

# People & Culture Committee

Wed 07 August 2024, 09:30 - 12:30

Seminar Room 2, Dental Post Grad Unit, Prince Charles Hospital



## Agenda

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### 09:30 - 09:35 **1. PRELIMINARY MATTERS**

5 min

#### **1.1. Welcome and Introductions**

*Dilys Jouvenat, Chair*

#### **1.2. Apologies for Absence**

*Information Dilys Jouvenat, Chair*

#### **1.3. Declarations of Interest**

*Information Dilys Jouvenat, Chair*

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### 09:35 - 09:45 **2. CONSENT AGENDA**

10 min

#### **2.1. Items for Approval**

##### **2.1.1. Unconfirmed Minutes of the Meeting held on the 15 April 2024**

*Dilys Jouvenat, Chair*

2.1.1 Unconfirmed Minutes People and Culture Committee 15 April 2024 v4 PCC 7 August 2024.pdf (8 pages)

##### **2.1.2. Committee Annual Report 2023-24**

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

2.1.2 Committee Annual Report 2023-24 PC Committee 7 August 2024.pdf (4 pages)

2.1.2a Appendix 1 PCC Annual Report 2023-24 PC Committee 7 August 2024 v1 KD.pdf (7 pages)

#### **2.2. Items for Noting**

##### **2.2.1. Committee Annual Cycle of Business 2024-25**

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

2.2.1 Committee Annual Cycle of Business PC Committee 7 August 2024.pdf (3 pages)

2.2.1a Annual Cycle of Business 2024-25 PC Committee 7th August 2024.pdf (3 pages)

##### **2.2.2. Action Log**

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

2.2.2 Action Log PC Committee 7 August 2024.pdf (6 pages)

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### 09:45 - 10:15 **3. MAIN AGENDA**

30 min

### 3.1. Matters Arising Not Otherwise Contained Within the Action Log

*Dilys Jouvenat, Chair*

### 3.2. Shared Listening & Learning Story - Lateral Moves - Member of Staff Story - To follow


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## 10:15 - 10:25 4. GOVERNANCE

10 min



### 4.1. All Wales Respect and Resolution at Work Policy

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

-  4.1 Revised Respect and Resolution at Work Policy Cover Report PC Committee 7th August 2024.pdf (4 pages)
-  4.1a All Wales Respect and Resolution at Work Policy PC Committee 7th August 2024.pdf (9 pages)

### 4.2. Organisational Risk Register

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

-  4.2a Org RR July 24 - Cover Paper - PCC 7 August 2024.pdf (7 pages)
-  4.2b App 1 Org RR July 24 - PCC 7 August 2024.pdf (1 pages)





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## 10:25 - 11:40 5. INSPIRING PEOPLE

75 min



### 5.1. Welsh Language Standards Annual Performance Report 2023-24

*Decision Ben Screen, Welsh Language Manager*

-  5.1a Cover Paper WL Standards Annual Report 2023 24.pdf (5 pages)
-  5.1b Papur Clawr Adroddiad Safonau'r Gymraeg 2023 24.pdf (6 pages)
-  5.1c Welsh Language Standards Annual Report 2023 24 FINAL 7 August 2024.pdf (60 pages)
-  5.1d Adroddiad Perfformiad Safonau'r Gymraeg 2023 24 TERFYNNOL.pdf (62 pages)

### 5.2. Culture & Leadership Update Report

*Discussion Clare Wright, Strategic Lead for Wellbeing*

-  5.2a Update on Culture Activity 7 August 2024.pdf (3 pages)
-  5.2b FINAL Version 12 Annual Report update on culture work PCC 7 August 2024.pdf (36 pages)

### 5.2.1. Restorative, Just and Learning and Speaking Up Safely Working Group Action Plan Updates

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

-  5.2.1 RJL and SUS Working Group Action Plan Updates PCC 7 August 2024.pdf (14 pages)

### 5.3. Workforce Metrics Report

*Discussion Nicola Evans, Interim Assistant Director of Strategic Workforce Planning*

-  5.3 Workforce Metrics Report PCC 7 August 2024.pdf (11 pages)

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## 11:40 - 12:20 6. SUSTAINING OUR FUTURE

40 min

### 6.1. Strategic Workforce Planning Update

*Discussion Nicola Evans, Interim Assistant Director of Strategic Workforce Planning*

-  6.1 Strategic Workforce Planning Update PCC 7 August 2024.pdf (19 pages)
-  6.1a Strategic Workforce Planning Update Presentation PCC 7 August 2024.pdf (41 pages)

## 6.2. Employee Relations

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

 6.2 Employee Relations Report PCC 7 August 2024 (003).pdf (11 pages)

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## 12:20 - 12:25    7. OTHER MATTERS 5 min

### 7.1. Committee Forward Work Plan

*Information*                      *Dilys Jouvenat, Chair*

 7.1 Forward Plan PC Committee 7 August 2024.pdf (2 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*

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## 12:25 - 12:30    8. DATE AND TIME OF NEXT MEETING 5 min

6TH NOVEMBER 2024 AT 9.30 AM

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**  
**UNCONFIRMED MINUTES OF THE PEOPLE & CULTURE COMMITTEE**  
**HELD ON 15 APRIL 2024 AT PRINCE CHARLES HOSPITAL, MEDICAL**  
**EDUCATION UNIT**

**Members Present:**

Dilys Jouvenat	Chair/Independent Member
Nicola Milligan	Independent Member
Geraint Hopkins	Independent Member (Virtually)
Kath Palmer	Vice Chair of Board
Rachel Rowlands	Independent Member (Observing)

**In Attendance:**

Hywel Daniel	Executive Director for People
Greg Padmore-Dix	Executive Nurse Director / Deputy Chief Executive
Michelle Hurley-Tyers	Assistant Director of Organisational Development and Wellbeing
Sallie Davies	Deputy Medical Director (Virtually in-part)
Karen Wright	Assistant Director of Policy, Governance and Compliance
Nicola Evans	Head of Workforce Planning
Richard Hughes	Deputy Director of Nursing, Midwifery & Patient Care
Marc Penny	Director of Improvement & Innovation
Gareth Watts	Director of Corporate Governance/Board Secretary
Tyler Lewis	Corporate Governance Officer (Secretariat)

**Agenda Item**

1. PRELIMINARY MATTERS
- 1.1 Welcome & Introduction

D. Jouvenat, Chair, welcomed everyone to the meeting and in particular welcomed Rachel Rowlands, new Independent Member (Community) who was observing the meeting.

- 1.2 Apologies for Absence  
Apologies were received from the following:

- Dom Hurford – Medical Director
- Lynda Thomas – Independent Member
- Helen Watkins – Deputy Director for People

- 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 7<sup>th</sup> February 2024

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

2.2 Items for Noting

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.

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.

K. Palmer referred to raised risk 5658 regarding the absence of a Dietetic service at Princess of Wales Hospital. G. Watts advised that he would query this with the Chief Operating Officer outside of the meeting and would provide Members with an update following the outcome.

N. Milligan referred to risk 1133, Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).and queried if there was improvement in mitigating actions. G. Padmore-Dix advised that both he and the Chief Operating Officer had reviewed the risk and they were proposing to reduce it, as it had been routed through the Care Groups.

Resolution The Committee REVIEWED the risks escalated to the Organisational Risk Register.

5. INSPIRING PEOPLE

5.1 Outcome of the NHS Wales Staff Survey

M. Hurley-Tyers presented the report which provided members with the outcome of the NHS Wales Staff Survey.

K Palmer asked whether there were reasons for the relatively low (18%) completions rate. M. Hurley-Tyers explained that there had been a concerted effort to drive up completion rates on this occasion. This had included attending a number of sites across CTM including all three acute sites and engaging with staff face to face and also giving staff the opportunity to complete the surveys on line, in hard copy format and sharing QR codes so they could also be completed on mobile phones. Despite these extensive efforts the final response rates remained disappointing and lessons would be learned regarding the communication approaches to futures surveys.

N. Milligan expressed concern on the high number of employees that would leave the Health Board and the issues they face. H. Daniel acknowledged the tension points raised and suggested discussing them with the Board and Workforce team to address these issues. He advised that the survey had revealed a significant amount of work that required attention.

Resolution Committee Members NOTED the report and the dissemination of the NHS Staff Survey across Cwm Taf Morgannwg University Health board. Further consideration of the staff survey results by the whole Board, would take place at the Board Development session on 25 April 2024.

## 5.2 Strategic Equality Plan

M. Hurley-Tyers presented the report that outlined the development of the Health Board's Strategic Equality Plan for 2024-2028 as part of the Cwm Taf Morgannwg University Health Bard 2030: Our Health, Our Future Strategy.

K. Palmer queried whether the work environment and estate issues were being addressed in the Strategic Equality Plan or elsewhere. H. Daniel identified that there was a gap in estate concerns and advised that certain issues were reviewed at the Health, Safety, and Fire Sub Committee Meetings, and in some cases escalated to the Executive Leadership Team.

N. Milligan referred to the clinical excellence awards that revealed that only a small percentage of female consultants had applied for the award. M. Hurley-Tyers acknowledged and advised she would collaborate with colleagues to explore the reasons behind the gender disparity in award application and take any findings to a future Committee Meeting. In addition, H. Daniel emphasised the need for a well-defined plan for the next steps and suggested it should be included in the Health Boards recruitment plans.

M. Hurley-Tyers announced the formation of an annual plan for analysing gender pay and the first edition of regulated standards were set to be reported in May 2024.

D. Jouvenat suggested a comprehensive communication strategy for employees to apply for clinical awards. S. Davies acknowledged the need to encourage staff to apply for clinical awards and assured the Committee that

those who had submitted applications had been assisted throughout the process.

The report was NOTED.

Resolution

- Investigate the gender disparity gap and identify factors contributing to award applications.

Action

5.3

Revalidating Quality Review report

S. Davies presented the report that provides an update on the recent review undertaken by the Revalidations Support Unit and highlighted key recommendations provided;

- Percentage of appraisals completed by Specialty and Associate Specialist (SAS)/Locally employed Doctors
- Deferral rate
- Need for lay representative for Quality Assurance Meetings.

D. Jouvenat queried deferral procedures and the aid provided to individuals. S. Davies advised that the higher-than-average rate was due to short-term deferrals that had resulted in multiple deferrals for the same person. She added that deferrals are now accepted for longer periods of time, and the most prevalent cause was a lack of 360 degree feedback, which is required every five years. She clarified that appraisers would be prompted to complete the 360 degree feedback in their third year.

Resolution

Committee Members NOTED the contents of the report.

5.4

Works Metrics Report

N. Evans updated the Committee on key workforce metrics for January/February 2024.

H. Daniel queried the tables on page 147 that examined the 'Efficiency of Recruitment' procedure as it contained historical data. He suggested an in-depth review of the data. N. Evans agreed to action and prepare a report on recruitment modernisation.

G. Padmore-Dix identified a pattern in midwifery and nursing illness as something worth tracking. H. Daniel explained that the issue was due to seasonal changes and suggested that the Workforce colleagues would develop a communication strategy to address these patterns of illness.

G. Padmore-Dix explained the lateral move policy and the misunderstanding surrounding whom it applied to; he advised that there was a lot of communication work being done to present the policy to the wider workforce.

N. Milligan expressed some concerns that the lateral move policy not effectively targeting the right individuals and advised that managers had not

actively promoted it due to anticipation that it would result in more vacant positions. She explained that some staff believe it is only eligible for acute areas, and that further work would be required to promote it to all Band 5 Nurses.

N. Milligan requested an update on the recruitment of the 8A role funded by Health Education and Improvement Wales. H. Daniel confirmed an individual had been appointed and as a first task would be reviewing the Health Board's communication with the workforce.

N. Milligan referred to low compliance rates in care groups. H. Daniel advised that there was an ongoing analysis being undertaken to reduce mandatory training requirements and that the proposed solution could potentially enhance compliance rates. He agreed to inform the Committee of the outcome.

Resolution      The Committee NOTED the report.

- Action
- The Workforce Team was tasked to complete a deep dive into the efficiency of recruitment data and produce a report on recruitment modernisation with the findings.
  - The Workforce Team was tasked with reviewing mandatory training requirements and to determine if they can be reduced.

## 6. SUSTAINING OUR FUTURE

6.1                      Development of the CTM People Plan Progress Report – Presentation  
H. Daniel gave a presentation on the progress of the CTM People Plan and how the '10 people priorities' links to CTM 2030.

K. Palmer proposed that given that the Care Groups were still in their infancy, it would be useful to work with them to establish how the People Plan would be implemented. H. Daniel advised that they were developing a strategic leadership plan which was due to be completed by July/August 2024, which included incorporating the 10 priority structures into Care Groups.

Resolution      Committee Members NOTED the timetable for engagement, consultation and approval of the People Plan.

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

N. Milligan commented that it was pleasing to see the decrease in Employee Resolution cases and acknowledged progress in resolving mediations. K. Wright advised that the data for Q4 was not available for full presentation due to the change in the date of the meeting. She added that the report

would be adjusted in April 2024 to report to the Committee at the August 2024 meeting.

Resolution The Committee NOTED the current areas of Employee Relations activity and reduction in case numbers

Action - To finalise the quarter 4 Employee Relations and Professional Registration Fitness to Practice referral data and provide a comprehensive report at the August Committee meeting

6.3 Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across CTM  
R. Hughes presented the report on the progress to the development of a new strategy implemented across the Health Board for basic life support and other resuscitation training for staff.

N. Milligan queried the distribution of basic life support kits into clinical areas for trainers to provide training. R. Hughes confirmed that this was integrated into the training model and had received successful outcomes. G. Padmore-Dix clarified that there were no concerns around 40% of staff compliance rate as cardiac arrest and Emergency Team rates were within the compliance range.

K. Palmer queried training timelines and possible risks. R. Hughes acknowledged that compliance data would serve as a baseline, although additional work was required to increase efficiency and reach an 80% compliance rate. G. Padmore-Dix assured the Committee that Basic Support Training compliance was being monitored.

N. Milligan queried whether staff trained in Intermediate Life Support would also be recorded as trained in Basic Life Support. G. Padmore-Dix clarified that Basic Life support and Intermediate Life support were not recorded as one. He advised that the inspection by Healthcare Inspectorate Wales (HIW) had showed Basic Life support compliance at 35% and Intermediate Life Support at 80%, suggesting a higher compliance rate if both were recorded as one.

Resolution The Committee NOTED the report.

6.4 Referral from Audit Committee

G Watts presented the referral from the Audit and Risk Committee following their meeting held on 22 February 2024, He advised the referral was arose from a report of the Local Counter Fraud Team.

The report had raised a fraud risk in relation to fitness to practice due to an agency worker had been booked, worked and paid, in respect of four back to back shifts over two consecutive days, across two different hospital sites and had registered with two separate agencies to enable the placements.

N. Evans provided Members with an assurance that continuous co-operative efforts with Corporate Nursing would ensure that bank staff checks and the automated booking process had the necessary safeguards in place, as well as alerts for nurses trying to work consecutive shifts for multiple agencies.

Resolution      The Committee NOTED the referral and the response provided.

7                    OTHER MATTERS

7.1                Committee Highlight Report to Board

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

7.2                Forward Work Plan

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

7.3                Any Other Urgent Business

N. Milligan referred to the Seren Awards and the fact that there had only been three winners in the preceding six months, despite the fact it was intended to be one every month. She expressed concern that the awards had become less meaningful and added that it was imperative to deliver and promote the awards. She also indicated that it would be helpful to receive the figures on the amount of nominations there had been overall, from its beginning to date.

G. Padmore-Dix, provided assurance that there had been discussions around the Seren Awards and the Communications team were overwhelmed with nominations and the different processes required to award a winner. He advised that the nominations were reviewed through a panel and the final 10 were then presented to the Executive Leadership Group to determine the overall winner

N. Milligan added that the awards highlighted the diversity and calibre of work within the Health Board.

K. Palmer also questioned the process and the necessity of putting the nominees through a panel screening. G. Padmore-Dix agreed to review the points raised and have a further discussion with the Director of Engagement, Communications, and Fundraising.

M. Penny advised that an Improvement Celebration day was being held on 11th July 2024 and advised he would send the invitation to Committee Members should they wish to attend.

Action - The Director of Engagement, Communications and Fundraising would address concerns raised regarding the Seren Awards, and provide and update to Members at the next Committee meeting.

7.4 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.

8. DATE AND TIME OF NEXT MEETING

7 August 2024 – Seminar Room 2, Dental Post Grad Unit, Prince Charles Hospital



People & Culture Committee

PEOPLE & CULTURE COMMITTEE ANNUAL REPORT  
2023-24

Dyddiad y Cyfarfod / Date of Meeting	08/08/2024
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	Endorse for Board Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
PCC	People & Culture Committee
CTMUHB	Cwm Taf Morgannwg University Health Board

1. Situation /Background

- 1.1 The purpose of this report is to highlight the activities and performance of the People & Culture Committee (PCC) during 2023-2024.
- 1.2 The Chair of the PCC is required to present an annual report outlining Committee business throughout the financial year to provide the Board with assurances on the monitoring and scrutiny undertaken in relation to those issues set out under the Terms of Reference (TOR) for this Committee.
- 1.3 The Committee's draft Annual Report for 2023-2024 is presented at Appendix 1 for endorsing.
- 1.4 The revised Terms of Reference for the PCC Committee were last approved by the Board in August 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](https://www.nhs.uk/standing-orders-cwm-taf-morgannwg-university-health-board).
- 1.5 An annual self-assessment questionnaire is also required to be undertaken and this will be completed by members outside of the meeting, the results of which will be reviewed at the November 2024 meeting

2. Specific Matters for Consideration

- 2.1 The Committee is asked to approve the PC Committee Annual Report for 2023-2024.

3. Key Risks / Matters for Escalation

- 3.1 The publication of the annual report demonstrates compliance with the Standing Orders, which stipulates that each Committee is required to submit an annual report to the Board through the Chair at the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not applicable.
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	



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

5. Recommendation

5.1 The Committee are asked to ENDORSE FOR BOARD APPROVAL the People & Culture Committee Annual Report for 2023-24

6. Next Steps

6.1 Members of the Committee to undertake its Annual Self Effectiveness Survey to be reviewed at the November 2024 meeting.

# PEOPLE & CULTURE COMMITTEE

## Draft Annual Report 2023-2024

## FOREWORD

I am pleased to present this second Annual Report of the CTMUHB Committee which outlines the activity between 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

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

During the year my fellow Independent Members - Nicola Milligan as Vice Chair, Mel Jehu, Lynda Thomas have once again offered considerable knowledge and wide-ranging experience to the Committee. In July 2023 we welcomed our newest member, Geraint Hopkins who replaced Mel Jehu as a Member and whose knowledge and expertise has helped to strengthen the membership of the Committee. I would like to extend my thanks to Mel Jehu for his outstanding contribution to the Committee as a Member of the Committee from its onset.

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

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

I commend this Annual Report to you.

Dilys Jouvenat  
Chair of the People & Culture Committee 2023/2024  
Independent Member

# People & Culture Committee

## Annual Report 2023/2024

### 1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee for the year 2023/2024 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Cycle of Business' for 2024-25 was approved by the Committee at their February 2024 meeting. This is an important component in ensuring that the Committee effectively carries out its role.
- 1.3 The Annual Report reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to people and culture issues.

### 2. Role and Responsibilities

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

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

### 3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Committee Vice-Chair, Executive Lead and Meeting Secretariat develop the final agenda using the cycle of business and forward work plan. Committee meeting dates being set out in advance.
- 3.2 The secretariat for the meeting is determined by the Director of Corporate Governance.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

### 4. Operating Arrangements

- 4.1 The revised Terms of Reference for the People & Culture Committee were last approved by the Board in November 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#). As part of the wider review being undertaken in relation to the

Effective Management of Board Business the terms of reference are being reviewed and will be reviewed by the Board in September 2024. The people elements will be captured within the new Committee structure and the People & Culture Committee in its current form will no longer exist.

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

5. Membership, Frequency and Attendance

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

5.2 As of July 2023 the Committee revised its Independent Member membership of the Committee with a new member, Geraint Hopkins who replaced Mel Jehu.

5.3 During the year the Committee met on four occasions, May, August and November 2023 and February 2024.

Independent Member attendance at these three meetings was follows:

Name	People & Culture Committee
Dilys Jouvenat (Committee Chair)	4 out of 4
Nicola Milligan (Committee Vice-Chair)	4 out of 4
Mel Jehu (until July 2023)	0 out 1
Lynda Thomas	2 out of 4
Geraint Hopkins	2 out of 3

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

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

5.6 All of the meeting papers for this Committee during 2023/2024 are available publically via the CTMUHB [website](#). If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. The Committee held one In Committee session in November 2023.

6. Committee Activity 2023/2024

6.1 The Committee prioritise its work plan and the following topics were considered at its four meetings during 2023/24:

- Values & Behaviours Framework
- Workforce Metrics Analysis

- Employee Experience & Wellbeing
- Employee Relations
- Values and Behaviours
- Culture
- Strategic Equality Plan
- Organisational Risk Register
- Disclosure & Barring Service Assurance
- Equality, Diversity & Inclusion (including Welsh Language and Black and Asian Ethnic Minority (BAME))
- Strategic Workforce Planning
- Recruitment and Retention
- Welsh Language Standards Annual Report
- Equality Annual Report
- Gender Equality Annual Report
- National Community Nursing Specification
- Development of the Inspiring People Plan
- Implementation of the speaking Up Safely Framework
- Staff Recognition
- Outcome of the NHS Wales Staff Survey
- Revalidating Quality Review
- Development of the CTM People Plan
- Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across CTM.
- WHC/2023-046 – All Wales Control Framework for Flexible Workforce Capacity – Baseline Return to Welsh Government
- Job Planning Data Incident – Learning and Plan for Improvement
- Retention Update on the Lateral Moves Scheme Phase Two Implementation of New Leadership & Management Service Structure
- Spotlight: Presentation on Pharmacy – Collective Leadership
- Spotlight: Supported Intern Apprenticeships – Video
- Spotlight: Presentation on Widening Access

During 2023-24 the Committee approved the following policies:

- Flexible Working Policy
- Overtime and Additional Hours
- Alcohol and Substance Misuse
- Employee Wellbeing
- Re-location Expenses
- Learning & Development
- Staff Bank
- Death in Service
- Honorary Contract Procedure Policy

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

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

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

- Audit & Risk Committee - Local Counter Fraud Report – Fitness to Practice
- Quality & Safety Committee – Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across CTM

## 7. Achievements and Plans

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

## 8. Committee Effectiveness & Performance

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

8.2 A 'Committee Effectiveness Questionnaire' was issued following the August 2023 meeting, the outcome was reported to the Committee in November 2023 in order that recommendations and aligned actions can once again be developed and implemented in terms of areas identified for improvement.

## 9. Reporting the Committee's Work

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

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

## 10. Conclusion and way forward

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

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

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



## People & Culture Committee

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

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

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

Acronyms / Glossary of Terms	



1. Situation /Background

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

1.2 The Cycle of Business covers the period 1 February 2024 to 31 March 2025.

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

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

4. Assessment

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



Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The People & Culture Committee are asked to NOTE the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.

# People & Culture Committee

## Cycle of Business (1<sup>st</sup> February 2024 – 31<sup>st</sup> March 2025)

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

The Cycle of Business covers the period 1<sup>st</sup> February 2024 to 31<sup>st</sup> March 2025.

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

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

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

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

People & Culture Committee Cycle of Business (1<sup>st</sup> February 2024 – 31<sup>st</sup> March 2025)

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

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

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 18.07.24)
5.2	April 2024	Strategic Equality Plan Investigate the gender disparity gap and identify factors contributing to award applications.	Assistant Director of OD and Wellbeing	August 2024	<p>The high level SEP is up and published, but the actions underneath are being built. The hope is that it will be completed by September as we have a lot of government guidelines to include and we are working hard to bring fully to fruition.</p> <p>The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.</p>
5.4	April 2024	Workforce Metrics Report <ul style="list-style-type: none"> <li>Workforce Team was tasked to complete a deep dive into the efficiency of recruitment data and produce a</li> </ul>	Interim Assistant Director of Strategic Workforce Planning	August 2024	Update to be provided within the Workforce Metrics Report

		<p>report on recruitment modernisation.</p> <ul style="list-style-type: none"> <li>• Workforce Team was tasked with reviewing mandatory training requirements and to determine if they can be reduced.</li> </ul>			
6.2	April 2024	<p>Employee Relations Report</p> <p>To finalise the Quarter 4 employee Relations and Professional Registration Fitness to Practice referral data and provide an update at the August meeting.</p>	Assistant Director of Governance, Policy & Risk	August 2024	This information will be presented in the ER report on the agenda for the 7 August 2024
6.1	November 2023	<p>Employee Relations Report</p> <p>To review the alignment of the culture leadership work within the respect and resolution cases.</p>	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

4.1	February 2024	<p>Organisational Risk Register</p> <p>To review the Risk 1133 relating to the staffing in the Emergency Department at the Royal Glamorgan Hospital</p>	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.
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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	Director for People	November 2023	Completed/Ongoing Update provided at the February 23 Committee meeting which included work with the networks.

		time and resource required to dedicate to this activity.			In May 23 a more extensive equality, diversity and inclusion session was held which included the contribution of staff networks, further to the review of action plans and terms of reference with each network.
02.23.08	February 2023	Organisational Risk Register To receive an update from mental health colleagues on Risk 4722 and to update the consolidated risks with the Quality and Safety Committee.	Assistant Director of Governance & Risk	May 2023	Completed This risk was de-escalated from the organisational risk register in March 2023. The rationale for the score reduction is that the service area can now report that there is a Consultant Responsible Clinician for 3 areas, with CD Responsible Clinician for 1 area. Community Consultants are stable and set to improve with appointments in early February (Locum).  Risk to be monitored by the MH and LD Care Group.

02.23.12	February 2023	PCH Progress on Cultural Transformation and Improvement work To circulate the Theatres Newsletter to Members of the Committee.	Governance Team	February 2023	Completed Newsletter circulated via email following meeting.
02.23.17	February 2023	Workforce Metrics Report Data on return to work compliance to be reviewed outside of the meeting	Assistant Director, Strategic Workforce Planning'	May 2023	Completed The compliance reviewed by Head of People and Independent Member and it was confirmed that the figures had been for November 22. More recent figures were provided along with details on the plan going forward.
02.23.17	February 2023	Workforce Metrics Report Outcomes and actions to be included in future reports	Assistant Director, Strategic Workforce Planning'	May 2023	Completed Detail to be included in the report to be received in August 2023 and all reports moving forward.
05.22.9	May 2022	Disclosure & Barring Service Further update to be provided to the Committee at a future meeting.	Assistant Director, Workforce & OD	November 2022	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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## People & Culture Committee

### People Policies For Approval

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Claire Nicholas, Head of Policy, Compliance and Agenda for Change
Cyflwynydd yr Adroddiad / Report Presenter	Karen Wright, Assistant Director of Policy, Governance and Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Local Partnership Forum	18/06/2024	Endorsed

Acronyms / Glossary of Terms	
FAQs	Frequently Asked Questions
LPF	Local Partnership Forum
PPRG	People Policy Review Group

## 1. Situation /Background

1.1 The purpose of the report is to present the People policy set out below.

## 2. Specific Matters for Consideration

### 2.1 All Wales Respect and Resolution at Work Policy

The Welsh Partnership Forum has recently reviewed, in partnership, the All Wales Respect and Resolution at Work Policy and the accompanying Frequently asked Questions (FAQs). The revised policy and FAQs were approved at the Welsh Partnership Forum meeting held on 21 March 2024, and the Medical and Dental Business Group meeting held on 22 May 2024. This All Wales Policy applies to all NHS Wales employees.

This revised All Wales Policy was presented to the LPF Chair's, to take Chairs action on the 15 July 2024, to request that this policy be endorsed to progress to the People and Culture Committee on 7 August 2024, for approval. Via the Chair's Action process, the policy has been endorsed to be submitted to the People and Culture Committee for approval.

There are only minor changes to the policy itself, with additional text included at paragraph 2.2, to clarify that the status quo at the time an employee makes a request for resolution will normally remain in place throughout the policy, except in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.

Additional text has also been included in paragraph 2.4 to strengthen the provisions relating to bullying and harassment. The policy now clarifies that allegations of this nature should be dealt with at the formal stage of process, where appropriate, and if there is sufficient evidence obtained via the initial assessment of fact process, to move to invoke either the disciplinary or capability process. The revised policy also reinforces that employees must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated.

The FAQs have been significantly updated to ensure they are more comprehensive and detailed, to address the questions and concerns raised by employee since the implementation of this policy in 2022, regarding the Respect and Resolution at Work Policy.



2 Key Risks / Matters for Escalation

3.1 The above policy meets all legal and contractual obligations and reflect best practice. The above policy has been developed at an All Wales level, in partnership with trade union colleagues.

3 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	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 <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment



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

#### 4 Recommendation

- 4.1 The People and Culture Committee is asked to APPROVE the revised All Wales Respect and Resolution at Work Policy and accompanying FAQs.

#### 5 Next Steps

- 5.1 Following approval, the revised policy will be uploaded onto SharePoint and distributed across the Health Board.
- 5.2 The revised All Wales policy will be socialised across the Health Board, via manager and employee engagement processes over the autumn period.

**NHS WALES**

**RESPECT AND RESOLUTION POLICY**

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## **1. ABOUT THIS POLICY**

- 1.1 We seek to ensure that all employees have access to a policy to help deal with any requests for resolution relating to their employment fairly, constructively and without unreasonable delay.
- 1.2 We aim to encourage fairness and positive relationships within the workplace. We aim to prevent bullying, harassment and any form of unacceptable behaviour.
- 1.3 We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence. Focusing on resolution is good for our organisation, it is good for you and it is good for our patients and service users.
- 1.4 We recognise conflict and disagreements in the workplace happens but should not always be viewed negatively. When conflict is managed well it leads to healthy, resilient and positive working relationships. We strive for a workplace where everyone can engage with each other constructively and use the toolkit available to seek their own resolution as far as possible.
- 1.5 If this happens, we will support employees and managers to work together to resolve any issues and conflict constructively and quickly.
- 1.6 We commit to resolving issues at the earliest opportunity without resorting to a formal policy. As a last resort it may be necessary to use the formal part of this policy to resolve disputes or issues. This policy sets out our commitment to helping you seek a resolution.
- 1.7 This policy applies to all employees.
- 1.8 This policy has been agreed by the Wales Partnership Forum.
- 1.9 This policy constitutes the formal grievance policy.
- 1.10 The Core Principles of NHS Wales are central to this policy and apply throughout.

## **2. USING THIS POLICY**

- 2.1 This Resolution Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts and complaints. Issues that could cause disagreements, conflicts or complaints may include but are not limited to:
  - (a) terms and conditions of employment;
  - (b) health and safety;
  - (c) work relations;

- (d) bullying and harassment;
- (e) new working practices;
- (f) working environment;
- (g) organisational change; and
- (h) discrimination.

2.2 The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.

2.3 Everyone should ensure that issues are dealt with in a fair and consistent way and dealt with quickly and supportively.

2.4 Every workplace in the NHS in Wales should be free from bullying and harassment. We are committed to ensure all staff are treated, and treat others, with dignity and respect. This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events, social functions or online. It covers bullying and harassment by staff (which may include contractors and agency workers) and also by third parties such as patients and visitors to our premises.

Conversely, staff who have experienced bullying, harassment or discrimination (such as racism) may have experiences not being believed, not taken seriously, or not having issues addressed. They may feel discouraged from raising issues, poorly treated or revictimized through the process, resulting in significant detrimental mental health impacts on individuals. Such allegations should come in at the formal stage of the respect and resolution process, where appropriate, and if there was evidence in line with initial assessment we would move to disciplinary or capability processes.

Whilst it would not be appropriate for an employee to specify a pre-determined sanction (such as disciplinary action) as a potential resolution, staff must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated.

Compassionate leadership principles and approaches should be applied throughout, supported by training in applying the policy in an anti-discriminatory and culturally competent manner.

In particular, the culture of blaming those who have raised experiences of racism, whilst denying NHS Wales organisations are systemically racist, needs to be actively acknowledged and addressed.

### 3. INFORMAL RESOLUTION

- 3.1 It is our aim that we each take ownership of our relationships so that they are as healthy as possible. To help this, a [toolkit](#) has been developed which includes these useful approaches:
- (a) Reflecting Tips on how we can have healthy relationships
  - (b) Having a Cuppa Conversation
  - (c) Discussing with an appropriate leader/manager
  - (d) Taking part in an independently Facilitated Conversation
  - (e) Accessing accredited Mediation.
- 3.2 It is expected that the variety of tools and resources available are used to help resolve the issue(s) prior to raising a formal request for resolution. This can be done with the support of your line manager though this may not always be necessary.
- 3.3 Most disagreements can be resolved quickly and informally through discussion with your colleagues or line manager. If you feel unable to speak to your manager, for example, because the issue involves them, then you should speak informally to a more senior manager, your Trade Union Representative or a member of Human Resources. If this does not resolve the issue, you should follow the formal part of the policy below.

### 4. FORMAL REQUEST FOR RESOLUTION

- 4.1 This step of the policy constitutes a formal grievance.
- 4.2 If your issues cannot be resolved informally by using the resources outlined in the toolkit, you should put your request for resolution in writing and submit it to your line manager (or a more senior manager if the issue involves your line manager) or a member of Human Resources.
- 4.3 Human Resources will appoint someone impartial, of sufficient seniority to consider the request. This appointment usually takes place within seven days of receiving the request. This person will be known as the Chair and will decide on the outcome of your request.
- 4.4 Your written request for resolution should contain a description of the nature of your issue, including any relevant facts, dates, names of individuals involved and the desired resolution you hope to achieve. In some situations, we may ask you to provide more information.
- 4.5 An employee may make a complaint or raise an issue in Welsh and may also respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

## **5. FORMAL RESOLUTION MEETINGS**

- 5.1 The Chair will meet with you to discuss your request for resolution. This should happen within 14 days of the chair being appointed. The purpose of this meeting is to allow you to explain your issue, explain how you think it should be resolved, enabling a decision to be reached based on the available evidence and representations you have made. The focus of this meeting will be seeking a resolution.
- 5.2 Depending on the detail included within your request for resolution the Chair will either explore the issues with you at this meeting and decide on an outcome or will initiate an investigation to enable your request to be considered further.
- 5.3 If a detailed investigation is necessary, the Chair will appoint an investigator. This will normally be an employee of the organisation who is impartial. At this stage, the terms of reference and the timescales will be agreed.
- 5.4 The level of any investigation required will depend on the nature of the issues involved and will vary from case to case. It may involve interviewing and taking statements from you and any witnesses, and/or reviewing relevant documents.
- 5.5 The Chair will make a decision based on the information gathered at the formal resolution meeting(s) and with reference to any investigation, if appropriate.
- 5.6 If it is possible the Chair will provide you with a verbal decision at the end of the meeting. In any event, we will write to you, usually within seven days of the formal resolution meeting, to inform you of the outcome and any further action that is intended to resolve the issues. We will also remind you of your right of appeal.
- 5.7 An accurate record of the meeting will be made and will be available upon request.

## **6. APPEALS**

- 6.1 If your issue has not been resolved to your satisfaction you may appeal in writing within 14 days of the date on which the decision was communicated to you in writing.
- 6.2 We will hold an appeal meeting, normally within one month of receiving your written appeal. This will be dealt with impartially by a more senior person than the Chair who has not previously been involved in the case (although they may ask anyone previously involved to be present where relevant for points of clarification).
- 6.3 This person will be known as the Appeal Chair. The Appeal Chair will be appointed by Human Resources and will usually be appointed within seven days of the appeal being received. The focus of this meeting, again, will be on seeking a resolution.
- 6.4 We will confirm our final decision in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal.

## **7. RIGHT TO BE ACCOMPANIED**

- 7.1 You may bring a companion to any investigatory meeting, resolution meeting or appeal meeting to help and support you. The companion may be either a Trade Union Representative or a work colleague.
- 7.2 At the resolution and appeal meetings your companion may address the meeting to put and sum up your case, respond on your behalf to any views expressed, ask questions and confer with you during the meeting. Your companion should not answer questions on your behalf. You may adjourn and talk privately with them at any time during the meeting.
- 7.3 All witnesses will also have the right to be accompanied.

