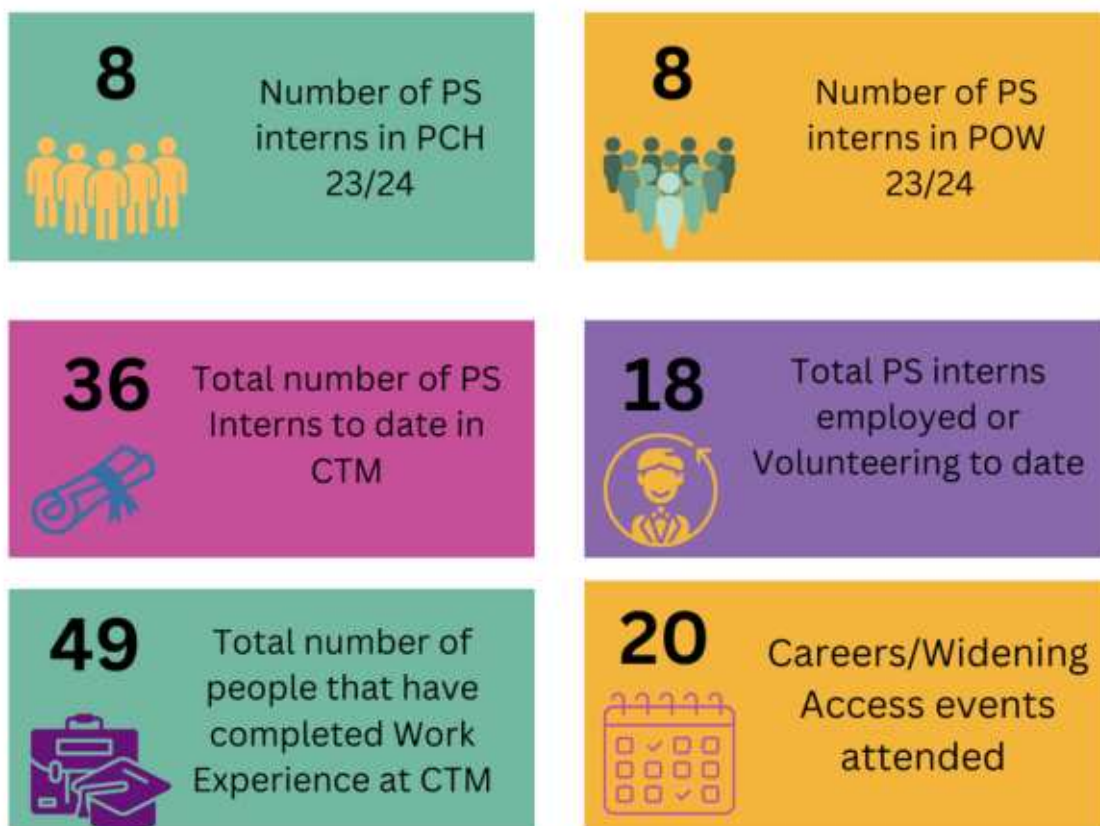
Data collated 2.8.2023

Supported Internships (formerly Project Search)

In collaboration with partners Bridgend College, Merthyr College, and Elite Supported Employment, the Learning & Development team have been offering Supported Internships for four years, providing placements for young people with a learning difficulty and/or Autism, to gain work experience within different departments. Over the course of a year and with the support of a Tutor from the college and Job Coach from Elite, the Supported Intern is provided with practical experiences of the working world, gaining confidence to work independently.

"This internship has been a great learning experience as I was able to try many different things, learning new skills and improving existing skills. It has been a challenge, but if something does not challenge you, it won't change you and that starts with you being put out of your comfort zone".
Ellie Elias, 22/23 Intern

"Being an intern has honestly been life-changing. I wouldn't have had this job without the support. I've learned lots of new skills and my confidence has gone through the roof. I would like to wish the best of luck to class the class of 2023".
Aaron, a 2020 Intern who is now employed as a Catering Assitant at The Princess of Wales Hospital.

Many Supported Interns have benefited from the programme, with 81% of them gaining employment within the Health Board following their internship. Others have gone on to gain employment and volunteering opportunities within our communities.

During this year's Supported Internship Graduation, Andrea Wayman CEO for Elite Supported Employment presented Cwm Taf Morgannwg with an Engage to Change Employer Award, recognising the team for the work they have done in providing these opportunities to young people from our communities.

NHS Wales' First Supported Apprentice

In September 2023, having graduated from a Supported Internship, Prince Charles Hospital Pharmacy was pleased to welcome Evan Coleman to the team as the first ever Supported Apprentice in Cwm Taf Morgannwg University Health Board and NHS Wales.

As part of the apprenticeship, Evan will be fully supported by the Learning and Development team and training provider (Talk Training) to complete a Customer Service Level 2 qualification alongside his permanent role.

The qualification not only supports Evan to acquire new skills to carry out his role, but we hope starts him on a life-long journey of continuous professional and personal development.

When Evan was offered the supported apprenticeship in Pharmacy he said 'it's a dream come true'.

As more Supported Interns complete the programme each year, we will be working with local CTM Managers to secure similar Supported Apprenticeships across our services and sites.

In doing so, we aim to not only improve the lives of young people within our communities, but also learn how we can improve the way we run our services and develop our people.

Upskilling our staff

The Apprenticeship Academy continues to expand the range of qualifications available to CTM staff, often providing new development opportunities where they have once been limited.

This year, we lead the way in Wales with the implementation of a new Level 2 Facilities Apprenticeship, committing to upskilling 1000 staff over the next 5 years, in collaboration with our partner ACT Training Ltd.

Rhian Lewis · You
Learning & Development Business Partner (Qualifications) at Cwm Taf Mo...
44m · Edited · 🌐

It was an absolute pleasure to be invited by Richard Knowles to meet with his team of Facilities Supervisors today at **Cwm Taf Morgannwg University Health Board**.

We have started to make plans to help upskill nearly 1000 facilities staff over the next 5 years with **ACT Training Ltd** working towards the **Agored Cymru** Facilities Services for Healthcare in Wales level 2 apprenticeship.

These are exciting times as we work with ACT to help upskill and develop our people's potential.

Health Education and Improvement Wales (HEIW)/Addysg a Gwella Iechyd Cymru (AaGIC)

World Mental Health Day

10th October 2023

On this day and beyond the goal of Cwm Taf Morgannwg University Health Board, is to help raise mental health awareness and ensure the experience of our employees reflects that wellbeing is for all.

Moving forward together, finding ways to improve, maintain and enhance our own wellbeing is essential to ensure we are giving ourselves the best chance to be well and have the best experience possible both personally and at work.

WELLBEING SERVICES - STRIVING TO PUT STAFF WELLBEING AT THE CENTRE

SUPPORTING SELF

External Support
Vivup and Canopi

Interactive Workshops
to support own wellbeing over a range of topics

VR Headsets

Therapeutic support
Work Based therapies
Management Booths
Mindfulness

Menopause @CTM

SUPPORTING OTHERS

Wellbeing Supporter Training

Time to Change Wales Resources

Wellbeing Activists

SUPPORTING TEAMS

Managing Staff Wellbeing

Management Consultation slots

Team support and Interventions

To celebrate #WorldMentalHealthDay the wellbeing team held and online event from to showcase what's being done across the health board to support the wellbeing of staff and celebrate our amazing activists.

Activities over the last 12 months.

- New training for managers
- Navigating Tough Times
- Big Team Challenge
- Wellbeing Survey 2023

- Menopause Roadshow
- Updated Wellbeing Supporter Training
- Comprehensive Literature review relating to staff wellbeing and employee experience which aligned to the wellbeing results

Menopause at CTM

The Wellbeing team held some exciting roadshows that took place in October 2023 for staff to get involved in and to gain advice and support.

In recognition of Menopause Awareness Month the team also held Menopause Moments sessions, where staff met on MS Teams to share their lived experience of the menopause, with the aim of raising awareness and limiting stigma and loneliness.
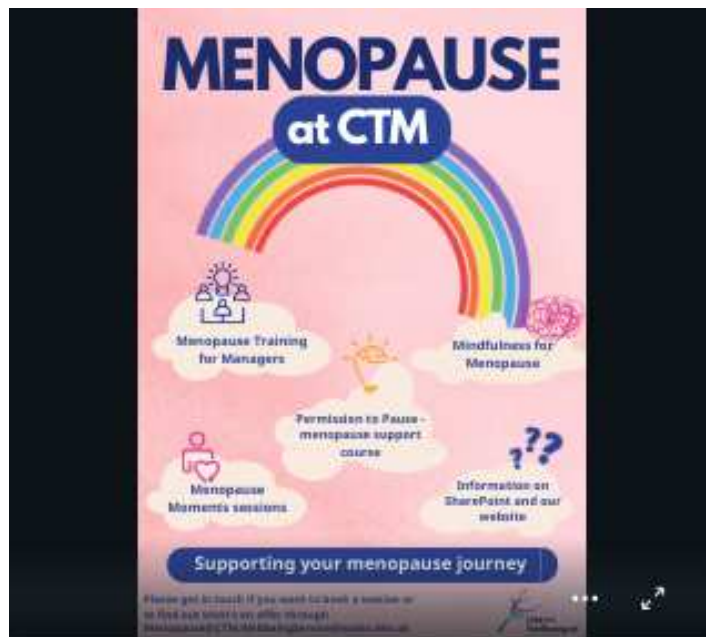
Here are two of our Employee Wellbeing Activists, Kirsten and Claire, out and about promoting our Menopause@CTM service in POW in October 2023.

Support for staff on Menopause can be found on our internet page:-
https ://ctmuhb.nhs.wales/staff/employee-wellbeing-service-new/menopausectm/

Contact Us

✉ OD&I_CTM@wales.nhs.uk

🌐 www.ctmuhb.nhs.uk

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Gender Pay Gap Report

Bridging the gap, together.

2023 - 2024

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Gender Pay Gap Report 2023/2024

Introduction

Background and Context

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

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

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

All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March 2024) and compares the three years 2021/2022, 2022/2023 and 2023/2024.

Gender Pay Reporting and Gender Identity

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

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

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

Gender Pay vs Equal Pay

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

Defining the Gender Pay Gap

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

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

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women and is not affected by 'outliers' i.e. the few individuals at the top or bottom of the range. It is the best method to use to compare with other organisations.

The mean pay gap is the difference between average hourly earnings of men and women and is calculated by adding all hourly rates and dividing the total by the number of employees.

Key Findings

As of the 31 March 2024 for the following years, the Health Board employed:-
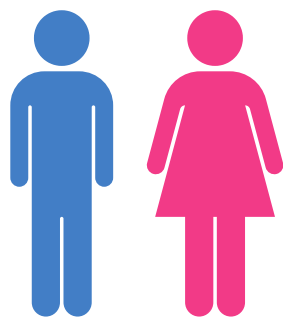
Year	Men	Women
2021/2022	2,546	10,311
2022/2023	2,418	10,402
2023/2024	2,422	10,435

For the last three years the number of women working at CTMUHB has increased.

In 2022, Women accounted for 80.8%, in 2023 it was 81.1% and in the most recent year of 2024, 81.2% of the total workforce were women.

Women ■ Men

	2022	2023	2024
Women	80.8%	81.1%	81.2%
Men	19.2%	18.9%	18.8%
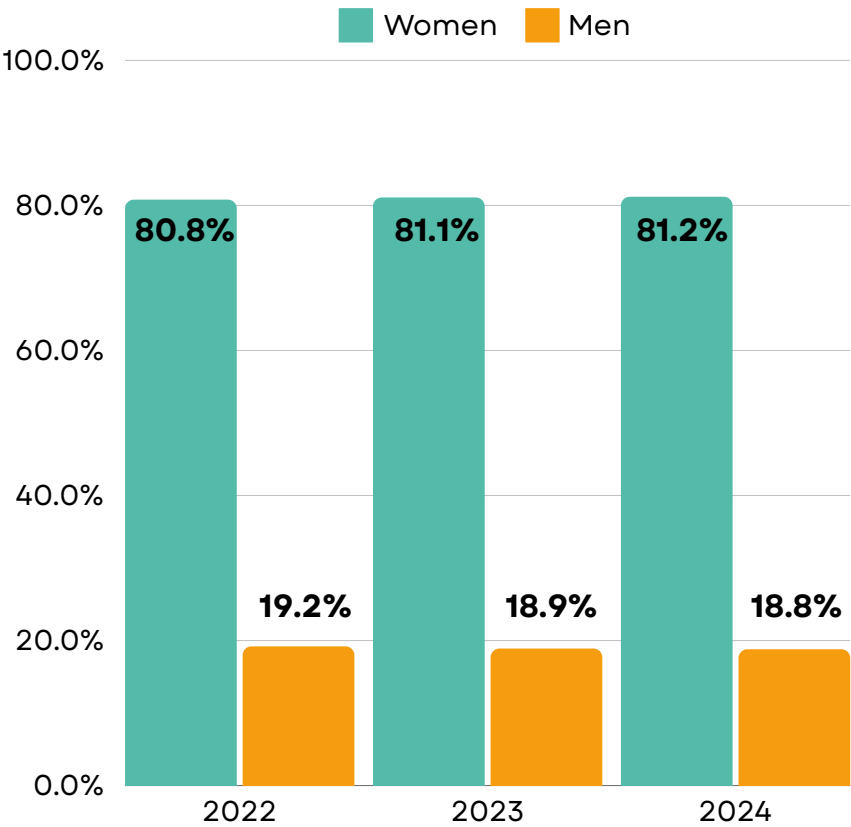
Average and Median Hourly Rates and Pay Gaps

When comparing mean (average) hourly pay in 2023/2024, women's mean hourly pay is 26.34% (£6.76) lower than men's. This figure is slightly more than 2022/2023 where it was 25.89% (£6.16) lower than men's hourly rate.

Average Houly Rate %

2021/2022	2022/2023	2023/2024
25.87%	25.89%	26.34%

Median Hourly rate %

2021/2022	2022/2023	2023/2024
12.23%	12.99%	11.48%
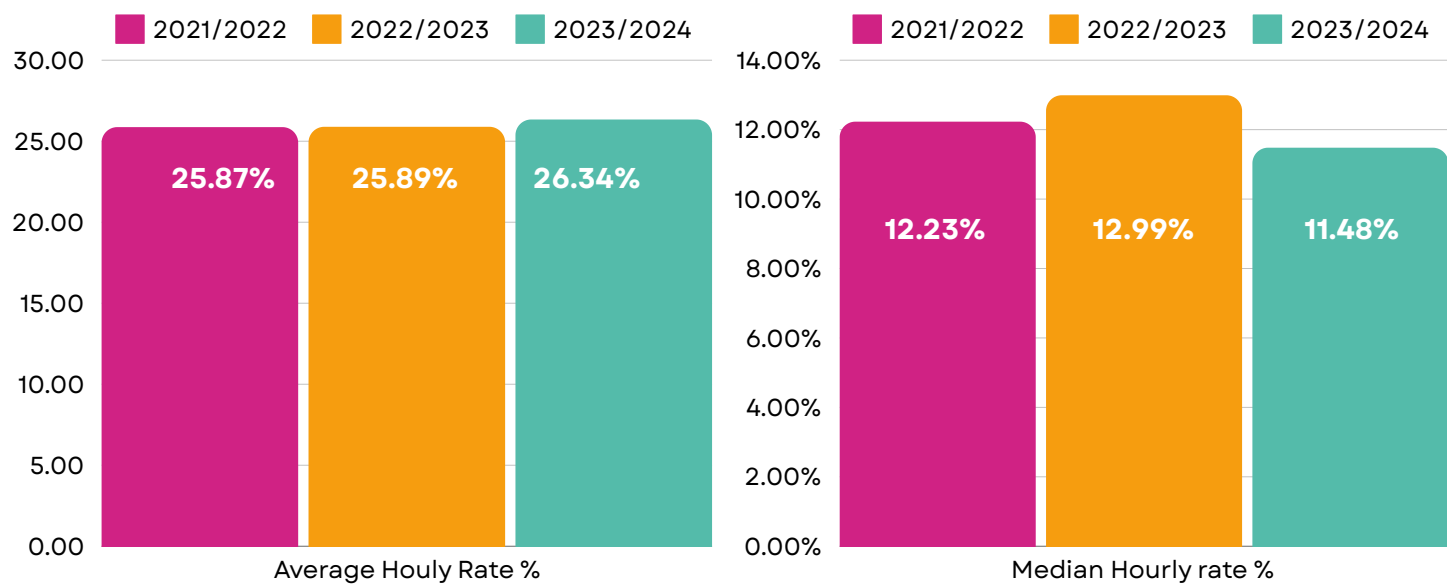
Median Hourly Pay Gap

At CTMUHB, women currently earn 88.52p for every £1 that men earn when comparing median hourly pay for 2023/2024. This was 87.01p in 2022/2023 and 87.77p in 2021/2022. This is a positive trajectory as the gap is getting smaller.

Women

Men
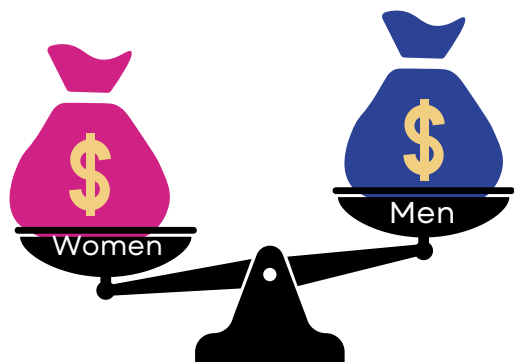
In 2023/2024 women's median pay is £2.23 less than men's pay

Proportion of Staff Receiving a Bonus

NHS Wales has no scope for bonus payments within the Agenda for Change terms and conditions of service. We do however, honour Clinical Excellence Awards (CEAs) payments and Commitment Awards (CAs) paid to medical staff.

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

CAs are payable to all substantive consultants after three years' service at the top of the consultant pay scale, who demonstrate their commitment through satisfactory job plan reviews. 5.67% of eligible male consultants received this payment in 2024 compared with 0.71% of eligible female staff which a minor improvement compared to previous years.

■ Male ■ Female
Female
0.66%

2022

Male
5.45%

■ Male ■ Female
Female
0.65%

2023

Male
5.72%

■ Male ■ Female
Female
0.71%

2024

Male
5.67%
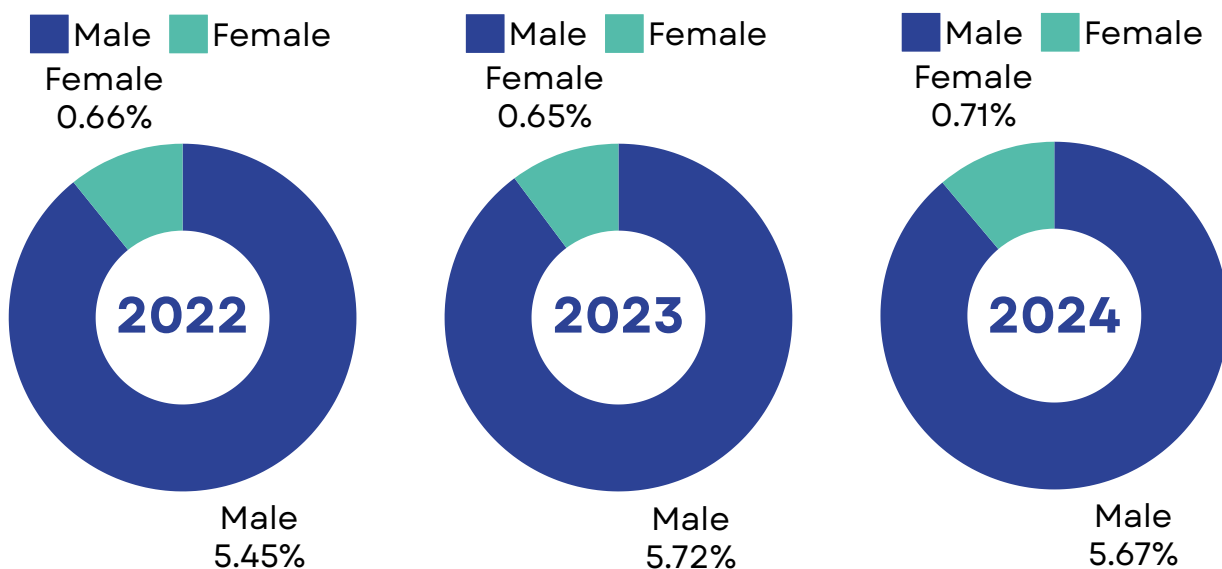
Number and Percentage of Employees by Pay Quartile

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of men and women in each.
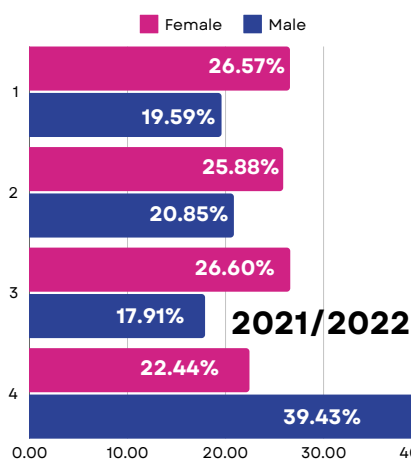
2021/2022

	Female	Male
1	84.59%	15.41%
2	83.41%	16.59%
3	85.76%	14.24%
4	69.74%	30.26%

2022/2023

	Female	Male
1	84.69%	15.31%
2	83.76%	16.24%
3	86.50%	13.50%
4	69.75%	30.25%

2023/2024

	Female	Male
1	84.87%	15.13%
2	83.71%	16.29%
3	86.45%	13.55%
4	69.88%	30.12%
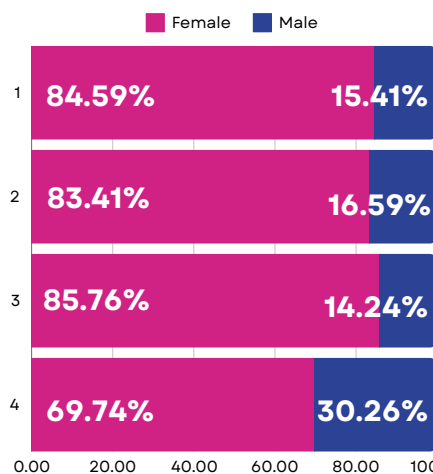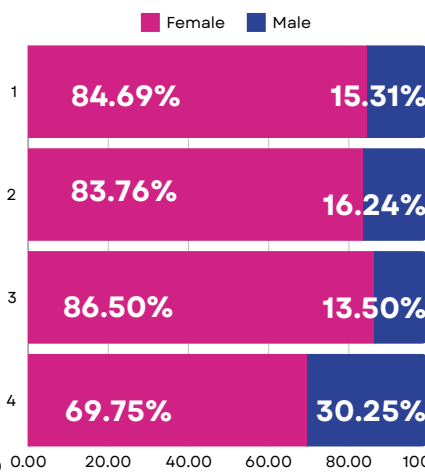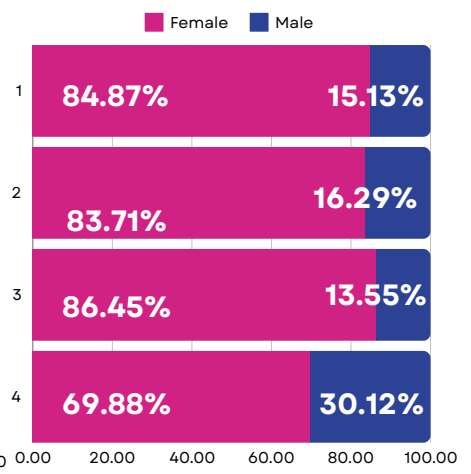
The charts above show the overall percentage of men and women per quartile in 2024. The data shows that women have the highest percentage per quartile, although there is a huge increase in the percentage of men when you reach the highest quartile.

2021/2022

	Female	Male
1	26.57%	19.59%
2	25.88%	20.85%
3	26.60%	17.91%
4	22.44%	39.43%

2022/2023

	Female	Male
1	26.06%	20.26%
2	25.83%	21.55%
3	26.43%	17.74%
4	21.68%	40.45%

2023/2024

	Female	Male
1	26.12%	20.05%
2	25.80%	21.60%
3	26.14%	17.64%
4	24.95%	40.71%
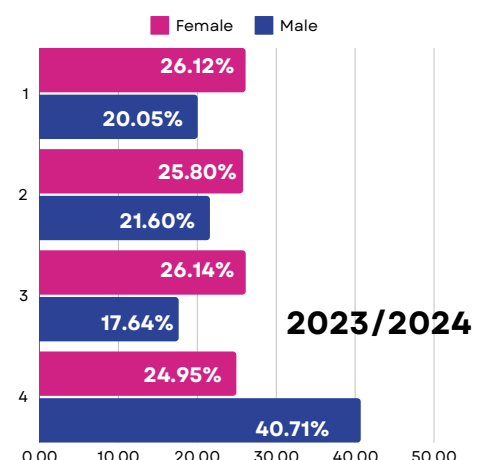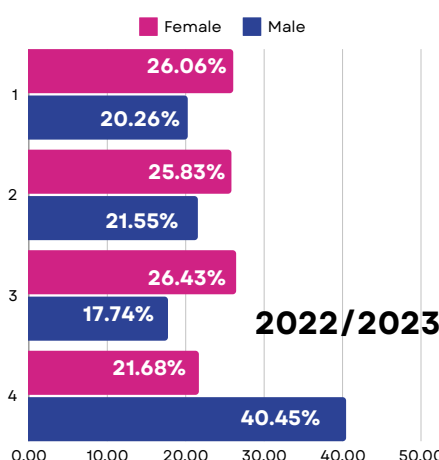
When looking at quartile data, this can then be displayed to show the percentage of men and women as a proportion across the quartiles. These show that the percentage of women is equal across the quartile but there are a greater percentage of men in the highest quartile.

Conclusions

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

While the median hourly pay gap narrowed from 13.86% in 2020/2021 to 12.23% in 2021/2022, it increased slightly in 2022/2023 to 12.99% and reduced significantly to 11.48% in 2023/2024. This is positive change as this is showing that the pay gap is reducing.

It is also clear from this report the disparity in the increased number of men in quartile 4 in comparison to the other quartiles. There is also a disparity in the Clinical Excellence Award (CEAs) payments and Commitment Awards (CAs). Further detail is required to be able to understand these gaps and action is required to reduce the inequality.

Recommendations

Below are CTMUHB's ongoing and future initiatives to address our gender pay gap and support gender equality for women in the workplace. These are taken from national action plans and other best practice initiatives: -

- Ensure actions and initiatives are embedded into the Strategic Equality Plan and owned by CTMUHB.
- Review the data linked to the Clinical Excellence Award (CEAs) payments and Commitment Awards (CAs) paid to medical staff to gain a better understanding the difference in the gender gap.
- Undertake a deep dive into the numbers of men and women in quartile 4 data to better understand the inequality in comparison to the other quartiles.
- Implement gender equality training as part of our comprehensive culture offer.
- Publish gender pay gap on Gov.UK website. Consider the reasons for the difference between the mean and median pay and, with the Women Equality Staff Network, explore appropriate actions to address this.
- Undertake an analysis of trends in maternity leave, including examining rates of return and working patterns upon return in order to better understand how having children affects women's careers.
- Review whether there are any unexpected patterns for staff working unsociable hours relating to their protected characteristic as part of the Equal Pay Audit.
- Review our Flexible Working Policy, Recruitment Policy and job advert process to consider a range of flexible working options. Ensure managers and staff are aware of the flexible options our policies offer and ensure a greater understanding across CTMUHB when we roll out revised policies.

Contact Us

✉ OD&I_CTM@wales.nhs.uk

🌐 www.ctmuhb.nhs.uk

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

People & Culture Committee

Revalidation Quality Review Report

Dyddiad y Cyfarfod / Date of Meeting	15/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sallie Davies, Deputy Medical Director, Deputy Responsible Officer
Cyflwynydd yr Adroddiad / Report Presenter	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Board Meeting	25/01/2024	Noted

Acronyms / Glossary of Terms	
HEIW	Health Education Improvement Wales
CTMUHB	Cwm Taf Morgannwg University Health Board
FY1	Foundation Year 1

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

1. Situation /Background

1.1 On 25th November 2023, the Revalidation Support Unit for HEIW reviewed CTMUHB as designated body for Doctors employed by the organisation. At the time of the report these totalled 1172.

1.2 The visit was based on data within the 2021-2022 Revalidation Progress Report and supporting information supplied by the designated body.

2. Specific Matters for Consideration

2.1 The review highlighted the following areas of Good Practice:
- Recruitment and support of appraisers
- Appraiser training
- Comprehensive paperwork provided prior to review

2.2 The review highlighted the following areas for development:
- Percentage of appraisals completed by SAS/locally employed doctors
- Deferral rate
- Need for lay representation for local governance processes

2.3 The review identified the number of appraisals completed as follows:
- GPs – 331 of 454 (81.9%)
- Consultants – 384 of 454 (84.6%)
- Locally employed/staff grade and SAS doctors – 201 of 308 (65.3%)
- Others – 5 of 6 (83.3%)

2.4 The local deferral rate was 40%, with the Wales average at 26%. The most common reason for deferral was insufficient evidence – usually 360 feedback from patients and colleagues (39%).

3. Key Risks / Matters for Escalation

3.1 There is a requirement for lay representation in governance processes. It is good practice to involve lay members of the public in the governance systems. Other Health Boards use an Independent Member as lay representation, therefore the Responsible Officer has asked if an Independent Member would be able to take on this role for CTMUHB.

3.2 Appraisal completion by staff grade/locally employed doctors has been highlighted as an area for improvement. The completion rate (65.3%) is in line with the rest of Wales and is thought to be due in part to lack of familiarity with the appraisal process within this cohort of doctors. Going forward, new starters are written to by the Deputy Responsible Officer to inform of the appraisal process and to highlight training available. There is also an increased emphasis on the appraisal process during induction, and includes educating trainees from FY1 level.

Revalidation Quality
Review Report

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15/04/2024

3.3 The Appraisal and Revalidation Team were aware of the high deferral rate (40%) prior to the review and a number of measures had been put in place. The higher than average rate was due to deferrals being given for short periods of time leading to multiple deferrals for the same individual. Deferrals are now given for longer periods of time. The most common cause of deferral is the lack of 360 feedback which is required once every 5 years. Appraisees will be reminded to complete 360 in year 3 to allow time for completion. Reminders are sent twice annually. With these measures in place the deferral rate is now at 27%.

4. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: Validating the doctors of CTMUHB ensures a positive impact on safe and effective care	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE All doctors are validated equally	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	It is a HEIW requirement for the doctors to have a revalidation.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Revalidation officers are recruited and employed directly by CTMUHB	

5. Recommendation

5.1 The Committee are asked to **NOTE** the contents of this report. In summary, a largely positive review which described a functioning appraisal system.

6. Appendix
Revalidation Quality Review Report (attached as Appendix 1). (Please note that the embedded documents within the Appendix are available on request).

Revalidation Quality Review Report

Section 1

To be completed by Review Team

Designated Body (DB)	Cwm Taf Morgannwg UHB	Pre-Visit Desk Review Document
Date of Review	Friday 24th November 2023	
Time of review	10:00	CTM%20Desk%20Re view.docx
Virtual/Face to Face	Virtual – Microsoft Teams	

Review Team

Name	Role
Chris Price	Head of the Revalidation Support Unit (RSU), HEIW (Chair)
Malcolm Stammers	Lay Representative
Sharon Penhale	Revalidation Manager, Swansea Bay UHB
Stacy Watkins	RSU Programme Lead – Appraisal, Revalidation and Quality
Natalie House	RSU Programme Manager – Revalidation and Quality

DB Representatives

Name	Role
Dominic Hurford	Responsible Officer
Sallie Davies	Deputy RO
Rebecca Seldon	Revalidation Manager
Parin Shah	Appraisal Lead
Nicholas Price	HR Manager
David Miller	AMD Professional Standards
Paul Mears	CEO
Shauni Morgan	Revalidation and Appraisal Assistant
Edith Jiwanmall	Appraiser
Vijay Gaonkar	Appraiser
Vikram Sinha	Appraiser
Urmil Chalishazar	Appraisal Lead

General Overview of Visit:

The chair thanked the DB for their time and gave an overview of the visit's purpose.

The visit was based on the data in the 2021-22 Revalidation Progress Report (RPR) and the supporting information provided by the DB. The DB has 1,172 prescribed connections.

The visit was positive overall with areas of good practice identified in the appraiser recruitment and training processes and excellent ongoing support from the revalidation team, which underpins a clearly functioning appraisal system. The paperwork received prior to the visit was also comprehensive.

The DB were advised on areas for development, which included lay involvement and addressing their high deferral rates. More details can be found in the report below.