## **8. COLLECTIVE REQUEST FOR RESOLUTION**

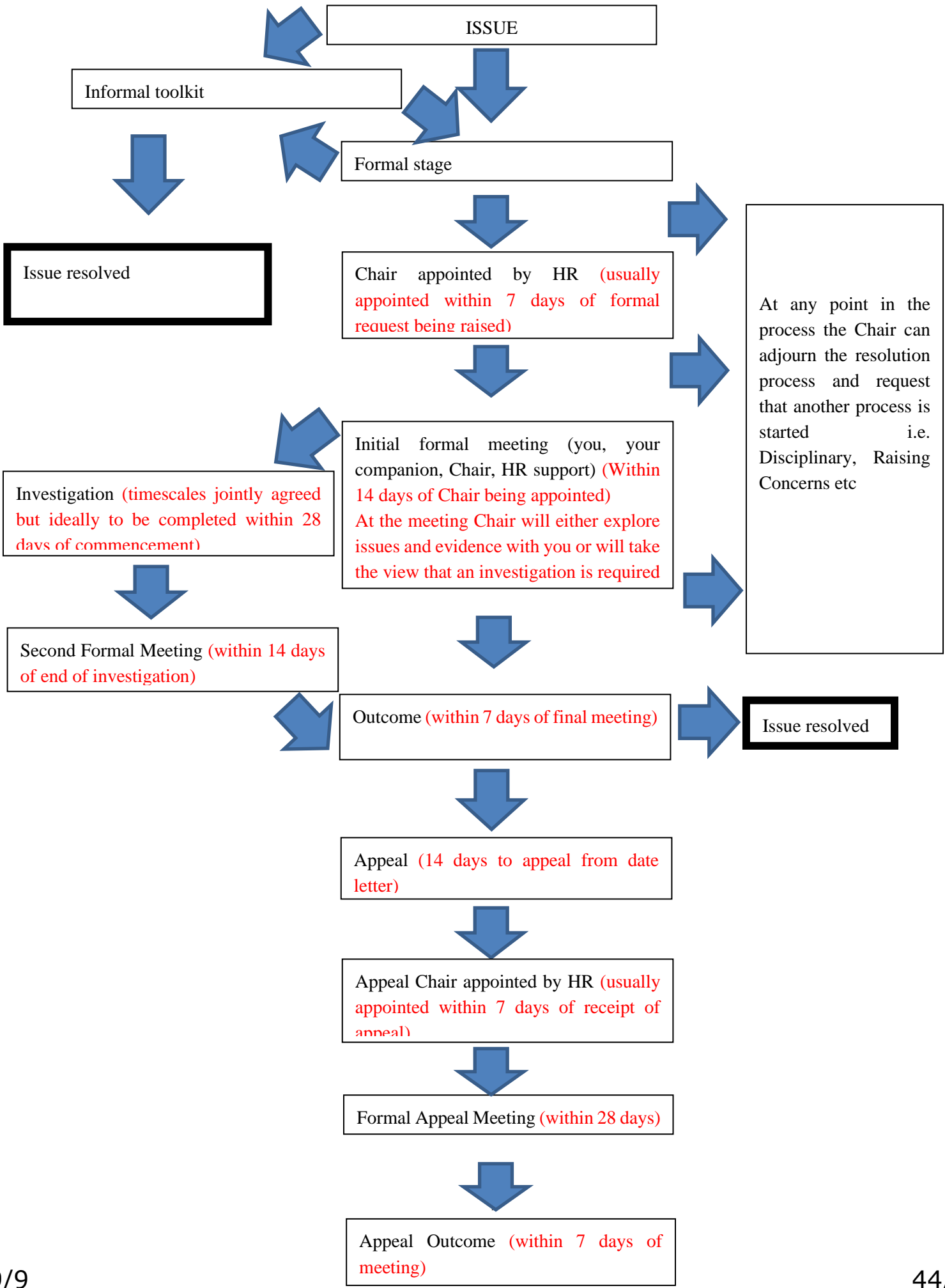
- 8.1 This part of the policy applies where more than one employee wishes to invoke the policy on the same issue. This would constitute a formal collective grievance.
- 8.2 If resolution is required for a collective issue the stages of this policy will be followed in accordance with sections 3 to 7 above. All employees who are in support of the collective request for resolution will need to be identified on the submission.
- 8.3 The number of employees attending the formal meeting to represent the collective group will be agreed at the outset (but should not normally exceed three employees plus their companion).
- 8.4 Where this policy fails to reach a resolution to the collective issue, either side may refer the matter to the Advisory Conciliation & Arbitration Service (ACAS) for advice or conciliation.

## **9. OVERLAPPING REQUESTS FOR RESOLUTION AND DISCIPLINARY PROCESSES**

- 9.1 Where you raise a request for resolution during a disciplinary process, the manager will discuss with you and your representative before a decision is made on whether the disciplinary policy should be temporarily suspended in order to deal with the request for resolution. Where the request for resolution and disciplinary cases are related it may be appropriate to deal with both issues concurrently.
- 9.2 There may be occasions when disagreements or conflict have been resolved using the toolkit however the organisation may feel that a disciplinary process is required where core values or standards have been breached.
- 9.3 In some circumstances, such as in cases of harassment or discrimination, it may be decided by the Chair that it is more appropriate to suspend the resolution process and progress the matter under the appropriate disciplinary policy.

## 10. LEARNING FROM EVENTS

- 10.1 Where appropriate we will reflect and learn from the resolution process. This stage is not a requirement but is encouraged and may be useful in helping develop healthier working environments and relationships.
- 10.2 This review should be conducted in partnership where appropriate, with a view to developing and supporting a healthy working culture. These discussions should be focused on positive outcomes and change (see [toolkit](#)).





## People & Culture Committee

### Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
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 & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	June/July	RISKS REVIEWED
Operational Management Board	12 <sup>th</sup> June 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	15 <sup>th</sup> July 2024	MANAGEMENT SIGN OFF RECEIVED
Quality & Safety Committee	23 <sup>rd</sup> July 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

Risk Review

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

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

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

2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.

2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 5<sup>th</sup> July 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

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

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

Practical Approach to Managing Risk  
Risk Assessment and Scoring  
Datix Risk Management Module

- 2.8 To date 637 members of staff trained to date since training commenced in 2021.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.10 Feedback on the training continues to be positive, please see below:
- 2.11 47 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
- 70% (33/47) provided a score of 5/5 in terms of content of the session
  - 26% (12/47) provided a score of 4/5 in terms of content of the session
  - 4% (2/47) provided a score of 3/5 in terms of content of the session
- 2.12 100% of the 47 attendees providing formal feedback found that:
- The session provided the right amount of information.
  - They gained more confidence and knowledge in risk management having attended.
  - They would recommend this training to a colleague.
- 2.13 96% of the 47 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.14 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *“Useful to understand escalation processing more detail”;*
  - *“Very well delivered with a lot of information included”;*
  - *“I realised in the session that I don’t have a good understanding of how risk is assessed in the organisation and potentially our team should be utilising this more so it initially started as confusing for me but is still very helpful”;*
  - *“Right amount of information given in the presentations and well explained by the presenter”;* and
  - *“Good comprehensive information and resources to refer to”.*

### 3. Key Risks / Matters for Escalation

#### 3.1 NEW RISKS

Nil as assigned to this Committee.

#### 3.2 CHANGES TO RISKS

Nil as assigned to this Committee.

#### Risk Score Decreased

Nil as assigned to this Committee.

#### 3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

No risks that had been escalated to the organisational risk register were closed in the July iteration.

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

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

#### 3.5 EMERGING RISKS

No emerging risks notified for inclusion in the July iteration Organisational Risk Register.



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

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Learning, Improvement & Research



(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau	Yes (Include further detail below)	



*(Pobl /Ariannol) /  
Resource Impact  
(People / Financial)*

See detail captured for each risk

## 5. Recommendation

### 5.1 The Committee are asked to:

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

## 4. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Debit 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 & Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1	5462	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnosics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Adult weight management service - Insufficient capacity to meet demand  If there is insufficient capacity within the adult weight management service to meet the demand  Then patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years.  Resulting in missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.	People are offered the lowest intervention required in line with the Health Weight Healthy Wales pathways. Those that are waiting are being supported with 'waiting well' signposting. Digital opportunities are being explored to maximise efficiencies within pathways as well as maintaining communication with patients to manage expectations on waiting list times. Existing services, both within the Health Board and with community partners are being maximised and integrated within pathways.	Update July 2024 - All mitigating actions are in place, no further actions can be taken, demand continues to exceed service capacity. Business case to expand service is in development. Next rv due 22.7.24.	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	05.07.2024	22.07.2024
11	5658	Chief Operating Officer	Diagnosics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Creating Health Improving Care	Patient / Staff /Public Safety	Lack of Diabetic service provision to Princess of Wales (POW) Critical Care  If there is no diabetic 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 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 diabetic provision to POW critical care unit due to lack of specialist critical care dietitian on the POW site and lack of funding. Therefore the nutritional needs of critical care patients on the POW site are managed by the critical care Multi Disciplinary Team.	Update July 2024 - Operational Management Board updated 15.5.24. Actions will be taken forward by Planned Care Group. Next rv due 18.7.24.	Quality & Safety Committee. People & Culture Committee - Workforce aspect	18	C4xL4	8 (C4xL2)	↔	19.12.2023	05.07.2024	18.07.2024
19	3133	Executive Director of Nursing / Deputy Chief Executive	Patient Care and Safety	Head of Clinical Education	Improving Care	Patient / Staff /Public Safety	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 July 2024 - Ongoing discussion between the Assistant Director of Nursing and the Assistant Director of Clinical Education Venables Divisional Director of Facilities to establish the most appropriate lead for this risk as the next step is to monitor compliance with training to check what impact the actions taken so far have had on this risk. It is felt that this risk should now sit with Clinical Engineering for monitoring therefore, no update action for July other than the risk has been reviewed and discussions continue. The risk will be updated in August if not before.	Quality & Safety Committee. People & Culture Committee.	16	C4 x L4	8 (C4xL2)	↔	01.05.2018	08.07.2024	16.08.2024
27	4080	Executive Medical Director Executive Director of People	Central Support Function - Medical Directorate & People Directorate	Assistant Medical Director	Improving Care	Patient / Staff /Public Safety	Failure to recruit sufficient medical and dental staff  If the CTMUB fails to recruit sufficient medical and dental staff.  Then: the CTMUB's ability to provide high quality care may be reduced.  Resulting In: a reliance on agency staff, disrupting the continuity of care for patients and potentially affecting team communication. This may affect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUB being drafted • Establishment of medical workforce productivity programme • Work to understand workforce establishment vs need • Development of 'medical bank' • Developing and supporting other roles including physicians' associates, ANPs • Improving induction and development of new doctors	Update June 2024 - The First Performance and Escalation Group, & Workforce Framework Group and Medical Workforce Productivity Board meetings have now taken place. Clear Key Performance Indicators have been drawn out and agreed at V&E. Care Groups are engaged and the programme is running to tackle the identified workforce issues. At the stage, risk remains at the same score.	Quality & Safety Committee People & Culture Committee	15	C5 x L3	10 (C5xL2)	↔	01.08.2013	14.06.2024	30.08.2024
33	1133 Linked to risk 3826	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Sustainability of the Emergency Department at the Royal Glamorgan Hospital  If the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH in line with other units within the area;  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 July 2024 - Following discussion at Audit & Risk Committee the Unscheduled Care SMT agreed to reinstate this risk on the Organisational Risk Register until the Invest to Save Paper is approved at the Executive Leadership Group. SMT risk reviewed, nurse establishment invest to save paper completed utilising the RCH BEST tool (same tool used to review the RCH nursing workforce 2021). To substantiate 2 additional registered nurse. This is ready to be presented to the executive team. In order to mitigate this risk, the increase staffing level requested has been maintained by the care group at financial risk, by utilising bank and agency staff. Next review date is 30.08.2024.	Quality & Safety Committee. People & Culture Committee - Workforce aspect	15	C5 x L3	10 (C5xL2)	Reinstated on Org Risk Register in July 2024	20.02.2014	02.07.2024	30.08.2024
34																	



## People & Culture Committee

### Welsh Language Standards Annual Performance Report 2023-24

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Ben Screen, Welsh Language Lead
Cyflwynydd yr Adroddiad / Report Presenter	Ben Screen, Welsh Language Lead
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Language Steering Group	23/05/2024	Comments received on draft report

Acronyms / Glossary of Terms	



## 1. Situation /Background

- 1.1 Each financial year the Health Board is required to publish a Welsh Language Standards Annual Report, in accordance with the Welsh Language Standards. The report covers various reporting responsibilities detailed under the individual standards. It also highlights the actions taken by the Health Board in year, to not only achieve compliance with the standards, but to continually improve the quality and consistency of the delivery of Welsh language services to our patients and service users.
- 1.2 The deadline for publication of the annual report is 31 October 2024, which is six months after the end of the financial year, to which it relates.

## 2. Specific Matters for Consideration

- 2.1 The Committee is requested to note the content and approve the report for publication.
- 2.2 The Committee is also requested to note the progress made during the reporting year, to help create a thriving Welsh language culture and identity, by improving staff skills and awareness for the benefit of our patients and the communities we serve.
- 2.3 Work has continued under the 5-theme lens for Welsh language development, with a selection of key achievements noted below.

### 2.3.1 Under the Communications & Engagement Theme:

- A continued focus on behaviour and cultural change, based on a recognised behaviour change methodology, working in co-operation with staff to improve awareness and break down barriers to better Welsh language provision. This culminated in the 'Hiraeth Campaign' in March 2024;
- Development of an internal engagement framework to structure messaging around Welsh, focusing on learning and development, sharing success stories of using Welsh, patient experience stories and regular information on what support is available to support the use of Welsh; and

- Website and leaflet developed and promoted to ensure patients know what their language rights are under the Welsh Language Standards.

#### 2.3.2 Under the Action Planning & Monitoring Theme:

- Continued use of the e-whiteboards to record patient language need;
- PREMs data for services that have included a question on language need show that patients are able to use Welsh in many areas;
- In-Patient Active Offer Policy developed, to ensure patients on in-patient wards are asked which language they need to use;
- A dip sample of 86 areas across the Health Board showed high levels of awareness of the Welsh Language Standards among managers;
- Case studies in report from Therapies, Paediatrics, Maternity, Radiology and Facilities show how the Welsh language has been embraced; and
- New Equality and Welsh Language Impact Assessment created, fully inclusive of the Welsh language policy framework.

#### 2.3.3 Under the Employee Experience & Bilingual Workplace Theme:

- Welsh included under 'Inclusivity' in new Leadership Competency Model, with first content to be used with 'Inspire';

#### 2.3.4 Under the Governance & Accountability Theme:

- The Welsh Language Steering Group has continued to meet and strengthen; and
- Evidence of the Welsh language being discussed at key management meetings across the Health Board.

#### 2.3.5 Under the Workforce Planning and Recruitment Theme:

- Work has continued with Learn Welsh Glamorgan for all levels of Welsh, supporting staff across the organisation to access quality Welsh language teaching provision. This has included the Health Board successfully taking advantage of the fully-funded Confidence Raising Scheme, to develop under-confident Welsh speakers.



3 Key Risks / Matters for Escalation

3.1 The report includes a full assurance assessment detailing areas where compliance has not been reached.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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 <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Wales of Vibrant Culture & Thriving Welsh Language
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
<i>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?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  This is a covering paper for a statutory report; no policy decision has been made.
<i>Cyfreithiol / Legal</i>	Yes (Include further detail below)	
	Report highlights areas of non-compliance with statutory duties.	
<i>Enw da / Reputational</i>	Yes (Include further detail below)	
	Report must be published by October 2024, and detail included within it highlights non-compliance with statutory duties.	
<i>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5 Recommendation

- 5.1 The People and Culture Committee is asked to NOTE and ENDORSE the Welsh Language Annual Report for publication on or before the 31 October 2024.

## 6 Next Steps

- 6.1 Operational plan formulated for Welsh language development for 2023-24, taking account of current position against the Standards as noted in the report. Progress with this plan is being monitored via the Welsh Language Development Dashboard.



## Y Pwyllgor Pobl a Diwylliant

### Adroddiad Perfformiad Blynyddol Safonau'r Gymraeg 2023-24

Dyddiad y Cyfarfod / Dyddiad y Cyfarfod	07/08/2024
Statws Cyhoeddi / Cyhoeddi	Agored/ Cyhoeddus Ddim yn berthnasol
Awdur yr Adroddiad	Ben Screen, Arweinydd Y Gymraeg
Llwynydd yr Adroddiad / Report Cyflwynydd	Ben Screen, Arweinydd Y Gymraeg
Noddwr Gweithredol yr Adroddiad / Noddwr Gweithredol yr Adroddiad	Hywel Daniel, Cyfarwyddwr Gweithredol Pobl

Adroddiad yr Adroddiad / Pwrpas yr Adroddiad	Cefnogi ar gyfer cymeradwyaeth Bwrdd
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Ymrwymiad (mewnol/allanol) a wnaed hyd yma (gan gynnwys derbyn/ystyried yn y <b>Pwyllgor/Grŵp</b> )		
Pwyllgor / <b>Grŵp</b> / Unigolion	Dyddiad	Canlyniad
Grŵp Llywio'r Gymraeg	23/05/2024	Sylwadau a dderbyniwyd ar yr adroddiad drafft

Acronymau / Geirfa Termiau	



## 1 Sefyllfa/Cefndir

- 1.1 Bob blwyddyn ariannol mae'n ofynnol i'r Bwrdd Iechyd gyhoeddi Adroddiad Blynyddol Safonau'r Gymraeg, yn unol â Safonau'r Gymraeg. Mae'r adroddiad yn ymdrin â gwahanol gyfrifoldebau adrodd y manylir arnynt o dan y safonau unigol. Mae hefyd yn amlygu'r camau a gymerwyd gan y Bwrdd Iechyd yn ystod y flwyddyn, nid yn unig i sicrhau cydymffurfiaeth â'r safonau, ond i wella'n barhaus ansawdd a chysondeb darpariaeth gwasanaethau Cymraeg i'n cleifion a defnyddwyr gwasanaeth.
- 1.2 Y dyddiad cau ar gyfer cyhoeddi'r adroddiad blynyddol yw 31 Hydref 2024, sef chwe mis ar ôl diwedd y flwyddyn ariannol y mae'n ymwneud â hi.

## 2 Materion Penodol i'w Hystyried

- 2.1 Gofynnir i'r Pwyllgor nodi'r cynnwys a chymeradwyo'r adroddiad i'w gyhoeddi.
- 2.2 Gofynnir hefyd i'r Pwyllgor nodi'r cynnydd a wnaed yn ystod y flwyddyn adrodd, wrth greu diwylliant a hunaniaeth Gymraeg lewyrchus, drwy wella sgiliau ac ymwybyddiaeth staff er budd ein cleifion a'r cymunedau yr ydym yn eu gwasanaethu.
- 2.3 Mae gwaith wedi parhau o dan lens 5 thema ar gyfer datblygu'r Gymraeg, gyda detholiad o gyflawniadau allweddol wedi'u nodi isod.

### 2.3.1 O dan y Thema Cyfathrebu ac Ymgysylltu:

- Ffocws parhaus ar ymddygiad a newid diwylliannol, yn seiliedig ar fethodoleg newid ymddygiad gydnabyddedig, gweithio mewn cydweithrediad â staff i wella ymwybyddiaeth a chwalu rhwystrau i ddarpariaeth Gymraeg well. Yn goron ar hyn oedd 'Ymgyrch Hiraeth' ym mis Mawrth 2024;
- Datblygu fframwaith ymgysylltu mewnol i strwythuro negeseuon o amgylch y Gymraeg, gan ganolbwyntio ar ddysgu a datblygu, rhannu hanesion llwyddiant o ddefnyddio'r Gymraeg, hanesion profiad cleifion a gwybodaeth reolaidd am ba gymorth sydd ar gael i gefnogi'r defnydd o'r Gymraeg; a

Gwefan a thaflen wedi'u datblygu a'u hyrwyddo i sicrhau bod cleifion yn gwybod beth yw eu hawliau iaith o dan Safonau'r Gymraeg.

#### 2.3.2 O dan y Thema Cynllunio Gweithredu a Monitro:

- Defnydd parhaus o'r e-fyrddau gwyn i gofnodi anghenion iaith cleifion;
- Mae data PREMs ar gyfer gwasanaethau sydd wedi cynnwys cwestiwn ar angen iaith yn dangos bod cleifion yn gallu defnyddio'r Gymraeg mewn sawl maes;
- Datblygu Polisi Cynnig Rhagweithiol Cleifion Mewnol, i sicrhau y gofynnir i gleifion ar wardiau mewnol pa iaith y mae angen iddynt ei defnyddio;
- Dangosodd sampl ar hap o 86 o feysydd ar draws y Bwrdd Iechyd lefelau uchel o ymwybyddiaeth o Safonau'r Gymraeg ymhlith rheolwyr;
- Mae astudiaethau achos yn yr adroddiad o Therapiau, Pediatreg, Mamolaeth, Radioleg a Chyfleusterau yn dangos sut mae'r Gymraeg wedi'i chofleidio; a
- Asesiad newydd o'r Effaith ar Gydraddoldeb a'r Gymraeg wedi'i greu, sy'n ystyried fframwaith polisi'r Gymraeg yn llawn.

#### 2.3.3 dan Thema Profiad Gweithiwr a Gweithle Dwyieithog:

- Cymraeg wedi'i chynnwys o dan 'Cynwysoldeb' yn y Model Cymhwysedd Arweinyddiaeth newydd, gyda'r cynnwys cyntaf i'w ddefnyddio gydag 'Inspire';

#### 2.3.4 dan y Thema Llywodraethu ac Atebolrwydd:

- Mae Grŵp Llywio'r Gymraeg wedi parhau i gyfarfod a chryfhau; a
- Tystiolaeth bod y Gymraeg yn cael ei thrafod mewn cyfarfodydd rheoli allweddol ar draws y Bwrdd Iechyd.

#### 2.3.5 O dan Thema Cynllunio'r Gweithlu a Recriwtio:

- Mae gwaith wedi parhau gyda Dysgu Cymraeg Morgannwg ar gyfer pob lefel o Gymraeg, gan gefnogi staff ar draws y sefydliad i gael mynediad at ddarpariaeth addysgu Cymraeg o safon. Mae hyn wedi cynnwys y Bwrdd Iechyd yn manteisio'n llwyddiannus ar y Cynllun Codi Hyder a ariennir yn llawn, i ddatblygu siaradwyr Cymraeg di-hyder.



### 3 Risgiau Allweddol / Materion i'w Uwchgyfeirio

3.1 Mae'r adroddiad yn cynnwys asesiad sicrwydd llawn sy'n manylu ar feysydd lle na lwyddwyd i gydymffurfio.

### 4 Asesiad

Amcanion / Strategaeth	
Dolen i Nod (au) BIP CTM / Dolen i Nod (au) Strategol BIP CTM	Ysbrydoli Pobl
	Os oes mwy nag un yn berthnasol, rhestrwch isod:
Dolen i Feysydd Strategol BIP CTM / Dolen i Feysydd Strategol BIP CTM	Ddim yn berthnasol
	Os oes mwy nag un yn berthnasol, rhestrwch isod:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant <a href="#">150623-guide-to-the-fg-act- en.pdf</a> ( <a href="#">cenedlaethaudyfodol.cymru</a> )	Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu
	Os oes mwy nag un yn berthnasol, rhestrwch isod:
Dolen i Hwyluswyr Ansawdd ( <a href="#">Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</a> ) / Dolen i Hwyluswyr Ansawdd ( <a href="#">Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</a> )	Diwylliant a Gwerthfawrogi Pobl
	Os oes mwy nag un yn berthnasol, rhestrwch isod:
Dolen i Feysydd Ansawdd ( <a href="#">Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</a> ) / Dolen i Feysydd Ansawdd ( <a href="#">Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</a> )	Canolbwyntio ar yr unigolyn
	Os oes mwy nag un yn berthnasol, rhestrwch isod:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Effaith Amgylcheddol/Cynaliadwyedd (5R)	Na - Ddim yn berthnasol
	Os oes mwy nag un yn berthnasol, rhestrwch isod:



ASESIADAU EFFAITH		
<p>Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i></p> <p>Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i></p>	Ydy <input type="checkbox"/>	Na: <input checked="" type="checkbox"/>
	Canlyniad:	Os na, cynhwyswch y rhesymeg isod:
<p>Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i></p> <p>Cydraddoldeb a'r Gymraeg <i>A ydych chi wedi cynnal Sgriniad Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i></p>	Ydy <input type="checkbox"/>	Na: <input checked="" type="checkbox"/>
	<p>Canlyniad ar gyfer Cydraddoldeb (dileer fel y bo'n briodol):</p> <p>CADARNHAOL/NIWTRAL NEGYDDOL</p> <p>Canlyniad ar gyfer y Gymraeg (dileer fel y bo'n briodol):</p> <p>CADARNHAOL/NIWTRAL NEGYDDOL</p>	<p>Os na, cynhwyswch y rhesymeg isod:</p> <p>Mae hwn yn bapur clawr ar gyfer adroddiad statudol; nid oes unrhyw benderfyniad polisi wedi'i wneud.</p>
Cyfreithiol / Legal	Ydw (Cynhwyswch fanylion pellach isod)	
	Adroddiad yn amlygu meysydd o ddiffyg cydymffurfio â dyletswyddau statudol.	
Enw da / Reputational	Ydw (Cynhwyswch fanylion pellach isod)	
	Rhaid cyhoeddi'r adroddiad erbyn mis Hydref 2024, ac mae'r manylion sydd ynddo yn amlygu diffyg cydymffurfiaeth â dyletswyddau statudol.	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i></p> <p>Effaith Adnoddau <i>(Pobl /Ariannol)</i></p>	Nid oes unrhyw effaith uniongyrchol ar adnoddau o ganlyniad i'r gweithgaredd a amlinellir yn yr adroddiad hwn.	

## 5 Argymhelliad

- 5.1 Gofynnir i'r Pwyllgor Pobl a Diwylliant NODI a CHEFNOGI Adroddiad Blynyddol y Gymraeg i'w gyhoeddi ar neu cyn 31 Hydref 2024.

## 6 Camau Nesaf

- 6.1 Lluniwyd cynllun gweithredol ar gyfer datblygu'r Gymraeg ar gyfer 2023-24, gan ystyried y sefyllfa bresennol yn erbyn y Safonau fel y nodir yn yr adroddiad. Mae cynnydd gyda'r cynllun hwn yn cael ei fonitro drwy Ddangosfwrdd Datblygu'r Gymraeg.



GIG  
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WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

DRAFFT



# Cymraeg

## Welsh Language Standards Annual Performance Report for Cwm Taf Morgannwg University Health Board 2023/24

Y Gymraeg yn CTM  
Welsh at CTM



Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Cymraeg



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

This document / form is also available in Welsh

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## About this report

This report is about what Cwm Taf Morgannwg University Health Board (CTMUHB) has done this year to provide our services in Welsh in line with the Welsh Language Standards.<sup>1</sup> We talk about our strategic approach to embedding Cymraeg throughout our organisation and what we have done this year to promote our language and its use in the care we give and services we provide. We are keen to share with you again this year how hard we have worked to weave bilingualism into all we do, and the initiatives we have implemented as part of this. Welsh is important to us as it is to many in the communities we care for. This report talks about the concrete steps we have taken which shows this commitment.

The report has also been written to comply with Welsh Language Standard 120, which requires us to publish a report on how we have complied with the Welsh Language Standards in our compliance notice. Our compliance notice sets out what we have to do by law in Welsh, and is available to read [here](#) in Welsh and [here](#) in English. If you would like advice in a clearer format on what your rights are to use Welsh with the Health Board, please see this patient information leaflet in Welsh [here](#) and in English [here](#).

This report was presented to our People and Culture Committee, a sub-committee of the Board, in August 2024 and approved for publication.

We would welcome your comments on this report and our bilingual services. If you would like to get in touch with us, please send us a message at [CTT\\_WelshLanguage@wales.nhs.uk](mailto:CTT_WelshLanguage@wales.nhs.uk) in Welsh or English. You can also give feedback on specific services you may have used via the Patient Reported Experience Measure questionnaires, available [here](#) in Welsh and [here](#) in English.

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<sup>1</sup> Any reference to 'year' in this report refers to the financial year, from April 1st 2023 to March 31st 2024.

# OUR YEAR IN NUMBERS

506

We shared, including 30 of our Welsh Language Packs, 10 'Use your Welsh here' posters to encourage use of Welsh and over 180 lanyards and badges for staff with Welsh language skills

9000

Over **9000** members of staff have completed the all-Wales language awareness course this year, resulting in **77%** of all staff at CTMUHB having completed it

8%

Increase of **8%** in number of staff who have recorded their Welsh language skills, giving us an **88%** completion rate of Welsh language skills data across CTMUHB

64

**64** members of staff have had support to learn Welsh or improve their confidence from the Health Board this year

2182

We received **2,182** requests for translation with an average of **178** requests a month

1,200,000

We translated over **1.2 million** words into Welsh

98%

Completion rate of the question related to language need on the Welsh Nursing Care Record was **98%**, as a further positive measure that the active offer is being made with in-patients

14,347

There were **14,347** visits to our Welsh language website, an increase of 2,950 visits to our Welsh language content compared with last year

522

Since launching our newly 522 designed SharePoint page in March 2024, we shared 16 digital resources on it with 522 views in the first fortnight

29

Continued use of our in-patient flow system, the digital e-whiteboards, with **29** vulnerable patients having their language need recorded as Welsh across **17** wards at **4** hospital sites

51

**51** members of staff came to our first ever session to change language behaviour, 'Cymraeg a Fi/Welsh and Me' as part of our Hiraeth campaign

100

We spoke to nearly **100** members of staff as part of our drop-in sessions at our sites, and over **40** patients, giving us the opportunity to promote Welsh and resources with our staff and talk to patients about their language rights

86

**86** departments took part in our audit over the summer to measure compliance with Welsh Language Standards, with **74%** of managers reporting they and their team understand the importance of care in Welsh

20

We launched our Internal Communications Framework in November 2023, sharing **20** pieces of strategic communications since with each update having an average of over **1000** views

8

Welsh language has been a specific agenda item in **8** senior management meetings this year, including **2** formal Board sub-committee meetings.

6

Our Welsh Language Steering Group has met **6** times this year, with lots of good practice shared and progress celebrated

10

**10** out of the **12** Patient Reported Experience Measure surveys which asked about patients use of Welsh recorded that the majority were able to use Welsh 'always' or 'usually', meaning **638** of the patients asked were able to use Welsh at least most of the time during their care this year

15

We have begun to take advantage of the Codi Hyder/Confidence Raising scheme with Learn Welsh Glamorgan, with **15** members of staff being supported as of March 2024

## Chief Executive's Foreword

I am pleased to present this year's Welsh Language Standards Performance Report. This year has seen us take further steps on our journey to becoming a leading organisation in our approach to embedding and growing our language at Cwm Taf Morgannwg University Health Board, and this report and the achievements described in it are testament to the effort and commitment of staff across our organisation to Welsh and its speakers.

Our approach to Welsh at CTMUHB is one of continued commitment to cultural and behavioural change among our staff. Welsh is about much more than compliance; it is a living, breathing language spoken by over 50,000 of our population and hundreds of our staff. It was positive this year to note that two Health Board officers were asked to present our work around cultural and behavioural change at a cohort of Leading in a Bilingual Country, facilitated by Academi Wales and Cymraeg 2050 within Welsh Government, sharing best practice with other senior leaders across the Welsh public sector. Some of the work presented at that event is discussed below and shows that CTMUHB can indeed lead on this agenda. I hope you enjoy reading about the initiatives this year to foster a healthy Welsh language culture in CTMUHB, and while there is always more to do, about which we have been transparent in this report, it is clear from this report and previous reports that there has been a sustained trend of improvement in our bilingual provision.

Welsh belongs to us all and we are proud of our contribution this year to the use of Welsh in our communities and our healthcare sites and the long-term future of our language.

**Paul Mears,**

Chief Executive Officer, Cwm Taf Morgannwg University Health Board



## Executive Summary

Readers of this report are invited to compare this report with previous reports and we are confident that over the last 5 years since Welsh Language Standards were first introduced within Cwm Taf Morgannwg University Health Board, a positive performance trajectory can be seen not only in compliance with the Standards but also in the detail we are able to provide and the quality of our reporting. CTMUHB still has work to do in many areas to offer a truly bilingual health service to our population, and where this is the case we have made this clear in the report. However, clear evidence is also provided of the positive developments and it is important that these are recognised.

These developments include:

1. A better strategic response to Welsh language policy, with Welsh included as a strategic priority in Health Board planning as part of its 'People Plan' supported by a 5-lens framework which structures annual operational planning for Welsh language development;
2. Better monitoring arrangements in terms of audit activity, data sources on compliance and the delivery of bilingual services and a clearer method of recording and displaying progress;
3. Progress on assessing business change regarding the impact on Welsh with a compliant methodology developed, with acknowledgement work is still needed around how we consult and carry out research and considering the impact on Welsh;
4. Increased maturity in terms of internal governance and accountability, with a steering group and highlight reports on compliance to Board and evidence of Welsh being discussed in senior management meetings across CTMUHB;
5. A more informed approach to the internal discourse on Welsh, using behaviour change insights to structure our internal communication around Welsh;
6. An increase in bilingual services across CTMUHB with data sources showing clearly many of our patients are benefitting from Welsh language provision, with acknowledgement that this is still inconsistent;
7. A clear plan is now in place for improving how we approach recruitment with actions to be completed by December 2024, and good progress on developing a credible offer to learn Welsh at work in co-operation with partners.

Further detail on these areas of progress is detailed throughout this report. Appendix 1 includes a full assessment for the first time on our position against all Welsh Language Standards, and how we are working to ensure we monitor progress effectively. We hope this level of transparency is welcomed.

## Strategic context

Welsh is just as important to us as it is to the communities we care for and serve. Therefore, we want to ensure we are doing all we need to do so that this rhetoric meets reality in the day-to-day interactions of our patients with our services. This requires an appropriate strategic response to make the improvements we want to see in our bilingual services.

Last year in our Welsh Language Standards report, we introduced our 5 themes to give appropriate strategic direction to operational planning for Welsh language development (see bottom of the graphic below). The graphic below goes beyond this and shows how this 5-theme lens fits into wider Health Board planning, further evidencing our maturity as an organisation committed to embedding Cymraeg into everything we do.



The remainder of this report is structured via the 5-theme lens described above, and details our performance in developing Welsh at CTMUHB.

# Theme 1: Communications & Engagement

Embedding Welsh across a large and complex healthcare system will mean a change in our organisational culture, which will mean enabling people to change their behaviours. But change in behaviour does not happen in a vacuum, and our staff will need the support and resources to do more in Welsh. Accepting this means we can start to think strategically about what needs to happen to encourage the change in behaviours we need to see across the system, so that whenever a person who speaks Welsh wants to use Welsh, they are able to do so without any friction or resistance. This is why we have put **Communications and Engagement** as the first of our five themes we focus on. This is what we have continued to do this year under this theme.

The image shows several educational materials for learning Welsh. At the top right is a poster titled 'Who gynnis arnif Give it a go!' with various icons and text. Below it is a folder titled 'Claf Cymraeg Welsh Speaker'. In the center is a large cheat sheet titled 'Cymraeg ar y Ffôn ac ar y Dderbynfa Welsh on the Phone and at Receptions'. This sheet has columns for 'Welsh', 'Phonetic', and 'English'. At the bottom, there is a box with contact information for the Welsh Language Unit.

Welsh	Phonetic	English
Bore da	Bor-eh daa 'Bor' to rhyme with 'For' or 'Saw'	Good morning
Prynhawn da	Prin-hawn daa 'Prin' to sound like 'Grin'	Good afternoon
Dydd... ddim yma	Duh-dee... thim yma 'th' like in 'This', 'That', 'Other', not 'Thisite' or 'think'	...is not here
Dydd... yn ffonio nŵl	Beeth... un fon-yoh nawl 'th' like in 'This', 'Other', 'hawl' to rhyme with 'shawl'	...will phone back
Gaa ee hel-pee	Poy seen shar-ad 'poy' to rhyme with 'boy'	Can I help?
Sorry, dwee thim un shar-ad Kum-rige	Sorry, dwee thim un shar-ad Kum-rige 'th' like in 'This', 'Other', 'rige' like 'rye' with a hard g on the end	Who's speaking?
Dich cheen hap-is ee bar-hye un say-sneg	Dich cheen hap-is ee bar-hye un say-sneg 'ch' like in German 'Bach', 'hye' like 'rye'	Sorry, I can't speak Welsh
Dee-olchu, hoyle vowr	Dee-olchu, hoyle vowr 'ch' like in German 'Bach', 'hye' like 'rye'	Are you happy to continue in English?
Am ragor o wybodaeth ac am gyrsiau, dudalen Sharepoint y gymraeg (A-Z Sites > Welsh Language Services Team)	Am ragor o wybodaeth ac am gyrsiau, dudalen Sharepoint y gymraeg (A-Z Sites > Welsh Language Services Team)	Thank you, good bye!

hyfforddiant neu wersi Cymraeg, ewch i training and lessons, visit the Welsh Language Unit).

Last year we described how we developed an internal Welsh Language Promotion Plan with specific initiatives based on recognized behaviour change methodologies. Below we outline further progress on that plan.

## Our internal Communications and Engagement Framework for Welsh

In November 2023 the Communications & Engagement Team and the Welsh Language Team co-operated on a new strategic framework to structure regular and consistent messaging around Welsh throughout the organisation, focusing on the fortnightly-staff update and other internal media channels such as the intranet. These updates have an average viewer count of over 1,000 members of staff each time they are shared.

Effective communication is essential to driving organizational change and there is lots of evidence that strategic internal communication improves employee engagement and commitment to organizational change initiatives, such as developing Welsh.<sup>2</sup>

The framework and the categories below structure the updates. The categories are based on the three elements of a recognized behaviour change methodology, COM-B. COM-B encompasses **Capability** (knowing how to do a behaviour), **Opportunity** (having the means or resources to carry out a behaviour) and **Motivation** (having the will to want to carry out a behaviour).<sup>3</sup>



The '**Da iawn**' category focusses on celebrating individual examples of best practice from staff across the organisation in complying with Welsh language standards. This allows good practice to be shared and adopted elsewhere but also builds in social proof. Social proof is an important concept in spreading behaviour change as staff are much more likely to adopt behaviours that support compliance with Welsh Language Standards if they see their own colleagues performing them. 'Da iawn' is aligned to the 'Motivation' aspect of COM-B.

The second aspect, '**It's More Than Just Words: Patient Experience**' focuses on how complying with Welsh language standards can positively impact the experience of our service users. Showing the real-world impact of behaviours on patients is an important motivator for NHS staff. This aspect is also aligned to the 'Motivation'

<sup>2</sup> Hargie, O., & Tourish, D. (2009). Auditing Organisational Communication: A Handbook of Research, Theory, and Practice. Routledge; Men, L.R., & Stacks, D.W. (2013). The impact of leadership style and employee empowerment on perceived

<sup>3</sup> A more technical discussion can be found here: Mitchie, S. et al. (2011), The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implementation Science 6(42)

aspect of COM-B.

Thirdly, **'Staff Support'** shares regular reminders about how staff are able to access resources, advice or support to embed Welsh in how they carry out their role to deliver their services. This aspect is aligned to 'Capability' and 'Opportunity' within COM-B.

Finally, **'Skills, Learning & Development'** shares regular updates and reminders about various opportunities for staff to develop their Welsh language skills and other training & development opportunities related to Welsh. This last aspect is aligned to 'Capability' in the COM-B model.

Some examples for each category can be seen on page 12. These content cards are an excellent example of increasing collaboration between the Welsh Language Team and other enabling services, in this case our Communications and Engagement Team, but also of the impact of exemplary care staff across CTMUHB provide daily.

## Our Hiraeth Campaign



In March 2024, the Organisational Development & Inclusion, Communications & Engagement and the Welsh Language Teams worked together on an internal staff engagement campaign throughout the month with the aim of raising cultural awareness, creating a space for discussion around Welsh language and identity, promoting the Welsh language resources on offer and the wider enabling services of the Welsh Language Team.

We chose to call our campaign 'Hiraeth', meaning grief or sadness after the lost or departed, longing, yearning, nostalgia, wistfulness or homesickness. 'Hiraeth' is personal to the individual but could be linked to the feeling of having lost Welsh or a connection to Wales, and a strong desire to regain this aspect of one's personal connection to Wales and Welsh heritage. We wanted to give staff the chance to (re)connect with our language, in a positive way that focused on their relationship to it. By offering staff the opportunity to 'regain' this aspect of their heritage a further aim was to contribute to a more inclusive culture, and a greater sense of 'belonging' to Welsh.

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Da iawn**  
It's more than just words: **Da iawn**

Yn gynharach y mis hwn, gwahoddodd y Tim Mamolaeth y Tim Iaith Gymraeg i ymweld â Chanolfan Geni Tiron a gwmaeth y cyfraniadau Cymraeg di-ri y mae'n eu gwneud ar draws y wardiau ar gyfer ei staff a'i gleifion argraffi fawr arno.

Earlier this month, the Maternity Team invited the Welsh Language Team to visit the Tiron Birth Centre and they were so impressed with the countless Cymraeg contributions they make across the wards for their staff and patients.

O gefnogaeth ragweithiol y tim, mae cleifion mamolaeth a theluoedd yn gallu cyfathrebu'n well mewn iaith y maen nhw'n gyfforddus yn ei dehyddio, sy'n gwneud cymaint o wahaniaeth i'w profiad.

From the team's proactive support, maternity patients and families are able to better communicate in a language they are comfortable using, which makes such a difference to their experience.

Da iawn, tmi!

Da iawn, tmi!

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Profiad y claf**  
It's more than just words: **Patient experience**

Yn mis Awst, ysgrifennodd rhiant claf ag anghenion dysgu ychwanegol at y Bwrdd Iechyd i ddiolchi i un o'n hymysynghorwyr, Dr David Samuel am y gofal rhagorol a gafodd eu ma, Iwan...

In August, a parent of a patient with additional learning needs wrote to the Health Board to thank one of our consultants, Dr David Samuel for the exemplary care that their son, Iwan received...

"Mae'r ffaith ei fod o [Dr David Samuel] hetyd yn siarad Cymraeg wedi cefnogi Iwan i ddeall beth sy'n digwydd iddo. Mae hyn yn ganmoladwy iawn.

The fact that he [Dr David Samuel] is also a Welsh language speaker has also supported Iwan in understanding what is happening to him. This is most commendable.

Cafodd Iwan, 21, sydd â Syndrom Down a Chlefyd Crohn, gefnogaeth iawn yn ei anghenion cyfathrebu a charmolodd rhieni'r claf y Bwrdd Iechyd am ddefnyddio'r Gymraeg gydag Iwan.

Iwan, 21, who has Down's Syndrome and Crohn's Disease, was fully supported in his communication needs and the patient's parent commended the Health Board for using Welsh with Iwan.

Byddai llawer o oedolion ifanc ag anableddau dysgu yn ei chael hi'n anodd iawn aros dros nos yn yr Ysbyty sy'n amgylchedd anghyfarwydd heb eu rhieni neu ofalwyr."

Many young adults with a learning disability would find it incredibly challenging to stay overnight in hospital which is an unfamiliar environment without their parents or carers."

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Da iawn**  
It's more than just words: **Da iawn**

Yn gynharach y mis hwn, derbynododd un o'n Therapïdyddion Iaith a Lleferydd, Lowri Roberts, adborth gwych gan YGG Llantrisant ar ôl cefnogi plentyn gydag atal dweud a darparu gwybodaeth ddefnyddiol i'w gyd-ddisgyblion ar

Earlier this month, one of our Speech and Language Therapists, Lowri Roberts, received great feedback from YGG Llantrisant after supporting a child with a stammer and providing their classmates with helpful information on how to support them at school. Here's what the teacher had to say...

"Bu Lowri Roberts yn gwelthio gyda disgybl o'n hyssgol i helpu gydag atal dweud ac roedd y disgybl yn falch iawn o allu gwneud hynny yn Gymraeg. Bu'n fuddiol iawn iawn i'w ddiolchi i'w dosbarth i gyflwyno gyda'r disgybl yn Gymraeg.

Lowri Roberts worked with a pupil from our school to help with stuttering and the pupil was delighted to be able to do that in Welsh. It was very beneficial to be able to get Lowri to come to class to present with the pupil in Welsh.

O gefnogaeth Lowri, roedd yr athro a'r disgyblion bellach yn gallu cefnogi'r disgybl a'i helpu i deimio'n llawr ymwybodol o'i atal dweud. Roedd yn hanfodol bod y disgybl yn gallu gwneud hyn yn iaith yr ysgol er mwyn iddo deimio'n gyfforddus.

From Lowri's support, the teacher and pupils were now able to support the pupil and help them feel less conscious of their stuttering. It was essential that the pupil was able to do this in the school's language so that they could feel comfortable.

Da iawn, Lowri!

Da iawn, Lowri!

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Sgiliau, dysgu a datblygu**  
It's more than just words: **Skills, Learning and Development**

Cymraeg. Mae'n perthyn i ni i gyd. Un o'r prif wrystrau sy'n atal llawer ohonom rhag defnyddio ein Cymraeg yw diffyg hyder.

Cymraeg. It belongs to us all. One of the main barriers that stops lots of us from using our Welsh is a lack of confidence.

Ar ddydd Iau 28 Mawrth, rydym yn cynnal sesiwn lle gallwch chi feddwl a dysgu mwy am eich perthynas unigryw eich hun a'n hiaith. Byddwn yn ystyried rhai cysyniadau a all fod yn broblematic, fel cywirdeb a rhuglder, a byddwn yn trafod ffyrdd o ddatblygu eich gallu i ddefnyddio eich Cymraeg, ar ba brynag lefel, yn hyderus. Efallai eich bod yn meddwl nad yw'r sesiwn hon ar eich cyfer chi. Yna efallai ei fod ar eich cyfer chi!

On Thursday 28th March, we are holding a session where you can think and learn more about your own unique relationship to our language. We'll explore some concepts that can be problematic, such as accuracy and fluency, and we'll discuss ways to develop your ability to use your Welsh, at whatever level, with confidence. Maybe you think this session isn't for you. If so, it definitely is!

Cadwch lygad am ein diweddariadau staff eraill am ragor o wybodaeth!

Keep an eye out for our other staff updates for more information!

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Profiad y claf**  
It's more than just words: **Patient experience**

Yn gynharach eleni, cwblhaodd un o'n Therapïdyddion Gahweddiethol, Celyn, asesiad gyda chlaf yn y Gymraeg yn YTS. Rhannodd y stori deimladwy hon gyda ni am glaf a oedd wedi cael profedigaeth yn ddiweddar ac a oedd yn cael trafferth bod yn glaf mewnol...

Earlier this year, one of our Occupational Therapists, Celyn, completed an assessment with a patient in Welsh in PCN. He shared this touching story with us of a recently bereaved patient who was struggling with being an inpatient...

"Roedd yn tawelu ei meddwl gan nad oedd hi fel arfer yn siarad llawer o Saesneg gartref. Roedd hi wedi mynd trwy brofedigaeth yn ddiweddar a dywedodd wrthyf fod gwneud yr asesiad yn Gymraeg yn gysur i'w.

She found it reassuring as she didn't usually speak much English at home. She had gone through a recent bereavement and told me that doing the assessment in Welsh was comforting to her.

Fe wnaeth fy ngalluosi i feithrin perthynas â hi yn gyflym ac rwy'n meddwl bod cwblhau'r asesiad yn Gymraeg wedi caniatáu iddi ymysgyltu mwy â'r asesiad a chynllunio rhyddhau.

It allowed me to build a rapport with her quickly and I think completing the assessment in Welsh allowed her to engage with the assessment and discharge planning more?

Mae'n wir yn fwy na geiriau. Da iawn, bawb."

It really is more than just words. Da iawn pawb."

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Cof Cymorth**  
It's more than just words: **Staff support**

P'un a ydych chi'n cynnal digwyddiad, yn creu taflen neu'n codi arwydd syml, gallwn ni helpu gyda hynny.

Whether you're holding an event, producing a leaflet or putting up a simple sign, we can help with that.

Anfona neges aton ni yn [CTT\\_welsh\\_translation@wales.nhs.uk](mailto:CTT_welsh_translation@wales.nhs.uk) a byddwn yn dychwelyd unrhyw gyfieithiad atoch mewn dim o dro.

Just drop us a message at [CTT\\_welsh\\_translation@wales.nhs.uk](mailto:CTT_welsh_translation@wales.nhs.uk) and we will get any translation back to you rapidly.

This is what we did as part of our 'Hiraeth' Campaign:

- Introduced our Welsh Language tutor under the 'Codi Hyder' scheme (see page 49) and shared some inspiring staff stories about their language journey, linking this to how it has enabled them to reconnect with our language and culture;
- Relunched our brand-new, bilingual SharePoint page. We also added it to the homepage of our intranet, under 'Essential Links'. It includes over 16 different resources, a quick link to book Welsh language 'Taster' sessions and other information on learning Welsh, guidance on embedding Welsh into services (see below), staff and patient videos talking about the importance of Welsh to them and information on using Welsh at work;
- Held several drop-in sessions across our sites, to share resources and chat with staff and patients;
- Held an all-staff event, facilitated by the National Centre for Learning Welsh.

The all-staff event will be the first of many cultural development sessions aimed at breaking down the psychological barriers they face to using their Welsh due to confidence, and the pervasive misconception that 'fluency' is needed to speak and enjoy our language. The event also discussed our relationship to our language, what it means to us and how best we can continue to promote its use in a way that fosters a sense of belonging. The event was attended by staff from various different specialties, from Finance to Medicine and Sterile Services to the Patient Experience Team.

A qualitative and quantitative evaluation of the campaign showed that:

- We spoke to over 40 people about Welsh and the Welsh language offer as part of the drop-in sessions, the majority of whom did not know the extent of what was available to support them to use Welsh beforehand;
- There were over 580 unique views of the SharePoint page in the first fortnight of its launch;
- Over 50 members of staff came to the all-staff event;
- 4 members of staff booked onto a Taster Session following the event, with a further 9 members of staff booking on a Taster session via the campaign, and 7 members of staff registered for the 'Codi Hyder' Scheme;
- When words such as 'fluent' are removed from the discourse around Welsh, staff who attended the event said they felt much more confident and safer using the Welsh they have. This will be a theme we will continue to explore via more of these sessions;
- Welsh is much more than a matter of compliance or just a matter of vocabulary, grammar or skills; language is a holistic concept with which staff have an emotional, cultural and psychological relationship that must be considered when practicing language planning and policy at CTMUHB.

Three comments from attendees describe well how the session was received:

Roedd angerdd y cyflwynydd yn heintus - mae fy nghymhelliad i ddefnyddio'r iaith wedi cynyddu lot [The presenter's passion was infectious – my motivation to use Welsh has really increased]

I am more open to the opportunities to use my Welsh in work without worrying about using some English words. This is the start of a long journey...

It was great to hear from other colleagues with similar experiences to me and encouraging to have a shared passion for the language with so many others in CTM.

This was the first of a planned, coordinated campaign around the concept of Hiraeth and we aim to continue this cultural change approach aligned to Hiraeth as part of our wider Cultural Plan for CTM.

## Promoting Welsh and compliance with Standards

In addition to a regular, consistent methodology for internal communications and a dedicated campaign, there have also been other activities carried out to promote Welsh and compliance with Standards throughout the year.

Activity	Description
Face-to-face drop-in sessions at sites	Aside from the drop-in sessions as part of Hiraeth mentioned above, sessions were also held in November. The Welsh Language Team therefore has been present at the Royal Glamorgan Hospital, Princess of Wales Hospital, Prince Charles Hospital, Glanrhyd, Maesteg Community Hospital, Keir Hardie Health Park, Ysbyty Cwm Cynon, Ysbyty Cwm Rhondda and Dewi Sant Hospital near busy spots at least twice as part of dedicated drop-in sessions this reporting year. The impact of these sessions can be seen in the infographic on page 5 in terms of conversations held and resources shared.
SharePoint	<p>There is a dedicated section of our intranet for promoting Welsh in the Health Board, linked to on the homepage of our intranet and structured around the below sections. This has been redeveloped to take full advantage of MS Office 365 features including usage data:</p> <ul style="list-style-type: none"> <li>• Latest News where the content cards shared above are regularly uploaded;</li> <li>• 'Why Welsh at CTM' sharing video content of staff and patients at CTM talking in their own words about what Welsh means to them;</li> <li>• Learning Welsh at Work, outlining the offer and with the ability to book on to sessions;</li> <li>• Advice on embedding Welsh in services and complying with Standards;</li> <li>• Resources (see below);</li> <li>• Corporate Welsh Language Policy for CTMUHB (new policy in development);</li> <li>• My Rights as a Welsh-speaking employee;</li> <li>• Meet the Team;</li> <li>• Welsh Language Annual Reports;</li> <li>• A comment section.</li> </ul>
Resources	<p>The following standard resources have been developed to support staff:</p> <ol style="list-style-type: none"> <li>1. The 'A3 Requirements Poster' as a quick reference poster on the most common things we do in Welsh and English when providing services day-to-day;</li> <li>2. The 'document/form available in Welsh' image, to add to documents or forms to promote the Welsh version;</li> <li>3. The bilingual 'Feelings and Emotions poster' to use with vulnerable patients to ask how they are feeling;</li> <li>4. The 'Give It a Go in Meetings' poster, to encourage use of Welsh in meetings;</li> <li>5. The 'Give It a Go Poster' with lots of useful health-related words and phrases for clinical staff;</li> </ol>

	<ol style="list-style-type: none"> <li>6. The 'Phonetics Poster for Receptions and the Phones' to support use of some Welsh and basic greetings at reception and on the phone with phonetic transcriptions;</li> <li>7. The 'Use your Welsh Here' poster to welcome the use of Cymraeg by patients;</li> <li>8. The 'Standard Email and Out-of-Office template' document, to help staff form a bilingual email signature and out-of-office message;</li> <li>9. The 'Teams Background Template' to have a corporate Teams background with a bilingual job title, with instructions in the file on how to change it;</li> <li>10. Instructions on how to show that staff speak Welsh on MS Teams, by using the 'Add Pronouns' function for language;</li> <li>11. The 'Answering the Telephone' guide to help provide a Welsh language service when answering the telephone;</li> <li>12. Welsh Language Standard 37 Screening Assessment Tool for documents. If staff are unsure whether a document needs to be bilingual, this can be used to check;</li> <li>13. Explanatory training video and guide about how to use Welsh in meetings.</li> </ol>
Advice guides	<p>Advice guides on complying with Service Delivery Standards and also a specific guide on using Welsh in Communications &amp; Engagement are available on SharePoint, and regularly shared with staff. These have been written using the 'Welsh Voice/Llais y Gymraeg' verbal strategy, designed using corporate branding for CTMUHB and structured via 'Why' we offer services in Welsh, 'How' staff are supported to do so and 'What we do' in Welsh operationally in line with Welsh Language Standards, with case studies and examples also included.</p>
Individual site visits	<p>The Welsh Language Team have also carried out individual site visits this year as part of the support offer, including to Tirion Birth Centre (RGH), Tair Afon Birth Centre (PCH), Special Care Baby Unit (PCH), Ward 17/18 (RGH), Emergency Department (PCH) &amp; Radiology Diagnostics Management Team (all sites)</p>
Language awareness	<p>CTMUHB like all NHS Wales organisations has mandated an e-learning module on ESR on language awareness. This has been completed by 77% of our staff, which is an increase of 37% or approximately 4,000 additional members of staff compared to last reporting year. This is an important way of engaging with staff around the Welsh language and the difference bilingual provision makes.</p> <p>The Welsh Language Team have also offered the following language awareness sessions internally, using CTMUHB's own language awareness content designed last reporting year:</p> <ul style="list-style-type: none"> <li>• Public Health Team away day (50 members of staff)</li> <li>• Health Visiting Team (20 members of staff)</li> </ul>

## Promoting Welsh in Primary Care

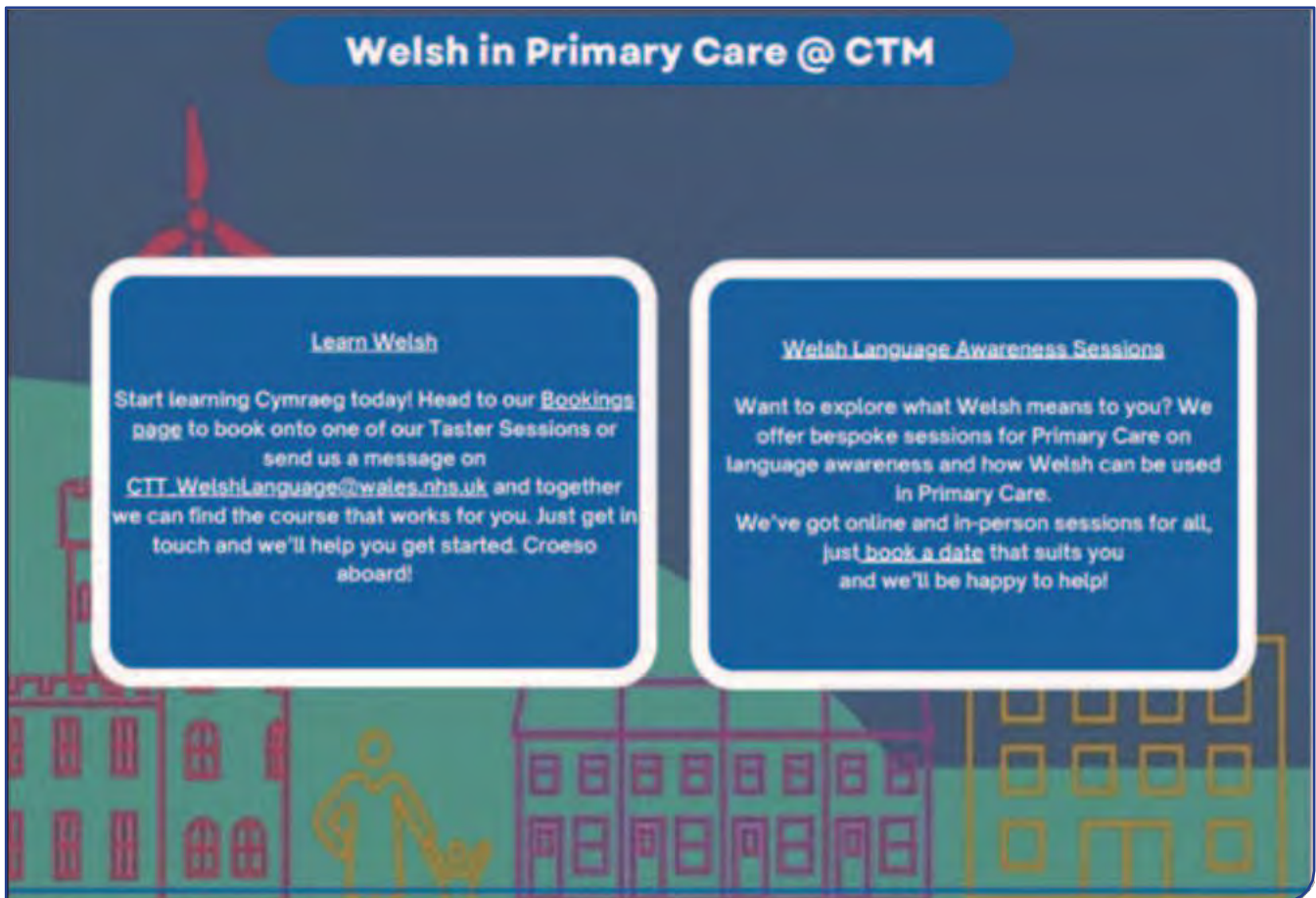
We reported last year on how we worked specifically with one dental Primary Care provider. Towards the end of this reporting year, we created a standard information sheet setting out the Six Duties with which all Primary Care providers with a contract with CTMUHB are expected to adhere to, as per the NHS Wales (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations (2019). We also included clear information noting how Primary Care providers can be supported by the Health Board to meet those duties. This included promoting our free translation service and an offer of awareness sessions specific to Primary Care.

This standardized offer will continue to be shared throughout the next reporting year, and further engagement with Primary Care providers is a priority as set out in the 2024-25 operational plan for Welsh language development.

**Welsh in Primary Care @ CTM**

Welsh belongs to everyone in Wales and we all have rights to use the Welsh we have. As a Health Board, we also know that ensuring that patients can use the language they are comfortable in in the health sector is simply a matter of service quality. Below you'll see what Primary Care providers, such as GP surgeries, NHS dentists and community pharmacies with terms of agreement, contract and/or service with the Health Board are expected to do and how CTM's Welsh Language Team can help you!

- #1** Encourage staff to ask patients' language preference and record this on digital systems
- #2** Encourage staff who are learning or speak Welsh to wear a badge or lanyard to show it.  
These can be ordered - for free! - by emailing us on [CTM.WelshLanguage@hwb.wales.nhs.uk](mailto:CTM.WelshLanguage@hwb.wales.nhs.uk)
- #3** Let the Health Board know where you can provide services in Welsh, so that we can promote these services
- #4** Encourage staff to attend CTM's Welsh Language Awareness Sessions, "Cymraeg a Fi", to improve their awareness of the importance of Welsh in care and learn how Welsh can be used when providing services.  
See booking link below!
- #5** Ensure signage is displayed in Welsh and English.  
The Welsh Team offer a translation service, for free, so just send your requests to [CTM\\_welsh\\_translation@hwb.wales.nhs.uk](mailto:CTM_welsh_translation@hwb.wales.nhs.uk) and we'll get them back to you in a flash!
- #6** Ensure that documents and forms from the Health Board are available bilingually.  
The Welsh Team offer a translation service, for free, so just send your requests to [CTM\\_welsh\\_translation@hwb.wales.nhs.uk](mailto:CTM_welsh_translation@hwb.wales.nhs.uk) and we'll get them back to you in a flash!



## Promoting our Welsh Language Services with the Public

People have rights to use Welsh with CTMUHB and we have a legal duty under the Standards to promote those rights. This year we:

- Redesigned our external webpage to focus on patient rights to use Welsh, giving clear advice to patients on what they can expect to do in Welsh when interacting with CTMUHB and with Primary Care;
- Created a new patient information leaflet for patients available digitally and in print so that patients have a clear resource that explains what rights they have to use Welsh with the Health Board and what they can expect from Primary Care providers.

Both these new resources will be useful in effectively promoting our bilingual provision with the public. Interpreting a compliance notice, a legal document, is effortful and so it is crucial we have clearly written guidance for patients.

We also talked about our drop-in sessions above in November 2023 and as part of our Hiraeth Campaign; these were also an opportunity to speak to nearly 40 members of the public on their rights to use Welsh with the Health Board.

For Primary Care, a specific section on our website also notes which providers are able to provide a service or part of a service in Welsh, with an example provided below. When searching for a Primary Care provider under 'Find your local NHS service', patients are able to see for many providers whether they can offer any provision in Welsh.

## Hawthorn Dental

**Cyfeiriad**

Le Havre  
School Lane  
Hawthorn  
CF37 5AL

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**Cysylltwch â ni**

☎ 01443 842301

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**Cysylltiadau**

☎ 01443 842301

**+ Gwybodaeth Ychwanegol**

**Diddordeb arbennig:** Welsh speaker available

**Cliefion GIG A Welwyd:**  
Accepting NHS:  
All Patients - 3 week waiting list

[Practis Deintyddol](#)

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**Gwasanaethau Cymraeg ar Gael:**  
Oes

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Mae mynediad ar gael i bobl anabl

**🕒 Oriau agor**

**Nid yw oriau agor ar gael ar hyn o bryd**

Aside from clear advice on what is available in Welsh, we detail what we have done to be pro-active in our service delivery based on the Active Offer concept in the next section. Further information on how this work under Communications & Engagement has helped CTMUHB comply with the Welsh Language Standards can be seen below.

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

Cross-referencing work under Communications & Engagement with Welsh Language Standards	
What we did	How this supports compliance
Internal engagement framework	This allows us to share consistent and regular messaging on: <ul style="list-style-type: none"> <li>• Complying with Service Delivery Standards in general;</li> <li>• Training opportunities for Welsh (supporting <b>Standards, 99(a), 100, 101 &amp; 102</b>).</li> </ul>
Hiraeth Campaign	This supported: <ul style="list-style-type: none"> <li>• <b>Standard 99(a), 100</b> and <b>101</b> by promoting the national Confidence Raising scheme in CTMUHB and opportunities to learn Welsh at work, and</li> <li>• <b>Standard 102</b> via the Cymraeg a Fi/Welsh and Me session, improving awareness of the use of Welsh and supporting positive behaviour change by breaking down psychological barriers to language use.</li> </ul>
Drop-in sessions	This supported: <ul style="list-style-type: none"> <li>• Complying with Service Delivery Standards in general;</li> <li>• Promoting the Welsh language with the public (<b>Standard 60</b>) and</li> <li>• Providing lanyards and badges to Welsh speaking staff (<b>Standard 105</b>).</li> </ul>
SharePoint and our re- sources	This work: <ul style="list-style-type: none"> <li>• Supports compliance with Service Delivery Standards in general;</li> <li>• Ensures compliance with <b>Standard 104</b> by providing a wording for bilingual email and out-of-office signatures;</li> <li>• Ensures compliance with <b>Standard 94</b> by having a designated intranet page for Welsh;</li> <li>• Promotes opportunities to use and enjoy Welsh at work (promoting <b>Standards 81, 82, 83, 84, 85, 86, 87, 88 &amp; 89</b>, and promoting <b>Standards under the Welsh Language Standards (No. 8) Regulations 2022</b> as relevant to regulatory bodies some staff are registrants of) and</li> <li>• <b>Standard 99(a), 100</b> and <b>101</b> by promoting the internal offer to learn Welsh at work.</li> </ul>
Advice guides	These guides support compliance with Service Delivery Standards in general.
Individual site visits	This supported compliance with Service Delivery Standards in general.
Language awareness sessions	This work: <ul style="list-style-type: none"> <li>• Ensured compliance with <b>Standard 102</b>, by ensuring staff have access to a language awareness offer and are completing it;</li> <li>• Supported compliance with Service Delivery Standards in general.</li> </ul>
Promoting Welsh in Primary Care	This work supported compliance with <b>Standards 66, 67 &amp; 68</b> .
Promoting our Welsh Language Services to the public	This work supported compliance with <b>Standard 61 &amp; 65</b>

## Theme 2: Action Planning & Monitoring

The right organisational culture and an enabling, more supportive approach for our staff are two critical elements in ensuring we provide our services bilingually and in complying with our language equality duties for Welsh. Communications and engagement are key to this.

Another important element to this is our approach to improvement plans, monitoring compliance and having controls in place. These identify gaps in provision to ensure we have the checks and balances in place to put things right when needed.



## Management controls to monitor compliance

The Health Board has management controls in place to monitor compliance with Welsh Language Standards.

### Our Welsh Language Team

Part of the controls we have in place is the Welsh Language Team led by CTMUHB's Welsh Language Lead. The Team is responsible as an enabling service for offering advice on complying with the Standards, monitoring compliance and working with managers to improve their bilingual provision strategically and operationally, providing language awareness and specific support to teams to meet their duties in the compliance notice, professional translation, managing and promoting our offer to learn Welsh at work, and creating and sharing various resources to support the use of Welsh across the organisation.

### Auditing

As part of monitoring compliance, regular observational audits on sites are carried out as well as departmental audits carried out by relevant leads in those areas. This year a dip sample was also taken to gather baseline trends across CTMUHB, completed by 86 departmental managers across each Care Group. It asked detailed questions around compliance with Service Delivery Standards. The aim was to gather a detailed enough baseline to measure current progress in embedding the Standards, and prioritize work based on weaknesses identified.

These results, along with observational audit results, site visits, data from translation requests received and results of Patient Reported Experience Measures (PREMs, see below) also form the business intelligence for the overall compliance tracker finalised last reporting year. This allows CTMUHB to monitor how the Welsh Language Standards are being embedded and to provide an overall maturity score (see below).

The general trend across the sample was that:

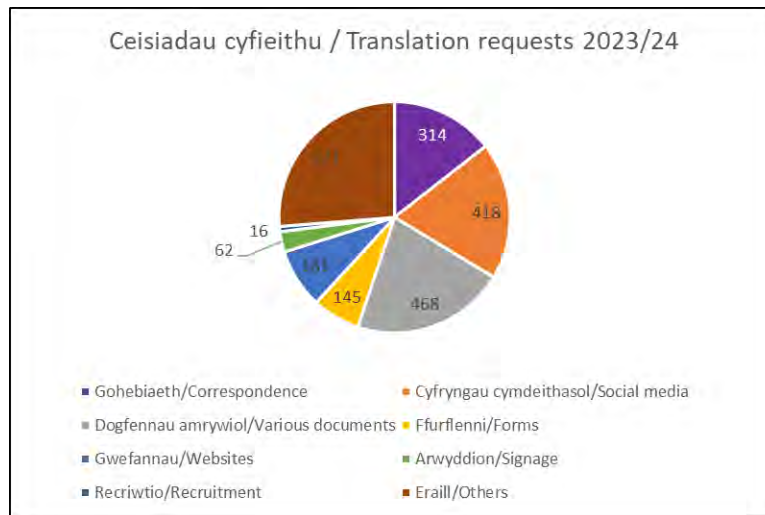
- There appears to be a strong base of support for Welsh and bilingual provision among managers, with a large majority of managers reporting their team had a good knowledge of why we offer services in Welsh, what they are expected to do in Welsh in the context of their specialty and where to get support and advice where needed. This means that where we need to improve, this is not usually due to a lack of understanding of the requirements;
- CTMUHB appears to broadly comply with many of the Service Delivery Standards all or the majority of the time (see Appendix 1), although there needs to be work around those Standards which require oral skills in Welsh, such as answering main and departmental telephones, providing health education courses and reception services;
- The Active Offer is a concept most managers and their teams appear to understand and practice, with a minority of managers reporting they 'never' ask language preference pro-actively. This is crucial for the take-up of Welsh language services. More work on the Active Offer is detailed below.

It is clear from this audit that work needs to continue around recruiting Welsh speaking staff to frontline roles and providing opportunities to learn Welsh at work, both of which are areas of focus for the Health Board (see Theme 5).

## Use of the translation service

Translation data is important for monitoring as translation is often needed to reach compliance with several Standards, from social media to forms and from signs to the use of Welsh internally. The service received 2,182 requests this reporting year, translating 1.2 million words.

The graph below shows the type of requests received as a proportion of all requests. Judging by the type of requests received, a trend of at least Medium Assurance of compliance with Standards 1, 4, 5, 6, 37, 38, 39, 41, 45, 47 and 112 can be seen. For example, it is unlikely that CTMUHB cannot report at least Medium Assurance for Standard 38 and ensuring forms are bilingual given the translation service received 145 requests (12 a month on average) for form-related content.



## Strategy and Transformation work: Service redesign and third-party commissioning

In relation to any service change or service redesign, engagement is often carried out with patients and our community, and any information, proposals or questionnaires in relation to service change or engagement as part of the process would be communicated in both English and Welsh. Any service change notices are put out to our communities via the Communications and Engagement Team bilingually. Should we need to write out to patients or GPs to inform them that a service is changing, this is done in both English and Welsh. Work has also begun to ensure compliance in this area around Policy Making Standards (in terms of impact assessments (see below) as well as how we consult on service change.

An example of compliance with Service Delivery Standards in this area however was in relation to the recent changes in Breast Services. Another example is the Drymester Project, a campaign from Greater Manchester Health & Social Care Partnership which aims to spread the correct guidance about risks of drinking alcohol during pregnancy and to help parents go alcohol-free. As part of the project CTMUHB adopted the Drymester campaign and resources were translated into Welsh by the Welsh Language Team. Drymester was launched across CTMUHB during 2023, and other Health Boards are now also considering utilising the Drymester resources.