Visit Outcomes

Themes	Discussion Notes	Recommendations
RPR – Appraisal Completion Figures	General Practitioners – 331 of 404 (81.9%) Consultants – 384 of 454 (84.6%) Staff grade, associate specialist, specialty doctor – 201 of 308 (65.3%) Other – 5 of 6 (83.3%) The appraisal rates for SAS doctors are significantly lower than the other groups. This has been a common theme across Wales due to the mobility of the group and post covid pressures. There was also introduction of a medical bank where agency SAS doctors were attached to CTMUHB. The DB have addressed this issue by increasing the information available to SAS doctors, including via induction, about appraisal and revalidation. The DB writes to every new starter with information on how to use MARS and holds regular training sessions. The DB have recently been asked to provide information on the requirements of appraisal to F1 doctors, to plant the seed whilst they are still in training. They have also put in a recommendation provide appraisal and revalidation information to those who are due to come out of training.	The RSU can provide support with this

RPR – Revalidation Recommendations	Wales average deferral rate – 26% Deferral rate locally – 40% 39% due to insufficient evidence 1% due to participating in an ongoing process The DBs deferral rate is significantly higher (40%) than the Wales average of 26%. The most common cause of deferral in the DB is non-completion of 360 Patient and Colleague feedback, this is another common theme seen across Wales. The DB have been deferring doctors for shorter periods of time which has caused multiple deferrals being made. This has then increased the overall deferral rate. The review team advised the DB to look at introducing longer deferral periods to ensure there is enough time for the doctors to gather the information they need, and to start advising doctors to complete their 360 feedback earlier in the revalidation cycle (at their third appraisal). The DB said they have already started to make these changes and Appraisers are told to recommend completion of 360 earlier in the revalidation cycle at the appraisal meeting and it is also recommended at MARS & Appraisal training session. The DB have seen their deferral rate decrease to 27% in the last six months.	Look at decreasing deferral rates by giving longer deferral timeframes and advising doctors to complete their 360 feedback at third appraisal.
RPR - (RAG) Revalidation Processes	The DB are still looking at ways to include public and patient views in their processes and stated they were open to suggestions. The Chair advised the DB that the common theme seen across Wales in other DBs is that they have used a non-executive/independent member to look at the appraisal and revalidation structures in place, taking into consideration professional development and public safety. The DB stated they have an independent member and will look into asking them to extend their role. This action was in progress during the visit. The DB have drafted a Standard Operational Policy for Revalidation and Appraisal. The document is due to be finalised by the end of March 2024.	Look at including lay involvement in processes (non-exec/independent member)

RPR - (RAG) Underpinning systems: appraisal	The DB have a formal appraiser recruitment process and have been undertaking an annual recruitment round since 2021. The next recruitment is planned for 2024. The recruitment process includes a formal application and interview process. Once appraisers are recruited, they are required to complete a training course which is provided in-house by the DB, and they shadow experienced Appraisers in the role. The Appraisers at the review fed back that they find the training and shadowing experience very useful, and it helped them feel equipped for the role. New Appraisers also have one-to-one feedback provided to them for their first few appraisals. Existing Appraisers are also invited to attend the Appraiser training as a refresher. The DB are also planning a recruitment round for another Appraisal Lead in 2024. They are aiming to have them trained by the summer. Existing Appraisers are invited to attend annual refresher training and are encouraged to attend the DBs local Quality Assurance events. Appraisers are given feedback annually by the Appraiser Lead. The DB are planning to re-implement their annual Appraiser refresher/catch-up meeting which involves general discussion and difficult scenarios. On average, Appraisers do 10 appraisals per year, but often some do more. The role is recognised as half a session of SPA for 10 appraisals in a year.	Appraisers fed back that they would like to have a face-to-face Appraiser event.
RPR - (RAG) Underpinning systems: governance	The DB has a Revalidation Group headed by the RO and Deputy RO. Quality Assurance meetings take place twice per month to review appraisal information prior to a revalidation recommendation being made. Submission of routine recommendations is undertaken by the Deputy RO with input from the AMDs for Professional Standards, Appraisal Leads and Revalidation Manager Following the QA meetings, if a deferral recommendation has been submitted, a letter is sent to the relevant individual with information on what is required for the new revalidation date as well as a new QA date so they know when information will be reviewed again.	
RPR - Internal Quality Assurance and other Projects	Whilst Revalidation and Appraisal activity was low in 2020, CTM UHB began a review of the Revalidation & Appraisal processes, with a view to streamline their approach while maintaining standards. Areas listed for initial review were:	

	• New structure and responsibilities of roles • Incorporation of the Integrated Locality Groups and Integrated Locality Group Directors • Governance meetings and attendees • Frequency of reminders/communication to doctors – which will recommence at the end of the first quarter (April-June) The overall assessment was completed in January 2022 with the review of the Appraiser cohort and capacity. Recruitment was undertaken to resolve capacity concerns and Appraiser training is scheduled for end of August 2022. In addition, standard Quality Assurance meetings were introduced by the Appraisal Leads, who now meet on a regular basis (bi-monthly/quarterly) to review and quality assure a selection of summaries.	
QV – Progress against agreed actions	Progress of agreed actions not submitted with the 2021/22 RPR.	
AQA - Quality of appraisal outputs	11 summaries marked via the national process with a score of 76%, slightly below the Wales average of 78%.	
Survey - Appraiser Survey	15 Secondary Care Appraisers completed the survey: • 60% said they did not go through a formal recruitment process for the role. • 86.7% said they have protected SPA time • 60% said they have adequate time to undertake the role • 100% said they do not have an appraisal forum to discuss appraisal • 80% said they feel supported in the role (46.7% to some extent, 33.3% to a great extent) • 80% said their wellbeing has not been supported as an Appraiser. Seven Primary Care Appraisers completed the survey: • all Appraisers went through a formal recruitment process and have a separate contract to undertake the role	

	- 57% said they have adequate time to undertake the role - 100% said they feel supported in the role (28.6% to some extent, 71.4% to a great extent) - 71.4% said their wellbeing has been supported as an Appraiser.	
Survey - MARS survey	In line with all-Wales data.	
Constraints - MARS Constraints reporting	In line with all-Wales data.	

Section 2

To be completed by Designated Body

Designated Body Action Plan and Comments

Designated Body General Comments:
It has been a challenging year or so with the loss of an Appraisal Lead and our Deputy Responsible Officer. With the robust Quality Assurance processes in place, it has allowed us to continue with minimal impact to service. The QA Visit was a relatively supportive experience but with balance of challenge was fair and reasonable. It has been noted that completed appraisals for SAS group was lower, however, it is likely that this group includes individuals who are locally appointed for service/short term contract. It may be worth separating them out from the SAS group in order to understand the source of the engagement issue better.

Action Plan completed by: Sallie Davies and Rebecca Seldon

Action	By whom	Timescale	Comment
360 Reminder process	Revalidation & Appraisal Team	Twice annually / Quarterly	A draft process has been created. A reminder will be sent to all doctors due for revalidation in three years' time, encouraging them to register and begin the process of their 360 MSF. Regularity of the reminder will either be twice annually or on a quarterly basis.

Inclusion of Lay Representation within QA processes.	RO, DRO and RM	Quarterly	An independent member of the board will be invited to attend the Quality Assurance review meetings periodically throughout the year.
Appraiser team meeting/catch up – face to face	Appraisal Lead / Revalidation & Appraisal team	Annually	An Appraiser Catch-up meeting will be arranged for September/October 2024. This event will be separate from the Appraisal Skills Training session arranged as part of the Appraiser Recruitment earlier in the year.
Promote revalidation and appraisal at the SAS events	Appraisal Lead / Revalidation Manager	As and when	Provide information for distribution at the SAS Away day. Additionally, the Appraisal Leads could present at the SAS Away day to help promote engagement.
Revalidation & Appraisal Standard Operational Policy	Revalidation Manager	April 2024	Draft version in progress and updates following the RQA visit will be incorporated.

People & Culture Committee

Workforce Metrics Report

Dyddiad y Cyfarfod / Date of Meeting	Click or tap to enter a date.
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager
Cyflwynydd yr Adroddiad / Report Presenter	Nicola Evans, Head of Workforce Planning
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CG	Care Group
FTE	Full Time Equivalent
C.O.O.	Chief Operating Officer Care Group
C&F	Children and Families Care Group
C. & H.C.G.	Corporates and Hosted Care Group
MH&LD C.G.	Mental Health and Learning Disabilities Care Group

PC-C.G.	Planned Care – Care Group
P&C C.G.	Primary and Community Care Group
U.C.G.	Unscheduled Care – Care Group
A4C	Agenda for Change
APST	Additional Professional Scientific and Technical
ACS	Additional Clinical Services
A&C	Administrative and Clerical
AHP	Allied Health Professionals
E&A	Estates and Ancillary
HS	Healthcare Scientists
M&D	Medical and Dental
NMC	Nursing and Midwifery Registered
ST	Students
HCSW	Healthcare Support Worker

1. Situation /Background

1.1 To update the Committee on the key workforce metrics for January / February 2024, with historic trends shown as appropriate.

2. Specific Matters for Consideration

2.1 Highlights

Topic: Staff in post
Narrative: The Health Board's staff in post FTE has increased slightly since the last report (11,198.11 to 11,252.43 FTE) – increases in some registered staff groups will be due to newly registered staff commencing having completed their University courses in February/March. Increases are across all staff groups except students, resulting in additional patient care capacity.

Topic: Sickness levels
Narrative: The 12-month rolling average sickness at the end of January 2024 has remained lower than the previous two years (7.51% versus 8.90% and 8.01%). The return to work entry is currently remaining stable at around 57% (57.24% at January 2024, 57.72% at December 2023).

The People Services Team continue to identify ways in which to support and upskill mangers in actively managing sickness absence within their areas, including:
- The creation of reports for managers that are more accessible via the ESR supervisor self-service portal.
- Development of a 'How to Guide' for Managers which was disseminated week commencing 22nd January 2024. This allows managers to understand who is absent within their hierarchy and how this is impacting on their current workforce; supporting them to action targeted interventions where required.
- Creation of these reports will provide better access to key sickness absence information for managers to advise the employee and coach them back into work.

The People Services team also continue to review sickness absence cases and provide advice and coaching to managers as required.

From March 2024, the People Services Team will provide the Maternity Management Team with bespoke support to upskill managers in the management of attendance. This will include an escalation route for any concerns regarding Third Formal cases, a monthly meeting with People Services to discuss cases and a bespoke Managing Attendance Training.

Topic: Turnover
Narrative: The Health Board's 12 month rolling turnover is reducing across the UHB, from 13.46% in March 2023 to 11.65% in February 2024, with Medical (9.65%), Nursing/Midwifery (10.54%) and HCSWs (12.09%) all reflecting this downward trend, which is positive. It is too early to say what may be impacting on the reduction and or if this trend is likely to continue.

Nurse retention remains a key area of focus for both the 'People' and Corporate Nursing teams. The risks and challenges are reflective of complex local, national and international challenges regarding the availability of appropriately trained individuals. Our Retention Action Plan covers delivery against both our internal plans and the actions within the HEIW All Wales plan. Work-life balance and promotion remain principle reasons for leaving (based on ESR data) – we are focusing on retention initiatives that will seek to improve these.

The Lateral Moves Scheme for band 5 Registered Nurses and Midwives was formally launched in February 2024. The Scheme was developed in collaboration with the People Directorate, Nursing & Midwifery colleagues and Trade Unions as part of our commitment to retaining staff. The Scheme is intended to make it easier for staff to move within the UHB, maximising opportunities for staff to help gain wider experience and expand their knowledge and skills and provides flexibility for them to do so. This is also a good opportunity to prepare them for the next step and help with their career development. We have received limited interest so far but will look to further promote the Scheme to ensure it is widely shared and easy to access. The activity is monitored via the UHB Retention Group.

We are in the process of updating the CTM HEIW Nurse Self- Assessment Tool and to show our position at 31 March 2024. We can update further once we receive feedback from HEIW.

Work continues within Retention (with the 'Moving on Questionnaire' and Flexible Working prioritised) but work has been slightly delayed due to leave. However, a further update on the action plan will be shared at the next meeting.

Topic: Core learning compliance
Narrative: In line with previous reports, Core Learning compliance figures continue to increase month on month. Compliance for Level 1 training is now 78.11%, with All Levels at 69.58%.

Subject Matter Experts and associated training teams are continuing to provide a range of activities and face to face training sessions. These are further supported by the Learning and Development team's initiatives aimed at raising education and awareness around Core Learning and targeting areas of low compliance. This includes the provision of Core Learning Drop- in Sessions across the Health Board and the development of improved Subject Guides.

3. Key Risks / Matters for Escalation

3.1   None.

4. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Paper is for the presentation of metrics data only

Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: The report covers the presentation of workforce related data, there is no policy or service change included. Neutral
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

6. Next Steps

6.1 None.

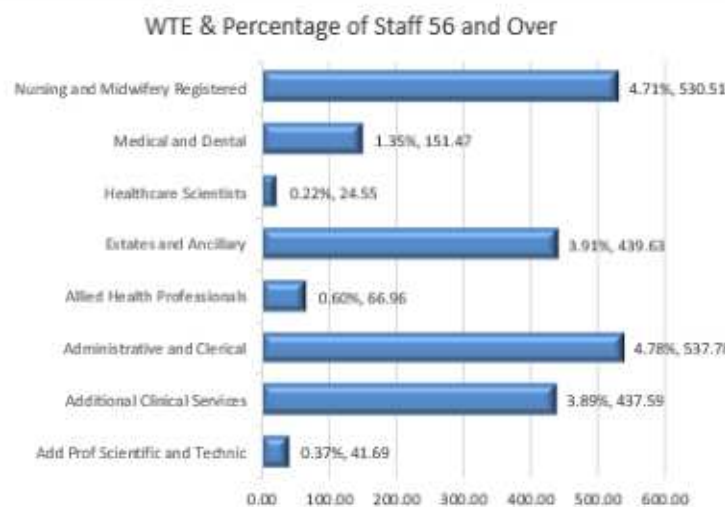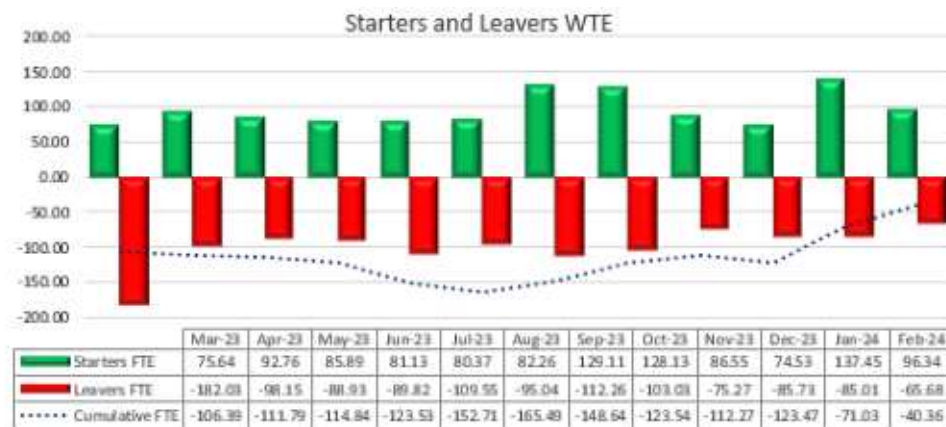## Appendix

Sickness
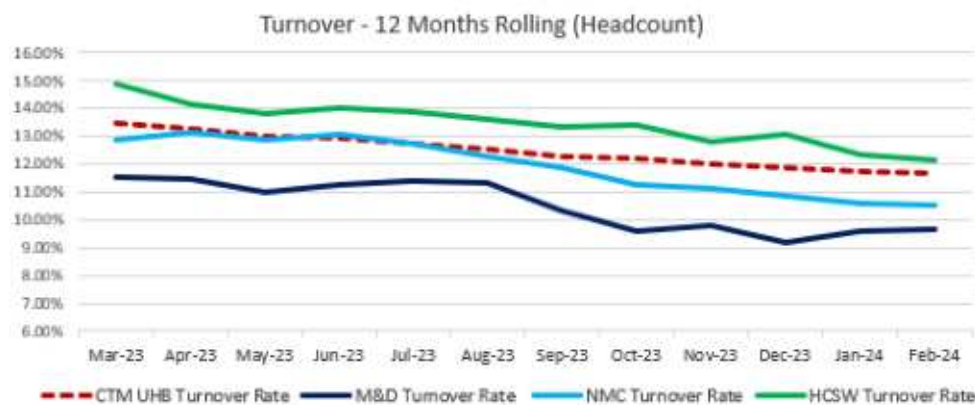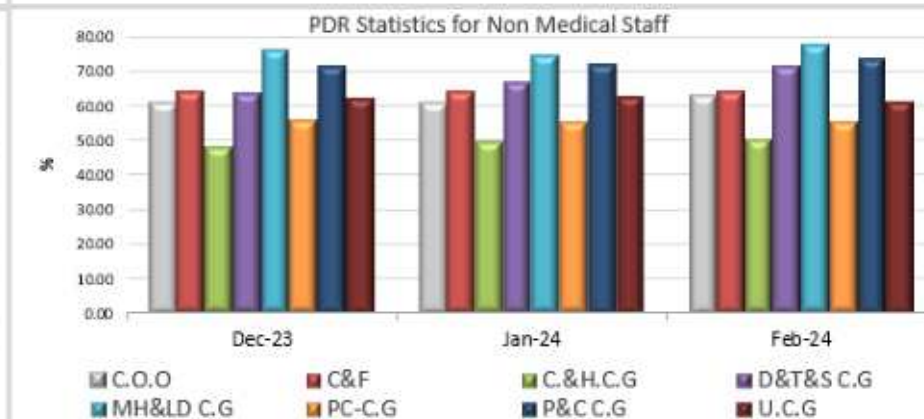

Care Group Sickness Rolling 12 months

Staff Group Sickness Rolling 12 months

% RTW Entered into ESR/Healthroster (Jan-24)

57.24%

75.90% 54.84% 73.58% 60.55% 60.38% 56.27% 51.02% 45.50%

CTM Long Term - Short Term Sickness

CTM Sickness % 3 Year

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Click or tap to enter a date.

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Turnover & Staff in Post

Turnover - 12 Months Rolling (Headcount)

- - - CTM UHB Turnover Rate ——— M&D Turnover Rate ——— NMC Turnover Rate ——— HCSW Turnover Rate

Starters and Leavers WTE

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Starters FTE	75.64	92.76	85.89	81.13	80.37	82.26	129.11	128.13	86.55	74.53	137.45	96.34
Leavers FTE	-182.03	-98.15	-88.93	-89.82	-109.55	-95.04	-112.26	-103.03	-75.27	-85.73	-85.01	-65.68
Cumulative FTE	-106.39	-111.79	-114.84	-123.53	-152.71	-165.49	-148.64	-123.54	-112.27	-123.47	-71.03	-40.36

Staff in Post (WTE)

- Students 31.47
- Nursing and Midwifery Registered 3,659.00
- Medical and Dental 770.17
- Healthcare Scientists 202.73
- Estates and Ancillary 1,027.49
- Allied Health Professionals 775.64
- Administrative and Clerical 2,261.57
- Additional Clinical Services 2,165.04
- Add Prof Scientific and Technical 359.31

WTE & Percentage of Staff 56 and Over

- Nursing and Midwifery Registered 4.71%, 530.51
- Medical and Dental 1.35%, 151.47
- Healthcare Scientists 0.22%, 24.55
- Estates and Ancillary 3.91%, 439.63
- Allied Health Professionals 0.60%, 66.96
- Administrative and Clerical 4.78%, 537.78
- Additional Clinical Services 3.89%, 437.59
- Add Prof Scientific and Technic 0.37%, 41.69

CTM WTE & % of Staff 56 and Over

19.84%, 2,232.18

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Combined Core Mandatory Training Compliance %

	C.O.O	C&F	C.C.G	D&T&S C.G	MH&LD C.G	PC-C.G	P&C C.G	U.C.G
Feb-24	70.87	70.72	77.49	74.44	74.96	62.91	75.29	59.81

CTMUHB: 69.58

% Appraisal Reviews Completed by Staff Group (Non Medical Staff) Mar-23 to Feb-24

APST	ACS	A&C	AHP	E&A	HS	NMC	ST
67.33	70.26	52.94	77.05	66.36	59.22	68.25	15.00

Feb-23 to Feb-24 % Comparison Mandatory Training Compliance

	CTMUHB	C.O.O	C&F	C.C.G	D&T&S C.G	MH&LD C.G	PC-C.G	P&C C.G	U.C.G
Feb-23	68.59	67.91	70.38	74.55	74.65	72.84	63.11	70.54	60.87
Feb-24	78.11	73.66	80.74	84.5	82.72	82.85	72.67	83.12	70.78

PDR Statistics for Non Medical Staff

Legend: 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

Efficiency of Recruitment Process

Recruitment Volumes	2020-21 totals	2021-22 totals	2022-23 totals	Feb-24	2023-24 total YTD
Number of Vacancies Raised	2715	2993	5979	568	6320
Number of FTE Raised	4634.7	4632	8784.1	1066.7	8868.5
Number of posts advertised	-	2982	3907	266	2858
Number of FTE advertised	-	4044.8	5039	343.5	3472.4
Number of Conditional Offers Sent	2859	3800	3530	239	3160
Number of ID Checks Completed (Face to face)	2491	3743	2766	105	1293
Number of IDVT Checks Completed	-	-	722	116	1422
Number of Occupational Health Clearances Received	2203	3069	3244	245	3086
Number of Sponsorships Requested	0	18	78	4	45
Number of References Received	2213	3284	2453	171	2072
Number of DBS Checks	1925	2926	2689	208	2535
Number of all checks complete	-	2977	3091	255	2946
Number of Start Dates Requested	2271	2971	3183	262	2906
Number of Contracts Issued	2150	1976	4139	286	2786
Number of Ad Hoc DBS Checks	16	35	175	11	64

Trac Report Code	Target Times	Responsiblity	Trac Recruitment Health Check Average Times in Working Days	Average 20/21	Average 21/22	Average 22/23	Feb-24	Average YTD
T0a	5	Manager	Notice Date to authorisation start date	42.9	35.8	47.3	57.4	46.6
T1a	10	Org	Time to approve vacancy request	14.3	14.1	21.3	17.3	21.7
T1b	2	NWSSP	Time to advertise	2.5	2.2	1.7	1.7	1.8
T3	Variable	Manager	Duration of advertising	8.4	9.2	9.0	9.3	9.2
T3a	2	NWSSP	Time to move to shortlisting	1.0	1.0	1.0	1.0	1.1
T4	3	Manager	Time to Shortlist (cleansed)	6.2	6.1	6.3	5.4	7.0
T5	2	NWSSP	Time to send interview invites	1.5	1.0	0.8	0.8	0.6
T5a	Variable	All	Notification given to applicants for interview	8.8	8.4	8.5	8.6	9.4
T5b	3	Manager	Time to update interview outcomes	2.7	2.4	2.9	3.5	3.6
T6	5	NWSSP	Time to send conditional offer	3.4	4.1	3.5	3.5	3.7
-	-	Candidate	Conditional Offer to Digital ID completed				6.2	8.2
T7	3	Candidate	Conditonal Offer to ID appointment booked - face to face	5.6	5.0	11.4	14.3	12.5
T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received	4.8	6.8	6.9	7.4	6.8
-	Variable	Candidate/OH	Conditional offer to OH clearance - new reporting method				8.2	15.3
T12e	Variable	All	Checks ok to start date	20.1	28.1	19.5	17.8	17.5
T12	2	NWSSP	Checks ok to unconditional offer	1.8	5.8	1.9	1.8	1.8
T13	44	All	Vacancy Creation to conditional offer	46.8	46.4	52.7	50.3	56.9
T10	49	All	Advertising start date to checks ok		76.0	78.8	59.0	76.5
T11	25	All	Conditional offer letter to Checks OK			47.9	27.0	41.7
T14	71	All	Vacancy Creation to unconditional offer	80.1	85.4	100.2	76.4	90.2
T23	27	All	From conditional offer to unconditional offer **with outliers**	33.2	40.9	48.3	24.2	33.0
T26	Variable	All	Unconditional Offer to start date	19.0	19.6	18.0	17.6	16.9

People & Culture Committee

EMPLOYMENT RELATIONS UPDATE

Dyddiad y Cyfarfod / Date of Meeting	15/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Business Sensitive
Awdur yr Adroddiad / Report Author	Michael Bartlett, People Services Leader
Cyflwynydd yr Adroddiad / Report Presenter	Karen Wright, Assistant Director of Policy, Governance and Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
ER	Employee Relations
ET	Employment Tribunal
HCPC	Health Care professional Council
NMC	Nursing and Midwifery Council
GMC	General Medical Council

1. Situation /Background

1.1 Employee relations (ER) is about how the employer engages with its workforce, to foster good workplace relations, which enhances the psychological contract between them. The term psychological contract refers to a staff member'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 staff members, 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 staff of their responsibilities and the organisation's expectations;
- Provide guidance to managers and staff on how a range of people issues will be managed by the organisation;
- Provide structure, control, consistence, fairness and reasonableness of approach and action, within the workplace; and
- Comply with employment legislation.

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

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

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

2. Specific Matters for Consideration

2.1 This report provides a formal update in respect of ongoing ER cases and trends within the Health Board. The activity figures relate to the first two months of quarter 4 (1 January 2024 – 29 February 2024) and refers to quarters 1, 2 and 3 for comparison purposes.

2.2 The ER data for quarter 4 is not available to present in full in this report. The quarter 4 data will be adjusted during April 2024, to ensure the final quarter 4 position can be reported to the People and Culture Committee in August 2024.

2.3 Given the above, the data below may be subject to change and therefore the reported number of cases contained within this report could increase when the March 2024 data is incorporated into the final quarter 4 figures.

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

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

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

3. ER Activity End of Quarter 4

3.1 Upholding Professional Standards Wales Cases and Hearings

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

The January and February data shows that the number of UPSW cases has remained unchanged.

During February 2024 Legal and Risk Services ran an Upholding Professional Standard Policy training session which was attended by new members of People Services team aswell as a number of medical and dental managers.

3.2 Fast Track Disciplinary Hearings

No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	
1	10	14	9	

The first two months of quarter 4 saw a decrease in the number of fast-track disciplinary cases, reducing from 14 down to 9 cases during this period.

3.3 Formal Disciplinary Cases and Hearings

No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	
9	14	11	10	

At the end of February 2024, the number of formal disciplinary cases and hearings had reduced to 10.

The Disciplinary Investigation Officer training session arranged for March 2024 by People Services team has been deferred until later in the Spring, due to issues with manager availability to attend. Additional Investigating Officers will help to speed up the disciplinary

investigation process and as these are transferable skills, it will also assist managers to undertake effective investigations in accordance with the All-Wales Respect and Resolution Policy.

3.4 Staff Suspensions and Exclusions from Work

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

Currently only one member of staff is suspended / excluded from work due to an ongoing disciplinary matter. These figures demonstrate that this measure is a 'last resort', only used when the Health Board is unable to keep a staff member in work.

3.5 Formal Respect and Resolution Cases and Meetings

No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24
14	24	23	16

At the end of February 2024, the number of respect and resolution cases had reduced by a third. During January 2024, 8 of the 23 live cases were concluded, leaving 15 live cases at the beginning of February 2024. There was only one new respect and resolution case lodged in February 2024.

Respect and resolution manager training was held in January 2024 where managers were encouraged to proactively discuss and explore the informal resolution options with staff to avoid formal complaints being lodged. The ongoing impact of this, and future training, will be monitored.

3.6 Police and Safeguarding Cases

No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24
5	9	14	9

At the end of February 2024, the Health Board saw a decrease in the number of police and safeguarding cases. These figures confirm that some of quarter 3 cases were closed, and a lower number of new cases were brought to the organisation's attention.

3.7 Counter Fraud Cases

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

During January and February 2024, Counter Fraud notified the Health Board of one new case and confirmed they were continuing their investigations in respect of the case reported in quarter 3.

3.8 Professional Registration Fitness to Practice Referrals

The full quarter 4 data for all the professional bodies is not available and will be reported in full to the People and Culture Committee during August 2024.

3.9 Head of People Services Appointment

An appointment has been made to the new Head of People Services post. A priority for the post holder is a review of employee relations activity and case management and to identify where further improvements can be made. The postholder will also lead on lessons learned to ensure where appropriate that processes and practices are improved. The appointee will commence in post on the 6 May 2024.

3.10 Summary

The following is a summary of all ER activity for the first two months of quarter 4.

- The number of Formal Disciplinary and Upholding Professional Standard cases decreased, with a significant decrease in the number of Fast Track cases.
- The number of staff suspensions / exclusions from work remained at a very low level.

- There was a significant decrease in the number of Respect and Resolution cases.
- There was a significant decrease in the number of Police and Safeguarding cases.
- The number of Counter Fraud cases increased by one.
- The number of ET cases decreased by one.
- The number of ER cases across the Health Board remains relatively low in a workforce of over 12,500 staff.

4. Key Risks / Matters for Escalation

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

5. Assessment

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	

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

6.   Recommendation

6.1   The People and Culture Committee is asked to **NOTE** that due to the change to the meeting cycle, to coincide with the beginning of the financial year, this paper is unable to report the full and final quarter 4 ER and Professional Registration Fitness to Practice Referral data, as this information is not available until mid-April 2024.

6.2   The People and Culture Committee is asked to **NOTE** that the finalised quarter 4 ER and Professional Registration Fitness to Practice Referral data will be reported in full to the August 2024 meeting.

6.3   The People and Culture Committee is asked to **NOTE** the current areas of ER activity and to **NOTE** a reduction in case numbers across most of the ER activity areas.

Employment Relations
Update

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People & Culture Committee

Basic Life Support (Level 2) Training Position Update

Dyddiad y Cyfarfod / Date of Meeting	15/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Janet Gilbertson Assistant Director Clinical Education
Cyflwynydd yr Adroddiad / Report Presenter	Richard Hughes Deputy Director of Nursing.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Individuals	Date	Outcome
Quality and Safety Committee	23/01/2024	Refer to People and Culture Committee for ongoing assurance.
Wider regional engagement with resuscitation training teams.	12/02/2025	Benchmarking current CTM status, only organisation measuring BLS L2 compliance.

Acronyms / Glossary of Terms	
BLS	Basic Life Support
RADAR	Recognition of Acute Deterioration and Resuscitation Committee
DNA	Did Not Attend

1. Situation /Background

1.1 This paper updates on the position regarding training compliance for Basic Life Support for Adults in Acute Health Care settings across the Health Board.

1.2 The Quality Standards for Health care organisations regarding resuscitation training are defined by the Resuscitation Council UK (RCUK) 2020. (Appendix 1)

1.2.1 RCUK states that 'Healthcare organisations have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role.' And that

1.2.2 Organisations must recognise and make provision for staff to have enough time to train in resuscitation skills as part of their employment.

1.3 The RADAR committee fulfils the role and responsibilities of the RCUK required Resuscitation Committee. This committee reports via the Medical Directors office into the Quality and Safety Committee. It is chaired by the AMD for Quality and Safety.

1.4 The RADAR committee has defined and agreed the resuscitation training requirements for staff across the health board, in compliance with RCUK Quality Standards for Acute Health Care.

1.4.1 Training must be to a level appropriate for the individual's expected clinical responsibilities and all staff should have at least annual updates.

1.4.2 as a minimum all clinical staff should receive training so that they can: recognise cardiorespiratory arrest, summon help, start CPR, attempt defibrillation, if appropriate, within 3 minutes of collapse using an automated external defibrillator or manual defibrillator.

1.4.3 'Hands-on' simulation training and assessment is recommended for clinical staff.

1.5 RADAR has agreed that Basic Life Support Training (Level 2) is the minimum level required for patient facing clinical staff, with an annual update requirement. Completion of training is recorded via the staff members ESR.

1.6 Any member of clinical staff who successfully completes required training at a higher level (Level 3 / 4) is also recorded as having met the requirement for Level 2 training and this is recorded on the staff members Electronic Record.

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2. Specific Matters for Consideration

2.1 In January 2024 the total number of staff identified as requiring Level 2 BLS training was 5280 with an overall compliance rate of 51%. Further detail by Care group can be seen in Appendix 2.

2.2

Overall Compliance for Adult BLS December 2022 - 23
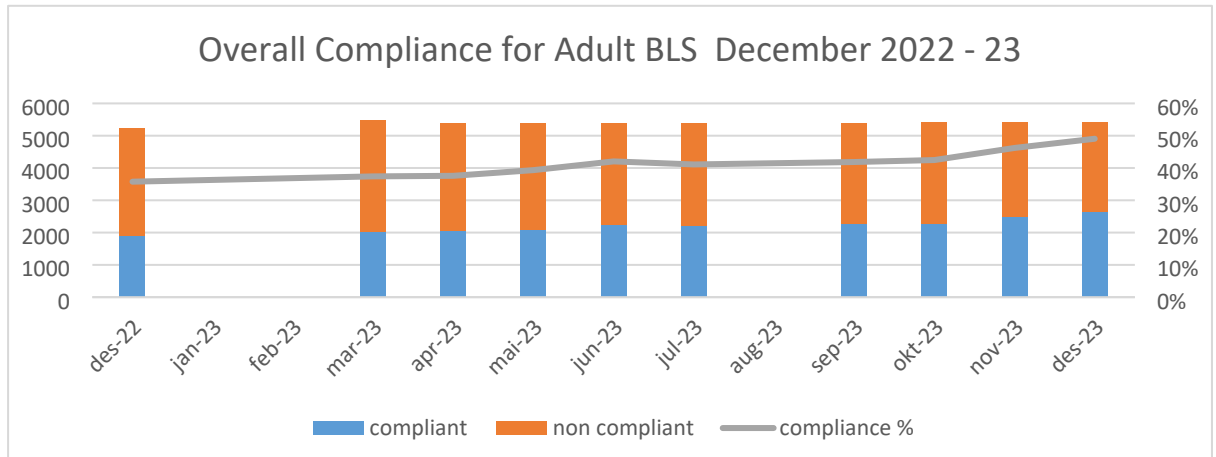
2.3

2.4 Reasons for this compliance rate are multi-factorial and include insufficient capacity for training compounded by a high level of non-attendance by staff at booked training sessions, with DNA rates recorded previously at circa 19%.

Level 2 Training places available from October 22-23

overall DNA rates 19%
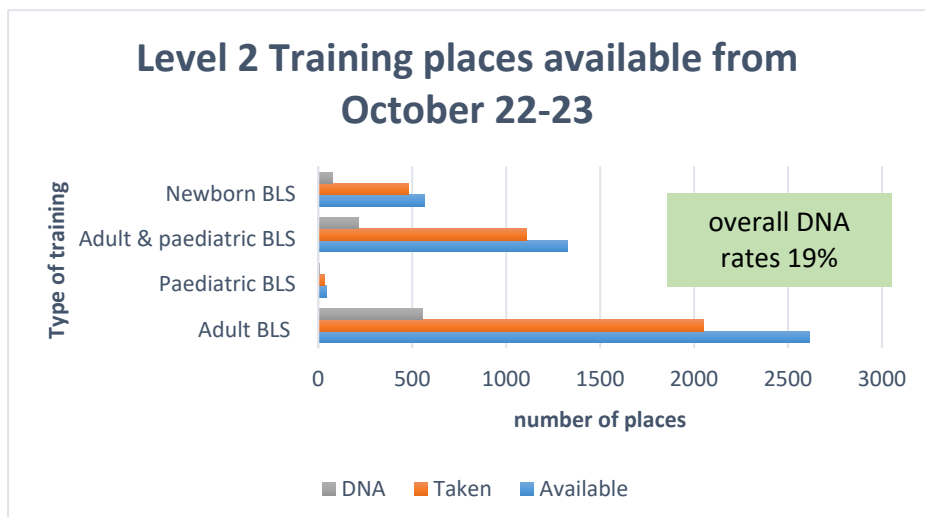
2.5 Non-attendance of staff at training following the booking of a training place is the responsibility of the Care Groups and is out of the scope of this report, however it is recommended that each Care Group reviews reasons for non-attendance for its staff.

2.6   Capacity and demand work has been undertaken by the Resuscitation Department over the early part of 2024 to identify options to increase compliance levels.

2.7   Training capacity:

2.7.1   RCUK guidelines recommend that there is 1 resuscitation training officer for every 750 members of clinical staff.

2.7.2   The Resuscitation Training department is currently responsible for delivery of Level 2 BLS training. There are 6x WTE resuscitation training officer equivalents employed in CTM. This is 1 WTE less that the RCUK recommendation.

2.7.3   Through 2023/24 there have been 4 x WTE available for training due to maternity leave and staff turnover. This position has impacted on capacity available for training, however improvement in this position should be seen over 2024/25 as from April 2024 5 x WTE will be available, with an anticipated 6 x WTE from May 2024.

2.7.4   The review of capacity revealed planned BLS training sessions were insufficient to meet demand, currently delivering 72% of the actual capacity required.

2.7.5   Current model of training includes a training ratio of 1:8 and delivery by a resuscitation training officer. Each session is 1hr long and meets the RCUK training requirements.

2.7.6   A Train the Trainer model had been previously established with 105 individuals (at a range of band 2-8a) recorded as having been trained as BLS trainers, however only a few are actively training.

2.8   A benchmarking exercise of delivery of BLS across other health boards in Wales has been undertaken. Most other HBs (5) are utilising a 1:6 training ratio. Content of the BLS programmes on offer varied widely, with inclusion of differing additional elements above the minimum requirements and as a result length of each programme also showed variation.