In terms of commissioning third parties to provide services, our standard Service Level Agreement contains

relevant references to the Welsh Language Standards. This ensures that when commissioning services, the legal agreement entered into ensures that compliance with Welsh Language Standards can be contractually enforced. It also commits the Health Board to ensure that the support needed by commissioned parties to provide services in Welsh is clearly communicated, and details on accessing relevant support is included in the award letter to third parties.

## **The Active Offer and evidence of caring in Welsh at CTMUHB**

The Active Offer, or asking the patient their language preference pro-actively, is essential in providing bilingual services for many different reasons. A strong Active Offer approach can lead to increases in the take-up of Welsh language services and below several data points are discussed that evidence how CTMUHB is embedding the Active Offer approach, and how we are offering care in Welsh to those who need it.

### **Active Offer emphasized in guidance**

The guidance on complying with Standards referenced above in Theme 1 discusses the Active Offer and why this is important. Before staff turn to what the requirements of them are, they are introduced to the Active Offer and patient experience stories that explain its importance.

### **In-patient Active Offer Policy**

This year CTMUHB ratified its first policy for practicing the Active Offer with in-patients, including for those in-patients who for whatever clinical reason may not be able to express their language need themselves. The policy was supported by the Executive Director for Nursing & Patient Experience, shared at the March 2024 Operational Management Board meeting attended by all senior operational managers before approval at a meeting of the Quality & Safety Committee, a sub-committee of the Board.

The policy document explains the regulatory compliance background of the policy and the data points that will be used to monitor implementation. An attached appendix to the policy then explains the research behind the importance of the Active Offer and first-language care for bilingual patients, before outlining a protocol which is structured via three themes, Surrounding (ensuring a ward environment conducive to the use of Welsh), Asking (at what point during the established admission process should language choice be asked and what to do if the patient cannot express this themselves) and Recording (on which clinical systems to record language need if not already recorded).

Having a stand-alone policy relating to in-patient admission for Welsh speakers, supported by an Executive Board member and approved via formal governance processes, is a significant step forward for CTMUHB in its Active Offer approach, and testament to the support the Welsh language has within senior nursing management.

### **E-whiteboards**

Our e-whiteboards are a large, electronic display on wards to allow clinical staff to gather various pieces of information about patients at a glance, with symbols denoting various information placed on a bed on a graphical representation of the ward (PICTURE 1 HERE (E-WHITEBOARD)). This system allows staff to note that in-patients are Welsh-speaking, currently using the Welsh flag symbol and the words 'Welsh speaker'. This allows us to record the language preference and need of in-patients in an acute or community hospital bed and for that preference or need to be visible to all staff who use the digital whiteboards.



The e-whiteboards also allow staff other than nursing staff to know a patient is Welsh-speaking, for example junior doctors, consultants, or physiotherapists during their interactions with an in-patient. Another useful feature of the system is the List View, which allows staff to click on a symbol and see all patients for whom that symbol has been used and where that patient is located. This would allow staff to see which patients are Welsh-speaking, and plan ward rounds and therapy accordingly.

The e-whiteboard system is also linked to our E-TOC system, or Electronic Transfer of Care Record, also developed by CTMUHB, which is used when discharging patients to social care. When completing this electronic form, staff are prompted

to ask whether the patient has been asked what their language preference is, which would allow social care staff to see that a patient is Welsh-speaking and plan accordingly. This question must be answered before the record can be transferred, meaning staff are much more likely to ensure they have asked language preference. The e-whiteboard and ETOC systems are innovative solutions developed by CTMUHB and will make a considerable difference to patient care for our Welsh-speaking communities.

These are also excellent examples of considering real human behaviour when providing services; by asking language preference and recording this for staff and patients, we're making it much easier for staff to identify Welsh-speaking patients and for patients to express their language need, thereby removing friction and effort which often hinder bilingual provision. These systems also facilitate the default offering of bilingual services, by allowing staff to identify Welsh-speaking patients on wards and within social care and arranging Welsh-medium care in advance, without the patient needing to express this themselves repeatedly throughout the system.

An example of how recording in-patient language need internally can mean patients not having to repeat their language need as they move through the system is the case of Patient A,<sup>4</sup> who was admitted to Ward B2 at Ysbyty Cwm Rhondda and their language need recorded as Welsh, before being transferred to the Royal Glamorgan Hospital. Their language need did not need to be asked again once admitted there as it was already recorded on the system.

This year, the e-white board Welsh language symbol was used at the following sites:

E-whiteboard use 2023-24	
Hospital site and number of patients	Ward
RGH (13)	10, 14, 17, 2, 4, 5, 8, Critical Care Unit (CCU)
PCH (6)	10, 3, 9, CCU
YCR (2)	B2
POW (8)	10, 15, 6, 7, 9

<sup>4</sup> Patient's name withheld for confidentiality.

We are pleased to see continued use of the e-whiteboard, across multiple wards and multiple hospitals.

**Welsh Nursing Care Record (WNCR)**

The WNCR is a digital system that transforms the way nurses record, store and access patient information. Instead of making notes on paper at a patient’s bedside, nurses use tablet computers to collect information and store it securely in the WNCR. This allows carers have access to the same up-to-date information throughout a patient’s healthcare journey.

The language preference field is mandatory within the ‘Communication Needs’ section of the assessment. Nurses can save assessments that are incomplete in a ‘draft’ format (as they may get called away, need information from the patient’s family, or the patient may be unresponsive and unable to answer), but must complete all questions within the section to mark it as ‘Complete’.

Across CTMUHB wards where the WNCR is used, the following numbers of patients were recorded as Welsh being their preferred language. This not only shows the use of Welsh across CTMUHB (Welsh was the second highest language recorded after English), but that the Active Offer is being made and recorded across wards.

WNCR use for Welsh language	
Site	Ward
PCH	53
POW	41
RGH	84
YCC	1
YCR	1

## Other digital systems and recording language preference

CTMUHB uses various national systems to record patient data. These include the following main systems, and the ability to record language preference on them is shown. This allows us to ensure the Active Offer is practiced by using systems that allow us to record language need. Staff can then use this information to proactively offer services in Welsh.

System	Where language preference is recorded
Patient Administration System (PAS)	Under 'Demographics'
Welsh Clinical Portal (WCP)	Pulls data from PAS,
EMIS	Under 'Contact Information'
Welsh Clinical Communication Gateway	Under 'Language of Choice'
<a href="#">Choose Pharmacy</a>	In 'Main Patient Demographics' section
Community Child Health 2000	Displays "First language" and "Second language" as one character field (e.g. 'W' for Welsh). This is displayed on the child's record.
Welsh Radiology Information System	Under 'Demographics'

## Patient Reported Experience Measures

A further evidence base of whether patients can use Welsh in their interactions with the Health Board is data from Patient Reported Experience Measures (PREMs). These surveys are completed by patients cared for by various specialties, sometimes for specific treatments, and for in-patients and out-patients across the Health Board. The data this reporting year shows that, of those patients who completed a survey and answered the question around their ability to use Welsh if they wanted to, the majority were able to do so. Data for Emergency Departments and the Palliative Care team are important as this will allow further interventions there to improve these scores. It should be noted however that over 160 patients reporting they used Welsh at CTMUHB's emergency care departments is very positive, and it is unlikely a number this high would be reported were there not a good level of Welsh language provision in them, even if this may be inconsistent. The PREMs themselves are also bilingual and 58 patients completed them in Welsh.

In the table below, results of PREMs that included a question on Welsh are shown. All questions included a 'Not applicable' answer, but to calculate the proportion of patients who were able to use Welsh where they wanted to, these 'N/A' numbers have been removed. The results have also been categorised by Red – Amber – Green, red meaning majority completing wanted to use Welsh but couldn't, Amber meaning that the picture is inconsistent, and Green meaning the majority who wanted to use Welsh were in fact able to.

Survey Name	Question	Number reporting they were able to use Welsh and % of all relevant responses	
Adult Mental Health - Patient Experience Survey	Were you able to speak Welsh to staff if you needed to?	'Definitely'	6 (50%)
		'Generally'	1 (8%)
		'Not really'	5 (48%)
CTM Patient Experience Questionnaire	Were you able to speak in Welsh to staff if you needed to?	'Always'	2 (22%)
		'Usually'	3 (33%)
		'Sometimes'	2 (22%)
		'Never'	2 (22%)
CTM Patient Experience - Gynae & Sexual Health	Able to speak in Welsh or your preferred language to staff if you needed to?	'Always'	95 (90%)
		'Usually'	2 (2%)
		'Sometimes'	3 (3%)
		'Never'	5 (5%)
Easy Read - Your NHS Care	If you speak Welsh, were you able to speak Welsh to staff?	'I was always able to speak Welsh'	3 (33%)
		'I was usually able to speak Welsh'	1 (11%)
		'I was able to speak Welsh sometimes'	2 (22%)
		'I was not able to speak Welsh'	3 (33%)
Emergency Department Survey	Were you able to speak in Welsh to staff if you needed to?	'Always'	127 (31%)
		'Usually'	35 (8%)
		'Sometimes'	42 (10%)
		'Never'	208 (50%)
Heart Failure - PREM Survey	Were you able to speak in Welsh to staff if you needed to?	'Always'	113 (77%)
		'Usually'	2 (1%)
		'Sometimes'	25 (17%)
		'Never'	6 (4%)
Mental Health Clinic - Patient Experience Survey	Were you able to speak in Welsh to staff if you needed to?	'Always'	0
		'Usually'	0
		'Sometimes'	1 (50%)
		'Never'	1 (50%)

Palliative Care Team Patient Survey	Are you able to speak Welsh to the team, if you need to?	'Always'	0
		'Usually'	0
		'Sometimes'	0
		'Never'	3 (100%)
Parents / Carers Questionnaire - Outpatients	Were you able to communicate in a language of your choice?	'Yes'	12 (100%)
		'Usually'	0
		'Sometimes'	0
		'Never'	0
Parents / Carers Questionnaire	Were you able to communicate in a language of your choice?	'Yes'	40 (100%)
		'Usually'	0
		'Sometimes'	0
		'Never'	0
Patient Experience Survey - Endoscopy	Were you able to speak Welsh to staff if you needed to?	'Always'	122 (91%)
		'Usually'	6 (4.5%)
		'Sometimes'	2 (1.5%)
		'Never'	3 (2%)
Pelvic Health / Urogynaecology clinic-Therapies	Were you able to speak Welsh to staff if you needed to?	'Always'	21 (77%)
		'Usually'	1 (3%)
		'Sometimes'	0 (0%)
		'Never'	5 (18%)
PhysioPREM	Were you able to speak Welsh to staff if you needed to?	'Always'	1 (100%)
		'Usually'	0
		'Sometimes'	0
		'Never'	0
Therapies patient experience survey	Were you able to speak Welsh to staff if you needed to?	'Always'	11 (46%)
		'Usually'	3 (12.5%)
		'Sometimes'	6 (25%)
		'Never'	4 (16%)
Wellness Improvement Service (WISE) Questionnaire	Were you able to speak in Welsh or your preferred language to staff if you needed to?	'Always'	30 (90%)
		'Usually'	1 (3%)
		'Sometimes'	0 (0%)
		'Never'	2 (6%)

## Lanyards and badges

Another important method of promoting our services in Welsh and pro-actively informing patients of who our Welsh speaking staff are is sharing lanyards and badges (pin or embroidered) with staff, and sharing the national 'Use your Welsh here' poster. This is facilitated by:

- Ensuring lanyards are available at the general office of each main hospital site;
- Lanyards, badges and the 'Use Your Welsh here' poster are promoted on the SharePoint site described under Theme 1 with an email address to order more;
- Email signature 'Welsh speaker' logos are provided via SharePoint for staff to add to the emails;
- ID badge ordering forms ask if the staff member can speak Welsh and if so the 'Iaith Gwaith' symbol is added;
- Order forms for scrubs and ward-based staff uniforms contain a space where staff can request that the 'Iaith Gwaith' symbol is embroidered on to it and they are reminded of this in the guidance.

Over 180 further badges and lanyards have been given to Welsh speaking staff this year by the Welsh Language Team via these methods, and site visits confirm many of our staff wear them.

## Pro-actively promoting the bilingual website

Last reporting year we added a message to our website to encourage users to use the Welsh version. Adding this message made it clearer where the button to change the language to Welsh was located. We plan to make this even better next reporting year, but adding this message alone has added over 3,000 new site visits to Welsh language content, with the number of sites visits on the Welsh side rising from 11,397 in 2023/24 to 14,347 this reporting year.

Following a complaint last year and a subsequent investigation by the Welsh Language Commissioner, CTMUHB worked with Digital Health and Care Wales to improve the content management system used for its website (Mura). To help ensure that content is always added bilingually:

- A message now appears to ensure that content posters are reminded of the need for the page to be bilingual and that content in Welsh must be uploaded at the same time;
- When a page is created, an automatic 'dummy' page is created on the Welsh language site, so that were a member of public to click on 'Welsh' on a page, they will not get an error message if the content, for some reason, is not available in Welsh and they would be directed to the health information in English to avoid missing content;
- An audit method has been added as an assurance mechanism, so that any pages not in Welsh can be easily found.

These measures will help ensure our bilingual site remains bilingual.

## Qualitative evidence of the Active Offer

As well as numerical data on how we have embedded the Active Offer approach as part of monitoring our bilingual service delivery, qualitative evidence is also important. Several patient experience stories have been shared this year, two of which can be seen on page 11. This is further evidence of how CTMUHB provides its care in Welsh, and that this provision is being pro-actively offered.

## Case studies: Giving context to progress at CTMUHB

A selection of case studies below give some background to compliance with Welsh Language Standards at CTMUHB.

### Case study 1: Radiology

Radiology teams across CTMUHB have made considerable effort during this year to embed Welsh a lot more into our service delivery. The first step we took was to look at our current position and benchmark against the Welsh Language Standards. This then allowed us to form an action plan. Early in the process, managers in the team also met with the Welsh Language Lead so that queries and concerns could be raised and it was great to have the opportunity to have an open discussion for the first time on Welsh language and what support is available to do more in Welsh.

Our letters are now bilingual, our patient leaflets are bilingual, most of our temporary signage is bilingual, and our check-in kiosks are also bilingual, offering the patient both languages pro-actively on arrival. We have used resources also to support staff to use Welsh on the phone and at reception, and there has been an increase in the amount of courtesy Welsh used.

Within Radiology we have a good number of Welsh-speaking staff, all of whom wear a lanyard to show this to staff and patients. We're keen to grow this number and one of our Radiographers has registered for the Codi Hyder/Confidence Raising scheme.

In all, there's been much more engagement with the Welsh language in Radiology and this will be seen and heard by our patients.



### Case study 2: Facilities

Facilities are crucial to the life of CTMUHB and patient care. Staff within Facilities are responsible for patient feeding, moving patients, staff uniforms, the canteen and staff catering, the list goes on. A few initiatives this year show how we have embedded Welsh.

We now produce our in-patient menus bilingually, allowing in-patients to choose their food in Welsh. Using Welsh when in a vulnerable and emotional state in any capacity can be a comfort to many and so it's great to have these yn Gymraeg. We also renamed the Central Production Unit, producing food for in-patients, to 'Maeth', giving it a Welsh-only name. Having been shortlisted for an award in London, it was excellent to see the Welsh word 'Maeth' displayed with the prominent red Welsh dragon.

We have also been successful in bringing Starbucks to CTMUHB. All of the signage is bilingual; where else can you buy a 'Latte Te Chai' or an 'Americano Gwyn' in Starbucks in Welsh if not in the Royal Glamorgan! Other



things we have done are ensure our staff menus are bilingual, ensure staff can order the Welsh language badge for their uniform in Welsh and ensure our temporary signage is in Welsh.

### Case Study 3: In-patient Paediatrics



There are over 28,000 children across CTMUHB who can speak Welsh, so having a welcoming, bilingual environment on our in-patient wards comes naturally to us. In our bilingual in-patient booklet, we encourage our patients to use Welsh with us and explain what the orange 'laith Gwaith' symbol means. Our environment is bilingual, from both permanent and temporary signage to our displays. We also renamed our wards this year, with bilingual names with the Welsh on top. For Su'mai Shw mae Day, we marked the occasion for the children with activities and shared Welsh language books. Our play room also has bilingual books and games.

We have Welsh-speaking nursing staff and a Welsh Language Champion, and it's fair to say we have a healthy culture towards the use of Welsh on the wards. Our Senior Nurse at PCH is also taking part in the Codi Hyder/Confidence Raising Scheme.

One impactful change we made this year was to amend our in-patient admission documentation so that we can record whether or not the family has been asked what their language of need is. This allows us to ensure that families have in fact been asked and that this has then been recorded.

### Case study 4: MH&LD

We have a good experience of the quality and speed of Welsh translation services. We are aware of the Welsh language module of mandatory training and we monitor the uptake of this training. Our Welsh speaking staff wear lanyards and badges to identify themselves to others and to support the active offer of care in the Welsh language. We have a list of our Welsh speaking staff who can support colleagues to deliver services using the Welsh language to those service users who prefer this. There are also lots of resources available for teams to support them to use Welsh. Teams within Mental Health & Learning Disabilities have received some of these resources and are using them with patients, with some resources displayed on wards. One resource that has been particularly useful is the 'Feelings & Emotions' poster, which allows patients to express their feelings without having to speak. They are taken out by Community Psychiatric Nurses and have proved to be useful for this purpose. We have also received lots of badges and lanyards and these have allowed us to show patients we speak Welsh.

### Case study 5: Maternity

Maternity services across CTMUHB have committed Welsh Language Champions, in our Patient Experience Midwife working across three sites and our deputy Ward Sister at PCH for neonates. This has meant we have been able to ensure our displays are bilingual, that in-patient information for mothers at the bedside is bilingual and that our signage is bilingual. Some resources shared with us from the Welsh Language Team have also been displayed. We have a few Welsh speaking members of staff and this allows us to use Welsh with mothers and their families. We have also been supported by the Welsh Language Team who visited our sites this year and gave us some pointers on how we could further improve our bilingual offering.



We have also been involved in arranging baby showers for our new-borns, and an invite is extended to the Mudiad Meithrin and other groups so that Welsh medium education is promoted. We also ensured all our materials were bilingual from the start.

### Case study 6: Therapies

We have seen such great change in the Therapies areas. Therapies are a huge part of the care CTMUHB provides to our population and provide care in many different settings from the home to in-patient wards to schools, so changes we have seen really do impact massively on the Health Board's bilingual offering and our bilingual ethos at CTMUHB.

Here are some of the main changes we have seen:

- Welsh greetings are consistently used in meetings, and staff often practise key phrases in them for use with both staff and the public. Conversational Welsh between staff members is encouraged and part of practice. This has been a shift in behaviour. Until relatively recently conversations were held in English. Staff now feel comfortable and are encouraged to talk in whatever language they feel happy. In a staff meeting e.g., during a break some conversations will be happening in Welsh and some in English. It feels very inclusive;
- A really visually clear commitment to Welsh as well is our signage; it is consistently bilingual with Welsh first;
- Welsh language is now routinely considered in our planning. Here are three examples:
  - When developing branding for the new falls prevention service, consideration of translation to Welsh was considered at the beginning;
  - A therapies recruitment campaign ensured that all resources and communication was bilingual;
  - The planning of a National Speech and Language Therapy careers event has included the development of a bilingual booking and all resources will be shared in both Welsh and English. The event is planning to run two sessions side by side, one Welsh, one English.
- Our documentation has been changed so that we make the Active Offer, with preferred language the first question.

Some key challenges have also been overcome. Our patient letters via Myrddin are now produced bilingually and we ensure new ones are bilingual and uploaded.

The Public Health Dietetics team work closely with the translation team to consistently ensure that all service materials are produced bilingually, these include:

- Service promotional materials (posters, business cards and infographics);
- Self-referral, evaluation and booking forms;
- Bilingual slides at service launch events supported by bilingual speaking professionals;
- Promotional videos and cooking demonstrations.

The resulting feedback has been received from stakeholders following a launch event:

Excellent Welsh Language provision today

Great to be able to converse in Welsh and have the slides available to us bilingually

The team made a real effort to make sure Welsh language speakers were easily identifiable and available

This really does impact the patients. Here is one patient story related to Speech & Language services, shared with us from a local school, which was also shared as part of our internal communications framework (see page 11 above)

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Da iawn**  
It's more than just words: Da iawn

**Yn gynharach y mis hwn, derbyniodd un o'n Therapyddion Iaith a Lleferydd, Lowri Roberts, adborth gwych gan YGG Llantrisant ar ôl cefnogi plentyn gydag atal dweud a darparu gwybodaeth ddefnyddiol i'w gyd-ddisgyblion ar**

**“** Bu Lowri Roberts yn gweithio gyda disgybl o'n hysgol i helpu gydag atal dweud ac roedd y disgybl yn falch iawn o allu gwneud hynny yn Gymraeg. Bu'n fuddiol iawn cael Lowri i ddod i'r dosbarth i gyflwyno gyda'r disgybl yn Gymraeg.

O gefnogaeth Lowri, roedd yr athro a'r disgyblion bellach yn gallu cefnogi'r disgybl a'i helpu i deimlo'n llaw ymwybodol o'i atal dweud. Roedd yn hanfodol bod y disgybl yn gallu gwneud hyn yn iaith yr ysgol er mwyn iddo deimlo'n gyfforddus.

Da iawn, Lowri! ”

**Earlier this month, one of our Speech and Language Therapists, Lowri Roberts, received great feedback from YGG Llantrisant after supporting a child with a stammer and providing their classmates with helpful information on how to support them at school. Here's what the teacher had to say...**

**“** Lowri Roberts worked with a pupil from our school to help with stuttering and the pupil was delighted to be able to do that in Welsh. It was very beneficial to be able to get Lowri to come to class to present with the pupil in Welsh.

From Lowri's support, the teacher and pupils were now able to support the pupil and help them feel less conscious of their stuttering. It was essential that the pupil was able to do this in the school's language so that they could feel comfortable.

Da iawn, Lowri! ”

## Welsh Language Impact Assessments: Screening and monitoring change for its impact on Welsh

From February 2024 onwards this reporting year, CTMUHB overhauled its process of assessing the impact of organisational change on Welsh, ensuring a compliant methodology is in place. This is a significant monitoring and control mechanism to ensure Welsh is considered at the right time. The template used to assess impact now entails the following:

1. Firstly, the manager is required to explain the nature of the change (such as development, policy, strategy, plan or any relevant activity where change is involved), via a series of structured questions;
2. Secondly, the manager is then required to outline the potential impact on Welsh using the guidance provided. That guidance references all relevant legislation and policy for Welsh in NHS Wales;
3. Thirdly, the manager is required to note whether the identified impact would have a Positive, Neutral or Negative impact on Welsh;
4. Finally, the manager is required to note what actions they will take to increase the positive effects on Welsh, or what actions they will take to mitigate or negate any negative effects identified.

Policy, covering paper and report templates have also been changed, ensuring that it is possible to ascertain whether decisions or reports put before senior management meetings, committee meetings and meetings of the Board have been subject to a Welsh Language Impact Assessment specifically and what the outcome of that assessment was.

Welsh Language Impact Assessments completed since this process was overhauled are outlined below. The process of monitoring the completion rate and quality of WLIA's will be a focus for next reporting year as per the operational plan for Welsh Language Services, now that the assessment methodology is adequate.

Brief description	Summary of impact	Outcome of assessment	Required actions
Welsh Language Active Offer Policy (see above)	This policy is designed to have a significant impact on the Welsh language as it is a policy specifically written to increase the pro-active provision of bilingual services, in this case in the case of in-patient admission. As the policy itself is required under the Welsh Language Standards, the policy itself outlines in detail the impact of this policy. When implemented, the policy will have a significant positive outcome on Welsh.	POSITIVE	No further actions noted due to the nature of the policy.
Section 17 Mental Health Act Leave of Absence Policy & Procedure	The proposed policy does not impact on Welsh Speakers. All patient information leaflets and forms are available in both English & Welsh and the patient's preference is established when they are first detained under the Act.	NEUTRAL	None noted, however relevant documents already bilingual and admission procedure includes asking language need
Hospital Managers Scheme of Delegation Policy	The policy is required to ensure that the Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions and compliance with the statutory requirements of the Mental Health Act 1983 are in line with the legal and good practice framework.	NEUTRAL	None noted

Section 132, 132A and 133 Patients right to Information Policy	This policy aims to provide staff with the delegated responsibility under the Mental Health Act, with the knowledge to undertake those responsibilities. The objective is to ensure staff have the necessary knowledge and tools to ensure the authorisation, implementation and recording and monitoring of section 132 is done so in accordance with legislative and good practice requirements.	NEUTRAL	None noted
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### Welsh Language Compliance Tracker

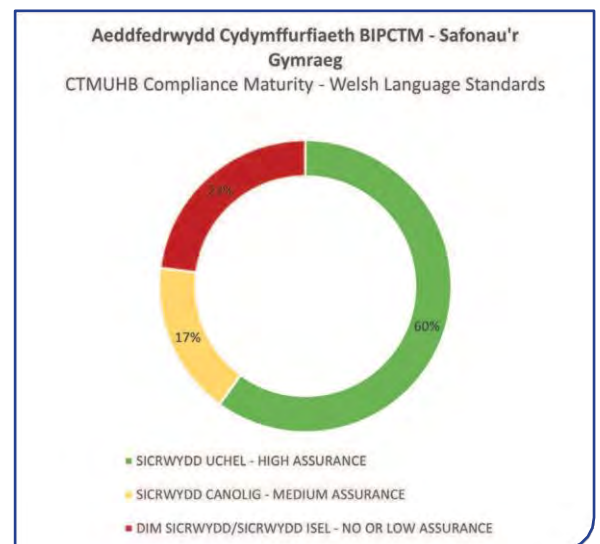
The data above from several monitoring sources, including the dip sample audit, observational audits, departmental audits, site visits, data from translation, PREMs and EIA submissions allow for a Welsh Language Compliance Tracker to be maintained which tracks progress with compliance with all Standards. It records compliance for each standard using the following framework:

High Assurance	The organisation complies with all requirements under all circumstances except for on rare occasions
Medium Assurance	The organisation is usually fully compliant, but there is non-compliance at some times or in relation to some requirements
Low Assurance	The organisation complies at some times or in relation to some of the requirements, but does not comply fully and consistently
No Assurance	The organisation does not comply with the requirements at all, or complies on rare occasions or in only a few respects

CTMUHB is able to record High Assurance with 60% of all Standards and Medium Assurance with 17%. Further monitoring detail is provided in Appendix 1, including an individual assurance assessment for each standard with which CTMUHB must comply.

All standards for which 'High Assurance' can be recorded are given a score of 1, and all other Standards '0' allowing for an overall maturity score to be given. CTMUHB is able to record High Assurance with **60%** of all Standards. Further monitoring detail is provided in Appendix 1, including an assurance score for each standard with which CTMUHB must comply.

On Standards 8, 9, 10, 16 & 106 where No and Medium Assurance is reported in Appendix 1, CTMUHB received an enforcement notice following an investigation in August 2023. CTMUHB was then required to submit an action plan to the Welsh Language Commissioner under Section 80 of the Welsh Language (Wales) Measure 2011 which was approved, with all actions to be completed by December 2024. Progress on meeting those actions is being monitored and our next annual report will show how we have completed those actions.



# Theme 3: Employee Experience and Our Bilingual Workplace

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



## Our values and behaviours

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

Our organisational values and behaviours form a framework which encourage the right behaviours at work. These are:

- We listen, learn and improve;
- We treat everyone with respect;
- We all work together as one team.

These values foster a culture of learning, conducive to developing Welsh language skills at work. They also foster a culture of respect and understanding, essential for different languages, Welsh included, to be used and enjoyed. Finally they encourage co-operation and functional and healthy teams, essential for Welsh to develop and thrive.

They appear all over CTMUHB from desktops to walls, and are bilingual.

## Starting work at CTMUHB

From applying for a post to having an interview in Welsh, the processes and systems CTMUHB has in place are making it increasingly possible to use Welsh right from the start of a person's employment.

Aspect	What we do
Bilingual job descriptions and adverts	New posts when banded are translated so that the manager has both job descriptions and person specifications to pro-actively to advertise
Applying for a post	Trac, the recruitment system used by NHS Wales, notes applicants may apply in Welsh. It is not possible to set different closing dates for posts based on language of application and all applicants are informed of the decision made via Trac at the same time.
Pro-actively offering an interview in Welsh	Trac asks applicants whether they wish to have an interview in Welsh.
Informing candidates of the assessment outcome	When applicants apply in Welsh, they receive information from the Trac system in Welsh of the outcome (informing them of whether they have been successful or unsuccessful in being selected for interview, and whether they have been offered the post). Translation requests received also suggest that managers ensure they send bilingual communication to applicants where they communicate with them outside of Trac.
Offering the contract in Welsh	When applicants apply in Welsh, they receive their contract of employment in Welsh automatically via email when offered the post.

CTMUHB fully acknowledges it has more to do in this area, particularly around job descriptions and adverts, but the above is a significant contribution to facilitating the use of Welsh at the start of employment for new members of staff.

## Internal communications around Welsh

The internal communications framework for Welsh and our Hiraeth campaign were described in detail above but for the purposes of this third theme, it is important to note that internal communications have a significant impact on an organisation's ethos. Including regular messaging around Welsh therefore adds in its own way to our bilingual organisational culture.

## Corporate induction

Inductions are an important opportunity to imprint our organisational values and expectations around behaviour to our new employees, and a way of ensuring they understand our approach to bilingual services at CTMUHB. The welcome video at the start of the corporate induction programme is bilingual with both Welsh and English thread through the content, with Welsh-speaking staff using Welsh throughout one single video. This sends a clear message that CTMUHB is an organisation where Welsh and English are both used and respected equally, with a healthy bilingual ethos.

Our video specifically for the Welsh language element to the induction, 'Welsh at CTM' created professionally, is used as part of corporate induction. The video's core message is that Welsh is just as important to us as it is to many in the communities we care for and serve. It also encourages staff to use the Welsh they have. The video explains what support there is for staff to use Welsh at work and what resources are available, again targeting those barriers often identified by healthcare staff to doing more in Welsh. Using patient stories and staff testimony, the video is another tool in our behaviour change armory.

This year we also developed a Welcome Sheet/Taflen Groeso, which is sent to all new starters, setting out our offer for staff (Learning Welsh, translation and resources), what staff need to do at the start of the employment (note their Welsh Language skills on ESR, complete the Welsh language awareness course and complete the 2-hour Courtesy Welsh course) and where to go for further advice and support. It's also been added to the corporate induction Welsh language section.

# Croeso!

**Three things we do**

Croeso to our Health Board, and congratulations on your new role!

Welsh belongs to us all and at Cwm Taf Morgannwg UHB we encourage everyone to use the Welsh we have, just like your colleagues said in the corporate induction. There's no such thing as fluent and a little bit goes a long way.

So how do we support this?

- 1. Start learning Welsh for free today:** Want to learn or even relearn our language? We offer Welsh courses at all levels once you've completed the Taster Session. It's free of charge, not a penny. Drop us a message [here](#) and we'll get back to you with some flexible options, asap.
- 2. One stop translation shop:** Need something in Welsh? Whatever you need, the Welsh Language Team can do it for you. Free for everyone, forever. Available [here](#).
- 3. Free resources:** From posters and phrase cards, to badges and lanyards to show you speak some Cymraeg, whatever you need, we have it. Get in touch [here](#) today for a lanyard, badge or free Welsh Language Pack and give Welsh a go.

**Three things you do**

There are just three small things we ask of new starters.

- 1. Complete your ESR skills info:** Tell us where you are on your language journey by recording your skills on ESR. It's really easy to do, and takes 5 minutes. See [how here](#).
- 2. Complete the Awareness Course:** Complete the short Awareness Course on ESR, where we talk about what Welsh means to our colleagues and patients and gives some more information about the use of our language. Available under 'My e-Learning' on ESR, called '110e-Learning Certification Welsh Language Awareness More than just words (Level1)'.  
  
You'll usually be with other colleagues so you'll learn as one team, using your new-found or newly-rekindled Welsh together
- 3. Complete the Welsh Taster Session:** We support all staff to have at least 'courtesy level' Welsh where you're able to say some basic phrases. We've created a flexible course especially for you at CTM UHB, lasting just 2 hours. All new staff do this unless you've begun your language journey and already know the basics. Just book [here](#) or see [here](#) for the face-to-face sessions.

**Want to know more?**

- 1. Our guide:** We've created this handy guide in **Welsh and English** on what we do bilingually at CTM UHB.  
  
If you need to know why we offer services in Welsh, what we do in both Welsh and in English in our day-to-day work with some examples from colleagues, and how you can get support, then this is the guide for you.
- 2. Our SharePoint page:** Take a look at our SharePoint page [here](#).  
  
There's downloadable resources there and also other, more detailed guides for managers on specific aspects such as communications & engagement and recruitment.
- 3. Need a chat?** Just send us a message  
  
If you'd rather have a chat, [send us a message](#) or book a slot [here](#). We'd love to meet you.

**Pob lwc [good luck] in your new role and croeso once again to Cwm Taf Morgannwg University Health Board**

**Cymraeg**

## The linguistic landscape and our corporate identity

A visual bilingual environment encourages people to use their Welsh and shows our commitment to Welsh and its use. All permanent signage across our sites is bilingual. Increasingly, temporary workplace signage is also bilingual including in important areas such as the canteen. This year, over 60 requests were received for temporary signage. These communal areas are important as all staff spend their time there at some point during their working day.

Our corporate identity, internally and externally, also contributes to our bilingual ethos. A selection of logos can be seen below showing the vast majority of examples of presenting our corporate identity, internally and externally, has incorporated Welsh.

## Internal meetings

This year a new resource was developed to facilitate the use of Welsh in meetings, consisting of a guide on how best to arrange and hold bilingual meetings and best practice, key phrases in Welsh and a video showcasing a bilingual meeting. This video will support staff on how to use key phrases and have a model meeting in Welsh to refer to.

## Internal people policies and people protocols

All people policies are available in Welsh, including policies relating to behaviour in the workplace, health and well-being at work, salaries and workplace benefits, performance management, absence from work, working conditions and working patterns. They are published on our intranet.

The All-Wales Disciplinary Policy and Procedure notes that employees may respond to allegations against them in Welsh, and the All-Wales Respect and Resolution Policy notes that employees may raise an allegation in Welsh, respond to one in Welsh and that any proceedings must be held in Welsh where an employee has exercised this right. The All-Wales Raising Concerns Policy also notes that an individual may raise an issue or concern in Welsh and that they should be advised of this at the outset. It also notes that any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

## Leadership Competency Model

Following work to renew and update our leadership offer for managers at CTMUHB, as part of our Culture Plan for the organisation, a Leadership Competency Model has been developed. This model currently has been set out along ten core competencies around Leading Self, Leading Others and Leading Systems. One of those ten competencies is 'Inclusion' and this will include specific competencies around the Welsh language for managers and leaders at Band 6, 7 and 8. Work will now continue over the next reporting period on what that content will look like for Welsh. This is an exciting step forward for Welsh and will contribute to a culture of not only compliance with Standards but also of a thriving Welsh language.



## IT and software

CTMUHB uses Microsoft on its work machines allowing us to offer common workplace software in Welsh. Our SharePoint page for Welsh promotes the availability to use MS Office and MS Teams in Welsh and includes instructions on how to change it.

A Welsh language spellchecker is also available to download via the Software Centre on all computers and laptops for CTMUHB staff.

Our IT Helpdesk also offers the ability to speak to a member of IT in Welsh when phoning and includes a bilingual greeting. IT have also created a bilingual form for new starters to set them up with IT. How we use Welsh internally and our internal bilingual ethos is a developing area for CTMUHB and work included in our operational plan for Welsh for 2024/25 includes further work in this area.

## Theme 4: Governance and accountability

The way we communicate with staff and support them, the processes we have in place to strategically develop Welsh in our organisation and creating a bilingual ethos at work are three all-important factors to developing Welsh in CTMUHB.