2.9   It is of note that of the 6 health boards providing responses in the benchmarking exercise, CTMUHB is the **only** health board able to give a response for compliance with BLS level 2 training. This is due to the collaborative work between the Resuscitation and ESR team to establish robust compliance reporting.

3. Key Risks

3.1 Current models of delivery for BLS training are not sufficient to meet the demand for BLS Level 2 training. An annual training capacity for circa 5280 training places needs to be offered on a recurrent basis to meet demand. 80% compliance would be achieved with circa 4230 places.

3.2 With the current level of compliance at 51%, circa 5280 training places need to be made available over the next 6 months (April – September) to achieve 100% compliance, assuming 0% DNA rates.

3.3 This capacity has been recognised as unachievable with the current numbers of resus officers in the current challenging financial climate, alternative model options, within the existing resource envelope, have been reviewed and preferred options identified.

3.4 Utilisation of Resuscitation Officers for the delivery of BLS level 2 training is not a prudent use of their advanced skills and knowledge. A more prudent use of their available time for training would be to focus their efforts on required Level 3 and 4 training.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / **Link to CTMUHB Strategic Goal(s)**	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / **Link to CTMUHB Strategic Areas**	Choose an item.
	If more than one applies please list below: Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Choose an item.
	If more than one applies please list below: Whole-systems Perspective Data to Knowledge
Dolen i Feysydd Ansawdd	Choose an item.

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (*Duty of Quality Statutory Guidance (gov.wales)*)	If more than one applies please list below: Effective Efficient Safe Timely	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce	
	If more than one applies please list below:	

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not Applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Activity in this report is deliverable within existing financial resources however will require re-allocation of time resource for staff to deliver additional required training for April- September 2024 from the Resuscitation Department and Care Groups and an ongoing sustainable self-sufficient model for Care Groups.	

5. **Recommendation**

5.1 The Committee is recommended to **NOTE** this paper for information.

6. **Next Steps**

6.1 Immediate changes:

6.1.1 Training ratios for BLS will be increased to 1:10 where training room size and equipment availability allows. This will be on a permanent and ongoing basis.

6.1.2 Resus BLS Surge training, provided just by Resus Officers from April to September 2024 will provide sufficient capacity to achieve >70% compliance by September. However this will have an adverse impact on the teams' ability to deliver other Resuscitation activity and is not a sustainable option in the longer term.

6.1.3 TTT BLS Surge training led by Resus officers and activating existing TTT's across Care Groups will be introduced from April to September 2024, targeting prioritised areas agreed with Care Groups and utilising a refreshed train the trainer (TTT) approach, training additional trainers where required. This will provide the additional training capacity to achieve a target of > 90% compliance rate for BLS Level 2 training. This increased capacity is dependent on the Care Groups releasing TTT's to train.

6.1.4 This refreshed TTT approach will allow the Care Groups to develop self sufficient capacity to meet their own BLS training demand.

6.1.5 Progress with surge training, compliance levels and DNA rates will be closely tracked and monitored with Care Groups on a monthly basis and continue to be reported through the RADAR committee governance structure.

Quality Standards: Acute Care

Authors
Resuscitation Council UK
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View PDF

Introduction and scope

Healthcare organisations have an obligation to provide a high-quality resuscitation service and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each professional's expected role.

This document provides quality standards for cardiopulmonary resuscitation practice and training in the acute health care setting. Acute care refers to acute hospitals that provide inpatient and/or day-case medical and/or surgical care to adults, children, newborn babies or all.

Each section of this document contains the quality standards, supporting information and supporting tools for a specific aspect of cardiopulmonary resuscitation in acute care. The appendix provides a list of suggested measures to assess adherence to the standards specified in each section.

The core standards for the provision of cardiopulmonary resuscitation across all healthcare settings are described in the Introduction and overview page.

Alongside the quality standards, there is an acute care equipment and drug list.

1. Resuscitation Committee

Standards

1. Healthcare organisations admitting acutely ill patients must have a Resuscitation Committee with clearly defined terms of reference.

2. The organisation should "ensure that a resuscitation policy is agreed, implemented, and regularly reviewed within the clinical governance framework". This may be discharged either by having a non-executive director (NED) with responsibility or by the Quality Committee, or equivalent, discharging this role (rather than an individual NED) and including this on the committee work plan, ensuring sign-off from the board.

3. The Resuscitation Committee must be part of the organisation's core management structure (e.g. clinical governance, clinical risk, quality improvement, education committees).

4. The Resuscitation Committee must include representatives from stakeholder groups (e.g. doctors, clinicians, nurses, resuscitation practitioners, pharmacists, management, patient/lay representative) and appropriate specialities (e.g. ambulance service, anaesthesia, cardiology, dentistry, emergency medicine, general practice, intensive care medicine, mental health, neonatology, obstetrics, paediatrics). The exact composition of the committee will depend on local needs and arrangements.

5. The chair of the Resuscitation Committee must be a senior clinician with an active and credible involvement in resuscitation. This individual would be expected to have the authority to drive and implement change.

6. The Resuscitation Committee must have administrative support.

7. The Resuscitation Committee is responsible for implementing operational policies governing cardiopulmonary resuscitation, practice and training.

8. In the absence of other organisational arrangements, the Resuscitation Committee must also be responsible for implementing operational policies governing the prevention of cardiac arrest.

9. According to local arrangements, it is recommended that the Resuscitation Committee provides advice to other local healthcare organisations who do not have the necessary expertise in resuscitation issues. In some healthcare communities, this is achieved very effectively by having a Resuscitation Committee that spans all the relevant organisations.

10. The Resuscitation Committee must determine the level of resuscitation training required by staff members.

11. At least twice-yearly meetings of the Resuscitation Committee are recommended.

12. Responsibilities of the Resuscitation Committee include:

   ○ ensuring implementation and adherence to national resuscitation guidelines and standards,

   ○ defining the role and composition of the resuscitation team(s),

   ○ ensuring that resuscitation equipment for clinical use is available and ready for use,

   ○ ensuring that appropriate resuscitation drugs (including those for peri-arrest situations) are available and ready for use,

   ○ planning the adequate provision of training in resuscitation, determining requirements for and choice of resuscitation training equipment,

   ○ preparing and implementing policies relating to resuscitation and treatment of anaphylaxis,

   ○ preparing and implementing policies relating to the prevention of cardiac arrest,

- o preparing and implementing a policy on resuscitation conversations and recommendations or decisions (e.g. Emergency Health Care Plans, ReSPECT or DNACPR decisions), and advanced care planning (this is usually in collaboration with palliative care teams and/or Geriatric Medicine teams),

- o quality improvement - action plans based on audits (e.g. review of audit data using National Cardiac Arrest Audit data for benchmarking),

- o recording and reporting of patient safety incidents in relation to resuscitation.

13. The Resuscitation Committee must ensure that there is defined financial support for the resuscitation service.

Supporting information

1. National Cardiac Arrest Audit. ICNARC – About

2. NHS Executive. Enhancing board oversight: A new approach to non-executive director champion roles. Version 1, December 2021 https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf

3. Report a patient safety incident.
   - o https://www.england.nhs.uk/patient-safety/report-patient-safety-incident/
   - o https://www.health-ni.gov.uk/articles/reporting-adverse-incident
   - o https://www.nss.nhs.scot/health-facilities/incidents-and-alerts/report-an-incident/
   - o https://du.nhs.wales/patient-safety-wales/patient-safety-incidents/

4. Silver Book II: Holistic assessment of older people | British Geriatrics Society (bgs.org.uk)

5. Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the COVID-19 pandemic: Interim report (cqc.org.uk)

6. https://spcare.bmj.com/content/9/1/1

2. Resuscitation Practitioners

Standards

1. Every organisation must have at least one person, who is responsible for co-ordinating the teaching and training of staff in resuscitation. Throughout the document the term Resuscitation Practitioner (RP) is used for this role, with the understanding that there are many job titles and individual roles agreed locally (including Resuscitation Officer, Resuscitation Specialist, Resuscitation Lead and Resuscitation Services Manager).
2. This person may have additional important governance responsibilities (e.g. quality improvement, incident review, attending cardiac arrests/medical emergencies, debriefing, risk assessment, procurement, End of Life Care planning)
3. One whole-time-equivalent RP is recommended for every 750 members of clinical staff - see supporting tools below for further details. Depending on the size and geographical distribution of the organisation, more than one RP may be needed to fulfil training requirements and additional responsibilities relating to resuscitation.
4. RPs must possess a current provider certificate in the relevant life support course/s, with Instructor qualification/s also desirable. This includes RCUK Advanced Life Support, European Paediatric Advanced Life Support, Newborn Life Support, Advanced Resuscitation of the Newborn Infant or ALSG Advanced Paediatric Life Support courses.
5. Participating in the Generic Instructor Course, as a member of Faculty is desirable, as this will facilitate the dissemination of best practice resuscitation education.
6. The RP must have access to a designated training room(s) of adequate size. The room(s) should comfortably accommodate Instructors, Trainees and all the training equipment required for any teaching session.
7. The RP must have access to suitable electronic teaching aids. There must be adequate space for storing equipment. It is recommended that separate office space, with a desk, computer facilities, and lockable document

storage, is available.

8. The RP must have access to agreed administrative assistance to enable course and clinical administration. This should be decided locally.

9. Equipment for training will vary according to local needs. Adult, paediatric and newborn manikins, airway management trainers, an ECG monitor and rhythm simulator, and at least one defibrillator dedicated for training, must be available, if relevant. To ensure appropriate clinical use, equipment for training (especially defibrillators) must be the same model as that used in actual clinical practice.

10. There must be a defined resuscitation budget made available for the RP to maintain, upgrade and purchase new equipment for patient use and for training. Purchasers of health care need to be made aware of this when contracts are negotiated and adequate provision made. Such financial support for resuscitation services must be taken into account during budget planning by the organisation.

11. It is recommended that the RP is responsible for ensuring that there are systems in place for maintaining resuscitation equipment in good working order. This will usually mean delegation of routine checking of equipment to ward staff, other members of staff or departments such as medical/clinical engineering.

12. It is recommended that the RP is involved in data collection and audit of cardiac arrest. It is recommended that this data should be collected as part of the National Cardiac Arrest Audit (NCAA). Interpretation of cardiac arrests/medical emergencies should be sought and discussed within Resuscitation Committee meetings feeding into other internal groups .

13. In order to maintain standards and clinical credibility, it is recommended that responding to and participating in cardiac arrest management is an integral part of the RP's clinical responsibility on a week-to-week basis. RPs with a clinical role must have appropriate clinical supervision and support. Continuing professional development should be supported both for the RP role and for continuing professional registration.

14. The RP has a responsibility to maintain their own education in resuscitation alongside the employer who has a duty to allow the individual to maintain their clinical practice. In order to achieve this, teaching on resuscitation courses outside the organisation is recommended. In addition, regular attendance at professional meetings must be supported with a budget for study expenses.

15. RPs should not be expected to generate income to provide for their own salary.

16. If the RP is expected to generate income for the organisation it should be agreed in writing with the relevant manager. Any income from RCUK courses must be directed to improving resuscitation services.

Supporting information

1. Resuscitation Council UK. Home | Resuscitation Council UK
2. National Cardiac Arrest Audit. https://www.icnarc.org/Our-Audit/Audits/Ncaa/About
3. Scottish Resuscitation Group. Scottish Resuscitation Group (webs.com)

Supporting tools

A local policy and plan based on local structures and training needs analysis needs to be in place when planning appropriate training. This calculation is a historical example developed to support the statement that: 'One whole-time-equivalent RP is recommended for every 750 members of clinical staff':

1. 750 staff to be trained equates to 75 per month over a 10-month period. This is based on an RP working for a total of 10 out of every 12 months, allowing for annual leave, study leave, teaching elsewhere, etc.
2. Each training session lasts approximately 2 hours.
3. Each session has 6 attendees.
4. If all 6 people attend, then 12.5 sessions per month are required.
5. If only 4 people attend, then 18.75 sessions per month are required.
6. Therefore, to provide enough sessions over the year allowing for peaks and troughs about 15 sessions per month are required.
7. 15 sessions per month at 2 hours each provides 30 hours of basic training.
8. This is "classroom" time and does not include set up/set down time, preparation, administration etc.
9. The above calculation also does not include accredited courses or other training such as ward-based scenario or other types of sessions.
10. Most RPs spend at least 50% of their time involved in training activities when all the different types of training and preparation are taken into account.
11. The remainder of an RP's time includes other responsibilities such as audit, governance, DNACPR, clinical commitments, attending cardiac arrest calls, planning, finance, equipment checks, etc.

3. Training of staff

Standards

1. At induction, staff must either have transferable previous resuscitation training or undergo relevant resuscitation training. Induction must cover any trust or department specifics regarding resuscitation of patients. Training should be repeated at regular intervals thereafter to maintain knowledge and skills.
2. Training must be to a level appropriate for the individual's expected clinical responsibilities.
3. Training must include the use of an 'early warning scoring' system to identify the deteriorating patient, including the use of an escalation protocol to ensure early and effective treatment of patients in order to prevent cardiac arrest. The scoring and escalation system must be the same as used in actual clinical care. The use of the National Early Warning Score 2 (NEWS2) was mandated in acute care in 2018. For children, the use of Paediatric Early Warning Score (PEWS) is recommended. For obstetric practice the National Maternity Early Warning Score (MEWS) is recommended.
4. According to NICE Clinical Guideline 50 (2007), staff caring for patients in any acute hospital setting must have competencies in monitoring, measurement, and interpretation of vital signs. They must have the knowledge to recognise deteriorating health and respond effectively to acutely ill patients, appropriate to the level of care they are providing.
5. It is recommended that training enables clinical staff to possess the competencies defined in the Department of Health document 'Competencies for Recognising and Responding to Acutely Ill Patients in Hospital' and the National Outreach Forum document 'Operational Standards and Competencies for Critical Care Outreach Services'. In services caring for children and newborn babies competencies must incorporate recognition of the acutely ill child or infant as described in "Paediatric early warning systems for detecting and responding to clinical deterioration in children: a systematic review", "Recognition of the acutely ill infant HSIB 2021 and Newborn Early Warning Trigger & Track (NEWTT)".
6. According to Resuscitation Council UK guidelines, training must be in place to ensure that clinical staff can undertake appropriate cardiopulmonary resuscitation. Training and facilities must ensure that, when cardiorespiratory arrest occurs, as a minimum all clinical staff can:

- recognise cardiorespiratory arrest
- summon help,
- start CPR,
- attempt defibrillation, if appropriate, within 3 minutes of collapse using an automated external defibrillator or manual defibrillator.

7. Clinical staff should have at least annual updates, depending on role. Those with extant valid qualifications (e.g. ALS etc.) should also be offered annual updates.

8. Training and updates that include an assessment are recommended for clinical staff.

9. The expectation is that non-clinical staff have the resuscitation skills that would be expected from a layperson. If a layperson calls 999 in an emergency, they receive instructions from an ambulance call handler whilst awaiting trained help to arrive. These instructions include starting chest compressions. Telephone guidance does not happen in hospitals unless staff dial 999; hence the expectation that all staff in an acute setting should have some basic knowledge of resuscitation.
   As a minimum, non-clinical staff should be trained to:

   - recognise cardiorespiratory arrest,
   - summon immediate emergency help in accordance with local protocols,
   - start CPR using chest compressions,
   - locate, apply and use an AED following the device voice prompts.

10. All staff must know how to summon help and be aware of the use of a standard telephone number within the organisation. We recommend that this should be a common national number 2222, as recommended by the National Patient Safety Agency.

11. For all staff, a variety of methods to acquire, maintain and assess resuscitation skills and knowledge can be used for annual updates (e.g. life support courses, simulation training, in-house training, mock-drills, 'rolling refreshers', training using CPR trainers with feedback, e-learning, video-based training/self-instruction). The appropriate methods must be determined locally. For example, training materials such as Lifesaver (www.life-saver.org.uk), developed by Resuscitation Council UK, or very brief videos aimed at the general public may be appropriate for non-clinical staff. 'Hands-on' simulation training and assessment is recommended for clinical staff.

12. A system must be in place for identifying resuscitation equipment for which staff require special training, such as defibrillators and emergency suction equipment.
13. Organisations must recognise and make provision for staff to have enough time to train in resuscitation skills as part of their employment.
14. Specific training for cardiorespiratory arrests in special circumstances (e.g. children, newborn, pregnancy and trauma) must be provided for medical, nursing and other clinical staff in the relevant specialties.
15. All training must be recorded with a personal record of training available to the individual members of staff (e.g. in the organisation's training database).
16. Members of the resuscitation team with a regular involvement in resuscitation, particularly team leaders, may require a level of training beyond that provided by the local RP. These individuals must be encouraged and supported to attend nationally recognised courses such as the Advanced Life Support (ALS) course, the European Paediatric Advanced Life Support (EPALS) course, the Advanced Paediatric Life Support (APLS) course, the Newborn Life Support (NLS) course, the Advanced Resuscitation of the Newborn (ARNI) course, the European Trauma Course (ETC), and the Advanced Trauma Life Support (ATLS) course as appropriate to their role.

Supporting information

1. Competencies for Recognising and Responding to Acutely Ill Patients in Hospital. Department of Health. 2009.
https://www.norf.org.uk/Resources/Documents/Resources%20documents/competencies%20AIP%20doh.pdf
2. Establishing a standard crash call telephone number in hospitals. Patient Safety Alert 02. London: National Patient Safety Agency; 2004.
3. The Human Medicines Regulations 2012. This legislation applies to non-prescribers and allows holders of a current Resuscitation Council UK 'Advanced Life Support' provider certificate to administer adrenaline and amiodarone without prescription to adults in cardiac arrest.
http://www.legislation.gov.uk/uksi/2012/1916/contents/made
4. National Early Warning Score (NEWS2). Standardising the assessment of acute-illness severity in the NHS. Royal College of Physicians. Report of a working Party. 19th December 2017.
http://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2

5. National Institute for Health and Clinical Excellence. Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital 2007 (NICE Guideline 50).

6. Recognising and Responding to Acutely Ill Patients in Hospital https://www.norf.org.uk/Resources/Documents/Resources%20documents/competencies%20AIP%20doh.pdf

7. Care of deteriorating patients: Healthcare Improvement Scotland SIGN 139 2014. https://www.sign.ac.uk/media/1077/sign139.pdf

8. National Outreach Forum (2020). Operational standards and competencies for critical care outreach services. https://www.norf.org.uk/Resources/Documents/NOrF%20CCCO%20and%20standards/NOrF%20Operational%20Standards%20and%20Competencies%201%20August%202012.pdf

9. Resuscitation Guidelines 2021. Resuscitation Council UK. https://www.resus.org.uk/library/2021-resuscitation-guidelines

10. Quality Standards for the care of Critically Ill or Injured Children 2021. . Paediatric Critical Care Society. https://pccsociety.uk/wp-content/uploads/2021/10/PCCS-Standards-2021.pdf

11. Lambert V, Matthews A, MacDonell R, et al. Paediatric early warning systems for detecting and responding to clinical deterioration in children: a systematic review BMJ Open 2017;7:e014497. doi: 10.1136/bmjopen-2016-014497 https://bmjopen.bmj.com/content/7/3/e014497

12. Paediatric Early Warning System (PEW System) - developing a standardised tool for England. https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-pewsystem-developing-standardised-tool-england

13. Recognition of the acutely ill infant HSIB 2021. https://www.hsib.org.uk/investigations-and-reports/recognition-of-acutely-ill-infant/recognition-of-the-acutely-ill-infant/

14. National Maternity Early Warning Score (MEWS)
    ○ https://www.patientsafetyoxford.org/clinical-safety-programmes/safety-in-maternity/national-maternity-early-warning-score-mews-tool/
    ○ https://ihub.scot/media/5308/national-mews-chart_web.pdf

15. Newborn Early Warning Trigger & Track (NEWTT) - a Framework for Practice BAPM (2015) https://www.bapm.org/resources/38-newborn-early-warning-trigger-track-newtt-a-framework-for-practice-2015

16. Lockey A, Lin J and Cheng A. Impact of adult advanced cardiac life support course participation on patient outcomes – a systematic review and meta-analysis. Resuscitation 2018;129:48-54

Supporting tools

- Lifesaver. An interactive film by Martin Percy with Resuscitation Council UK. 2013. http://www.life-saver.org.uk
- Paediatric Early Warning System (PEWS) – developing a standardised tool for England. https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-pewsystem-developing-standardised-tool-england
- Paediatric Early Warning Score (PEWS) https://www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines/nhsggc-guidelines/intensive-and-critical-care/paediatric-early-warning-score-pews/
- Prevention of unexpected cardiac arrest in Raising the Standards: RCoA Quality Improvement Compendium. https://www.rcoa.ac.uk/safety-standards-quality/quality-improvement/raising-standards-rcoa-quality-improvement-compendium.
- Subject 11: Resuscitation. UK Core Skills Training Framework. Subject Guide. Skills for Health 2013.
- User Guide for UK Core Skills Training Framework. Skills for Health. 2013.

4. Prevention of cardiorespiratory arrest

Standards

1. The use of the 'Chain of Prevention' concept as a basis for the structuring of the organisation's responses to patient deterioration and the prevention of cardiorespiratory arrest is recommended.
2. The organisation must have an education programme that is focused on the prevention of patient deterioration, for ward staff and responding clinical personnel. It is recommended that staff attain the competencies identified in the Department of Health document 'Competencies for Recognising and Responding to Acutely Ill Patients in Hospital' (2009), and the National Outreach Forum document 'Operational Standards and Competencies for Critical Care Outreach Services'.
3. The organisation must have a clear policy for the monitoring of patients' vital signs, based on the guidance in the National Institute for Health and Clinical Excellence clinical guideline 50 [Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital (2007)] and the Royal College of Physicians National Early Warning Score (NEWS2) (2017).

4. An early warning scoring system must be in place to identify patients who are critically ill and therefore at risk of cardiorespiratory arrest. The use of the National Early Warning Score (NEWS2) for adults, or a paediatric (PEW System) or newborn (NEWTT) early warning score for children is recommended.
5. The organisation must have a patient charting system that facilitates the regular measurement and recording of early warning scores.
6. The organisation must have a clear, universally known and understood, mandated, unambiguous, graded, activation protocol for escalating monitoring or summoning a response to a deteriorating patient. This should be standardised across the organisation.
7. The use of a standardised method for communicating information about a deteriorating patient (e.g. SBAR, SBARD, RSVP) between staff members is recommended.
8. A designated outreach service or rapid response team capable of responding to acute clinical crises identified by clinical triggers or other indicators, is recommended. This may include members of the resuscitation team.
9. The organisation must have a clear and specific policy that requires a clinical response to 'calling criteria' or early warning systems ('track and trigger'). This must include the specific responsibilities of both senior and more junior clinical staff and identify the maximum response times. NCEPOD recommends that when patients continue to deteriorate after non-consultant review there should be escalation of patient care to a more senior doctor with the appropriate skills (e.g. Critical Care). If this is not done, the reasons for non-escalation must be documented clearly in the patient's health record.

Supporting information

1. Prevention of unexpected cardiac arrest in Raising the Standards: RCoA Quality Improvement Compendium. https://www.rcoa.ac.uk/safety-standards-quality/quality-improvement/raising-standards-rcoa-quality-improvement-compendium.
2. European Resuscitation Council Guidelines 2021. http://www.cprguidelines.eu
3. International Liaison Committee on Resuscitation Consensus on Science with Treatment Recommendations. http://www.ilcor.org
4. National Early Warning Score (NEWS) 2. Royal College of Physicians. Report of a working Party. July 2012 Up dated Dec 2017.

http://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2

5. Newborn Early warning Trigger and Track (NEWTT) – a framework for practice (2015) https://www.bapm.org/resources/38-newborn-early-warning-trigger-track-newtt-a-framework-for-practice-2015

6. Paediatric Early Warning System (PEWS) – developing a standardised tool for England. https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-pewsystem-developing-standardised-tool-england

7. Paediatric Early Warning Score (PEWS) https://www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines/nhsggc-guidelines/intensive-and-critical-care/paediatric-early-warning-score-pews/

8. National Outreach Forum (2020). Operational standards and competencies for critical care outreach services. https://www.norf.org.uk/Resources/Documents/NOrF%20CCCO%20and%20standards/NOrF%20Operational%20Standards%20and%20Competencies%201%20August%202012.pdf

9. NICE clinical guideline 50 Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital. London: National Institute for Health and Clinical Excellence; 2007.

10. Smith GB. In-hospital cardiac arrest: Is it time for an in-hospital 'chain of prevention'? Resuscitation 2010.

11. Resuscitation Council UK Guidelines 2021. https://www.resus.org.uk/library/2021-resuscitation-guidelines

12. Time to Intervene? A review of patients who underwent cardiopulmonary resuscitation as a result of an in-hospital cardiorespiratory arrest. A report by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). 2012. http://www.ncepod.org.uk

Supporting tools

1. Prevention of cardiac arrest in Raising the Standard: A compendium of audit recipes for continuous quality improvement in anaesthesia. https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/CSQ-ARB-2012_0.pdf

5. The resuscitation team

Standards

1. The Resuscitation Committee must determine the composition of the resuscitation team (may be termed emergency response team).
2. The exact composition of the team will vary between organisations, but overall the team that responds immediately must have the following **minimum skills:**

    ○ basic airway interventions, including the use of a supraglottic airway in adults,
    ○ intravenous cannulation, and intraosseous access (essential in children),
    ○ defibrillation (automated external defibrillation and manual defibrillation),
    ○ drug administration,
    ○ skills required for immediate post-resuscitation care,
    ○ a scribe for more contemporaneous recording of events, and the ability to use prompts and checklists.

3. NCEPOD recommends that each hospital ensures that there is an agreed plan for airway management during cardiac arrest. This may involve bag-mask ventilation for cardiac arrests of short duration, the use of a supraglottic airway device or tracheal intubation if this is within the competence of members of the team responding to the cardiac arrest.
4. In addition to the resuscitation team, access to individuals with the following skills when needed is recommended:

    ○ tracheal intubation,
    ○ cardioversion and external pacing,
    ○ central venous access,
    ○ focused ultrasound/echocardiography/point-of-care ultrasound.

5. The team should be activated in response to a cardiorespiratory arrest. Certain clinical areas (e.g. emergency departments, intensive care units) have individuals with the necessary resuscitation skills within their own staff and may therefore not always call the hospital resuscitation team/emergency response team.
6. Activation of the team may also be part of the local escalation plan for the deteriorating patient.
7. The resuscitation/emergency response team is responsible for ensuring the appropriate management of relatives (who may or may not wish to be

present at a cardiorespiratory arrest), post-resuscitation transfer, and debriefing.

8. Consideration must be given to allowing relatives or significant companions to be present during a resuscitation attempt. An experienced member of staff who can explain what is going on should be delegated to stay with them and liaise with the team on their behalf.

9. Team members often change daily or more frequently, especially when shift working is used. Members may not know each other or the skill mix of the team members. A resuscitation/emergency response team meeting at the beginning of members' period on duty is recommended to:

   - introduce team members to each other; communication is much easier and more effective if people can be referred to by their name,
   - identify everyone's skills and experience,
   - allocate the team leader role; skill and experience take precedence over seniority,
   - allocate responsibilities; if key skills are lacking (e.g. nobody skilled in tracheal intubation) the team must work out and agree how this deficit can be managed,
   - update the team on any patients who have been identified as 'at risk' during the previous duty period.

10. Team debriefings involving resuscitation team members are recommended - the exact mechanism (e.g. end of each event, end of each shift, weekly) must be determined locally; this should be complementary to the local processes to promote resilience.

11. The resuscitation/emergency response team must be summoned to all cardiorespiratory arrests by the use of a common telephone number. The National Patient Safety Agency has recommended that this number should be 2222.

12. The organisation must ensure that the resuscitation team is activated within 30 seconds of the call for help. This system must be tested daily. Responses to test calls must be monitored and where there is a failure to respond this must be followed up and remedied immediately.

13. The organisation must have a policy for staff and telephone operators for dealing with cardiac arrest calls from remote parts of a hospital site (e.g. car parks, office buildings). In some settings this may include calling an ambulance in addition to the resuscitation team.

14. The role of team leader in a resuscitation team must be undertaken by an individual who is a current Advanced Life Support Provider or has equivalent training. If the patient is a child or newborn, the team leader must have

equivalent paediatric or newborn life support qualifications. Although the team leader at a resuscitation attempt will usually be a doctor on the resuscitation/emergency response team, the role must be allocated at each individual event, based on clinical knowledge, skills and experience.

15. The team leader is responsible for:

    - directing and co-ordinating the resuscitation attempt,
    - ensuring that current guidelines are followed,
    - ensuring the safety of those present,
    - ending the resuscitation attempt when indicated,
    - documentation (including audit forms),
    - communication with relatives,
    - handover of care to other clinical teams,
    - diagnosis and documentation of death if appropriate. However, certification of death may well be carried out by the responsible clinical team.

    The team leader may decide to delegate some of these tasks but must ensure that they are completed.

16. The organisation must ensure that a complete and detailed record of the cardiorespiratory arrest is retained within the patient's clinical record. Collection of data for audit at the time of arrest is recommended.

Supporting information

1. Resuscitation Council UK Guidelines 2021.
2. Edelson DP, Litzinger B, Arora V, et al. Improving in-hospital cardiac arrest process and outcomes with performance debriefing. Arch Intern Med 2008;168:1063-9.
3. Establishing a standard crash call telephone number in hospitals. Patient Safety Alert 02. London: National Patient Safety Agency; 2004.
4. Guidance for Anaesthetists on cardiac arrest teams. Royal College of Anaesthetists. November 2010. https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/CSQ-ARB-2012_0.pdf
5. Time to Intervene? A review of patients who underwent cardiopulmonary resuscitation as a result of an in-hospital cardiorespiratory arrest. A report by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). 2012. http://www.ncepod.org.uk

6. Resuscitation of children and the newborn

Standards

1. Most cardiac arrests in children and the newborn are secondary events. Therefore, specific paediatric early warning scoring systems with a 'Track and Trigger' should be used to prevent cardiac arrest.
2. Timely review by appropriately trained clinicians in response to clinical triggers or other indicators reduces mortality in children and newborn. It is recommended that a formal provision be made to provide this response that has early involvement of paediatric experts to reverse potential declines and to escalate to other resources such as anaesthetic teams or advice from local PICU/ retrieval teams in cases of continued deterioration. This may be realised by members of an outreach service, rapid response team or similar service. The nature of this team will vary according to local need and resources and should be determined locally.
3. When attempting the resuscitation of a child or newborn in cardiorespiratory arrest, as a minimum the team leader must be someone with expertise and training in the resuscitation of children and the newborn. Special knowledge of the equipment, techniques and doses of drugs required for children and the newborn, together with an understanding of the differences in causes and treatment of cardiorespiratory arrest, is essential.
4. Familiarity with their expected roles and experience in the resuscitation of children and the newborn is recommended for all team members. Ideally, organisations should have a separate paediatric resuscitation team.
5. At least one member of a resuscitation team that may be expected to resuscitate children and/or the newborn must have completed an accredited national paediatric and/or newborn resuscitation course (e.g. EPALS/APLS/NLS/ARNI) successfully. In addition, all staff with regular involvement in paediatric or newborn resuscitation must be encouraged to attend accredited national paediatric resuscitation courses (e.g. EPALS, APLS, NLS, ARNI).
6. When resuscitating a child or a newborn, particular consideration must be given to allowing the presence of relatives/guardians during the resuscitation attempt. An experienced member of staff who can explain what is going on should be delegated to stay with them and liaise with the team on their behalf.

7. The use of paediatric and/or newborn resuscitation charts and drug dosing aides is essential. In circumstances where the weight is not known (such as in the emergency department) a method of calculating drug dosages from length or age is useful.

8. Where appropriate, a separate Emergency Care and Treatment Plan, ReSPECT, DNACPR form and/or Emergency Healthcare Plan (EHP) is recommended for children and the newborn.

9. The British Association of Perinatal Medicine (www.bapm.org) provides standards for hospitals providing neonatal care.

Supporting information

1. 2021 Resuscitation Guidelines | Resuscitation Council UK
2. Bradman K, Maconochie I. Can paediatric early warning score be used as a triage tool in paediatric accident and emergency? Eur J Emerg Med.2008;15:359-60 https://pubmed.ncbi.nlm.nih.gov/19078844/
3. British Association of Perinatal Medicine. Service Standards for Hospitals Providing Neonatal Care in the UK. November 2022 https://hubble-live-assets.s3.amazonaws.com/bapm/file_asset/file/1494/BAPM_Service_Quality_Standards_FINAL.pdf
4. Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. Standards for Children and Young People in Emergency Care Settings. 2012. http://www.rcpch.ac.uk/emergencycare
5. Development of PEWS: https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-england#:~:text=A%20digital%20PEWS%20is%20being,and%20a%20national%20eLearning%20module.
6. Newborn Early warning Trigger and Track (NEWTT) – a framework for practice (2015) https://www.bapm.org/resources/38-newborn-early-warning-trigger-track-newtt-a-framework-for-practice-2015
7. Paediatric Early Warning System (PEWS) – developing a standardised tool for England. https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-pewsystem-developing-standardised-tool-england
8. Paediatric Early Warning Score (PEWS) https://www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines/nhsggc-guidelines/intensive-and-critical-care/paediatric-early-warning-score-pews/

9. Parshuram CS, Duncan HP, Joffe AR et al. Multicentre validation of the bedside paediatric early warning system score: a severity of illness score to detect evolving critical illness in hospitalised children. Crit Care 2011;15:R184
10. Larcher V, Craig F, Bhogal K, et al - Making decisions to limit treatment in life-limiting and life-threatening conditions in children: a framework for practice, Archives of Disease in Childhood 2015;100:s1-s23. https://adc.bmj.com/content/100/Suppl_2/s1
11. Tibballs J, Kinney S. Reduction of hospital mortality and of preventable cardiac arrest and death on introduction of a pediatric medical emergency team. Pediatr Crit Care Med 2009;10:306-12.

Supporting tools

1. Paediatric Early Warning Score (PEWS) https://www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines/nhsggc-guidelines/intensive-and-critical-care/paediatric-early-warning-score-pews/
2. Newborn Early Warning Trigger & Track (NEWTT) - a Framework for Practice BAPM (2015) https://www.bapm.org/resources/38-newborn-early-warning-trigger-track-newtt-a-framework-for-practice-2015

7. Resuscitation in special circumstances

Standard

1. Organisations must have policies and procedures in place for resuscitation in special circumstances (e.g. trauma, obstetrics, patients with tracheostomies).
2. In clinical areas where cardiac arrest due to a special circumstance is likely to be more common, specific training of staff to identify early symptoms, treat deterioration and tailor management of any cardiac arrest is encouraged. Where available, national guidance should be followed.
3. Resuscitation algorithms specific to any likely causes of collapse/cardiac arrest should be displayed in clinical areas.
4. The management of anaphylaxis should follow current NICE guidelines 'Assessment to confirm an anaphylactic episode and the decision to refer

after emergency treatment for a suspected anaphylactic episode' .