The fourth theme that brings this together, governance and accountability, refers to the structures we have in place to monitor progress, the assurance processes and appropriate oversight in place to ensure we're meeting our legal requirements, and our approach to policy risks when we may fail to meet those requirements. This theme is about knowing how well we're doing, knowing where we need to improve, and having the right structures in place to drive improvement and challenge where necessary



## Our Welsh Language Steering Group (WLSG)

The role of the WLSG is to lead strategically to improve the environment that supports and values the Welsh Language and its role in the delivery of safe and high-quality services to our patients. The group is chaired by the Executive Director for People and consists of senior leaders from each Care Group who have the influence and authority to see through change in their areas, as well as senior clinicians who value Welsh and who can act as influential champions in the clinical areas.

The Group's agendas allow senior Health Board leadership to focus on particular areas and priorities, and allow for a high-level business forum to take place where Welsh language and culture can be discussed and work to further embed Welsh to be planned and agreed, including the annual operational plan for Welsh language services. The Group's terms of reference govern the Group's activities.

## Accountability route for Welsh language compliance

The WLSG provides advice and assurance to the Board and its sub-committees in relation to the organisation's compliance with our statutory Welsh Language Standards duties, to ensure we treat the Welsh language no less favourably than the English Language, and ensure progress with the five-year More than Just Words Strategic Plan. Assurance is provided through bi-annual written report updates to the People and Culture Committee, a sub-committee of the Board. This provides a robust accountability route for reporting progress and risks in relation to compliance to Board.

This reporting year two written and oral reports to the People & Culture Committee were provided, one in August 2023 and one February 2024. The compliance tracker discussed above on page 35 was also shared in the February report, giving a full overview of current progress and areas of risk, as well as the decision notice and action plan following enforcement activity received in August 2023.

For the first time at the February meeting of the People and Culture Committee, the written and oral highlight report was provided in Welsh with simultaneous translation. This significantly raised the status of the Welsh language in the Health Board, and was the first time Welsh was used at a formal Board Committee meeting as part of its reporting arrangements.

## Welsh at senior management meetings

Aside from formal Committee and Board reporting, Welsh language compliance and the support available has been formally discussed at the following senior management meetings:

- CTMUHB full Operational Management Board;
- Children and Families Care Group Operational Board;
- Paediatrics Quality Governance Meeting;
- Therapies Quality Governance Meeting;
- Mental Health and Learning Disabilities Governance Meeting;
- The Leadership Forum.

## Complaints

During the 2023-24 reporting year, CTMUHB received one complaint in relation to signage at our carpark on the Princess of Wales Hospital site. The complainant claimed the signs were not bilingual, however upon inspection the majority were. As CTMUHB was in the process of renewing the contract, it was also possible to

commit to ensuring via the specification for the tender that any small number of dated signs not bilingual would be replaced. The complaint was not taken further.

# Theme 5: Recruitment & Workforce Planning

This is the final of our five themes and work under this theme will aim to analyse the size of our bilingual workforce and where necessary, increase the number of Welsh-speaking staff we have. This part of the report will also publish how many staff we have who speak Welsh and to what level, and how many jobs we have advertised as needing skills in Welsh as part of this. We can't offer the public a truly bilingual health service in the CTMUHB area unless we have the right number of bilingual staff; this final theme recognises this and details how we're working to build our Welsh-speaking workforce.



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## Our bilingual workforce

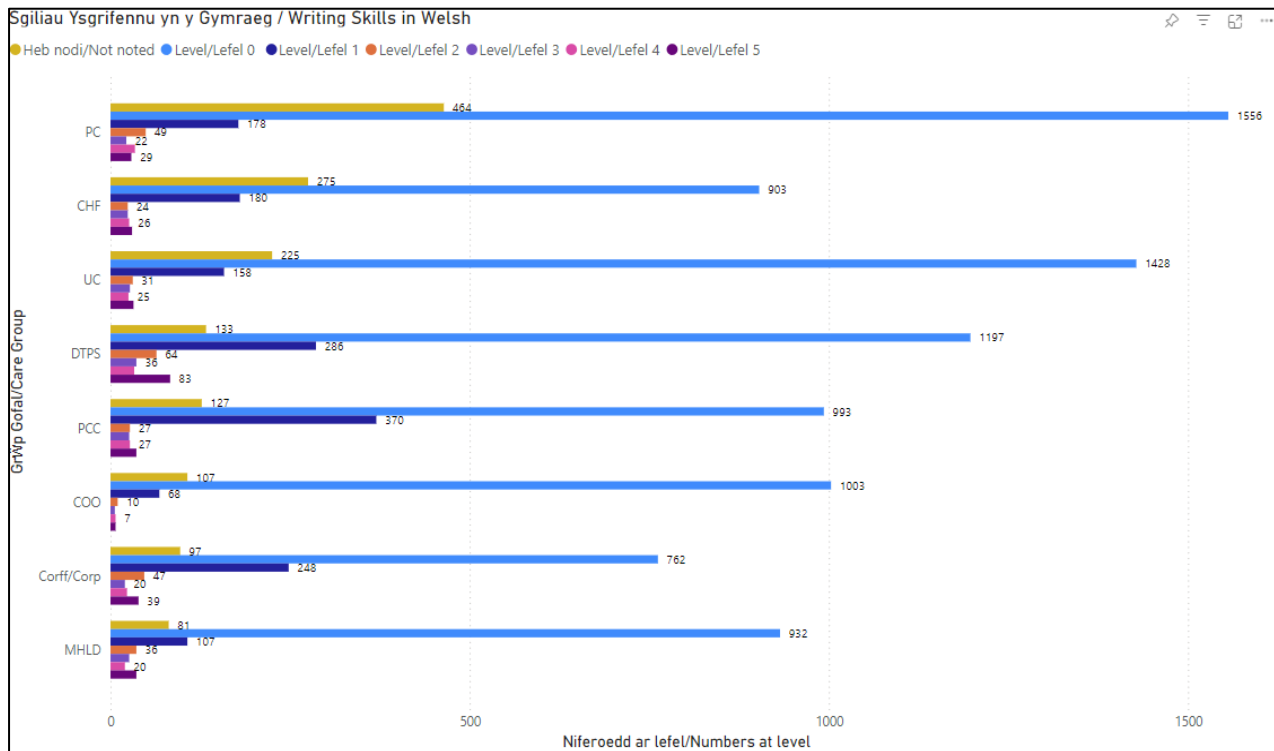
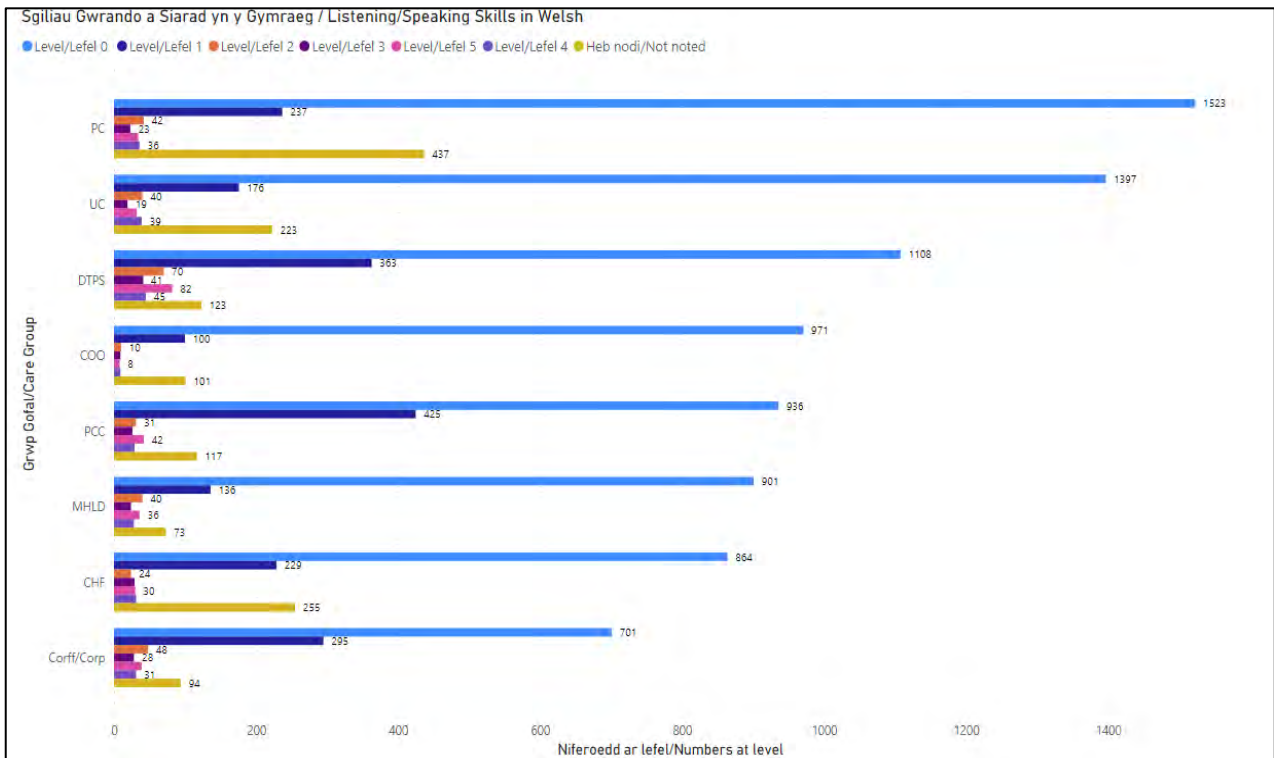
All staff in CTMUHB are expected to note their Welsh language skills on ESR, our workforce information system. We do this by noting whether we have skills in writing Welsh, listening/speaking in Welsh and reading in Welsh and at what level, from 0 to 5. These mean the following:

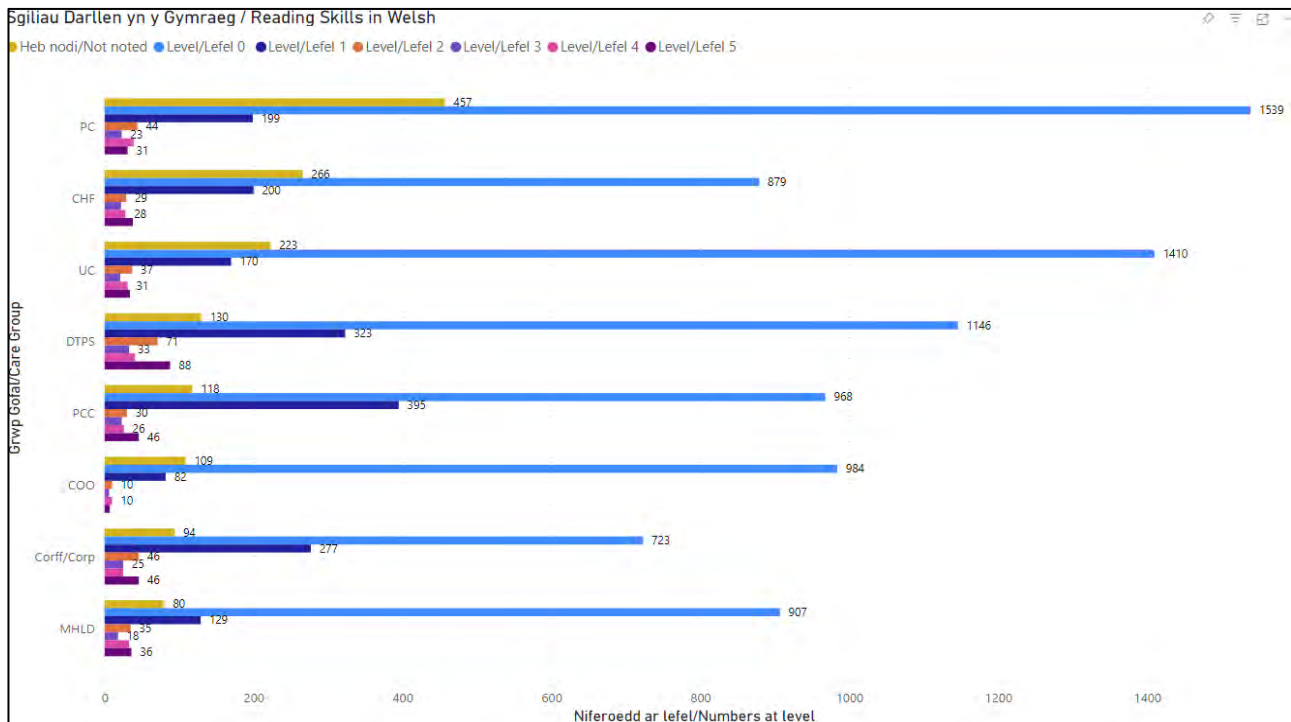
- 0: No ability in this skill at all,
- 1: Entry level,
- 2: Foundation,
- 3: Intermediate,
- 4: Higher,
- 5: Proficient.

We have encouraged staff throughout the year to note their Welsh language skills on ESR in co-operation with colleagues in our Learning & Development team, by specifically targeting non-compliant staff. Information on how to note skills is also included on the core SharePoint site for Learning & Development where all mandatory training is promoted. The percentage of staff who have recorded their Welsh language skills on ESR as of March 2024 is **88%** for listening and speaking in Welsh and **88%** for both writing Welsh and reading Welsh, which is an increase on last year where it was **80%** on average.

Turning to the linguistic profile of CTMUHB's workforce, the graphs below illustrate how many of our staff have skills in Welsh in Listening/Speaking, Reading & Writing for each Care Group that forms the Health Board. The abbreviations for each group mean the following:

- PC: Planned Care/Gofal Wedi'i Gynllunio;
- UC: Unscheduled Care/Gofal Heb ei Drefnu;
- DTSP: Diagnostics, Therapies, Pharmacy and Healthcare Sciences/Diagnosteg, Therapiau a Gwyddorau Iechyd;
- COO: Chief Operating Officer's Group/Grŵp y Prif Swyddog Gweithredu;
- PCC: Primary Care & Communities/Gofal Sylfaenol a Chymunedau;
- MHL: Mental Health & Learning Disabilities/Iechyd Meddwl ac Anableddau Dysgu;
- CHF: Children & Families/Plant a Theuluoedd;
- Corporate Services/Gwasanaethau Corfforaethol.





In terms of our ability to offer services in Welsh, staff with level 4 and 5 in a skill will generally be able to use this skill in most situations with patients and colleagues, hence the 'higher' descriptor. It can reasonably be inferred as a result that the number of staff in CTMUHB able to speak Welsh is currently at least 551 (of those who've recorded their skills), when combining those staff who've noted Level 4 or 5 for Listening/ speaking.

As we improve the number of staff who have recorded their skills in Welsh, a year-on-year increase can be seen in the numbers of staff with skills in Welsh.<sup>5</sup>

Level	Listening/Speaking in Welsh			
	2022/23	2023-24	Difference	Difference as %
Level 0	7740	8401	+661	+8.5%
Level 1	1871	1961	+90	+4.8%
Level 2	295	305	+10	+3.4%
Level 3	197	199	+2	+1%
Level 4	223	248	+25	+11%
Level 5	284	303	+19	+6.7%

<sup>5</sup> As in previous years, skills of those staff working in hosted bodies has been removed from the data.

Level	Reading in Welsh			
	2022/23	2023-24	Difference	Difference as %
Level 0	7873	8556	+683	+8.6%
Level 1	1702	1775	+73	+4.3%
Level 2	292	302	+10	+3.4%
Level 3	159	171	+12	+7.5%
Level 4	225	233	+8	+3.5%
Level 5	302	326	+24	+8%
Level	Writing in Welsh			
	2022/23	2023-24	Difference	Difference as %
Level 0	8092	8774	+682	+8.4%
Level 1	1511	1595	+84	+5.5%
Level 2	290	288	-2	-0.7%
Level 3	173	187	+14	+8%
Level 4	188	195	+7	+3.7%
Level 5	262	292	+30	+11%

This is the third consecutive year that the known number of staff with skills in Welsh has increased.

## Using workforce data

Workforce data on Welsh language skills is important. This year, data on Welsh language skills was added to HealthRoster, the system used to plan shifts. All staff with Level 3 in Speaking/Listening and above were added. This will allow managers to know which of their staff speak Welsh and would allow them to plan shifts accordingly where necessary. This will also facilitate compliance with our In-Patient Admittance Policy under Standard 24 described above.

## Assessing and advertising posts

The number of posts advertised by CTMUHB and the skills in Welsh needed for those posts are below.

Skills needed in Welsh for posts	
Skills category	Number
Welsh language skills are essential	9
Welsh language skills are desirable	2757
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	215
Total Number of vacancies advertised 01/04/2023 - 31/03/2024	2981

The requirement is that CTMUHB carries out a meaningful assessment of the language skills needed for a post, before selecting the appropriate category and advertising it as such. Not only has the number of posts where skills are needed in Welsh stayed roughly the same (9 this year, 10 last year), but the number of posts where skills in Welsh are essential is still low. The type of posts for which the manager decided no skills were needed or were desirable would also suggest more work is needed.

CTMUHB is currently working through a significant action plan, the majority of which is concerned with how we treat Welsh in recruitment. The deadline for submission of evidence that we have completed that work is December 2024.

We have this year also made it a requirement for all new starters to have at least 'courtesy-level Welsh' or to learn once in post. This will make a significant difference to the skills our workforce have in Welsh, and as noted below, we are currently offering an internal course to facilitate this.

Whilst there is work to do, it is important to bear in mind that due to improved data, it has become clear that CTMUHB does appear to have a large number of Welsh speaking staff and that where we do need to increase that number, work is underway.

## Learning Welsh at work

Knowing how many Welsh speaking staff we have and recruiting people with the right skills to the post are essential and work has been ongoing in these areas. Equally as important is developing the language skills of our existing staff. Learning Welsh at work has been mentioned at several points in this report in terms of how and where opportunities are promoted. This section will focus on what we offer and the uptake.

- Taster sessions

We have offered 'Taster sessions', or two-hour sessions to learn the basics of Welsh throughout the year. We have also begun to offer these internally via the Welsh Language Team which has allowed CTMUHB to increase the number of staff able to take part, and will support us in ensuring all new staff have at least courtesy-level Welsh. This year 34 members of staff have taken part in a taster session.

- Online self-directed courses

The self-directed online course, 'Croeso' from the National Centre for Learning Welsh has also been promoted and this year 7 members of staff have completed Part 1 and 3 have completed Part 1 and 2.

- Learning Welsh in the community

Some staff members prefer to learn with classes (Mynediad and Sylfaen) that are provided in the community due to their own needs but which are funded by CTMUHB as they will use those skills at work. This year 9 members of staff have started Mynediad (Entry) and 1 member of staff has started Sylfaen (Foundation).

- Confidence Raising Scheme

This exciting scheme aims to support staff who may lack the confidence to use the Welsh they have and works to support them to be more confident in their skills. The scheme began towards the end of the reporting year and as of March 2024, 15 members of staff had started with the first cohort filled. This is a promising scheme which could have a significant impact on our aim of having a bilingual workforce and further cohorts will be supported throughout 2024/25.

This means 64 members of staff have been supported to step into Welsh at work or via employer funding this year with hundreds of hours of learning Welsh being provided. This is also an increase of 22 members of staff on last year.

The impact of these opportunities on our staff can be read below.

I recently commenced the Dysgu Cymraeg course after being inspired by completing the mandatory learning on ESR. Being new in post, I thought it was amazing that CTMUHB encourage, support and offer to fund this learning. I've always enjoyed learning new skills, and I hope that being able to speak Welsh will enable me to improve the quality of care I provide for my Welsh speaking patients, promoting inclusivity and making a difference to their experience of receiving health care within CTMUHB.

I have found the flexibility of learning online via teams classroom brilliant, being a very busy single mum it means I can learn from home with an added bonus of my children listening in the background and picking up additional Welsh words contributing to their learning. I am thoroughly enjoying the lessons, the tutor is very engaging and makes the lesson fun. I also enjoy chatting with the other students who are from all over the world, showing that learning Welsh isn't just for those of us native to Wales.

**Lyndsey, Lung Health Check Clinical Nurse Specialist**

If nothing else being more mindful (and inclusive) of speaking/writing what Welsh I can when I can and at the start and end of meetings etc is more than I have done in my working career and has been valuable. Diolch yn fawr

**Anonymous via impact feedback**

"I have wanted to learn Welsh for as long as I can remember. I loved learning languages in school, I took Welsh for GCSE and AS level but I let it go as I was finding it difficult to balance with my other studies. This is something I have regretted for over 20 years. Being born in Wales but not being able to speak Welsh is something that has always bothered me - how many other countries in the world have a population who don't all speak their national language? There is so much beauty in the Welsh language and culture, and I am very proud to be a part of the effort to reclaim them for our future generations.

I started learning Welsh as an adult with Dysgu Cymraeg in 2020 after I saw an article on the CTM intranet promoting a virtual course and offering workplace funding. I am now halfway through completing Lefel Sylfaen and I intend to complete as many levels as I am able to. While I am not yet at a level where I can converse fluently in Welsh, I am able to practice with my Welsh speaking colleagues, which further increases my confidence, and I hope that one day I will be able to use what I have learned both in and out of the workplace.

Being a "Dysgwr Cymraeg" has become a huge part of my identity and has made me a part of an ever growing, very welcoming community. Dw i wrth fy modd yn Dysgu Cymraeg."

**Kim, Occupational Therapist**

## Appendix 1: Full Welsh language assurance assessment

WELSH LANGUAGE STANDARDS ASSURANCE ASSESSMENT FOR THE 2023-24 REPORTING YEAR			
Class of Standard: Service Delivery Standards			
Activity	Standard(s)	Assurance level	Brief description
Correspondence	1, 4, 6 & 7	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Responding to Welsh correspondence in Welsh</li> <li>Sending correspondence in Welsh at same time as English correspondence</li> <li>Not treating Welsh correspondence from the UHB less favourably than English version</li> <li>Stating we welcome correspondence in Welsh on correspondence from the UHB</li> </ul>
	5	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Sending all correspondence (including email to external organisations) in Welsh and English unless language preference of the receiver is known</li> </ul>
Telephony	8	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Greeting callers to main telephone lines bilingually</li> </ul>
	9	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Informing a caller a service is available in Welsh</li> </ul>
	10	NO ASSURANCE	<ul style="list-style-type: none"> <li>Dealing with calls to main telephone lines in Welsh</li> </ul>
	11	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Not treating Welsh less favourably when advertising main telephone numbers</li> </ul>
	12	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Having the same contact number for both Welsh and English main telephone services</li> </ul>
	13	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Stating we welcome calls in Welsh where we publish our main telephone numbers</li> </ul>
	14	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Where we collect performance indicators, ensuring we also collect data as relevant to the Welsh language to ensure we do not treat Welsh less favourably</li> </ul>
	15	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Informing persons calling, in Welsh, that they can leave a message in Welsh</li> </ul>
	16	NO ASSURANCE	<ul style="list-style-type: none"> <li>Informing persons calling, in Welsh, when a Welsh language service will be available where one isn't available</li> </ul>
	17	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Dealing with calls to departmental telephone lines in Welsh</li> </ul>

	18	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Greeting callers to departmental telephone lines bilingually</li> </ul>
	19	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Where the UHB makes calls to individuals on a specific matter, asking whether that individual wishes to receive future calls in Welsh from the UHB, recording that wish and making those calls in Welsh</li> </ul>
	20	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Any automated telephone systems in place in the UHB also fully available in Welsh.</li> </ul>
Internal meetings	21, 22, 22A & 22CH	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Asking those invited to a meeting whether they wish to use Welsh and facilitating the use of Welsh</li> </ul>
In-patients and the Active Offer	23 & 23A	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Asking in-patients at admission their language preference and recording this</li> </ul>
	24	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Having a ratified policy in place on asking in-patients at admission their language preference, for those patients who may not be able to note this themselves.</li> </ul>
Case conferences	25	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Offering and providing case conference in Welsh when involving the patient</li> </ul>
Public meetings and events	26, 27, 28 & 29 & 31	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Treating Welsh no less favourably when advertising and promoting public meetings and events, sending invitations and inviting speakers to public meetings and events, ensuring an interpreter is available at all public meetings and events and not treating the Welsh language less favourably in any way during the course of the meeting or event</li> </ul>
	30, 32 & 33	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Displaying material and public events and meetings in Welsh and English</li> </ul>
Displayed material	34	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Displaying material in public (in all contexts)</li> </ul>
Documents & Forms	36, 37 & 38	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Documents and forms available in Welsh, and noting on English versions that a Welsh version is available</li> </ul>

Websites and digital media	39, 40 & 41	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Each text of the webpage available in Welsh including the homepage and new and amended pages</li> </ul>
	42	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Noting clearly on each webpage that it is available in Welsh with a direct link</li> </ul>
	43	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing interface and menus in Welsh on each page</li> </ul>
	44	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Apps produced or commissioned by the Health Board available in Welsh</li> </ul>
	45	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Not treating Welsh less favourably on corporate and departmental social media</li> </ul>
	46	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Responding to Welsh messages in Welsh on social media (comments &amp; DMs etc.)</li> </ul>
Signage	47	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Displaying all signs including temporary signs in Welsh</li> </ul>
	48 & 49	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Ensuring all signs including temporary signs in Welsh which is correct and with the Welsh in a position where it is likely to be read first</li> </ul>
Reception services	50 & 52	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Offering a bilingual service at receptions and displaying a sign at reception welcoming the use of Welsh</li> </ul>
	53	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Where staff members provide a reception service and can in fact speak Welsh, ensuring they wear a badge to convey that</li> </ul>
Grants	54, 55 & 56	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Publishing documents relating to grants in Welsh,</li> <li>Stating we welcome applications for grants in Welsh, and not treating an application for a grant submitted in Welsh any less favourably and</li> <li>Informing a person who submitted an application for a grant in Welsh of the outcome in Welsh.</li> </ul>
Tenders for contracts	57, 58 & 59	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Publishing invitations to tender in Welsh where relevant</li> <li>Stating tenders may be submitted in Welsh and that Welsh tenders submitted in Welsh will be treated no less favourably, and</li> <li>Informing a tenderer of the outcome in Welsh where they submitted the tender in Welsh.</li> </ul>
Promoting Welsh language services	60 & 61	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Promoting the Welsh language services we provide.</li> </ul>

Corporate identity	62	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Treating Welsh no less favourably in how the UHB forms, revises and presents its corporate identity</li> </ul>
Education courses for patients	63	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Where health education courses are offered, undertaking an assessment of the demand for them in Welsh and offering them in Welsh</li> </ul>
Public address systems	64	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Recorded messages over address systems being bilingual, with the Welsh message played first</li> </ul>
Primary Care	65	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Designating an area on our website to promote Primary Care providers who are able to provide a service or part of a service in Welsh</li> </ul>
	66	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing and promoting a translation service for Primary Care</li> </ul>
	67	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing and promoting lanyards and badges that convey Primary Care staff speak Welsh</li> </ul>
	68	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing courses, information or events so that Primary Care staff develop an awareness of the Welsh language and how it can be used in the workplace</li> </ul>
<b>Class of Standard: Policy Making Standards</b>			
<b>Activity</b>	<b>Standard(s)</b>	<b>Assurance level</b>	<b>Brief description</b>
Assessing policy decisions for impact	69, 70 & 71	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Assessing new policies or reviewing and revising policies for the impact on Welsh</li> </ul>
	72, 73, & 74	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Consulting on policy and considering the impact on Welsh</li> </ul>
	75, 76 & 77	LOW ASSURANCE	<ul style="list-style-type: none"> <li>Research to assist policy making and considering the impact on Welsh</li> </ul>
Assessing policy decisions for impact within Primary Care	78	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Having a policy to ensure decisions taken in regard to Primary Care consider the impact on the use of Welsh and treating Welsh no less favourably</li> </ul>
	78A	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Publishing a review of that policy under Standard 78 five years after publishing it</li> </ul>
<b>Class of Standard: Operational Standards</b>			
<b>Activity</b>	<b>Standard(s)</b>	<b>Assurance level</b>	<b>Brief description</b>
Policy on internal use of Welsh	79	NO ASSURANCE	<ul style="list-style-type: none"> <li>A policy on using Welsh internally for the purpose of promoting and facilitating the use of the language</li> </ul>

Contracts of employment in Welsh	80	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>When offering a new post to an individual, asking that the individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh and if so provide it in Welsh</li> </ul>
Paper correspondence relating to employment	81	NO ASSURANCE	<ul style="list-style-type: none"> <li>Paper correspondence relating to various aspects of employment sent to an employee</li> </ul>
Workforce policies in Welsh	82	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Workforce policies relating to specific matters available in Welsh</li> </ul>
Complaints by and against staff	83, 84 & 85	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Noting in policies and procedures that complaints may be made in Welsh or responded to in Welsh, holding meetings relating to complaints in Welsh, and informing parties of decisions relating to complaints in Welsh</li> </ul>
Disciplinary procedures	86, 87 & 88	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Noting staff may respond to allegations in Welsh in documents and when bringing proceedings against them, holding meetings about allegations in Welsh and informing staff of the outcome in Welsh</li> </ul>
Spelling and grammar software	89	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing staff with computer software for checking spelling and grammar in Welsh</li> </ul>
Intranet	90, 91, 93 & 95	NO ASSURANCE	<ul style="list-style-type: none"> <li>Certain intranet pages being bilingual</li> </ul>
	94	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Having a specific intranet page for promoting Welsh</li> </ul>
Assessing Welsh language skills of employees	96	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Assessing the Welsh language skills of staff</li> </ul>
Staff training	97	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Providing training on certain workplace matters such as Health and Safety</li> </ul>
Training on using Welsh	98	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Training on using Welsh in meetings, interviews and complaint and disciplinary procedures</li> </ul>
Basic Welsh lessons and using Welsh in managerial roles	99	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Providing a basic Welsh lesson and training on using Welsh in managerial roles</li> </ul>
Providing further Welsh lessons	100 & 101	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing Welsh lessons for staff beyond a basic Welsh lesson</li> </ul>

Welsh language awareness	102	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing Welsh language awareness training</li> </ul>
Corporate induction	103	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing Welsh language awareness material as part of corporate induction</li> </ul>
Logo and wording for emails	104	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing a logo so staff can show they speak Welsh in emails and a template so that they can create a bilingual out-of-office message</li> </ul>
Providing lanyards and badges	105	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Providing badges and logos to staff so that they can show they speak Welsh</li> </ul>
Assessing vacant posts	106 & 106A	NO ASSURANCE	<ul style="list-style-type: none"> <li>Assessing vacant posts for what skills are needed in Welsh based one of 4 categories, and where 'Welsh Essential', 'Desirable' or 'Need to Be Learnt', noting this when advertising and advertising the post in Welsh</li> </ul>
Encouraging applications in Welsh	107	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>When advertising a post, stating that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably</li> </ul>
Welsh language recruitment material	107A	NO ASSURANCE	<ul style="list-style-type: none"> <li>Publishing application-related information in Welsh such as all application forms, assessment method information and job descriptions</li> </ul>
Applications made in Welsh	107B	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Not treating an application for a post made in Welsh less favourably than an application made in English</li> </ul>
Candidate's use of Welsh in interviews	108	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Ensuring that application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh, and if so offering this</li> </ul>
Informing candidates of outcome	109	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Informing an applicant of the decision in relation to an application for a post in Welsh if the application was made in Welsh.</li> </ul>
5-year strategy on providing clinical consultations in Welsh	110	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Publishing a strategy for every 5-year period around offering clinical consultations in Welsh</li> </ul>
	110A	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Publishing a review of the strategy for every 5-year period around offering clinical consultations in Welsh</li> </ul>
Workplace signage	111, 112 & 113	MEDIUM ASSURANCE	<ul style="list-style-type: none"> <li>Accurate bilingual workplace signage, with Welsh in a position it is more likely to be read first</li> </ul>

Workplace recorded announcement	114	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Workplace audio announcements</li> </ul>
Class of Standard: Record Keeping Standards			
Activity	Standard(s)	Assurance level	Brief description
Record of complaints	115	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Keeping a record of all complaints received regarding Welsh language standards</li> </ul>
Record of skills	116	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Keeping a record of Welsh languages skills as assessed under Standard 96</li> </ul>
Record of skills needed for vacant posts	117	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Keeping a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where - <ul style="list-style-type: none"> <li>(a) Welsh language skills are essential;</li> <li>(b) Welsh language skills need to be learnt when appointed to the post;</li> <li>(c) Welsh language skills are desirable; or</li> <li>(ch) Welsh language skills are not necessary</li> </ul> </li> </ul>
Standards which deal with supplementary matters			
Activity	Standard(s)	Assurance level	Brief description
Supplementary matters as relevant to Standards	118	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Publishing the compliance notice on our website</li> </ul>
	119	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Having a complaints procedure that notes how the UHB will deal with complaints relating to the Welsh Language Standards, and publishing it on the website</li> </ul>
	120	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Publishing an annual report on compliance</li> </ul>
	121	HIGH ASSURANCE	<ul style="list-style-type: none"> <li>Releasing to the Welsh Language Commissioner any information he or she has requested in relation to Standards</li> </ul>





# Cymraeg

## Adroddiad Perfformiad Blynyddol Safonau'r Gymraeg ar gyfer Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg 2023/24

Y Gymraeg yn CTM  
Welsh at CTM



Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Cymraeg



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## Am yr adroddiad hwn

Mae'r adroddiad hwn yn sôn am beth mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg wedi'i wneud eleni i ddarparu ei wasanaethau yn Gymraeg yn unol â Safonau'r Gymraeg.<sup>1</sup> Rydyn ni'n sôn am ein dull strategol o wreiddio'r Gymraeg ym mhob rhan o'n sefydliad a beth rydyn ni wedi'i wneud eleni i hybu ein hiaith a'i defnydd yn y gofal rydyn ni'n ei roi a'r gwasanaethau rydyn ni'n eu darparu. Rydyn ni'n awyddus i rannu gyda chi eto eleni pa mor galed rydyn ni wedi gweithio i blethu dwyieithrwydd ym mhopeth a wnawn, a'r mentrau yr ydym wedi'u gwneud yn rhan o hyn. Mae'r Gymraeg yn bwysig i ni fel y mae i lawer yn y cymunedau yr ydym yn gofalu amdany'n nhw. Mae'r adroddiad hwn yn sôn am y camau pendant rydyn ni wedi'u cymryd sy'n dangos yr ymrwymiad hwn.

Mae'r adroddiad hefyd wedi'i ysgrifennu o dan Safon y Gymraeg 120, sy'n ei gwneud yn ofynnol i ni gyhoeddi adroddiad ar sut rydyn ni wedi cydymffurfio â Safonau'r Gymraeg yn ein hysbysiad cydymffurfio. Mae ein hysbysiad cydymffurfio yn nodi beth mae'n rhaid i ni ei wneud yn ôl y gyfraith yn Gymraeg, ac mae ar gael i'w ddarllen [yma](#) yn Gymraeg ac [yma](#) yn Saesneg. Os hoffech chi gael cyngor mewn fformat cliriach ar eich hawliau i ddefnyddio'r Gymraeg gyda'r Bwrdd Iechyd, gweler y daflen wybodaeth hon i gleifion yn Gymraeg [yma](#) ac yn Saesneg [yma](#).

Cyflwynon ni'r adroddiad hwn i'n Pwyllgor Pobl a Diwylliant, un o is-bwyllgorau'r Bwrdd, ym mis Awst 2024 a chafodd ei gymeradwyo i'w gyhoeddi.

Byddem yn croesawu eich sylwadau ar yr adroddiad hwn a'n gwasanaethau dwyieithog. Os hoffech chi gysylltu â ni, anfonwch neges aton ni yn [CTT\\_WelshLanguage@wales.nhs.uk](mailto:CTT_WelshLanguage@wales.nhs.uk) yn Gymraeg neu Saesneg. Gallwch hefyd roi adborth ar wasanaethau penodol y gallech fod wedi'u defnyddio drwy'r holiaduron Mesurau Profiadau a Adroddir gan Gleifion, sydd ar gael [yma](#) yn Gymraeg ac [yma](#) yn Saesneg.