Supporting information

1. Maternal Collapse in Pregnancy and the Puerperium (Green-top 56). Royal College of Obstetricians and Gynaecologists. December 2019.
   - https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/maternal-collapse-in-pregnancy-and-the-puerperium-green-top-guideline-no-56/
   - https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.15995
2. National Tracheostomy Safety Project. http://www.tracheostomy.org.uk
3. Major trauma: service delivery. NICE Guideline NG40
4. Methods, evidence and recommendations February 2016
   https://www.nice.org.uk/guidance/ng40/evidence/full-guideline-pdf-2313258877
5. Truhlář A, Deakin CD, Soar J et al. European Resuscitation Council Guidelines for Resuscitation 2021 Section 6. Cardiac arrest in special circumstances. Resuscitation. https://www.cprguidelines.eu
6. Assessment to confirm an anaphylactic episode and the decision to refer after emergency treatment for a suspected anaphylactic episode'. NICE clinical guideline 134. December 2021.
   https://www.nice.org.uk/guidance/cg134/evidence/anaphylaxis-full-guideline-pdf-184946941
7. Association of Anaesthetists of Great Britain and Ireland (AAGBI) Safety Guideline - Anaphylaxis and allergies. http://www.aagbi.org/
8. Dunning J, Archbold A, de Bono JP, et al. Joint British Societies' guideline on management of cardiac arrest in the cardiac catheter laboratory Heart 2022;108:e1-e18 https://heart.bmj.com/content/108/12/e1.abstract

8. Patient transfer

After successful resuscitation, patients may need transfer to another part of the hospital (e.g. cardiac/coronary care unit, intensive care unit, catheter laboratory, theatres) or to another hospital.

Standards

1. Standards for patient transfer must be based on guidance from the Association of Anaesthetists of Great Britain and Ireland, the Intensive Care Society and the Paediatric Intensive Care Society.
2. Many regions now have critical care transfer teams for babies, children and adults. Local policy/procedures should be followed when a transfer is required.

Supporting information

1. Intensive Care Society. Guidelines for the transport of the critically ill adult (3rd Edition 2011). Transfer of the critically ill adult. Intensive Care Society 01.01.2019 https://ics.ac.uk/resource/transfer-critically-adult.html
2. Standardised systems of care for intra- and inter-hospital transfers Emergency and acute medical care in over 16s: service delivery and organisation NICE guideline 94 March 2018 https://www.nice.org.uk/guidance/ng94/evidence/34.standardised-systems-of-care-for-intra-and-interhospital-transfers-pdf-172397464673
3. Quality Standards for the Care of the Critically Ill Child. Paediatric Intensive Care Society. Home - Paediatric Critical Care Society (pccsociety.uk)
4. PCCS Acute Transport Group. https://pccsociety.uk/pccs-subgroups/acute-transport-group/
5. BAPM Neonatal Transport Group. https://www.bapm.org/pages/transport

9. Post-cardiac-arrest care

Standards

1. It is recommended that hospitals use a local protocol for post-cardiac-arrest care that includes the use of temperature management. This should be based on current guidelines.
2. Guidance on the post-cardiac-arrest care of children and babies can be found in the European Paediatric Life Support / Advanced Paediatric Life Support and Newborn Life Support manuals.
3. Patients may require transport to other units. See Section 8 for Patient Transfer standards.

Supporting information

1. Resuscitation Council UK Guidelines 2021.
   https://www.resus.org.uk/library/2021-resuscitation-guidelines
2. Resuscitation Council UK. European Paediatric Advanced Life Support. Fifth Edition, 2021.
3. Advanced Life Support Group, Advanced Paediatric Life Support, 6th Edition, 2016, Wiley-Blackwell.

10. Resuscitation equipment

Standards

Click here to look at the equipment and drug list for an acute care setting.

Supporting tools

RCUK equipment lists

11. Recommendations relating to cardiopulmonary resuscitation

Standards

1. Healthcare professionals must be familiar with and follow published guidance, including in particular 'Decisions relating to Cardiopulmonary Resuscitation, a joint statement by the British Medical Association, the Resuscitation Council UK, and the Royal College of Nursing' and the General Medical Council's current guidance on 'Treatment and care towards the end of life: good practice in decision making'.
2. Healthcare professionals must be familiar with and must comply with the law as it applies to decisions about CPR. There are some differences in the law among countries of the United Kingdom. Healthcare provider organisations must ensure that their staff receive appropriate information and training regarding these laws.

3. Resuscitation Council UK advises that CPR discussions and recommendations should always be made within the context of overall goals of care. The ReSPECT (Recommended Summary Plan for Emergency Care and Treatment process https://www.resus.org.uk/respect) is one way of doing this. The ReSPECT process facilitates conversations between a person, their families, and their health and care professionals to understand what matters to the patient and what treatments – including CPR – would be of benefit to them, and then records the agreed recommendations on the ReSPECT form.

4. Healthcare professionals involved in making recommendations about CPR, and/or conducting a ReSPECT conversation must have appropriate training and competency in so doing, and similarly those who undertake the sensitive discussions with patients and those close to patients must have appropriate training and competency in so doing. Healthcare provider organisations must ensure that they have sufficient staff trained and competent in performing these functions, and that staff have adequate time and facilities to perform them properly.

5. Resuscitation Council UK has defined standards for recording recommendations about CPR. It is recommended that recommendations about CPR are documented alongside documentation about overall goals of care. It is recommended that these are recorded on a form that is easily recognised and has a standard content and format, to allow healthcare professionals to recognise it and assess its content and validity immediately.

6. Healthcare organisations must have policies about CPR recommendations and documents that are recognised by the other organisations so that recommendations about CPR continue across organisational and geographic boundaries when patients are transferred from one setting to another. In particular this should include the ambulance service, so that these decisions are respected during transfer.

7. Healthcare organisations must ensure that healthcare staff have access to appropriate stationery or electronic media for recording, accessing and reviewing recommendations about CPR. As electronic records become more prevalent, individual trusts must implement systems this access is uniformly available to healthcare staff wherever a cardiac arrest occurs.

8. Healthcare organisations must ensure that patients and those close to patients have ample opportunities to discuss goals of care, resuscitation and recommendations about CPR. Early conversations can occur in many settings (preoperatively, in out-patients, in primary care and in acute and intensive care). Written information about resuscitation recommendations, or information in other media (e.g. DVD or podcast) should be made readily

available for patients and those close to them but should not be used as an attempted substitute for sensitive, face-to-face discussion with a suitably trained and competent healthcare professional.

Supporting information

1. Adults with incapacity (Scotland) Act 2000 Part 5 Code of Practice. https://www.gov.scot/publications/adults-incapacity-scotland-act-2000-code-practice-third-edition-practitioners-authorised-carry-out-medical-treatment-research-under-part-5-act/
2. Guidance from the British Medical Association, Resuscitation Council UK, and the Royal College of Nursing, 3rd edition,(1st Revision) 2016. Do not attempt resuscitation (DNAR) decisions in the perioperative period, Association of Anaesthetists of Great Britain and Ireland, May 2009. https://anaesthetists.org/Home/Resources-publications/Guidelines/DNAR-decisions-in-the-perioperative-period
3. ReSPECT RCUK https://www.resus.org.uk/respect/respect-healthcare-professionals
4. Mental Capacity Act 2005 (England and Wales). http://www.legislation.gov.uk/ukpga/2005/9/contents
5. NHS Executive. Health Services Circular 2000/028 - Resuscitation Policy
6. Recommended guidance for recording decisions about cardiopulmonary resuscitation. Resuscitation Council UK. Revised 2015.
7. Time to Intervene? A review of patients who underwent cardiopulmonary resuscitation as a result of an in-hospital cardiorespiratory arrest. A report by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). 2012. http://www.ncepod.org.uk
8. Treatment and care towards the end of life: decision making, General Medical Council. http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp
9. The Confidential Inquiry into premature deaths of people with learning difficulties (CIPOLD) 2013. http://www.bris.ac.uk/cipold/fullfinalreport.pdf
10. Standards for Children and Young People in Emergency Care Settings 2012 https://www.rcpch.ac.uk/sites/default/files/Standards_for_children_and_young_people_in_emergency_care_settings_2012.pdf

Supporting tools

1. The RCUK has supported the development of the Recommended Summary Plan for Emergency Care and Treatment: https://www.resus.org.uk/respect/respect-healthcare-professionals
2. Scotland has a single DNACPR policy. For more information including supporting tools see: https://www.gov.scot/publications/attempt-cardiopulmonary-resuscitation-dnacpr-integrated-adult-policy-decision-making-communication/

12. Audit and reporting

Standards

1. NCEPOD recommends that every CPR attempt is reported through the organisation's patient safety incident reporting system. This information must be reported to the organisation's Board on a regular basis.
2. All CPR attempts must be reviewed. When appropriate, a root cause analysis must be undertaken, and the action plan implemented (a suggested guide for reviewing cardiac arrests is available in the appendix).
3. Taking part in the National Cardiac Arrest Audit (NCAA) is recommended. NCAA is included in the Department of Health's Quality Accounts as a recognised national audit.
4. Audit of DNACPR policies is mandatory (Health Services Circular 2000/028).
5. Organisations must review local audit data regularly against published standards. Where audit identifies deficiencies or unexpected poor performance, a review at a senior organisational level must be undertaken. The Resuscitation Committee must receive appropriate support to achieve this.

Supporting information

1. National Cardiac Arrest Audit. https://www.icnarc.org/Our-Audit/Audits/Ncaa/About
2. NHS Executive. Health Services Circular 2000/028 - Resuscitation Policy http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004244

3. Report a patient safety incident:
    - https://www.england.nhs.uk/patient-safety/report-patient-safety-incident/
    - https://www.health-ni.gov.uk/articles/reporting-adverse-incident
    - https://www.nss.nhs.scot/health-facilities/incidents-and-alerts/report-an-incident
    - https://du.nhs.wales/patient-safety-wales/patient-safety-incidents
4. Time to Intervene? A review of patients who underwent cardiopulmonary resuscitation as a result of an in-hospital cardiorespiratory arrest. A report by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). 2012. NCEPOD - Cardiac Arrest Procedures: Time to Intervene? Report (2012)
5. Time Matters – A review of patients who underwent CPR as a result of an out-of-hospital cardiac arrest. A report by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 2021.NCEPOD - Out of Hospital Cardiac Arrests: (2019) http://www.ncepod.org.uk
6. BPSU study - Outcome of resuscitated term babies with no heart rate detected at 10 minutes of age. (Commenced Nov 2022) https://www.rcpch.ac.uk/work-we-do/bpsu/study-outcome-resuscitated-term-babies-no-heart-rate-detected-10-minutes-age

Supporting tools

Example guide* to reviewing cardiac arrests:

Answer the following questions:

1. Was there a clearly documented physiological monitoring plan stating type and frequency of observations in the 24 hours preceding the arrest (as per NICE, RCP and NCEPOD Guidance) and were these undertaken as per request?
2. What were the patient's Early Warning Scores in the 24 hours preceding the arrest?
3. If the patient's scores at any time in that 24-hour period were elevated to 'trigger level', as per the local escalation policy, was the correct escalation undertaken?
4. Were there other reasons for escalating care (e.g. symptoms [chest pain], signs [clammy], laboratory results, or staff or patient/relative concern)?

5. If there were other reasons for escalating care was the correct escalation undertaken?
6. Did the patient receive appropriate assessment and/or treatment in response to a clearly identified reason for escalation?
7. If the patient received treatment, did their condition improve in response to that treatment?
8. If the patient did not improve, was the patient escalated to a more senior level in a timely manner?
9. Did the patient have documented and discussed ceilings of care, including resuscitation status?
10. Has the review identified any other system, process or organisational deficiencies (e.g. missing equipment or drugs, equipment failures, problems with team performance or communication)?

If the answer to any of the above questions raises concern, proceed to root cause analysis and action plan.

*
 Modified from original checklist developed by Kate Beaumont, Nursing Direct

13. Research

Standards

1. The NHS Constitution highlights the NHS commitment to conduct and use of research to improve the current and future health and care of the population.
2. Research must be conducted in accordance with the NHS Research Governance Framework. Research involving human participants, their organs, tissue or data require NHS Research and Development approval. Such research may also require approval from a Research Ethics Committee. If in doubt advice should be sought from the local Research and Development Office in the first instance or NHS Research Ethics Advice Service.
3. Research involving patients who lack capacity must also comply with relevant legislation (e.g. UK Medicines for Human Use [Clinical Trials] Regulations 2004 ; Mental Capacity Act 2005 [England and Wales]; Adults with Incapacity [Scotland] Act 2000); Mental Capacity Act 2016 (Northern Ireland) .

4. The organisation's Resuscitation Committee can be a valuable source of advice for those contemplating undertaking clinical research in resuscitation.

Supporting information

1. UK Policy Framework for Health and Social Care Research Last updated on 29 April 2022 https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/
2. National Research Ethics Service. https://www.hra.nhs.uk/about-us/committees-and-services/res-and-recs/research-ethics-service/
3. National Research Ethics Service Is my study research? http://www.hra-decisiontools.org.uk/research/
4. NHS Constitution. https://www.gov.uk/government/publications/the-nhs-constitution-for-england

14. APPENDIX

Suggested measures to assess adherence to standards

The numbers listed in the first column correspond to the standards referred to in the corresponding chapter of this document.

Aspect of cardiopulmonary resuscitation in acute care	Example measures
Resuscitation Committee standard	
1, 2, 3, 4, 5, 6, 7	Check list and Terms of reference
8, 9	Resuscitation Policy and minutes of meetings
10	Training Policy and training needs analysis
11	Minutes of meetings and action logs
12	Terms of reference, Annual report, Trust level quality, assurance reports
13	Audit of accounts
Resuscitation Officers/ Resuscitation Practitioner standards	
1	Staffing records
2, 3, 4	RO/RP job description or person specification
5	Evidence from RO/RP appraisal
6, 7	Inspection
8, 10, 15, 16	Accounts, financial audit
9	Evidence of equipment checklists, action plans and Equipment policy
10	Audit reports
11, 12, 13, 14	RO/RP appraisal

Aspect of cardiopulmonary resuscitation in acute care	Example measures
Training of staff standards	
1, 2	Resuscitation Policy, Induction programme; training re training needs analysis documentation
3	Course content, lesson plans
4, 5, 6, 7, 8, 9, 10, 11, 12	Training records, course content, lesson plans, compe documents, audit of individual cardiac arrests
13, 14, 15, 16, 17	Staff training records
Prevention of cardiorespiratory arrest standard	
1, 2, 3	Copy of policy
4, 5, 6	Copy of policy, patient observation chart and escalati plan
7	Review of training materials, and clinical practice
8, 9	Copy of policy, audit of individual cases, reporting int Resuscitation/deteriorating patient committee
The resuscitation team standard	
1, 3, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15	Copy of policy, audit of individual cardiac arrests, mor review groups
2, 4	Copy of policy, training records, review of team certifi assessment of team competencies, audit of individual cardiac arrests

Aspect of cardiopulmonary resuscitation in acute care	Example measures
11	Copy of policy, and switchboard records
16	Documentation and audit reports

Resuscitation of children standard

1, 2	Copy of policy, audit of individual cardiac arrests, mor review groups
3, 4, 5	Policy, and training records, review of team certificate assessment of team competencies, audit of individual cardiac arrests
6	Copy of policy, audit of individual cardiac arrests
7, 8, 9	Copy of policy, forms, implementation

Resuscitation in special circumstances standard

1	Policy, lesson plans

Patient transfer standard

1	Policy – resuscitation and safe transfer policies

Post-cardiac arrest care standard

1, 2, 3	Policy, Care Pathway, Critical Care Bundles for use on units

Aspect of cardiopulmonary resuscitation in acute care	Example measures
Decisions relating to cardiopulmonary resuscitation standard	
1, 2, 3, 4, 5, 6, 7	Policy, audit of adherence to policy, minutes of Resusc Committee meetings
Audit and reporting standard	
1	Policy, minutes of Board meetings, audit
2, 4	Documentation, policy
3	Registration with NCAA, and NCAA reports
5	Minutes of relevant meetings
Research standards	
1, 2, 3	Policy; Ethics Committee minutes and records

Current Adult BLS Compliance Rates and Care Group Staff Requiring LEVEL 2 BLS (January 24).

Care Groups	Compliance % in Adult BLS	Total Number of Staff Assigned as Requiring Adult BLS in Care Group	Total number Non-compliant in Adult BLS
110 Bank Care Group	33.33%	1	0
110 Chief Operating Officer Care Group	0.00%	2	2
110 Children & Families Care Group	69.22%	1034	310
110 Corporates and Hosted Care Group	28.92%	73	53
110 Diagnostics, Therapies & Specialties Care Group	50.51%	856	409
110 Mental Health & Learning Disabilities Care Group	50.96%	750	366
110 Planned Care Care Group	41.22%	679	399
110 Primary & Community Care Group	55.87%	1110	486
110 Unscheduled Care Care Group	30.85%	775	538
TOTAL	51%	5280	2563

People & Culture Committee

COMMITTEE REFERRAL FROM AUDIT & RISK COMMITTEE – LOCAL COUNTER FRAUD REPORT

Dyddiad y Cyfarfod / Date of Meeting	15/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	Choose an item. For Discussion/Review

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Audit & Risk Committee	22/02/2024	Noted

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

1.   Situation /Background

1.1   The purpose of this report is to receive the Committee Referral from the Audit and Risk Committee following their meeting held on 22 February 2024.

1.1   The Committee agreed that a Committee Referral should be made to the People & Culture Committee as they felt that the Local Counter Fraud report raised a fraud risk in relation to fitness to practice due to an agency worker had been booked, worked and paid, in respect of 4 back to back shifts over two consecutive days, across two different hospital sites and had registered with two separate agencies to enable the placements.