<sup>1</sup> Mae unrhywgyfeiriad at 'flwyddyn' yn yr adroddiad hwn yn cyfeirio at y flwyddyn ariannol, o Ebrill 1 2023 i Fawrth 31 2024.

# EIN BLWYDDYN MEWN RHIFAU

506

Rhannon ni 30 o'n pecynnau Cymraeg, 10 poster iaith Gwaith a dros 180 o gortynnau gweddf i staff gyda sgiliau Cymraeg

9000

Mae dros **9000** o staff wedi cwblhau cwrs ymwybyddiaeth iaith Cymru gyfan eleni, gan olygu bod 77% o holl staff BIPCTM wedi ei gwblhau.

8%

Cynnydd o **8%** yn nifer y staff sydd wedi cofnodi eu sgiliau Cymraeg, gan sicrhau cyfradd gwblhau o 88% o ddata sgiliau Cymraeg i ni ar draws BIPCTM.

64

Mae **64** aelod o staff wedi cael cymorth i ddysgu Cymraeg neu i wella eu hyder gan y Bwrdd Iechyd eleni

2182

Cawsom **2,182** o geisiadau am gyfieithiad gyda chyfartaledd o 178 cais y mis

1,200,000

Cyfieithwyd dros **1.2 miliwn** o eiriau i'r Gymraeg

98%

Cyfradd gwblhau'r cwestiwn yn ymwneud ag angen iaith ar Gofnod Gofal Nyrsio Cymru oedd **98%**, fel mesur cadarnhaol pellach bod y cynnig rhagweithiol yn cael ei wneud gyda chleifion mewnol

14,347

Bu **14,347** o ymweliadau â'n gwefan Gymraeg, cynnydd o 2,950 o ymweliadau â'n cynnwys Cymraeg o gymharu â'r llynedd.

51

Daeth 51 aelod o staff i'n sesiwn gyntaf erioed i newid ymddygiad staff, 'Cymraeg/Fi'

29

Defnydd parhaus o'n system llif cleifion mewnol, yr e-fyrddau gwyn digidol, gyda **29** o gleifion bregus yn cael cofnod o'u hanghenion iaith fel Cymraeg ar draws 17 ward mewn 4 safle ysbyty

86

Cymerodd **86** o adrannau ar draws yr holl Grwpiau Gofal ran yn ein harchwiliad dros yr haf i fesur cydymffurfiaeth â Safonau'r Gymraeg, gyda 74% o reolwyr yn nodi eu bod nhw a'u tîm yn deall pwysigrwydd gofal yn Gymraeg

100

Siaradon ni gyda dros 100 aelod o staff yn rhan o'n sesiynau galw heibio ar ein safleoedd, a dros 40 o gleifion, gan roi'r cyfle i ni hybu'r Gymraeg a siarad am hawliau iaith

51

Daeth **51** aelod o staff i'n sesiwn gyntaf erioed i newid ymddygiad iaith, 'Cymraeg a Fi/Welsh and Me' fel rhan o'n hymgyrch Hiraeth

20

Lansiwyd ein Fframwaith Cyfathrebu Mewnol ym mis Tachwedd 2023, gan rannu **20** darn o gyfathrebu strategol ers hynny gyda thros 1000 o bobl yn gweld pob diweddariad ar gyfartaledd.

8

Mae'r Gymraeg wedi bod yn eitem agenda benodol mewn **8** cyfarfod uwch reolwyr eleni, gan gynnwys **2** gyfarfod ffurfiol o Bwyllgor Bwrdd.

6

Mae ein Grŵp Llywio'r Gymraeg wedi cyfarfod **6** gwaith eleni, gan rannu llawer o arferion da a dathlu cynnydd

10

Nododd **10** o'r **12** arolwg a holwyd ynghylch defnydd cleifion o'r Gymraeg fod y mwyafrif yn gallu defnyddio'r Gymraeg 'bob amser' neu 'fel arfer', sy'n golygu bod **638** o'r cleifion a holwyd yn gallu defnyddio'r Gymraeg o leiaf y rhan fwyaf o'r amser yn eu gofal eleni

15

Rydyn ni wedi dechrau manteisio ar gynllun Codi Hyder/Confidence Raising gyda Dysgu Cymraeg Morgannwg, gyda **15** aelod o staff yn cael eu cefnogi ym mis Mawrth 2024

## Rhagair y Prif Weithredwr

Mae'n bleser gennyf gyflwyno Adroddiad Perfformiad Safonau'r Gymraeg eleni. Eleni rydym wedi cymryd camau pellach ar ein taith i ddod yn sefydliad blaenllaw yn ein dull o wreiddio a thyfu ein hiaith ym Mwrdd Iechyd Prifysgol Cwm Taf Morgannwg, ac mae'r adroddiad hwn a'r cyflawniadau ynddo yn dyst i ymdrech ac ymrwymiad staff ar draws ein sefydliad i'r Gymraeg a'i siaradwyr.

Mae ein hymagwedd at y Gymraeg yn BIPCTM yn un o ymrwymiad di-ball i newid diwylliannol ac ymddygiadol ymhlith ein staff. Mae'r Gymraeg yn ymwneud â llawer mwy na chydymffurfio; mae'n iaith fyw ac yn iach sy'n cael ei siarad gan dros 50,000 o'n poblogaeth a channoedd o'n staff. Roedd yn gadarnhaol nodi eleni y gofynnwyd i ddau o swyddogion y Bwrdd Iechyd gyflwyno ein gwaith ar newid diwylliannol ac ymddygiadol mewn carfan o Arwain mewn Gwlad Ddwyeithog, a hwyluswyd gan Academi Wales a Cymraeg 2050 o fewn Llywodraeth Cymru, gan rannu arfer gorau ag uwch arweinwyr eraill ar draws y sector cyhoeddus yng Nghymru. Rydyn ni'n trafod peth o'r gwaith a gyflwynwyd yn y digwyddiad hwnnw isod, ac mae'n dangos y gall BIPCTM arwain ar yr agenda hon. Rwy'n gobeithio y byddwch yn mwynhau darllen am y mentrau eleni i feithrin diwylliant Cymraeg iach yn BIPCTM, ac er bod mwy i'w wneud bob amser, rhywbeth rydyn ni wedi bod yn dryloyw yn ei gylch yn yr adroddiad hwn, mae'n amlwg o'r adroddiad hwn ac adroddiadau blaenorol bod tuedd barhaus o wella wedi bod yn ein darpariaeth ddwyieithog.

Mae'r Gymraeg yn perthyn i bob un ohonom ac rydyn ni'n falch o'n cyfraniad eleni at y defnydd o'r Gymraeg yn ein cymunedau a dyfodol hirdymor ein hiaith.

### **Paul Mears,**

Chief Executive Officer, Cwm Taf Morgannwg University Health Board



## Crynodeb Gweithredol

Gwahoddwn ddarllenwyr yr adroddiad hwn i gymharu'r adroddiad hwn ag adroddiadau blaenorol ac rydyn ni'n hyderus, dros y 5 mlynedd diwethaf ers gosod Safonau'r Gymraeg am y tro cyntaf ar Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg, fod taflwybr perfformiad da i'w weld nid yn unig o ran cydymffurfio â Safonau'r Gymraeg ond hefyd yn y manylion y gallwn eu darparu ac ansawdd ein hadroddiadau. Mae gan BIPCTM waith i'w wneud o hyd mewn sawl maes i gynnig gwasanaeth iechyd gwirioneddol ddwyieithog i'n poblogaeth, a lle mae hyn yn wir rydyn ni wedi gwneud hyn yn glir yn yr adroddiad. Fodd bynnag, darparwn dystiolaeth glir hefyd o ddatblygiadau cadarnhaol ac mae'n bwysig cydnabod hyn.

Ymhlith y datblygiadau hyn mae:

1. Ymateb strategol gwell i bolisi iaith, gyda'r Gymraeg yn cael ei chynnwys fel blaenoriaeth strategol yng nghynlluniau'r Bwrdd Iechyd fel rhan o'i 'Gynllun Pobl', wedi'i gefnogi gan fframwaith 5 lens sy'n strwythuro cynllunio gweithredol blynyddol ar gyfer datblygu'r Gymraeg;
2. Gwell trefniadau monitro o ran gweithgarwch archwilio, ffynonellau data ar gydymffurfio a darparu gwasanaethau dwyieithog, a dull cliriach o gofnodi ac arddangos cynnydd;
3. Cynnydd ar asesu newid busnes ar gyfer ei effaith ar y Gymraeg gyda methodoleg sy'n cydymffurfio wedi'i datblygu, ond cydnabyddwn fod dal i fod angen gwaith ynghylch sut rydym yn ymgynghori ac yn cynnal ymchwil o ran ystyried yr effaith ar y Gymraeg;
4. Gwell aeddfedrwydd o ran llywodraethiant mewnol ac atebolrwydd, gyda Grŵp Llywio ac adroddiadau amlygu ar gydymffurfiaeth i'r Bwrdd a thystiolaeth bod y Gymraeg yn cael ei thrafod mewn cyfarfodydd uwch reolwyr ar draws BIPCTM;
5. Dull mwy gwybodus o drafod y Gymraeg yn fewnol, gan ddefnyddio mewnwelediadau newid ymddygiad i strwythuro ein cyfathrebu mewnol o amgylch y Gymraeg;
6. Cynnydd mewn gwasanaethau dwyieithog ar draws BIPCTM gyda ffynonellau data yn dangos yn glir bod llawer o'n cleifion yn elwa ar ddarpariaeth Gymraeg, ond gan gydnabod bod hyn yn dal yn anghyson;
7. Mae cynllun clir bellach yn ei le ar gyfer gwella'r ffordd yr ydym yn ymdrin â recriwtio gyda chamau gweithredu i'w cwblhau erbyn Rhagfyr 2024, a chynnydd da ar ddatblygu cynnig credadwy i ddysgu Cymraeg yn y gwaith mewn cydweithrediad â phartneriaid.

Mae rhagor o fanylion am y meysydd cynnydd hyn drwy gydol yr adroddiad hwn. Mae Atodiad 1 yn cynnwys asesiad llawn am y tro cyntaf o'n sefyllfa yn erbyn yr holl Safonau, yn dilyn gwaith i sicrhau ein bod yn monitro cynnydd yn effeithiol, a gobeithiwn y bydd darllenwyr yn croesawu'r lefel hon o dryloywder.

## Cyd-destun strategol

Mae'r Gymraeg yr un mor bwysig i ni ag ydy hi i'r cymunedau rydyn ni'n gofalu amdany'n nhw ac yn eu gwasanaethu. Felly, rydyn ni am sicrhau ein bod yn gwneud popeth y mae angen i ni ei wneud fel bod y rhethreg hon yn adlewyrchu'r realiti yn y modd y mae ein cleifion yn rhyngweithio â'n gwasanaethau o ddydd i ddydd. Mae hyn yn gofyn am ymateb strategol priodol i wneud y gwelliannau rydyn ni am eu gweld yn ein gwasanaethau dwyieithog.

Y llynedd yn ein hadroddiad Safonau'r Gymraeg, fe wnaethom gyflwyno ein 5 thema i roi cyfeiriad strategol priodol i gynllunio gweithredol ar gyfer datblygu'r Gymraeg (gweler gwaelod y graffig isod). Mae'r graffig isod yn mynd y tu hwnt i hyn ac yn dangos sut mae'r lens 5 thema hon yn cyd-fynd â chynlluniau ehangach y Bwrdd Iechyd, gan roi tystiolaeth bellach o'n haeddfedrwydd fel sefydliad sydd wedi ymrwymo i ymgorffori'r Gymraeg ym mhopeth a wnawn. evidencing our maturity as an organisation committed to embedding Cymraeg in all we do.

### Cynllun Tymor Canolig Integredig

Mae'r Cynllun Tymor Canolig Integredig yn ddogfen gynllunio statudol a gyhoeddir yn flynyddol, sy'n nodi sut y bydd sefydliadau'r GIG yn defnyddio eu hadnoddau dros gyfnod o 3 blynedd i ddarparu gwasanaethau gofal iechyd o ansawdd uchel sy'n mynd i'r afael ag anghenion y boblogaeth. Cafodd ein gwaith ar ddatblygu'r Gymraeg a'r prif flaenoriaethau yn ystod ei gylch cynllunio eu cynnwys yn y cynllun ar gyfer blwyddyn ariannol 2023/24.

### Cynllun Pobl a CTM 2030

Mae'r Cynllun Pobl ar gyfer BIPCTM a'i 10 blaenoriaeth yn strwythuro'r cyflwyniad i'r CTCl ar gyfer y Gyfarwyddiaeth Pobl lle mae'r Gymraeg wedi'i lleoli, a'r 8fed o'r rhain yw "Creu diwylliant a hunaniaeth Gymraeg ffyniannus, gan wella sgiliau ac ymwybyddiaeth." Mae hyn yn sicrhau bod datblygiad y Gymraeg yn flaenoriaeth ar gyfer sut mae BIPCTM yn ymdrin â datblygu sefydliadol yn ei holl agweddau dros y 6 blynedd nesaf, yn rhan o strategaeth sefydliadol y Bwrdd Iechyd, 'CTM 2030'.

### Lens strategol 5 thema i'r Gymraeg

Yn rhan o'r Cynllun Pobl mae'r lens 5 thema a amlinellwyd yn ein hadroddiad perfformiad diwethaf ar Safonau'r Gymraeg. Y 5 thema hyn yw Cyfathrebu ac Ymgysylltu, Cynlluniau Gweithredu a Monitro, Profiad Gweithwyr a'n Gweithle Dwyieithog, Llywodraethu ac Atebolrwydd a Chynllunio'r Gweithlu a Recriwtio. Mae'r 5 thema yn strwythuro cynllunio gweithredol yn flynyddol ar gyfer y Gymraeg, ac felly'n strwythuro'r adroddiad blynyddol hwn. Rydyn ni'n egluro ffocws pob thema yn yr adran berthnasol.

### Cynllunio gweithredol ar gyfer datblygu'r Gymraeg

Bob blwyddyn mae'r 5 thema uchod yn strwythuro cynllunio gweithredol bras sy'n amlinellu pa ddarnau o waith a mentrau fydd yn cael blaenoriaeth ar gyfer y flwyddyn adrodd honno. Lle mae meysydd y mae angen eu gwella neu ofynion heb gael eu bodloni'n ddigonol o hyd, mae'r cynlluniau cyflawni hyn yn sicrhau y gellir ymdrin â nhw. Mae'r cynllun hwn yn cael ei drafod yn ein Grŵp Llywio'r Gymraeg.

Mae gweddill yr adroddiad hwn wedi'i strwythuro drwy'r lens 5 thema a ddisgrifir uchod, ac mae'n manylu ar ein perfformiad o ran datblygu'r Gymraeg yn BIPCTM.

# Thema 1: Cyfathrebu ac Ymgysylltu

Bydd gwreiddio'r Gymraeg ar draws system gofal iechyd mawr a chymhleth yn golygu newid yn ein diwylliant sefydliadol, a fydd yn golygu galluogi pobl i newid eu hymddygiad. Ond dydy newid ymddygiad ddim yn digwydd mewn gwagle, a bydd angen y gefnogaeth a'r adnoddau ar ein staff i wneud mwy yn Gymraeg. Mae derbyn hyn yn golygu y gallwn ddechrau meddwl yn strategol am beth sydd angen digwydd i annog y newid mewn ymddygiad mae angen i ni ei weld ar draws y system, fel bod pobl sy'n siarad Cymraeg yn gallu defnyddio'r Gymraeg yn heb unrhyw rwystrau neu drafferth. Dyma pam rydyn ni wedi gosod Cyfathrebu ac Ymgysylltu fel y gyntaf o'n pum thema rydym yn canolbwyntio arnynt. Dyma beth rydyn ni wedi parhau i'w wneud eleni o dan y thema gyntaf hon.

**Who gynnig arnif! Give it a go!**

**Claf Cymraeg Welsh Speaker**

**Cymraeg ar y Ffôn ac ar y Dderbynfa and at Receptions**

Welsh	Phonetic	English
Bore da	Bor-eh daa 'Bor' to rhyme with 'For' or 'Saw'	Good morning
Prynhawn da	Prin-hawn daa 'Prin' to rhyme with 'Grin'	Good afternoon
Ddyd... ddim yma	Duh-dee... thim yma 'th' like in 'This', 'That', 'Other'; not 'Thisite' or 'think'	...is not here
Bydd... yn ffonio nôl	Beeth... un fon-yoh nawl 'th' like in 'This', 'Other'; 'hawl' to rhyme with 'shawl'	...will phone back
Gaa ee hel-pee	Poy seen shar-ad 'poy' to rhyme with 'boy'	Can I help?
Sorry, dwee thim un shar-ad	Kum-rige 'th' like in 'This', 'Other'; 'rige' like 'rye' with a hard g on the end	Who's speaking?
Dich cheen hap-is ee bar-hye un say-sneg	hoyle vovr 'ch' like in German 'Bach'; 'hye' like 'rye' with an r on the end	Sorry, I can't speak Welsh
Dee-olch, hoyle vovr	hyfforddiant neu wersi Cymraeg, ewch i training and lessons; visit the Welsh Language Unit).	Are you happy to continue in English?
Am ragor o wybodaeth ac am gyrsiau, dudalen Sharepoint y Gymraeg (A-Z Sites > Welsh Language Services Team)	hyfforddiant neu wersi Cymraeg, ewch i training and lessons; visit the Welsh Language Unit).	Thank you, good bye!

Y llynedd disgrifion ni sut y bu i ni ddatblygu Cynllun Hyrwyddo'r Gymraeg mewnol gyda mentrau penodol yn seiliedig ar fethodolegau newid ymddygiad cydnabyddedig. Isod rydyn ni'n amlinellu cynnydd pellach ar y cynllun hwnnw.

## Ein Fframwaith Cyfathrebu ac Ymgysylltu mewnol ar gyfer y Gymraeg

Ym mis Tachwedd 2023 bu'r Tîm Cyfathrebu ac Ymgysylltu a Thîm y Gymraeg yn cydweithio ar fframwaith strategol newydd i strwythuro negeseuon rheolaidd a chyson am y Gymraeg ar draws y sefydliad, gan ganolbwyntio ar y diweddariad staff bob pythefnos a sianeli cyfryngau mewnol eraill megis y fewnwyd. Mae dros 1,000 o aelodau o staff yn gweld y diweddariadau hyn bob tro y cân nhw eu rhannu ar gyfartaledd.

Mae cyfathrebu effeithiol yn hanfodol i ysgogi newid sefydliadol ac mae llawer o dystiolaeth bod cyfathrebu mewnol strategol yn gwella ymgysylltiad cyflogaion ac ymrwymiad i fentrau newid sefydliadol, megis datblygu'r Gymraeg.<sup>2</sup>

Mae'r fframwaith i'w weld isod ac mae'r categorïau isod yn strwythuro'r diweddariadau. Mae'r categorïau yn seiliedig ar dair elfen methodoleg newid ymddygiad gydnabyddedig, sef COM-B. Mae COM-B yn cwmpasu [Capability] neu Gallu (gwybod sut i gyflawni'r ymddygiad), [Opportunity] neu Cyfle (bod â'r modd neu'r adnoddau i gyflawni ymddygiad) a [Motivation] neu Cymhelliant (bod â'r ewyllys i fod eisiau cyflawni ymddygiad).<sup>3</sup>



Mae categori 'Da iawn' yn canolbwyntio ar ddathlu enghreifftiau unigol o arfer gorau gan staff ar draws y sefydliad wrth gydymffurfio â safonau'r Gymraeg. Mae hyn yn galluogi i arfer da gael ei rannu a'i fabwysiadu mewn mannau eraill, ond mae hefyd yn cynnwys 'prawf cymdeithasol' [social proof]. Mae prawf cymdeithasol yn gysniad pwysig wrth ledaenu newid ymddygiad gan fod staff yn llawer mwy tebygol o fabwysiadu ymddygiadau sy'n cefnogi cydymffurfiaeth â Safonau'r Gymraeg os ydyn nhw'n gweld eu cydweithwyr eu hunain yn cyflawni'r ymddygiadau hyn hefyd. Mae 'Da iawn' yn cyd-fynd ag agwedd 'Cymhelliant' COM-B.

<sup>2</sup> Hargie, O., & Tourish, D. (2009). Auditing Organisational Communication: A Handbook of Research, Theory, and Practice. Routledge; Men, L.R., & Stacks, D.W. (2013). The impact of leadership style and employee empowerment on perceived organizational reputation. Journal of Communication Management, 17(2), 171-192.

<sup>3</sup> Gellir dod o hyd i drafodaeth fwy technegol yma: Mitchie, S. et al. (2011), The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implementation Science 6(42)

Mae'r ail agwedd, '**Mae'n Fwy Na Geiriau: Profiady Claf**' yn canolbwyntio ar sut y gall cydymffurfio â Safonau'r Gymraeg effeithio'n gadarnhaol ar brofiad ein defnyddwyr gwasanaeth. Mae dangos effaith ymddygiadau yn y byd go iawn ar gleifion yn gymhelliant pwysig i staff y GIG. Mae'r agwedd hon hefyd yn cyd-fynd ag agwedd 'Cymhelliant' COM-B.

Yn drydydd, mae '**Cymorth Staff**' yn rhannu negeseuon atgoffa rheolaidd ynghylch sut mae staff yn gallu cael gafael ar adnoddau, cyngor neu gymorth i ymgorffori'r Gymraeg yn y modd y maen nhw'n darparu eu gwasanaethau. Mae'r agwedd hon yn cyd-fynd â 'Gallu' a 'Chyfle' o fewn COM-B.

Yn olaf, mae '**Sgiliau, Dysgu a Datblygu**' yn rhannu diweddariadau a negeseuon atgoffa rheolaidd am gyfleoedd amrywiol i staff ddatblygu eu sgiliau Cymraeg a chyfleoedd hyfforddi a datblygu eraill sy'n ymwneud â'r Gymraeg. Mae'r agwedd olaf hon yn cyd-fynd â 'Gallu' yn y model COM-B.

Mae rhai enghreifftiau ar gyfer pob categori i'w gweld ar dudalen 13. Mae'r cardiau cynnwys hyn yn enghraifft wych o gydweithio cynyddol rhwng Tîm y Gymraeg a gwasanaethau galluogi eraill, sef ein Tîm Cyfathrebu ac Ymgysylltu yn yr achos hwn, ond hefyd o effaith gofal rhagorol dyddiol gan ein staff ar draws BIPCTM.

## Ein hymgyrch Hiraeth



Ym mis Mawrth 2024, bu'r Timau Datblygu Sefydliadol a Chynhwysiant, Cyfathrebu ac Ymgysylltu a'r Gymraeg yn cydweithio ar ymgyrch ymgysylltu â staff fewnol drwy gydol y mis gyda'r nod o godi ymwybyddiaeth ddiwylliannol, creu gofod ar gyfer trafodaeth am y Gymraeg a hunaniaeth, hyrwyddo'r adnoddau Cymraeg sydd ar gael a gwasanaethau galluogi ehangach tîm y Gymraeg.

Dewison ni alw ein hymgyrch yn 'Hiraeth'. Mae 'Hiraeth' yn bersonol i'r unigolyn ond gellid ei gysylltu â'r teimlad o gollir Gymraeg neu gysylltiad â Chymru, ac awydd cryf i adennill yr agwedd hon o'n cysylltiad personol â Chymru a threftadaeth Cymru. Roedden ni am roi cyfle i staff (ail)gysylltu â'n hiaith, mewn ffordd gadarnhaol a oedd yn canolbwyntio ar eu perthynas â hi. Trwy gynnig cyfle i staff 'adennill' yr agwedd hon o'u hetifeddiaeth, nod pellach oedd cyfrannu at ddiwylliant mwy cynhwysol, a gwell ymdeimlad o 'berthyn' i'r Gymraeg.

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Da iawn**  
It's more than just words: **Da iawn**

Yn gynharach y mis hwn, gwahoddodd y Tim Mamolaeth y Tim Iaith Gymraeg i ymweld â Chanolfan Geni Tiron a gwnaeth y cyfraniadau Cymraeg di-ri y mae'n eu gwneud ar draws y wardiau ar gyfer ei staff a'i gleifion argraffu fawr arno.


Earlier this month, the Maternity Team invited the Welsh Language Team to visit the Tiron Birth Centre and they were so impressed with the countless Cymraeg contributions they make across the wards for their staff and patients.

O gefnogaeth ragweithiol y tim, mae cleifion mamolaeth a theluoedd yn gallu cyfathrebu'n well mewn iaith y maen nhw'n gyfforddus yn ei defnyddio, sy'n gwneud cymaint o wahaniaeth i'w profiad.

From the team's proactive support, maternity patients and families are able to better communicate in a language they are comfortable using, which makes such a difference to their experience.

Da iawn, tm!!

Da iawn, tm!!



**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Profiad y claf**  
It's more than just words: **Patient experience**

Yn mis Awst, ysgrifennodd rhiant claf ag anghenion dysgu ychwanegol at y Bwrdd Lechyd i ddiolchi i un o'n hymgyngorwyr, Dr David Samuel am y gofari rhagorola a gafodd eu mas, Iwan...

In August, a parent of a patient with additional learning needs wrote to the Health Board to thank one of our consultants, Dr David Samuel for the exemplary care that their son, Iwan received...

"Mae'r ffaith ei fod a [Dr David Samuel] hefyd yn starad Cymraeg wedi cefnogi Iwan i ddeall beth sy'n digwydd iddo. Mae hyn yn ganmoladwy iawn.

The fact that he [Dr David Samuel] is also a Welsh language speaker has also supported Iwan in understanding what is happening to him. This is most commendable.

Cafodd Iwan, 21, sydd â Syndrom Down a Chlefyd Crohn, gefnogaeth iawn yn ei anghenion cyfathrebu a chanmolodd rhieni'r claf y Bwrdd Lechyd am ddefnyddio'r Gymraeg gydag Iwan.

Iwan, 21, who has Down's Syndrome and Crohn's Disease, was fully supported in his communication needs and the patient's parent commended the Health Board for using Welsh with Iwan.

Byddai llawer o oedolion ifanc ag anableddau dysgu yn ei chael hi'n anodd iawn aros dros nos yn yr Ysbyty sy'n amgylchedd anghyfarwydd heb eu rhieni neu ofalwyr."

Many young adults with a learning disability would find it incredibly challenging to stay overnight in hospital which is an unfamiliar environment without their parents or carers."

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Da iawn**  
It's more than just words: **Da iawn**

Yn gynharach y mis hwn, derbyniodd un o'n Therapïdyddion Iaith a Lleferydd, Lowri Roberts, adborth gwych gan YGG Llantrisant ar ôl cefnogi plentyn gydag atal dweud a darparu gywybodaeth ddefnyddiol i'w gyd-ddisgyblion ar

Earlier this month, one of our Speech and Language Therapists, Lowri Roberts, received great feedback from YGG Llantrisant after supporting a child with a stammer and providing their classmates with helpful information on how to support them at school. Here's what the teacher had to say...

"Bu Lowri Roberts yn gweithio gyda disgybl o'n hyssgol i helpu gydag atal dweud ac roedd y disgybl yn falch iawn o allu gwneud hynny yn Gymraeg. Bu'n fuddiol iawn cael Lowri i dddod i'r dosbarth i gyflwyno gyda'r disgybl yn Gymraeg.

Lowri Roberts worked with a pupil from our school to help with stuttering and the pupil was delighted to be able to do that in Welsh. It was very beneficial to be able to get Lowri to come to class to present with the pupil in Welsh.

O gefnogaeth Lowri, roedd yr athro a'r disgyblion bellach yn gallu cefnogi'r disgybl a'i helpu i deimio'n llaw ymwybodol o'i atal dweud. Roedd yn hanfodol bod y disgybl yn gallu gwneud hyn yn iaith yr ysgol er mwyn iddo deimio'n gyfforddus.

From Lowri's support, the teacher and pupils were now able to support the pupil and help them feel less conscious of their stuttering. It was essential that the pupil was able to do this in the school's language so that they could feel comfortable.

Da iawn, Lowri!!

Da iawn, Lowri!!

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Sgiliau, dysgu a datblygu**  
It's more than just words: **Skills, Learning and Development**

Cymraeg. Mae'n perthyn i ni i gyd. Un o'r prif wrystrau sy'n atal llawer ohonom rhag defnyddio ein Cymraeg yw diffyg hyder.

Cymraeg. It belongs to us all. One of the main barriers that stops lots of us from using our Welsh is a lack of confidence.

Ar ddydd Iau 28 Mawrth, rydym yn cynnal sesiwn lle gallwch chi feddwl a dysgu mwy am eich perthynas unigryw eich hun a'n hiaith. Byddwn yn ystyried rhai cysyniadau a all fod yn broblematic, fel cywirdeb a rhuglder, a byddwn yn trafod ffyrdd o ddatblygu eich gallu i ddefnyddio eich Cymraeg, ar ba bynnag lefel, yn hyderus. Efallai eich bod yn meddwl nad yw'r sesiwn hon ar eich cyfer chi. Yna efallai ei fod ar eich cyfer chi!

On Thursday 28th March, we are holding a session where you can think and learn more about your own unique relationship to our language. We'll explore some concepts that can be problematic, such as accuracy and fluency, and we'll discuss ways to develop your ability to use your Welsh, at whatever level, with confidence. Maybe you think this session isn't for you. If so, it definitely is!

Cadwch lygad am ein diweddariadau staff eraill am ragor o wybodaeth!

Keep an eye out for our other staff updates for more information!

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Profiad y claf**  
It's more than just words: **Patient experience**

Yn gynharach eleni, cwblhaodd un o'n Therapïdyddion Galwedigaethol, Celyn, asesiad gyda chlaf yn y Gymraeg yn YTS. Rhannodd y stori ddiplawdy hon gyda ni am glaf a oedd wedi cael profedigaeth yn ddiweddar ac a oedd yn cael trafferth bod yn glaf mewnol...

Earlier this year, one of our Occupational Therapists, Celyn, completed an assessment with a patient in Welsh in PCH. He shared this touching story with us of a recently bereaved patient who was struggling with being an inpatient...

"Roedd yn tawelu ei meddwl gan nad oedd hi fel arfer yn siarad llawer o Saesneg gartref. Roedd hi wedi mynd trwy brofedigaeth yn ddiweddar a dywedodd wrthyf fod gwneud yr asesiad yn Gymraeg yn sjsur i'ddi.

She found it reassuring as she didn't usually speak much English at home. She had gone through a recent bereavement and told me that doing the assessment in Welsh was comforting to her.

Fe wnaeth fy ngalluogi i feithrin perthynas â hi yn gyflym ac rwy'n meddwl bod cwblhau'r asesiad yn Gymraeg wedi caniatáu iddi ymysgillu mwy â'r asesiad a chymilio'n rhyddhau.

It allowed me to build a rapport with her quickly and I think completing the assessment in Welsh allowed her to engage with the assessment and discharge planning more."

Mae'n wir yn fwy na geiriau. Da iawn, bawb.

It really is more than just words. Da iawn pawb."

**Y Gymraeg yn CTM**  
Welsh at CTM

**Mwy na geiriau: Cof Cymorth**  
It's more than just words: **Staff support**

P'un a ydych chi'n cynnal digwyddiad, yn creu taflen neu'n codi arwydd syml, gallwn ni helpu gyda hynny.

Whether you're holding an event, producing a leaflet or putting up a simple sign, we can help with that.

Anfona neges aton ni yn [CTT\\_welsh.translation@wales.nhs.uk](mailto:CTT_welsh.translation@wales.nhs.uk) a byddwn yn dychwelyd unrhyw gyfieithiad atoch mewn dim o dro.

Just drop us a message at [CTT\\_welsh.translation@wales.nhs.uk](mailto:CTT_welsh.translation@wales.nhs.uk) and we will get any translation back to you rapidly.

Dyma beth wnaethon ni ni yn rhan o'n hymgyrch 'Hiraeth':

- Cyflwyno ein tiwtor Cymraeg o dan y cynllun 'Codi Hyder' (gweler tudalen 51) a rhannu rhai straeon ysbrydoledig gan staff am eu taith iaith, gan gysylltu hyn â sut mae wedi eu galluogi i ailgysylltu â'n hiaith a'n diwylliant;
- Ail-lansio ein tudalen SharePoint ddwyieithog newydd sbon. Fe wnaethon ni hefyd ei hychwanegu at hafan ein mewnwrwyd, o dan 'Essential Links'. Mae'n cynnwys dros 16 o adnoddau gwahanol, dolen hwylus i drefnu sesiynau 'Blasu' ar y Gymraeg a gwybodaeth arall am ddysgu Cymraeg, canllawiau ar wreiddio'r Gymraeg mewn gwasanaethau (gweler isod), fideos staff a chleifion yn sôn am bwysigrwydd y Gymraeg iddyn nhw a gwybodaeth ar ddefnyddio'r Gymraeg yn y gwaith;
- Cynnal sawl sesiwn galw heibio ar draws ein safleoedd, i rannu adnoddau a sgwrsio â staff a chleifion;
- Cynnal digwyddiad i'r holl staff, wedi'i hwyluso gan y Ganolfan Dysgu Cymraeg Genedlaethol.

Y digwyddiad i'r holl staff fydd y cyntaf o lawer o sesiynau datblygu diwylliannol gyda'r nod o chwalu'r rhwystrau seicolegol y mae staff yn eu hwynebu i ddefnyddio'u Cymraeg oherwydd hyder, a'r camsyniad rhy gyffredin bod angen 'rhuglder' i siarad a mwynhau ein hiaith. Bu'r digwyddiad hefyd yn trafod ein perthynas â'n hiaith, beth mae'n ei olygu i ni a'r ffordd orau i ni barhau i hybu ei defnydd mewn modd sy'n meithrin ymdeimlad o berthyn. Roedd y digwyddiad yn agored i'r holl staff, gyda staff yn mynychu o wahanol arbenigeddau, o Gyllid i Feddygaeth a Gwasanaethau Di-haint i Dîm Profiad y Claf.

Dangosodd gwerthusiad ansoddol a meintiol o'r ymgyrch y canlynol:

- Buon ni'n siarad â dros 40 o bobl am y Gymraeg a'r cynnig Cymraeg yn rhan o'r sesiynau galw heibio, a'r mwyafrif ohonyn nhw ddim yn gwybod beth oedd ar gael i'w cefnogi i ddefnyddio'r Gymraeg cyn hynny;
- Bu dros 580 o ymweliadau unigryw â'r dudalen SharePoint yn ystod pythefnos cyntaf ei lansiad;
- Daeth dros 50 aelod o staff i'r digwyddiad holl staff;
- Trefnodd 4 aelod o staff Sesiwn Blasu yn dilyn y digwyddiad, gyda 9 aelod arall o staff yn trefnu sesiwn Blasu trwy'r ymgyrch, a 7 aelod o staff yn cofrestru ar gyfer y cynllun 'Codi Hyder';
- Pan fydd geiriau fel 'rhugl' yn cael eu tynnu o'r disgwrs am y Gymraeg, dywedodd staff a fynychodd y digwyddiad eu bod yn teimlo'n llawer mwy hyderus a mwy diogel yn defnyddio'r Gymraeg sydd gyda nhw; Bydd hon yn thema y byddwn yn parhau i'w harchwilio trwy fwy o'r sesiynau hyn;
- Mae Cymraeg yn llawer mwy na mater o gydymffurfiaeth neu ddim ond mater o eirfa, gramadeg neu sgiliau; Mae iaith yn gysyniad cyfannol y mae gan staff berthynas emosiynol, diwylliannol a seicolegol gyda fe y mae'n rhaid ei ystyried wrth ymarfer cynllunio ieithyddol a pholisi iaith yn BIPCTM.

Mae tri sylw gan fynychwyr yn disgrifio'n dda y croeso gafodd y sesiwn:

Roedd angerdd y cyflwynydd yn heintus - mae fy nghymhelliad i ddefnyddio'r iaith wedi cynyddu lot

Rwy'n fwy agored i'r cyfleoedd i ddefnyddio fy Nghymraeg yn y gwaith heb boeni am ddefnyddio rhai geiriau Saesneg. Dyma ddechrau taith hir...