2.   Specific Matters for Consideration

2.1   The Committee to provide assurance about the checks that are undertaken by staff bank and the electronic booking process to ensure that the right robust processes are in place to prevent people being able to work a day and night shift.

2.2   The report is attached at Appendix 1 & 2.

2.3   The People Directorate have considered the referral and have responded back as follows:

This situation has been reviewed by members of the People and Corporate Nursing teams. Health Roster is the electronic tool used by the Health Board to manage Bank and Agency shifts. This has been reviewed to ensure there are appropriate controls and warnings if nurses try to work back-to-back shifts or for multiple agencies. Where a nurse tries to book shifts that do not comply with the working time directive or good rostering practices, Health Roster flags this as a violation of the rules, and it is not possible to continue booking the staff member. Since the introduction of e-billing, agency staff can only work for CTM via one Agency, and the Agency register is regularly cleansed to ensure this is the case.

Occasionally wards bypass the Health Roster system with manual bookings which is outside of policy. In this case two bookings were made via Health Roster and two directly with the wards. To address this the Assistant Director of Nursing and Peoples Experience and Assistant Director Strategic Workforce Planning and their teams are working to understand the reasons for direct bookings and to re-enforce the requirement for all areas to follow correct and appropriate rostering practices, as outlined in the Rostering Policy and Staff Bank Policy. Agencies are also informed not to accept direct bookings.

3. Key Risks / Matters for Escalation

There are no key matters for Escalation.

4. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Quality *Have you undertaken a Quality Impact Assessment Screening?*		Not required
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5.   Recommendation

5.1   The Committee are requested to **NOTE** the referral from the Audit & Risk Committee and **NOTE** the response provided.

Audit & Risk Committee

Local Counter Fraud Update Report

Dyddiad y Cyfarfod / Date of Meeting	22/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Evans, Head of Local Counter Fraud Services
Cyflwynydd yr Adroddiad / Report Presenter	Matthew Evans, Head of Local Counter Fraud Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CFS Wales	Counter Fraud Service Wales
FI	Financial Investigator
LCFS	Local Counter Fraud Specialist
LPE	Local Proactive Exercise
NHS CFA	NHS Counter Fraud Authority

1. Situation /Background

1.1 The Health Board is required to comply with NHS Counter Fraud Standards. A counter fraud work plan has been agreed for the year setting out work to meet these standards based around four strategic areas. This report updates the Committee on progress against the counter fraud work plan.

2. Specific Matters for Consideration

2.1 The report provides detail on tasks and actions undertaken with the four strategic counter fraud work areas.

3. Key Risks / Matters for Escalation

3.1 There are no specific key risks or matters for escalation. The report outlines progress and development work in potential risk areas.

4. Assessment

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5.   Recommendation

5.1   The Committee is requested to review the report for discussion.

6.   Next Steps

6.1   Further update reports will be brought to Audit Committee in line with the Committee's work plan.

Item 4.1 – Appendix 2

**Counter Fraud Investigations
Update Report**

Summary

The information presented covers the current caseload of the Counter Fraud Team.

Cases being actively investigated by the Counter Fraud Team are listed in the Open Cases table.

Cases in which Counter Fraud Team have concluded their investigation but have third party involvement, such as ongoing internal investigation or investigation by professional body, are listed within the Pending Cases table. These cases remain open on the Counter Fraud Case Management system only for the purposes of recording these outcomes for intelligence purposes.

As cases are closed on the Counter Fraud Case Management system a separate table for Closed Cases will be presented to the Committee to allow review of final outcome of cases.

Case Status

Cases Under Investigation	Cases Pending 3rd Party Outcome	Cases Closed 2023/24
16	1	38

Case Rates

Referrals Received 2023/24		Cases Under Investigation for Over 12 Months
45		1

Sanctions/Outcomes

Criminal Sanctions	Civil Sanctions (Inc. Financial Recovery)	Disciplinary Sanctions
0	3	2

Open Cases			
Reference Number	Date Opened	Allegation	Status
WARO/20/00032	24/01/2020	Alleged theft of petty cash/False representation of employment history and qualifications	The subject in this case has entered a not guilty plea to 9 counts of dishonesty offences relating to deceit around gaining employment in the NHS. Trial preparation hearings have been set and trial is expected to be in June 2024. There has been press interest in this case with TV and print media coverage. Further interest anticipated at trial. A communication plan was in place and continues to be maintained with support from the Health Board's Communications Dept and NHS CFA Communications Team. The subject resigned their Health Board position whilst disciplinary proceedings were underway. NMC are awaiting outcome of criminal case.

Open Cases			
Reference Number	Date Opened	Allegation	Status
INV/23/01232	27/06/2023	False Overtime	Allegation received that staff are not completing overtime hours or not attending at all and claiming full day overtime payments. Allegation states that supervisors are aware of this.
			Enquiries are ongoing but made more difficult by allegation that managers are aware of and allow conduct limiting investigative approaches.
			A senior manager contact has been identified and approached in efforts to progress investigation. Following discussions it is unlikely that evidence will be available to enable continuation of criminal investigation. A wider review is underway in this area and these concerns will feed into that.
INV/23/01588	01/08/2023	Timesheet Fraud	Information received following concerns established during disciplinary process. Allegation that staff member has not been completing contracted hours and is in deficit.
			Enquiries have sought data of Outlook account, IT logins, system logins, and ESR. This has been measured against fob data to established working hours. Enquiries have established a small deficit which would not be proportionate to seek prosecution.
			Findings have been shared with disciplinary process which is proceeding with investigation phase concluded. Disciplinary process is ongoing and case will remain open to capture resolution given advanced stage of that process.

Open Cases			
Reference Number	Date Opened	Allegation	Status
INV/23/02311	16/10/2023	Contractor Prescription Fraud	A dispensing GP Practice is alleged to have been dispensing cheaper medications but endorsing prescriptions for more expensive brands. Initial enquiries have established that CFS Wales have undertaken a previous investigation in this area. The case file from this previous investigation has been gained and was being reviewed in conjunction with new evidence. A meeting has been held with Prescribing Services to gain their view on allegation. Prescribing data was reviewed in line dispensing contractors guidance and in conjunction with Prescribing Services. A full case review is to be completed to assess investigation strategy.
INV/23/2885	18/12/2023	Annual Leave Concerns	Information received from the Fraud and Corruption Reporting line that staff member records only half of annual leave take and works for 2 Health Boards. Enquiries have sought to identify secondary employer. A request for information to potential secondary employer has been issued to seek clarity on role fulfilled there. Annual leave records have been gathered from the ESR system and analysed. Subject's managers will be approached to discuss upon receipt of secondary employer information

Open Cases			
Reference Number	Date Opened	Allegation	Status
INV/23/02888	18/12/2023	Overpayment of Salary	Referral received from NWSSP Payroll stating that a Junior Fellow whose fixed term contract ceased 31/10/22 but salary continued to be paid until 31/10/23, causing an overpayment of salary of Gross £95,931.70, Net £61,334.42. Identified by Pensions when subject found to be being paid by two different NHS employers. CFS Wales to investigate as financial investigator powers are required under agreed criteria.
INV/24/00067	09/01/2024	Prescription Fraud	Allegation that Pharmacy contractor has been receiving fake prescriptions, not dispensing any items and then claiming reimbursement. Primary Care Prescribing Services colleagues have been contacted for advice and input. Claims data for the contractor has been gathered and is being analysed.
INV/24/00157	23/01/2024	False NHS compensation Claim	Information received from the Fraud and Corruption Reporting line that a member of the public claims that they are unable to work and is in process of claiming against the NHS for issues linked to surgery but in fact does work regularly. Enquiries underway to corroborate allegation.

Open Cases			
Reference Number	Date Opened	Allegation	Status
INV/24/00220	29/01/2024	Fraudulently Obtaining Controlled Drugs	The partner of a patient currently serving a custodial sentence in prison, has been obtaining repeat prescriptions from the GP in the name of the patient, for controlled drugs (gabapentin), for a 6 month period, when the patient has been prescribed this medication through the prison. GP has been engaged as initial enquiries seek to corroborate allegation.
INV/24/00221	29/01/2024	Timesheet Fraud	Locum Doctor alleged to have been claiming incorrect rate and inflated hours. Allegation refers to claiming of on-site on call rate when actually absent. Additionally there appears to be inflation of hours claimed for weekends. Enquires underway to corroborate allegation with requests for information made to supplying agency.
INV/24/00223	29/01/2024	Timesheet Fraud	Locum Doctor alleged to have been claiming incorrect rate and inflated hours. Allegation refers to claiming of on-site on call rate when actually absent. Additionally, there appears to be inflation of hours claimed for weekends. Enquires underway to corroborate allegation with requests for information made to supplying agency.

Open Cases			
Reference Number	Date Opened	Allegation	Status
INV/24/00224	29/01/2024	Non-Completion of Contracted Hours	Allegation that Consultant has not worked job plan sessions following a denied request to drop sessions. Enquiries have established communications confirming what expectations are in relation to sessions. Further enquiries underway to assess how firm existing job plan arrangements are for this consultant.
INV/24/00267	02/02/2024	NHS Patient Selling Prescribed Medication	A Patient is alleged to be selling medication prescribed to her by the GP. Medication is food supplements with relatively high resale value. The patient has appeared to text the GP practice by mistake offering her products for sale. Text message records to the GP Practice have been gathered. LCFS to engage GP Practice for further background information around the prescribing.
INV/24/00290	06/02/2024	Theft	Information received from the Fraud and Corruption Reporting line that a steals items from the stock cupboard including antibiotics, pain killers and adhesive remover. Referral states that subject submits stock orders for items. Enquiries underway to corroborate allegation.

Open Cases			
Reference Number	Date Opened	Allegation	Status
INV/24/00022	04/01/2024	Optical Outlet Claiming NHS Voucher Payments When Not on The GOC Register	Allegation that an Optical Outlet is dispensing spectacles to under 16s and accepts NHS optical vouchers. The owner does not appear on the GOC register. Primary Care Contract Support Manager has been engaged for advice and support on this investigation. Enquiries ongoing to clarify the contractual position of the Outlet.
INV/24/00026	08/01/2024	Safeguarding Issue	Allegation received by Counter Fraud Authority England as that private social housing entity are attending the address of a vulnerable individual with previous self harm episodes asking medical questions and claiming to work for the individual's GP and Mental Health Team at Kier Hardie Health Park. No NHS fraud has been established but clear safeguarding concerns in this matter. LCFS are engaging with subject's GP and council services to raise and pass on concerns.

Closed Cases			
Reference Number	**Date Opened**	**Allegation**	**Outcome**
INV/23/02142	29/09/2023	Recruitment Fraud	Allegation received via Fraud and Corruption Reporting Line that an applicant failed to declare an ongoing investigaiton at employer at point of application. Subject was traced as being successfully appointed at another NHS Health Board. Given that the subject did not successfully gain employment with Cwm Taf Morgannwg UHB and therefore no loss was realised investigation is better placed with other Health Board. An approach was made to seek transfer of investigation which has now taken effect.
INV/23/02268	11/10/2023	Overpayment of Salary	A former staff member continued to be paid for a period of 16 months following leaving Health Board employment. This resulted in a gross overpayment of £14k. Enquiries established that this matter was known in August 2022 at which point payments were suspended. The referral to Counter Fraud did not take place until over a year later. The investigation could not clarify this timeline and actions taken. Given the lack of clarity and time passed before referral this would have the effect of undermining any potential prosecution and the matter was referred back for normal recovery processes to take effect.

Closed Cases			
Reference Number	Date Opened	Allegation	Outcome
INV/23/02269	11/10/2023	Working Elsewhere Whilst in Receipt of Occupational Sick Pay	Staff member alleged to be absent due to sickness but providing the same services fulfilled in substantive NHS role within their own private clinic. Investigation could not establish any evidence that private clinic work was undertaken during sickness absence.
INV/23/02802	11/12/2023	Forged Fitness for Work Certificate	Allegation that member of staff has submitted a fitness for work certificate covering a period of sickness where the dates appeared to have been altered with handwritten entry. Enquiries were undertaken with the issuing GP Practice who confirmed that it is their procedure not to alter via handwriting fitness for work certificates. The subject then submitted a new fitness for work certificate covering the period of sickness the Health Board required evidence for therefore there has been no loss the Health Board and no Fraud Act offence completed.
INV/23/02862	14/12/2023	Patient Selling Medication	Information received from the Fraud and Corruption Reporting line that a patient has been selling prescribed medication. The LCFS engaged with Police via the Drugs Liaison Officer who added information to Police intelligence systems and also arranged for inclusion on Police Daily intel document for Supervisors and officers for that area.

Closed Cases			
Reference Number	**Date Opened**	**Allegation**	**Outcome**
			Without corroborating information the Police are limited in scope of potential actions.
INV/23/02884	18/12/2023	Timesheet Fraud	Information received from the Fraud and Corruption Reporting line that a staff member has not been completing contracted hours. Timesheets were scrutinised and subject's management spoken with. No evidence to substantiate there was any wrong doing on the part of the subject on dates given within the allegation was established.
INV/23/02935	03/01/2024	Working Elsewhere Whilst in Receipt of Occupational Sick Pay	Information received from the Fraud and Corruption Reporting line that a staff member was seen to be working at residential address whilst sick as their car was outside properties. Enquiries sought to contact the source to clarify what they had witnessed with particular interest in what work had been witnessed being carried out. Source was established to be anonymous however. Information was shared with People Services for consideration. The allegation was put to the subject who denied working whilst sick. No further evidence could be established to substantiate allegation and no disciplinary action was undertaken.
INV/24/00066	09/01/2024	Working Elsewhere Whilst in Receipt of Occupational Sick Pay	Allegation received from People Services contact that a staff member has been working while absent due to sickness from substantive role.

Closed Cases			
Reference Number	Date Opened	Allegation	Outcome
			Allegation has been put to the subject as part of the disciplinary process and subject has admitted to working over the Christmas period at due to financial reasons. The disciplinary process is proceeding and given low value of fraud is took primacy in this instance. A disciplinary fast track process was undertaken and a verbal warning issued. Proceeding with criminal investigation and potential criminal action has been assessed as being disproportionate in the context of the circumstances.

PEOPLE & CULTURE COMMITTEE– FORWARD WORK PLAN 2023/24				
Origin of Request	**Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)**	**Item Title**	**Lead Officer**	**Intended Meeting Date**
Deferred from February 24 Meeting	Additional Item	Revalidating Quality Review Report	Medical Director	15 April 2024
Request received via email	Annual Item	Strategic Equality Plan	Assistant Director of OD and Wellbeing	15 April 2024
Request received via email	Annual Item	Annual Equality Plan	Assistant Director of OD and Wellbeing	15 April 2024
Request received via email	Annual Item	Gender Pay Gap Report	Assistant Director of OD and Wellbeing	15 April 2024
Annual Cycle of Business 2024-25	Annual Item	NHS Wales Staff Survey Results	Assistant Director of OD & Wellbeing	15 April 2024
Deferred from February and April 24 meetings	Deferred Item	Policies for Approval: • Disclosure & Barring Policy	Assistant Director of Governance, Policy & Risk	7 August 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	7 August 2024
Annual Cycle of Business 2023-24	Six monthly report Deferred from February and April 2024	Disclosure and Barring Service Checks	Assistant Director of Governance, Policy & Risk	7 August 2024
Annual Cycle of Business 2024-25	Annual Item	Welsh Language Annual Report 2023-24	Assistant Director of OD & Wellbeing	7 August 2024

Annual Cycle of Business 2024-25	Six Monthly Report Deferred from April 24 meeting	Nursing Workforce Efficiency & Productivity Natalie Price, Assistant Director Strategic Workforce Planning	Assistant Director Strategic Workforce Planning	7 August 2024
Deferred from February and April 24 meeting	Additional Items	• Retirement Policy • Fixed Term Contract Policy • Personal Relationships at Work Policy	Assistant Director of Governance, Policy & Risk	7 August 2024
Annual Cycle of Business 2024-25	Annual Item	Review of the Committee Terms of Reference	Director of Governance/Board Secretary	7 August 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	6 November 2024

Completed Activity from the Forward Work Programme

Committee Referral from Quality & Safety Committee January 24	Additional Item	Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation training across the organisation.	Deputy Director of Nursing, Midwifery & Patient Care	7 February 2024 - **Completed**
Deferred from November 23 meeting	Deferred Item	People's Priorities	Deputy Director of People	7 February 2024 – **Completed**
Agreed at Agenda Planning Meeting October 23	Additional Item	Equality Diversity & Inclusion - To receive a report in the medium of Welsh Language with simultaneous translation.	Assistant Director of OD and Wellbeing/Welsh Language Officer	7 February 2024 – **Completed**

Annual Cycle of Business 2023-24	Annual Item	Committee Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	7 February 2024 - **Completed**
Requested via email	Additional Item	WHC/2023/046 - All Wales Control Framework for Flexible Workforce Capacity - Baseline Return to Welsh Government	Assistant Director of Governance, Policy & Risk	7 February 2024 – **Completed**
Requested at Agenda Planning meeting	Additional Item	Job Planning Data Incident - Learning and Plan for Improvement	Assistant Director Strategic Workforce Planning	7 February 2024 – **Completed**
Requested at Agenda Planning Meeting	Additional Item	Phase Two Implementation of New Leadership & Management Service Structure	Deputy Director for People/Deputy Director for Nursing & Midwifery	7 February 2024 – **Completed**
Requested at Agenda Planning Meeting	Additional Item	Retention Update on the Lateral Moves Scheme	Assistant Director Strategic Workforce Planning	7 February 2024 – **Completed**