Roedd yn wych clywed gan gydweithwyr eraill sydd â phrofiadau tebyg i mi ac yn galonogol gweld angerdd pawb dros yr iaith gyda chymaint o bobl eraill yn CTM.

Hon oedd y gyntaf mewn ymgyrch gynlluniedig o amgylch y cysyniad o Hiraeth a'n nod yw parhau â'r ymagwedd newid diwylliannol hon sy'n cyd-fynd â Hiraeth yn rhan o'n Cynllun Diwylliannol ehangach ar gyfer CTM.

## Hyrwyddo'r Gymraeg a chydymffurfio â Safonau

Yn ogystal â methodoleg reolaidd, gyson ar gyfer cyfathrebu mewnol ac ymgyrch bwrpasol, mae gweithgareddau eraill hefyd wedi'u cynnal i hyrwyddo'r Gymraeg a chydymffurfiaeth â Safonau drwy gydol y flwyddyn.

Gweithgaredd	Disgrifiad
Sesiynau galw heibio wyneb yn wyneb ar safleoedd	Ar wahân i'r sesiynau galw heibio yn rhan o Hiraeth a grybwyllwyd uchod, cynhalion ni sesiynau hefyd ym mis Tachwedd. Mae Tîm y Gymraeg felly wedi bod yn bresennol yn Ysbyty Brenhinol Morgannwg, Ysbyty Tywysoges Cymru, Ysbyty'r Tywysog Siarl, Glanrhyd, Ysbyty Cymunedol Maesteg, Parc Iechyd Keir Hardie, Ysbyty Cwm Cynon, Ysbyty Cwm Rhondda ac Ysbyty Dewi Sant ger manau prysur o leiaf ddwywaith yn rhan o sesiynau galw heibio pwrpasol y flwyddyn adrodd hon. Gellir gweld effaith y sesiynau hyn yn y ffeithlun ar dudalen 6 o ran y sgysiau a gynhaliwyd ac adnoddau sydd wedi eu rhannu.
SharePoint	Mae adran bwrpasol o'n mewnwyd ar gyfer hybu'r Gymraeg yn y Bwrdd Iechyd, ac mae dolen i'r dudalen hon ar hafan ein mewnwyd. Mae wedi'i strwythuro o amgylch yr adrannau isod. Mae'r dudalen hon wedi'i hailddatblygu i fanteisio'n llawn ar nodweddion MS Office 365 gan gynnwys data defnydd: <ul style="list-style-type: none"> <li>• Newyddion Diweddaraf lle mae'r cardiau cynnwys sydd i'w gweld uchod yn cael eu huwchlwytho'n rheolaidd;</li> <li>• 'Pam Cymraeg yn CTM' sef fideo o staff a chleifion CTM yn siarad yn eu geiriau eu hunain am beth mae'r Gymraeg yn ei olygu iddyn nhw;</li> <li>• Dysgu Cymraeg yn y Gweithle, yn amlinellu'r cynnig gyda'r gallu i archebu lle ar sesiynau;</li> <li>• Cyngor ar wreiddio'r Gymraeg mewn gwasanaethau a chydymffurfio â Safonau;</li> <li>• Adnoddau (gweler isod);</li> <li>• Polisi Iaith Gymraeg Corfforaethol ar gyfer BIPCTM (polisi newydd yn cael ei ddatblygu);</li> <li>• Fy Hawliau fel gweithiwr sy'n siarad Cymraeg;</li> <li>• Cwrdd â'r Tîm;</li> <li>• Adroddiadau Blynyddol y Gymraeg;</li> <li>• Adran sylwadau.</li> </ul>
Adnoddau	Mae'r adnoddau safonol canlynol wedi'u datblygu i gefnogi staff: <ol style="list-style-type: none"> <li>1. Y 'Poster Gofynion A3' fel poster cyfeirio cyflym ar y pethau mwyaf cyffredin a wnawn yn Gymraeg a Saesneg wrth ddarparu gwasanaethau o ddydd i ddydd;</li> <li>2. Y ddelwedd 'dogfen/ffurflen ar gael yn Gymraeg', i'w hychwanegu at ddogfennau neu ffurflenni i hyrwyddo'r fersiwn Gymraeg;</li> <li>3. Y poster 'Teimladau ac Emosiynau' dwyieithog i'w ddefnyddio gyda chleifion bregus i ofyn sut maen nhw'n teimlo;</li> <li>4. Poster 'Rhoi Cynnig Arni mewn Cyfarfodydd', i annog defnydd o'r Gymraeg mewn cyfarfodydd;</li> </ol>

	<ol style="list-style-type: none"> <li>6. Y Poster 'Rho Gynnig Arni' gyda llawer o eiriau ac ymadroddion defnyddiol yn ymwneud ag iechyd ar gyfer staff clinigol;</li> <li>7. Y 'Poster Cymraeg ar y Ffôn ac ar y Dderbynfa' i helpu staff i ddefnyddio rhai cyfarchion Cymraeg sylfaenol yn y dderbynfa ac ar y ffôn gyda thrawsgrifiadau ffonetig;</li> <li>8. Poster 'Defnyddiwch eich Cymraeg Yma' i groesawu'r defnydd o'r Gymraeg gan gleifion;</li> <li>9. Y ddogfen 'Templed E-bost a Neges Allan o'r Swyddfa' safonol, i helpu staff i ffurfio llofnod e-bost dwyieithog a neges allan o'r swyddfa;</li> <li>10. Y 'Templed Cefndir Teams' i gael cefndir Teams corfforaethol gyda theitl swydd dwyieithog, gyda chyfarwyddiadau yn y ffeil ar sut i'w newid;</li> <li>11. Cyfarwyddiadau ar sut i ddangos bod staff yn siarad Cymraeg ar MS Teams, trwy ddefnyddio'r swyddogaeth 'Ychwanegu Rhagenwau' ar gyfer iaith;</li> <li>12. Y canllaw 'Ateb y Ffôn' i helpu i ddarparu gwasanaeth Cymraeg wrth ateb y ffôn;</li> <li>13. Offeryn Asesu Sgrinio ar gyfer dogfennau o dan Safon y Gymraeg 37 Os yw staff yn ansicr a oes angen i ddogfen fod yn ddwyieithog, gellir ei defnyddio i wirio;</li> <li>14. Fideo hyfforddiant esboniadol a chanllaw ar sut i ddefnyddio'r Gymraeg mewn cyfarfodydd.</li> </ol>
Canllawiau cyngor	<p>Mae canllawiau cyngor ar gydymffurfio â Safonau Cyflenwi Gwasanaethau a hefyd arweiniad penodol ar ddefnyddio'r Gymraeg mewn Cyfathrebu ac Ymgysylltu ar gael ar SharePoint, ac yn cael eu rhannu'n rheolaidd â staff. Mae'r rhain wedi'u hysgrifennu gan ddefnyddio strategaeth lafar 'Llais y Gymraeg', maen nhw wedi eu dylunio gan ddefnyddio brandio corfforaethol ar gyfer BIPCTM a'u strwythuro drwy 'Pam' rydym yn cynnig gwasanaethau yn Gymraeg, 'Sut' mae staff yn cael eu cefnogi i wneud hynny a 'Beth rydym yn ei wneud' yn Gymraeg o ddydd i ddydd yn unol â Safonau'r Gymraeg, gydag astudiaethau achos ac enghreifftiau hefyd.</p>
Ymweliadau safle unigol	<p>Mae Tîm y Gymraeg hefyd wedi cynnal ymweliadau safle unigol eleni yn rhan o'r cynnig cymorth, gan gynnwys Canolfan Geni Tirion (RGH), Canolfan Geni Tair Afon (PCH), Uned Gofal Arbennig Babanod (PCH), Ward 17/18 (RGH), Adran Achosion Brys (PCH) a Thîm Rheoli Diagnosteg Radioleg (pob safle)</p>
Ymwybyddiaeth iaith	<p>Mae BIPCTM, fel holl sefydliadau GIG Cymru, wedi gwneud modiwl e-ddysgu ar ESR ar ymwybyddiaeth iaith yn orfodol. Mae hyn wedi ei gwblhau gan 77% o'n staff, sy'n gynydd o 37% neu tua 4,000 o aelodau ychwanegol o staff o gymharu â'r flwyddyn adrodd ddiwethaf. Mae hon yn ffordd bwysig o ymgysylltu â staff ynghylch y Gymraeg a'r gwahaniaeth y mae darpariaeth ddwyieithog yn ei wneud.</p>

Mae Tîm y Gymraeg hefyd wedi cynnig y sesiynau ymwybyddiaeth iaith canlynol yn fewnol, gan ddefnyddio cynnwys ymwybyddiaeth iaith BIPCTM a ddyluniwyd y llynedd:

- Diwrnod cwrdd-i-ffwrdd Tîm Iechyd y Cyhoedd (50 aelod o staff)
- Tîm Ymwelwyr Iechyd (20 aelod o staff)

## Hyrwyddo'r Gymraeg mewn Gofal Sylfaenol

Gwnaethon ni adrodd y llynedd ar sut roedden ni'n gweithio'n benodol gydag un darparwr Gofal Sylfaenol deintyddol. Tua diwedd y flwyddyn adrodd hon, fe wnaethon ni greu taflen wybodaeth safonol yn nodi'r Chwe Dyletswydd y disgwylir i bob darparwr Gofal Sylfaenol sydd â contract gyda BIPCTM gadw atyn nhw, yn unol â Rheoliadau GIG Cymru (Gwasanaethau'r Gymraeg mewn Gofal Sylfaenol) (Diwygiadau Amrywiol) (Cymru) (2019). Fe wnaethon ni hefyd gynnwys gwybodaeth glir arni gan nodi sut y gall y Bwrdd Iechyd gefnogi darparwyr Gofal Sylfaenol i gyflawni'r dyletswyddau hynny. Roedd hyn yn cynnwys hyrwyddo ein gwasanaeth cyfieithu rhad ac am ddim a chynnig sesiynau ymwybyddiaeth penodol i Ofal Sylfaenol.

Bydd y cynnig safonedig hwn yn parhau i gael ei rannu drwy gydol y flwyddyn adrodd nesaf, ac mae ymgysylltu pellach â darparwyr Gofal Sylfaenol yn flaenoriaeth fel y nodir yng nghynllun gweithredol datblygu'r Gymraeg 2024-25.

### Cymraeg mewn Gofal Sylfaenol yn CTM

Mae'r Gymraeg yn perthyn i bawb yng Nghymru ac mae gan bob un ohonom yr hawliau i ddefnyddio'r Gymraeg sydd gyda ni.

Fel Bwrdd Iechyd, rydyn ni'n gwybod hefyd mai mater o ansawdd gwasanaeth yn unig yw sicrhau bod cleifion yn gallu defnyddio'r iaith y maen nhw'n gyfforddus ynddi yn y sector iechyd. Isod fe welwch beth mae disgwyl i ddarparwyr Gofal Sylfaenol, fel meddygfeydd, deintyddion GIG a fferyllfeydd cymunedol gyda thelerau cytundeb, contract a/neu wasanaeth gyda'r Bwrdd Iechyd ei wneud a sut gall Tîm y Gymraeg CTM eich helpu!

- #1** Anogwch staff i ofyn am ddewis iaith cleifion a chofnodi hyn ar systemau digidol
- #2** Anogwch staff sy'n dysgu neu'n siarad I wsgo bathodyn neu gortyn gwddf I'w ddangos.  
Gallwch archebu rhain - am ddim! - drwy e-bostio ni ar [CTT\\_WelshLanguage@wales.nhs.uk](mailto:CTT_WelshLanguage@wales.nhs.uk)
- #3** Rhwng wybod I'r Bwrdd Iechyd lle gallwch chi ddarparu gwasanaethau yn Gymraeg, er mwyn i ni allu hyrwyddo'r gwasanaethau hyn
- #4** Anogwch staff i fynychu Sesiynau ymwybyddiaeth CTM, "Cymraeg a FI", i wella eu hymwybyddiaeth o bwysigrwydd y Gymraeg mewn gofal a dysgu sut y gallir defnyddio'r Gymraeg wrth ddarparu gwasanaethau.  
Gweler y ddolen archebu isod!
- #5** Sicrhewch fod arwyddion yn cael eu harddangos yn Gymraeg a Saesneg.  
Mae Tîm y Gymraeg yn cynnig gwasanaethau cyfieithu, am ddim, felly anfonwch eich ceisiadau at [CTT\\_welsh\\_translation@wales.nhs.uk](mailto:CTT_welsh_translation@wales.nhs.uk) a byddwn ni'n ateb mewn chwinciad!
- #6** Sicrhewch fod dogfenau a ffurfienni gan y Bwrdd Iechyd er gael yn ddwyieithog.  
Mae Tîm y Gymraeg yn cynnig gwasanaeth cyfieithu, am ddim, felly anfonwch eich ceisiadau at [CTT\\_welsh\\_translation@wales.nhs.uk](mailto:CTT_welsh_translation@wales.nhs.uk) a byddwn yn eu dychwelyd mor gyflym â mhellten!

## Cymraeg mewn Gofal Sylfaenol yn CTM

Mae'r Gymraeg yn perthyn i bawb yng Nghymru ac mae gan bob un ohonom yr hawliau i ddefnyddio'r Gymraeg sydd gyda ni.

Fel Bwrdd Iechyd, rydyn ni'n gwybod hefyd mai mater o ansawdd gwasanaeth yn unig yw sicrhau bod cleifion yn gallu defnyddio'r iaith y maen nhw'n gyfforddus ynddi yn y sector iechyd. Isod fe welwch beth mae disgwyl i ddarparwyr Gofal Sylfaenol, fel meddygfeydd, deintyddion GIG a fferyllfeydd cymunedol gyda thelerau cytundeb, contract a/neu wasanaeth gyda'r Bwrdd Iechyd ei wneud a sut gall Tim y Gymraeg CTM eich helpu!

**#1**

Anogwch staff i ofyn am ddewis iaith cleifion a chofnodi hyn ar systemau digidol

**#2**

Anogwch staff sy'n dysgu neu'n siarad i wisgo bathodyn neu gortyn gwddf i'w ddangos.

Gallwch archebu rhain - am ddim! - drwy e-bostio ni ar [CTI\\_WelshLanguage@wal.nhs.uk](mailto:CTI_WelshLanguage@wal.nhs.uk)

**#3**

Rhowch wybod i'r Bwrdd Iechyd lle gallwch chi ddarparu gwasanaethau yn Gymraeg, er mwyn i ni allu hyrwyddo'r gwasanaethau hyn

**#4**

Anogwch staff i fynychu Seslynnau mwybyddiaeth CTM, "Cymraeg a FI", i wella eu hymwybyddiaeth o bwysigrwydd y Gymraeg mewn gofal a dysgu sut y gallir defnyddio'r Gymraeg wrth ddarparu gwasanaethau.

Owleir y ddolen archebu isod!

**#5**

Sicrhewch fod arwyddion yn cael eu harddangos yn Gymraeg a Saesneg.

Mae Tim y Gymraeg yn cynnig gwasanaethau cyfieithu, am ddim, felly anfonwch eich ceisiadau at [CTI\\_welsh\\_translation@wal.nhs.uk](mailto:CTI_welsh_translation@wal.nhs.uk) a byddwn ni'n ateb mewn chwinciad!

**#6**

Sicrhewch fod dogfennau a ffurfienni gan y Bwrdd Iechyd ar gael yn ddwyieithog.

Mae Tim y Gymraeg yn cynnig gwasanaeth cyfieithu, am ddim, felly anfonwch eich ceisiadau at [CTI\\_welsh\\_translation@wal.nhs.uk](mailto:CTI_welsh_translation@wal.nhs.uk) a byddwn yn eu dychwelyd mor gyflym â mhellten!

## Hyrwyddo ein Gwasanaethau Cymraeg gyda'r cyhoedd

Mae gan bobl hawliau i ddefnyddio'r Gymraeg gyda BIPCTM ac mae gyda ni ddyletswydd gyfreithiol o dan y Safonau i hyrwyddo'r hawliau hynny. Eleni rydyn ni wedi:

- Ailgynllunio ein tudalen we allanol i ganolbwyntio ar hawliau cleifion i ddefnyddio'r Gymraeg, gan roi cyngor clir i gleifion am beth gallan nhw ddisgwyl ei wneud yn Gymraeg wrth ryngweithio â BIPCTM a Gofal Sylfaenol;
- Creu taflen wybodaeth newydd i gleifion sydd ar gael yn ddigidol ac mewn print fel bod gan gleifion adnodd clir sy'n egluro pa hawliau sydd gyda nhw i ddefnyddio'r Gymraeg gyda'r Bwrdd Iechyd, a beth gallan nhw ei ddisgwyl gan ddarparwyr Gofal Sylfaenol.

Bydd y ddau adnodd newydd hyn yn ddefnyddiol i hyrwyddo ein darpariaeth ddwyieithog yn effeithiol gyda'r cyhoedd. Mae dehongli hysbysiad cydymffurfio, dogfen gyfreithiol, yn ymdrechgar ac felly mae'n hanfodol ein bod wedi ysgrifennu canllawiau clir i gleifion.

Buon ni hefyd yn siarad am ein sesiynau galw heibio uchod ym mis Tachwedd ac yn rhan o'n hymgyrch Hiraeth; roedd y rhain hefyd yn gyfle i siarad â bron i 40 aelod o'r cyhoedd am eu hawliau i ddefnyddio'r Gymraeg gyda'r Bwrdd Iechyd.

Ar gyfer Gofal Sylfaenol, mae adran benodol ar ein gwefan hefyd yn nodi pa ddarparwyr sy'n gallu darparu gwasanaeth neu ran o wasanaeth yn Gymraeg, gydag enghraifft isod. Wrth chwilio am ddarparwr Gofal Sylfaenol felly o dan 'Dod o hyd i'ch Gwasanaeth GIG lleol', mae cleifion yn gallu gweld ar gyfer llawer o

ddarparwyr a allan nhw gynnig unrhyw ddarpariaeth yn Gymraeg ai peidio.

## Hawthorn Dental

**Cyfeiriad**

Le Havre  
School Lane  
Hawthorn  
CF37 5AL

**+ Gwybodaeth Ychwanegol**

**Diddordeb arbennig:** Welsh speaker available

**Cliefion GIG A Welwyd:**  
Accepting NHS:  
All Patients - 3 week waiting list

[Practis Deintyddol](#)

**Gwasanaethau Cymraeg ar Gael:**  
Oes

Mae mynediad ar gael i bobl anabl

**Oriau agor**

**Nid yw oriau agor ar gael ar hyn o bryd**

**Cysylltwch â ni**

☎ 01443 842301

**Cysylltiadau**

☎ 01443 842301

Ar wahân i gyngor clir am beth sydd ar gael yn Gymraeg, rydyn ni'n manylu ar beth rydyn ni wedi'i wneud i fod yn rhagweithiol wrth ddarparu gwasanaethau yn seiliedig ar y cysyniad 'Cynnig Rhagweithiol' yn yr adran nesaf.

Mae rhagor o wybodaeth am sut mae'r gwaith hwn o dan Gyfathrebu ac Ymgysylltu wedi helpu BIPCTM i gydymffurfio â Safonau'r Gymraeg i'w gweld isod.

Croesgyfeirio gwaith o dan Gyfathrebu ac Ymgysylltu â <b>Safonau'r</b> Gymraeg	
<b>Beth wnaethon ni</b>	Sut mae hyn yn cefnogi cydymffurfiaeth
Fframwaith ymgysylltu mewnol	Mae hyn yn ein galluogi i rannu negeseuon cyson a rheolaidd ar: <ul style="list-style-type: none"> <li>• Cydymffurfio â Safonau Cyflenwi Gwasanaethau yn gyffredinol;</li> <li>• Cyfleoedd hyfforddi yn y Gymraeg (yn cefnogi <b>Safonau, 99(a), 100, 101 a 102</b>).</li> </ul>
Ymgyrch Hiraeth	Roedd hyn yn cefnogi: <ul style="list-style-type: none"> <li>• Safon <b>99(a), 100 a 101</b> drwy hyrwyddo cynllun cenedlaethol Codi Hyder yn BIPCTM a chyfleoedd i ddysgu Cymraeg yn y gwaith, a</li> <li>• <b>Safon 102</b> drwy'r sesiwn Cymraeg a Fi/Welsh &amp; Me, gwella ymwybyddiaeth o'r defnydd o'r Gymraeg a chefnogi newid cadarnhaol mewn ymddygiad drwy chwalu rhwystrau seicolegol i ddefnydd y Gymraeg.</li> </ul>
Sesiynau galw heibio	Roedd hyn yn cefnogi: <ul style="list-style-type: none"> <li>• Cydymffurfio â Safonau Cyflenwi Gwasanaethau yn gyffredinol;</li> <li>• Hyrwyddo'r Gymraeg ymhlith y cyhoedd (<b>Safon 60</b>) a</li> <li>• Darparu cortynnau gwddf a bathodynau i staff sy'n siarad Cymraeg (<b>Safon 105</b>).</li> </ul>
SharePoint a'i adnoddau	Mae'r gwaith hwn: <ul style="list-style-type: none"> <li>• Yn cefnogi cydymffurfiaeth â Safonau Cyflenwi Gwasanaethau yn gyffredinol;</li> <li>• Sicrhau cydymffurfiaeth â <b>Safon 104</b> drwy ddarparu geiriad ar gyfer llofnodion e-bost a negeseuon tu allan i'r swyddfa dwyieithog;</li> <li>• Sicrhau cydymffurfiaeth â <b>Safon 94</b> drwy gael tudalen fewnrwyd benodedig ar gyfer y Gymraeg;</li> <li>• Hyrwyddo cyfleoedd i ddefnyddio a mwynhau'r Gymraeg yn y gwaith (hybu <b>Safonau 81, 82, 83, 84, 85, 86, 87, 88 ac 89</b>, a hyrwyddo Safonau o dan Reoliadau Safonau'r Gymraeg (Rhif 8) 2022 fel sy'n berthnasol i gyrff rheoleiddio mae rhai staff wedi cofrestru gyda nhw) a</li> <li>• Safon <b>99(a), 100 a 101</b> drwy hyrwyddo'r cynnig mewnol i ddysgu Cymraeg yn y gwaith.</li> </ul>
Canllawiau cyngor	Mae'r canllawiau hyn yn cefnogi cydymffurfiaeth â Safonau Cyflenwi Gwasanaethau yn gyffredinol.
Ymweliadau safle unigol	Roedd hyn yn cefnogi cydymffurfiaeth â Safonau Cyflenwi Gwasanaethau yn gyffredinol.
Sesiynau ymwybyddiaeth iaith	Mae'r gwaith hwn: <ul style="list-style-type: none"> <li>• Sicrhau cydymffurfiaeth â <b>Safon 102</b>, drwy sicrhau bod gan staff fynediad at gynnig ymwybyddiaeth iaith ac yn ei gwblhau;</li> <li>• Cefnogi cydymffurfiaeth â Safonau Cyflenwi Gwasanaeth yn gyffredinol.</li> </ul>
Hyrwyddo'r Gymraeg mewn Gofal Sylfaenol	Mae'r gwaith hwn: Cefnogi cydymffurfiaeth â <b>Safonau 66, 67 a 68</b> .
Hyrwyddo ein Gwasanaethau Cymraeg i'r cyhoedd	Roedd y gwaith hwn yn cefnogi cydymffurfiaeth â <b>Safon 61 a 65</b>

## Thema 2: Cynlluniau Gweithredu a Monitro

Mae'r diwylliant sefydliadol cywir a dull galluogi sy'n fwy cefnogol o'n pobl yn ddwy elfen hanfodol i sicrhau ein bod yn darparu ein gwasanaethau'n ddwyieithog ac i gydymffurfio â'n dyletswyddau cydraddoldeb iaith ar gyfer y Gymraeg. Mae cyfathrebu ac ymgysylltu yn allweddol i hyn.

Elfen bwysig arall o hyn yw ein hymagwedd at gynlluniau gwella, monitro cydymffurfiaeth a sicrhau bod pwyntiau rheoli ar waith. Mae'r rhain yn nodi bylchau yn y ddarpariaeth er mwyn sicrhau bod gennym y prosesau yn eu lle i unioni pethau pan fo angen.



## Mesurau rheoli i fonitro cydymffurfiaeth

Mae gan y Bwrdd Iechyd fesurau rheoli ar waith i fonitro cydymffurfiaeth â Safonau'r Gymraeg.

### Ein Tîm y Gymraeg

Rhan o'r mesurau rheoli sydd gennym ar waith yw Tîm y Gymraeg o dan arweiniad Arweinydd y Gymraeg BIPCTM, sy'n gyfrifol fel gwasanaeth galluogi am gynnig cyngor am gydymffurfio â'r Safonau, monitro cydymffurfiaeth a gweithio gyda rheolwyr i wella eu darpariaeth ddwyieithog yn strategol ac yn weithredol, darparu ymwybyddiaeth iaith a chefnogaeth benodol i dimau i gyflawni eu dyletswyddau yn yr hysbysiad cydymffurfio, cyfieithu proffesiynol, rheoli a hyrwyddo ein cynnig i ddysgu Cymraeg yn y gwaith, a chreu a rhannu adnoddau amrywiol i gefnogi'r defnydd o'r Gymraeg ar draws y sefydliad.

### Archwilio

Yn rhan o fonitro cydymffurfiaeth, rydyn ni'n cynnal archwiliadau arsylwi rheolaidd ar safleoedd yn ogystal ag archwiliadau adrannol gan arweinwyr perthnasol yn y meysydd hynny. Eleni cymerwyd sampl ar hap hefyd i gasglu tueddiadau gwaelodlin ar draws BIPCTM, a gwblhawyd gan 86 o reolwyr adrannol ar draws pob Grŵp Gofal. Gofynnodd gwestiynau manwl ynghylch cydymffurfio â Safonau Cyflenwi Gwasanaethau. Y nod oedd casglu gwaelodlin digon manwl i fesur y cynnydd presennol wrth wreiddio'r Safonau, a blaenoriaethu gwaith yn seiliedig ar y gwendidau a nodwyd.

Mae'r canlyniadau hyn, ynghyd â chanlyniadau archwiliadau arsylwi, ymweliadau safle, data o geisiadau cyfieithu a dderbyniwyd a chanlyniadau Mesurau Profiadau a Adroddir gan Gleifion (PREMs, gweler isod) hefyd yn ffurfio'r wybodaeth fusnes ar gyfer y traciwr cydymffurfio cyffredinol a gwblhawyd y flwyddyn adrodd ddiwethaf. Mae hyn yn galluogi BIPCTM i fonitro sut mae Safonau'r Gymraeg yn cael eu gwreiddio a darparu sgôr aeddfedrwydd gyffredinol (gweler isod).

Y duedd gyffredinol ar draws y sampl oedd hyn:

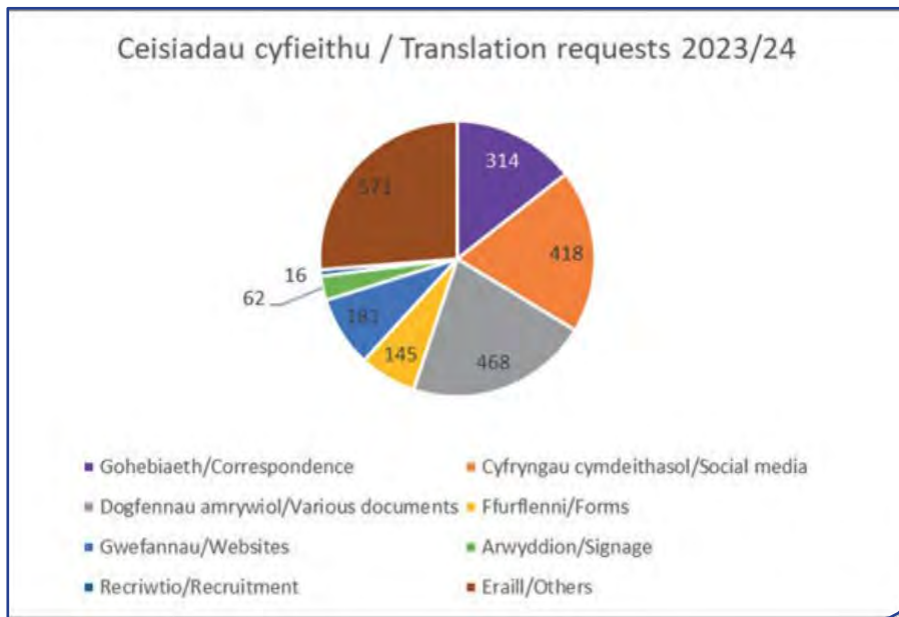
- Mae'n ymddangos bod sylfaen gref o gefnogaeth i ddarpariaeth Gymraeg a dwyieithog ymhlith rheolwyr, gyda mwyafrif helaeth o reolwyr yn dweud bod gan eu tîm wybodaeth dda am pam rydyn ni'n cynnig gwasanaethau yn Gymraeg, beth mae disgwyl iddyn nhw ei wneud yn Gymraeg yng nghydestun eu harbenigedd a ble i gael cymorth a chynngor lle bo angen. Mae hyn yn golygu, lle mae angen i ni wella, nad yw hyn fel arfer oherwydd diffyg dealltwriaeth o'r gofynion;
- Mae'n ymddangos bod BIPCTM yn cydymffurfio'n fras â llawer o'r safonau cyflenwi gwasanaeth drwy'r amser neu'r rhan fwyaf o'r amser (gweler Atodiad 1), er bod angen gweithio o amgylch y Safonau hynny sy'n gofyn am sgiliau llafar Cymraeg, megis ateb prif rifau ffôn a rhifau ffôn adrannol, darparu cyrsiau addysg iechyd a gwasanaethau derbynfa;
- Mae'r Cynnig Rhagweithiol yn gysyniad y mae'n ymddangos bod y rhan fwyaf o reolwyr a'u timau yn ei ddeall ac yn ei ymarfer, gyda lleiafrif o reolwyr yn dweud nad ydyn nhw 'byth' yn gofyn am ddewis iaith yn rhagweithiol. Mae hyn yn hanfodol ar gyfer y nifer sy'n defnyddio gwasanaethau Cymraeg. Mae rhagor o waith ar y Cynnig Rhagweithiol isod

Mae'n amlwg o'r archwiliad hwn bod angen parhau â'r gwaith o recriwtio staff sy'n siarad Cymraeg i rolau rheng flaen a'r gwaith o ran dysgu Cymraeg yn y gwaith, y ddau ohonyn nhw yn feysydd ffocws i'r Bwrdd Iechyd (gweler Thema 5).

## Defnydd o'r gwasanaeth cyfieithu

Mae data am ddefnydd o gyfieithu yn bwysig ar gyfer monitro gan fod angen cyfieithu yn aml i gydymffurfio â nifer o Safonau, o'r cyfryngau cymdeithasol i ffurflenni ac o arwyddion i ddefnyddio'r Gymraeg yn fewnol. Derbyniodd y gwasanaeth 2,182 o geisiadau y flwyddyn adrodd hon, gan gyfieithu 1.2 miliwn o eiriau.

Mae'r graff isod yn dangos y math o geisiadau a dderbyniwyd fel cyfran o'r holl geisiadau. A barnu yn ôl y math o geisiadau a dderbyniwyd, gellir gweld tuedd o Sicrwydd Canolig o leiaf o gydymffurfio â Safonau 1, 4, 5, 6, 37, 38, 39, 41, 45, 47 a 112. Er enghraifft, mae'n annhebygol na all BIPCTM adrodd o leiaf Sicrwydd Canolig ar gyfer Safon 38 a sicrhau bod ffurflenni'n ddwyieithog, o ystyried bod y gwasanaeth cyfieithu wedi derbyn 145 o geisiadau (12 y mis ar gyfartaledd) am gynnwys sy'n gysylltiedig â ffurflenni.



## Gwaith Strategaeth a Thrawsnewid: Ailgyllunio gwasanaethau a chomisiynu trydydd parti

Mewn perthynas ag unrhyw newid gwasanaeth neu ailgyllunio gwasanaeth, mae ymgysylltiad yn aml yn digwydd gyda chleifion a'n cymuned, a byddai unrhyw wybodaeth, cynigion neu holiaduron mewn perthynas â newid gwasanaeth neu ymgysylltu fel rhan o'r broses yn cael eu cyhoeddi yn Gymraeg ac yn Saesneg. Rydyn ni'n rhannu unrhyw hysbysiadau newid gwasanaeth i'n cymunedau drwy'r Tîm Cyfathrebu ac Ymgysylltu ac maen nhw'n ddwyieithog. Pe bai angen i ni ysgrifennu at gleifion neu feddygon teulu i'w hysbysu bod gwasanaeth yn newid, rydyn ni'n gwneud hyn yn Gymraeg ac yn Saesneg. Mae gwaith hefyd wedi dechrau i sicrhau cydymffurfiaeth yn y maes hwn ynghylch Safonau Llunio Polisi (o ran asesiadau effaith (gweler isod) yn ogystal â sut rydym yn ymgynghori am newid gwasanaeth.

Fodd bynnag, enghraifft o gydymffurfio â Safonau Cyflenwi Gwasanaethau yn y maes hwn oedd y newidiadau diweddar yng Ngwasanaethau'r Fron. Enghraifft arall yw Prosiect 'Drymester', ymgyrch gan Bartneriaeth Iechyd a Gofal Cymdeithasol Manceinion Fwyaf sy'n ceisio lleadaenu'r canllawiau cywir am risgiau yfed alcohol yn ystod beichiogrydd ac i helpu rhieni i fynd yn ddi-alcohol. Yn rhan o'r prosiect, mabwysiadodd BIPCTM ymgyrch 'Drymester' a chyfieithwyd adnoddau i'r Gymraeg gan Dîm y Gymraeg. Lanswyd 'Drymester' ar draws BIPCTM yn ystod 2023, ac mae Byrddau Iechyd eraill bellach yn ystyried defnyddio'r adnoddau.

O ran comisiynu trydydd parti i ddarparu gwasanaethau, mae ein Cytundeb Lefel Gwasanaeth safonol yn

cynnwys cyfeiriadau perthnasol at Safonau'r Gymraeg. Mae hyn yn sicrhau, wrth gomisiynu gwasanaethau, fod y cytundeb cyfreithiol yr ymrwymir iddo yn ei gwneud yn bosibl gorfodi cydymffurfiaeth â Safonau'r Gymraeg drwy gontract. Mae hefyd yn ymrwymo'r Bwrdd lechyd i sicrhau bod y cymorth sydd ei angen ar bartion a gomisiynir i ddarparu gwasanaethau yn Gymraeg yn cael ei gyfathrebu'n glir, ac mae manylion ar gael cael gafael ar gymorth perthnasol wedi'u cynnwys yn y llythyr dyfarnu i drydydd partion.

## Y Cynnig Rhagweithiol a thystiolaeth o ofalu yn Gymraeg yn BIPCTM

Mae'r Cynnig Rhagweithiol, neu ofyn yn rhagweithiol i'r claf beth yw ei ddewis iaith, yn hanfodol er mwyn darparu gwasanaethau dwyieithog am lawer o wahanol resymau. Gall dull Cynnig Rhagweithiol cryf arwain at gynnydd yn y nifer sy'n defnyddio gwasanaethau Cymraeg, ac islaw mae sawl pwynt data yn cael eu trafod sy'n dangos sut mae BIPCTM yn gwreiddio dull y Cynnig Rhagweithiol, a sut rydym yn cynnig gofal yn Gymraeg i'r rhai sydd ei angen.

### Pwysleisio'r Cynnig Rhagweithiol yn y canllawiau

Mae'r canllawiau ar gydymffurfio â Safonau y cyfeirir atyn nhw uchod yn Thema 1 yn trafod y Cynnig Rhagweithiol a pham mae hyn yn bwysig. Cyn i staff felly droi at beth yw'r gofynion, cân nhw eu cyflwyno i'r Cynnig Rhagweithiol a straeon profiad cleifion sy'n egluro ei bwysigrwydd.

### Polisi Cynnig Rhagweithiol i Gleifion Mewnol

Eleni cymeradwyodd BIPCTM ei bolisi cyntaf ar gyfer ymarfer y Cynnig Rhagweithiol gyda chleifion mewnol, gan gynnwys ar gyfer y cleifion mewnol hynny nad ydyn nhw efallai, am ba bynnag reswm clinigol, yn gallu mynegi eu hangen iaith eu hunain. Cefnogwyd y polisi gan y Cyfarwyddwr Gweithredol dros Nyrsio a Phrofiad y Claf, cafod ei rannu yng nghyfarfod o'r Bwrdd Rheoli Gweithredol ym mis Mawrth a fynychwyd gan yr holl uwch reolwyr gweithredol, cyn ei gymeradwyo mewn cyfarfod o'r Pwyllgor Ansawdd a Diogelwch, un o is-bwyllgorau'r Bwrdd.

Mae'r ddogfen bolisi yn egluro cefndir cydymffurfiaeth reoleiddiol y polisi a'r pwyntiau data a ddefnyddir i fonitro sut caiff ei weithredu. Mae'r atodiad sydd ynghlwm i'r polisi wedyn yn egluro'r ymchwil y tu ôl i bwysigrwydd y Cynnig Rhagweithiol a gofal iaith gyntaf i bobl ddwyieithog, cyn amlinellu protocol sydd wedi'i strwythuro drwy dair thema, sef Amgylchedd (sicrhau amgylchedd ward sy'n ffafriol i ddefnyddio'r Gymraeg), Gofyn (ar ba adeg yn ystod y broses dderbyn sefydledig y dylid gofyn am ddewis iaith a beth i'w wneud os na all y claf fynegi hyn ei hun) a Cofnodi (ar ba systemau clinigol i gofnodi angen iaith os nad yw wedi'i gofnodi eisoes).

Mae creu polisi annibynnol sy'n ymwneud â derbyn cleifion mewnol ar gyfer siaradwyr Cymraeg, wedi'i gefnogi gan aelod o'r Bwrdd Gweithredol ac wedi'i gymeradwyo drwy brosesau llywodraethu ffurfiol, yn gam mawr ymlaen i BIPCTM yn ei ddull Cynnig Rhagweithiol, ac yn dyst i'r gefnogaeth i'r Gymraeg ymhlith uwch reolwyr nyrsio.

### E-fyrddau gwyn

Mae'r system hon yn galluogi staff i nodi bod cleifion mewnol yn siarad Cymraeg, gan ddefnyddio symbol baner Cymru a'r geiriau 'siaradwr Cymraeg'. Mae hyn yn ein galluogi i gofnodi dewis iaith ac angen iaith cleifion mewnol mewn gwely aciwt neu ysbyty cymunedol ac i'r dewis hwnnw neu'r angen hwnnw fod yn weladwy i'r holl staff sy'n defnyddio'r e-fyrddau gwyn digidol.

Mae'r e-fyrddau gwyn hefyd yn galluogi staff heblaw staff nyrsio i wybod bod claf yn siarad Cymraeg, er



enghraifft meddygon iau, meddygon ymgynghorol neu ffisiotherapyddion yn ystod eu hymwneud â chlaf mewnol. Nodwedd ddefnyddiol arall o'r system yw'r 'Golwg Rhestr', sy'n galluogi staff i glicio ar symbol a gweld yr holl gleifion y defnyddiwyd y symbol hwnnw ar eu cyfer a lle mae'r claf hwnnw wedi'i leoli. Byddai hyn yn galluogi staff i weld pa gleifion sy'n siarad Cymraeg, a chynllunio cylchdro ward a therapi yn unol â hynny.

Mae'r system e-fwrdd gwyn hefyd yn gysylltiedig â'n system E-TOC, neu Gofnod Trosglwyddo Gofal Electronig, a ddatblygwyd gan BIP CTM yn fewnol hefyd, a ddefnyddir wrth ryddhau cleifion i ofal cymdeithasol. Wrth lenwi'r ffurflen electronig hon, mae staff yn cael eu hannog i ofyn i'r claf beth yw ei

ddewis iaith, a fyddai'n galluogi staff gofal cymdeithasol i weld bod claf yn siarad Cymraeg a chynllunio'n unol â hynny. Mae'n rhaid ateb y cwestiwn hwn cyn y gellir trosglwyddo'r cofnod, sy'n golygu bod staff yn llawer mwy tebygol o sicrhau eu bod wedi gofyn am ddewis iaith. Mae'r systemau e-bwrdd gwyn a'r ETOC yn atebion arloesol a ddatblygwyd gan BIP CTM a byddan nhw'n gwneud gwahaniaeth mawr i ofal cleifion ar gyfer ein cymunedau Cymraeg eu hiaith.

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

Enghraifft o sut y gall cofnodi angen iaith cleifion yn fewnol olygu nad yw cleifion yn gorfod ailadrodd eu hangen iaith wrth symud drwy'r system yw achos Claf A, <sup>4</sup> a dderbyniwyd i Ward B2 yn Ysbyty Cwm Rhondda, cyn cael ei drosglwyddo i Ysbyty Brenhinol Morgannwg. Nid oedd angen gofyn eto am angen iaith ar ôl i'r claf gael ei derbyn yno gan ei fod eisoes wedi'i gofnodi ar y system.

Eleni, defnyddiwyd symbol iaith Gymraeg yr e-fwrdd gwyn yn y safleoedd canlynol:

Defnydd o'r e-fwrdd gwyn 2023-24	
Safle ysbyty a nifer y cleifion	Nifer y cleifion
RGH (13)	10, 14, 17, 2, 4, 5, 8, Critical Care Unit (CCU)
PCH (6)	10, 3, 9, CCU
YCR (2)	B2
POW (8)	10, 15, 6, 7, 9

<sup>4</sup> Cuddiwyd enw'r claf er mwyn cyfrinachedd

Mae'n wych gweld defnydd o hyd ar yr e-fwrdd gwyn o ran y Gymraeg, ar draws nifer o wardiau mewn nifer o'n hysbytai..

### Cofnod Gofal Nyrsio Cymru

System ddigidol yw hon sy'n trawsnewid y ffordd y mae nyrsys yn cofnodi, storio a chyrchu gwybodaeth cleifion. Yn hytrach na gwneud nodiadau ar bapur wrth erchwyn gwely claf, mae nyrsys yn defnyddio cyfrifiaduron llechen i gasglu gwybodaeth a'i storio'n ddiogel yn y system, fel bod gofawyr yn gallu cael gafael ar yr un wybodaeth drwy gydol taith gofal iechyd claf.

Mae'r maes dewis iaith yn orfodol yn adran 'Anghenion Cyfathrebu' yr asesiad. Gall nyrsys gadw asesiadau anghyflawn mewn fformat 'drafft' (gan y gallen nhw gael eu galw i ffwrdd, bydd angen gwybodaeth arnyn nhw gan deulu'r claf, neu efallai na fydd y claf yn ymateb ac yn methu ag ateb), ond rhaid iddyn nhw ateb pob cwestiwn yn yr adran cyn cael marcio'r cofnod fel 'Wedi gorffen'.

Yn BIPCTM, ac ar draws wardiau lle defnyddir y system hon, cofnodwyd y niferoedd canlynol o gleifion gyda Cymraeg fel dewis iaith. Mae hyn nid yn unig yn dangos y defnydd o'r Gymraeg ar draws BIPCTM (Cymraeg oedd yr ail iaith uchaf a gofnodwyd ar ôl Saesneg), ond bod y Cynnig Rhagweithiol yn cael ei wneud a'i gofnodi ar draws wardiau.

Defnydd WNCR ar gyfer y Gymraeg	
Safle	Nifer y cleifion
PCH	53
POW	41
RGH	84
YCC	1
YCR	1

## Systemau digidol eraill a chofnodi dewis iaith

Mae BIPCTM yn defnyddio systemau cenedlaethol amrywiol i gofnodi data cleifion. Mae'r rhain yn cynnwys y prif systemau a ganlyn, a dangosir y gallu i gofnodi dewis iaith arnyn nhw. Mae hyn yn ein galluogi i sicrhau bod y Cynnig Rhagweithiol yn cael ei ymarfer drwy ddefnyddio systemau sy'n ein galluogi i gofnodi anghenion iaith. Gall staff wedyn ddefnyddio'r wybodaeth hon i gynnig gwasanaethau yn Gymraeg yn rhagweithiol.

System	Where language preference is recorded
Patient Administration System (PAS)	Under 'Demographics'
Welsh Clinical Portal (WCP)	Pulls data from PAS,
EMIS	Under 'Contact Information'
Welsh Clinical Communication Gateway	Under 'Language of Choice'
<a href="#">Choose Pharmacy</a>	In 'Main Patient Demographics' section
Community Child Health 2000	Displays "First language" and "Second language" as one character field (e.g. 'W' for Welsh). This is displayed on the child's record.
Welsh Radiology Information System	Under 'Demographics'

## PREMs

Sail dystiolaeth bellach ynghylch a all cleifion ddefnyddio'r Gymraeg wrth ryngweithio â'r Bwrdd Iechyd yw data o Fesurau Profiadau a Adroddir gan Gleifion (PREMs). Mae cleifion yn cwblhau'r arolygon hyn o wahanol arbenigeddau, weithiau ar gyfer triniaethau penodol, gan gynnwys cleifion mewnol a chleifion allanol ar draws y Bwrdd Iechyd. Mae data'r flwyddyn adrodd hon yn dangos, o'r cleifion hynny a gwblhaodd arolwg ac a atebodd y cwestiwn ynghylch eu gallu i ddefnyddio'r Gymraeg os oedden nhw'n dymuno, fod y mwyafrif yn gallu gwneud hynny. Mae data ar gyfer Adrannau Achosion Brys a'r tîm Gofal Lliniarol yn bwysig gan y bydd hyn yn caniatáu ymyriadau pellach yno i wella'r sgoriau hyn. Dylid nodi fodd bynnag fod dros 160 o gleifion yn dweud eu bod wedi defnyddio'r Gymraeg yn adrannau gofal brys BIPCTM yn gadarnhaol iawn, ac mae'n annhebygol y byddai nifer mor uchel â hyn yn nodi hynny pe na bai lefel dda o ddarpariaeth Gymraeg ynddyn nhw, hyd yn oed os gallai hynny fod yn anghyson. Mae'r PREMs eu hunain hefyd yn ddwyieithog ac fe gwblhaodd 58 o gleifion arolwg yn Gymraeg.

Yn y tabl isod, dangosir canlyniadau PREMs a oedd yn cynnwys cwestiwn ar y Gymraeg. Roedd pob cwestiwn yn cynnwys ateb 'Amherthnasol', ond i gyfrifo cyfran y cleifion a oedd yn gallu defnyddio'r Gymraeg lle roedden nhw'n dymuno, mae'r rhifau 'Dd/B' hyn wedi'u dileu. Mae'r canlyniadau hefyd wedi'u categorio dan Goch – Ambr – Gwyrdd, coch yn golygu bod y mwyafrif oedd eisiau defnyddio'r Gymraeg heb allu gwneud hynny, Oren yn golygu bod y darlun yn anghyson, a Gwyrdd yn golygu bod y mwyafrif oedd eisiau defnyddio'r Gymraeg wedi gallu gwneud hynny.

Enw'r arolwg	Cwestiwn	Nifer yn adrodd eu bod yn gallu defnyddio'r Gymraeg a % yr holl ymatebion perthnasol	
Iechyd Meddwl Oedolion - Arolwg Profiad y Claf	Oeddech chi'n gallu siarad Cymraeg â'r staff os oedd angen?	'Yn bendant'	6 (50%)
		'Yn gyffredinol'	1 (8%)
		'Ddim mewn gwirionedd'	5 (48%)
Holiadur Profiad Cleifion CTM	Oeddech chi'n gallu siarad yn Gymraeg â'r staff os oedd angen?	'Always'	2 (22%)
		Fel arfer	3 (33%)
		Weithiau	2 (22%)
		Byth	2 (22%)
Profiad Cleifion CTM - Gynae ac Iechyd Rhywiol	Wedi cael y cyfle i siarad Cymraeg neu eich iaith ddewisol gyda'r staff os oedd angen gwneud hynny?	'Bob amser'	95 (90%)
		'Fel arfer'	2 (2%)
		'Weithiau'	3 (3%)
		'Byth'	5 (5%)
Hawdd ei Ddeall - Y Gofal Rydych chi'n ei Gael gan y GIG	Os ydych chi'n siarad Cymraeg, oeddech chi'n gallu siarad Cymraeg â staff?	'Ro'n i wastad yn gallu siarad Cymraeg'	3 (33%)
		'Roeddwn i'n gallu siarad Cymraeg fel arfer'	1 (11%)
		'Ro'n i'n gallu siarad Cymraeg weithiau'	2 (22%)
		'Doeddwn i ddim yn gallu siarad Cymraeg'	3 (33%)
Arolwg yr Adran Argyfwng	Oeddech chi'n gallu siarad yn Gymraeg â'r staff os oedd angen?	'Bob amser'	127 (31%)
		'Fel arfer'	35 (8%)
		'Weithiau'	42 (10%)
		'Byth'	208 (50%)
Methiant y Galon - Arolwg PREM	Oeddech chi'n gallu siarad yn Gymraeg â'r staff os oedd angen?	'Bob amser'	113 (77%)
		'Fel arfer'	2 (1%)
		'Weithiau'	25 (17%)
		'Byth'	6 (4%)
Clinig Iechyd Meddwl - Arolwg Profiad y Claf	Oeddech chi'n gallu siarad yn Gymraeg â'r staff os oedd angen?	'Bob amser'	0
		'Fel arfer'	0
		'Weithiau'	1 (50%)
		'Byth'	1 (50%)

Arolwg Cleifion y Tîm Gofal Liniarol	Ydych chi'n gallu siarad Cymraeg â'r tîm, os oes angen?	'Bob amser'	0
		'Fel arfer'	0
		'Weithiau'	0
		'Byth'	3 (100%)
Holiadur Rhieni/Gofalwyr - Cleifion Allanol	Oedd modd i chi gyfathrebu mewn iaith o'ch dewis?	'Oedd'	12 (100%)
		'Fel arfer'	0
		'Weithiau'	0
		'Byth'	0
Holiadur Rhieni/Gofalwyr	Oedd modd i chi gyfathrebu mewn iaith o'ch dewis?	'Oedd'	40 (100%)
		'Fel arfer'	0
		'Weithiau'	0
		'Byth'	0
Arolwg o Brofiad Cleifion – Endosgopi	Oeddech chi'n gallu siarad Cymraeg â'r staff os oedd angen?	'Bob amser'	122 (91%)
		'Fel arfer'	6 (4.5%)
		'Weithiau'	2 (1.5%)
		'Byth'	3 (2%)
Clinig Iechyd Pelfig / Wrogaenecoleg - Therapïau	Oeddech chi'n gallu siarad Cymraeg â'r staff os oedd angen?	'Bob amser'	21 (77%)
		'Fel arfer'	1 (3%)
		'Weithiau'	0 (0%)
		'Byth'	5 (18%)
PREM Ffisiotherapi PH	Oeddech chi'n gallu siarad Cymraeg â'r staff os oedd angen?	'Bob amser'	1 (100%)
		'Fel arfer'	0
		'Weithiau'	0
		'Byth'	0
Arolwg Profiad Cleifion Therapïau	Oeddech chi'n gallu siarad Cymraeg â'r staff os oedd angen?	'Bob amser'	11 (46%)
		'Fel arfer'	3 (12.5%)
		'Weithiau'	6 (25%)
		'Byth'	4 (16%)
Holiadur Gwasanaeth Gwella Lies (WISE).	Oedd modd i chi siarad Cymraeg neu eich iaith ddewisol gyda'r staff os oedd angen gwneud hynny?	'Bob amser'	30 (90%)
		'Fel arfer'	1 (3%)
		'Weithiau'	0 (0%)
		'Byth'	2 (6%)

## Lanyards a bathodynau

Dull pwysig arall o hyrwyddo ein gwasanaethau yn Gymraeg a rhoi gwybod i gleifion yn rhagweithiol pwy yw ein staff sy'n siarad Cymraeg yw rhannu cortynnau gwddf a bathodynau (pin neu wedi'u brodio) gyda staff, a rhannu'r poster cenedlaethol 'Defnyddiwch eich Cymraeg yma'. Mae hyn yn cael ei hwyluso trwy:

- Sicrhau bod cortynnau gwddf ar gael yn swyddfa gyffredinol pob prif safle ysbyty;
- Hyrwyddo cortynnau gwddf, bathodynau a'r poster 'Defnyddiwch Eich Cymraeg Yma' ar y wefan SharePoint a ddisgrifir o dan Thema 1 gyda chyfeiriad e-bost i archebu mwy;
- Darparu llofnodion e-bost gyda logo 'siaradwr Cymraeg' trwy SharePoint i staff eu hychwanegu at waelod e-byst;
- Mae ffurflenni archebu bathodynau adnabod yn gofyn a yw'r aelod o staff yn gallu siarad Cymraeg ac os felly ychwanegir y symbol 'laith Gwaith';
- Mae ffurflenni archebu sgrybs a gwisgoedd staff wardiau yn cynnwys gofod lle gall staff ofyn i'r symbol 'laith Gwaith' gael ei frodio arno ac maen nhw'n cael eu hatgoffa o hyn yn y canllawiau.

Mae dros 180 o fathodynau a chortynnau gwddf pellach wedi'u rhoi i staff sy'n siarad Cymraeg eleni gan Dîm y Gymraeg drwy'r dulliau hyn, ac mae ymweliadau safle yn cadarnhau bod llawer o'n staff yn eu gwisgo.

## Hyrwyddo'r wefan ddwyieithog yn rhagweithiol

Y flwyddyn adrodd ddiwethaf fe wnaethon ni ychwanegu neges at ein gwefan i annog defnyddwyr i ddefnyddio'r fersiwn Gymraeg. Roedd ychwanegu'r neges hon yn ei gwneud hi'n gliriach ble roedd y botwm i newid yr iaith i'r Gymraeg. Rydyn ni'n bwriadu gwneud hyn hyd yn oed yn well y flwyddyn adrodd nesaf, ond mae ychwanegu'r neges hon yn unig wedi ychwanegu dros 3,000 o ymweliadau safle newydd at gynnwys Cymraeg, gyda nifer yr ymweliadau â safleoedd ar yr ochr Gymraeg yn codi o 11,397 yn 2023/24 i 14,347 yn ystod y flwyddyn adrodd hon. .

Yn dilyn cwyn y llynedd ac ymchwiliad dilynol gan Gomisiynydd y Gymraeg, bu BIPCTM yn gweithio gydag Iechyd a Gofal Digidol Cymru i wella'r system rheoli cynnwys a ddefnyddir ar gyfer ei wefan (Mura). Er mwyn helpu i sicrhau bod cynnwys yn cael ei ychwanegu'n ddwyieithog bob amser:

- Mae neges bellach yn ymddangos i sicrhau bod y rhai sy'n postio cynnwys yn cael eu hatgoffa o'r angen i'r dudalen fod yn ddwyieithog a bod rhaid uwchlwytho cynnwys yn Gymraeg ar yr un pryd;
- Pan fydd tudalen yn cael ei chreu, mae tudalen 'dymi' awtomatig yn cael ei chreu ar y safle Cymraeg, felly pe bai aelod o'r cyhoedd yn clicio ar 'Cymraeg' ar dudalen, ni fyddan nhw'n gweld neges gwall os yw'r cynnwys, am ryw reswm, heb fod ar gael yn Gymraeg a bydden nhw'n cael eu cyfeirio at y wybodaeth iechyd yn Saesneg i osgoi colli cynnwys;
- Ychwanegwyd dull archwilio fel mecanwaith sicrwydd, fel y gellir dod o hyd i unrhyw dudalennau nad ydyn nhw yn Gymraeg yn hawdd.

Bydd y mesurau hyn yn helpu i sicrhau bod ein gwefan ddwyieithog yn parhau i fod yn ddwyieithog.

## Tystiolaeth ansoddol o'r Cynnig Rhagweithiol

Yn ogystal â data rhifol ar sut rydym wedi gwreiddio dull y Cynnig Rhagweithiol yn rhan o fonitro ein darpariaeth o wasanaethau dwyieithog, mae dystiolaeth ansoddol hefyd yn bwysig. Mae sawl hanes profiad claf wedi'u

rhannu eleni, dwy ohonyn nhw i'w gweld ar dudalen 12. Mae hyn yn dystiolaeth bellach o sut mae BIPCTM yn darparu ei ofal yn Gymraeg, a bod y ddarpariaeth hon yn cael ei chynnig yn rhagweithiol.

## Astudiaethau achos: Rhoi cyd-destun i gynnydd yn BIPCTM

Mae detholiad o astudiaethau achos isod yn rhoi rhywfaint o gefndir i gydymffurfio â Safonau'r Gymraeg yn BIPCTM.

### Astudiaeth Achos 1: Radioleg

Mae timau radioleg ar draws BIPCTM wedi gwneud ymdrech fawr yn ystod y flwyddyn hon i ymgorffori'r Gymraeg lawer mwy yn ein gwasanaethau. Y cam cyntaf gymeron ni oedd edrych ar ein sefyllfa bresennol a meincnodi yn erbyn Safonau'r Gymraeg. Roedd hyn wedyn yn ein galluogi i lunio cynllun gweithredu. Yn gynnar yn y broses, roedd rheolwyr y tîm hefyd wedi cyfarfod ag Arweinydd y Gymraeg fel bod modd codi ymholiadau a phryderon, a braf oedd cael y cyfle i gael trafodaeth agored am y tro cyntaf ar y Gymraeg a pha gymorth sydd ar gael i gwneud mwy yn Gymraeg.

Mae ein llythyrau bellach yn ddwyieithog, mae ein taflenni cleifion yn ddwyieithog, mae'r rhan fwyaf o'n harwyddion dros dro yn ddwyieithog, ac mae ein ciosgau cofrestru hefyd yn ddwyieithog, gan gynnig y ddwy iaith yn rhagweithiol i'r claf wrth gyrraedd. Rydyn ni hefyd wedi defnyddio adnoddau i gefnogi staff i ddefnyddio'r Gymraeg ar y ffôn ac yn y dderbynfa, a bu cynnydd yn y defnydd o Gymraeg lefel cwртеisi.



O fewn Radioleg mae gyda ni nifer dda o staff sy'n siarad Cymraeg, ac mae pob un ohonyn nhw yn gwisgo cortyn gwddf i ddangos hyn i staff a chleifion. Rydyn ni'n awyddus i gynyddu'r nifer hwn ac mae un o'n Radiograffwyr wedi cofrestru ar gyfer y cynllun Codi Hyder.

At ei gilydd, bu llawer mwy o ystyriaeth o'r Gymraeg ym maes Radioleg a bydd cleifion yn gweld ac yn clywed hynny.

### Astudiaeth Achos 2 Cyfleusterau

Mae Cyfleusterau yn hanfodol i fywyd BIPCTM a gofal cleifion. Mae staff o fewn Cyfleusterau yn gyfrifol am fwydo cleifion, symud cleifion, gwisgoedd staff, y ffreutur ac arlwyo staff, mae'r rhestr yn un hir. Mae ambell fenter eleni yn dangos sut rydyn ni wedi gwreiddio'r Gymraeg.

Rydyn ni'n cynhyrchu ein bwydlenni cleifion mewnol yn ddwyieithog, fel bod modd i gleifion mewnol ddewis eu bwyd yn Gymraeg. Mae defnyddio'r Gymraeg mewn cyflwr bregus ac emosiynol mewn unrhyw fodd yn gallu bod yn gysur i lawer ac felly mae'n wych cael y rhain yn Gymraeg. Fe wnaethom hefyd ailenwi'r Uned Gynhyrchu Ganolog, sy'n cynhyrchu bwyd i gleifion mewnol, i 'Maeth', gan roi enw Cymraeg yn unig iddi. Ar ôl cyrraedd y rhestr fer am wobwr yn Llundain, roedd yn wych gweld y gair Cymraeg 'Maeth' yn cael ei arddangos gyda'r ddraig goch Gymreig yn amlwg ar y logo.



Rydyn ni hefyd wedi bod yn llwyddiannus wrth ddod â Starbucks i BIPCTM. Mae'r holl arwyddion yn ddwyieithog; ble arall allwch chi brynu 'Latte Te Chai' neu 'Americano Gwyn' yn Starbucks yn Gymraeg os nad yn CTM! Pethau eraill rydyn ni wedi'u gwneud yw sicrhau bod bwydlenni ein staff yn ddwyieithog, sicrhau bod staff yn gallu archebu'r bathodyn Cymraeg ar gyfer eu gwisg yn Gymraeg a sicrhau bod ein harwyddion dros dro yn Gymraeg.



### Astudiaeth Achos 3: Cleifion mewnol Paediatreg



Mae dros 28,000 o blant ar draws BIPCTM sy'n gallu siarad Cymraeg, felly mae sicrhau amgylchedd croesawgar, dwyieithog ar ein wardiau cleifion mewnol yn dod yn naturiol i ni. Yn ein llyfryn cleifion mewnol dwyieithog, rydym yn annog ein cleifion i ddefnyddio'r Gymraeg gyda ni ac yn egluro beth mae'r symbol oren 'Iaith Gwaith' yn ei olygu. Mae ein hamgylchedd yn ddwyieithog, o arwyddion parhaol a dros dro i'n harddangosfeydd. Fe wnaethom hefyd ailnewi ein wardiau eleni, gydag enwau dwyieithog gyda'r Cymraeg ar y brig. Ar gyfer Diwrnod Su'mai Shw Mae, fe wnaethom ddathlu'r achlysur gyda'r plant gyda gweithgareddau a rhannu llyfrau Cymraeg. Mae gan ein hystafell chwarae hefyd lyfrau a gemau dwyieithog.

Mae gyda ni staff nyrsio sy'n siarad Cymraeg a Phencampwr y Gymraeg, ac mae'n deg dweud bod gyda ni ddiwylliant iach tuag at ddefnyddio'r Gymraeg ar y wardiau. CMae ein Uwch Nyrs yn PCH hefyd yn cymryd rhan yn y Cynllun Codi Hyder.

Un newid effeithiol a wnaethom eleni oedd newid ein dogfennaeth derbyn cleifion mewnol fel y gallwn gofnodi a ofynnwyd i'r teulu beth yw iaith angen

ai peidio. Mae hyn yn ein galluogi i sicrhau bod teuluoedd wedi cael eu holi am hyn a bod hyn wedyn wedi'i gofnodi.

### Astudiaeth Achos 4: Iechyd Meddwl ac Anableddau Dysgu

Mae gennym brofiad da o ansawdd a chyflymder gwasanaethau cyfieithu Cymraeg yn CTM. Rydym yn ymwybodol o'r modiwl iaith Gymraeg sy'n hyfforddiant gorfodol ac rydym yn monitro'r nifer sy'n manteisio ar yr hyfforddiant hwn. Mae ein staff sy'n siarad Cymraeg yn gwisgo cortynnau gwddf a bathodynau i ddangos eu hunain i eraill ac i gefnogi'r cynnig rhagweithiol o ofal yn y Gymraeg. Mae gennym restr o'n staff sy'n siarad Cymraeg sy'n gallu cefnogi cydweithwyr i ddarparu gwasanaethau yn Gymraeg i'r defnyddwyr gwasanaeth hynny sy'n ffafrio hyn. llawer o adnoddau ar gael i dimau i'w cefnogi i ddefnyddio'r Gymraeg. Mae timau o fewn Iechyd Meddwl ac Anableddau Dysgu wedi derbyn rhai o'r adnoddau hyn ac yn eu defnyddio gyda chleifion, gyda rhai adnoddau wedi'u harddangos ar wardiau. Un adnodd sydd wedi bod yn arbennig o ddefnyddiol yw'r poster 'Teimladau ac Emosiynau', sy'n galluogi cleifion i fynegi eu teimladau heb orfod siarad. Mae Nyrsys Seiciatrig Cymunedol yn mynd gyda nhw ac maen nhw wedi bod yn ddefnyddiol at y diben hwn. Rydym ni hefyd wedi derbyn llawer o fathodynau a chortynnau gwddf ac mae'r rhain wedi ein galluogi i ddangos i gleifion ein bod yn siarad Cymraeg.

## Astudiaeth Achos 5: Mamolaeth

Mae gan wasanaethau mamolaeth ar draws BIPCTM Hyrwyddwyr y Gymraeg ymrwymedig sef ein Bydwraig Profiad y Claf sy'n gweithio ar draws tri safle a'n dirprwy Brif Nyrs Ward yn PCH ar gyfer babanod newydd-anedig. Mae hyn wedi golygu ein bod wedi gallu sicrhau bod ein harddangosfeydd yn ddwyieithog, bod gwybodaeth cleifion mewnol i famau wrth erchwyn y gwely yn ddwyieithog a bod ein harwyddion yn ddwyieithog. Mae rhai adnoddau a rannwyd gyda ni gan Dîm y Gymraeg hefyd wedi cael eu harddangos. Mae gennym ychydig o aelodau staff sy'n siarad Cymraeg ac mae hyn yn caniatáu i ni ddefnyddio'r Gymraeg gyda mamau a'u teuluoedd. Rydym hefyd wedi cael ein cefnogi gan Dîm y Gymraeg a ymwelodd â'n safleoedd eleni ac a roddodd rai awgrymiadau i ni ar sut y gallem wella ein darpariaeth ddwyieithog ymhellach.

Rydyn ni hefyd wedi bod yn trefnu partïon bwmp ar gyfer ein babanod newydd-anedig, a chafodd gwahoddiad ei roi i'r Mudiad Meithrin a grwpiau eraill er mwyn hybu addysg cyfrwng Cymraeg. Fe wnaethom hefyd sicrhau bod ein holl ddeunyddiau yn ddwyieithog o'r cychwyn cyntaf.



## Astudiaeth Achos 6: Therapiau

Rydyn ni wedi gweld newid mawr yn y meysydd Therapiau. Mae Therapiau yn rhan enfawr o'r gofal y mae BIPCTM yn ei ddarparu i'n poblogaeth ac mae'n cynnwys darparu gofal mewn llawer o leoliadau gwahanol, o'r cartref i wardiau cleifion mewnol i ysgolion, felly mae'r newidiadau rydyn ni wedi'u gweld yn cael effaith aruthrol ar ddarpariaeth ddwyieithog y Bwrdd Iechyd ac ar ethos ddwyieithog y Bwrdd Iechyd hefyd.

Dyma rai o'r prif newidiadau rydyn ni wedi'u gweld:

- Defnyddiwn ni gyfarchion Cymraeg yn gyson mewn cyfarfodydd, ac mae staff yn aml yn ymarfer ymadroddion allweddol ynddyn nhw i'w defnyddio gyda staff a'r cyhoedd. Rydyn ni'n annog staff i siarad Cymraeg sgysiol. Mae hyn wedi bod yn newid mewn ymddygiad. Tan yn gymharol ddiweddar yn Saesneg y byddwn yn sgwrsio. Mae staff bellach yn teimlo'n gyfforddus ac yn cael eu hannog i siarad ym mha bynnag iaith y maen nhw'n teimlo'n hapus ynddi. Mewn cyfarfod staff e.e. yn ystod egwyl, bydd rhai sgysiau yn digwydd yn Gymraeg a rhai yn Saesneg. Mae'n teimlo'n gynhwysol iawn;
- Ymrwymiad clir i'r Gymraeg hefyd y gellir ei weld yw ein harwyddion; maen nhw'n gyson ddwyieithog gyda'r Gymraeg yn gyntaf;
- Mae'r Gymraeg bellach yn cael ei hystyried yn rheolaidd yn ein cynllunio. Dyma dair enghraifft:
  - Wrth ddatblygu brandio ar gyfer y gwasanaeth atal codymau newydd, ystyriwyd ar y dechrau fod angen cyfieithu i'r Gymraeg;
  - Sicrhaodd ymgyrch recriwtio ar gyfer Therapiau fod yr holl adnoddau a chyfathrebu yn ddwyieithog;
  - Roedd gwaith cynllunio ar gyfer digwyddiad gyrfaoedd Therapi Iaith a Lleferydd cenedlaethol wedi cynnwys datblygu ffurflen trefnu slot ddwyieithog a bydd yr holl adnoddau'n cael eu rhannu yn y Gymraeg a'r Saesneg. Mae'r digwyddiad yn bwriadu cynnal dwy sesiwn ochr yn ochr, un Gymraeg ac un Saesneg.
- Mae ein dogfennaeth wedi cael ei newid fel ein bod yn gwneud y Cynnig Rhagweithiol, gyda dewis iaith yn gwestiwn cyntaf.

Mae rhai heriau pwysig wedi'u goresgyn hefyd. Mae ein llythyrau cleifion trwy Myrddin bellach yn cael eu cynhyrchu'n ddwyieithog, ac rydyn ni'n sicrhau bod rhai newydd yn ddwyieithog ac yn cael eu huwchlwytho.

Mae tîm Deieteg Iechyd y Cyhoedd yn gweithio'n agos gyda'r tîm cyfieithu i sicrhau'n gyson fod holl ddeunyddiau'r gwasanaeth yn cael eu cynhyrchu'n ddwyieithog, gan gynnwys:

- Deunyddiau hyrwyddo gwasanaeth (posteri, cardiau busnes a ffeithluniau)
- Ffurflenni hunangyfeirio, gwerthuso a bwcio;
- Sleidiau dwyieithog mewn digwyddiadau lansio gwasanaeth a gefnogwyd hefyd gan weithwyr proffesiynol dwyieithog;
- Fideos hyrwyddo ac arddangosiadau coginio.

Mae'r adborth dilynol wedi'i dderbyn gan randdeiliaid yn dilyn digwyddiad lansio:

Excellent Welsh Language provision today


Great to be able to converse in Welsh and have the slides available to us bilingually

The team made a real effort to make sure Welsh language speakers were easily identifiable and available

Mae hyn wir yn effeithio ar gleifion. Dyma un hanes am glaf yn ymwneud â gwasanaethau iaith a Lleferydd, a rannwyd gyda ni o ysgol leol. Roedden ni hefyd wedi rhannu hyn yn rhan o'n fframwaith cyfathrebu mewnol (gweler tudalen 11 uchod)

## Y Gymraeg yn CTM

Welsh at CTM



## Mwy na geiriau: Da iawn

It's more than just words: Da iawn

**Yn gynharach y mis hwn, derbyniodd un o'n Therapyddion iaith a Lleferydd, Lowri Roberts, adborth gwych gan YGG Llantrisant ar ôl cefnogi plentyn gydag atal dweud a darparu gwybodaeth ddefnyddiol i'w gyd-ddisgyblion ar**

“ Bu Lowri Roberts yn gweithio gyda disgybl o'n hysgol i helpu gydag atal dweud ac roedd y disgybl yn falch iawn o allu gwneud hynny yn Gymraeg. Bu'n fuddiol iawn cael Lowri i ddod i'r dosbarth i gyflwyno gyda'r disgybl yn Gymraeg.

O gefnogaeth Lowri, roedd yr athro a'r disgyblion bellach yn gallu cefnogi'r disgybl a'i helpu i deimlo'n llaw ymwybodol o'i atal dweud. Roedd yn hanfodol bod y disgybl yn gallu gwneud hyn yn iaith yr ysgol er mwyn iddo deimlo'n gyfforddus.


Da iawn, Lowri! ”

**Earlier this month, one of our Speech and Language Therapists, Lowri Roberts, received great feedback from YGG Llantrisant after supporting a child with a stammer and providing their classmates with helpful information on how to support them at school. Here's what the teacher had to say...**

“ Lowri Roberts worked with a pupil from our school to help with stuttering and the pupil was delighted to be able to do that in Welsh. It was very beneficial to be able to get Lowri to come to class to present with the pupil in Welsh.

From Lowri's support, the teacher and pupils were now able to support the pupil and help them feel less conscious of their stuttering. It was essential that the pupil was able to do this in the school's language so that they could feel comfortable.

Da iawn, Lowri! ”



## Asesiadau Effaith ar yr Iaith Gymraeg: Sgrinio a monitro newid am ei effaith ar y Gymraeg

O fis Chwefror 2024 ymlaen y flwyddyn adrodd hon, ailwampiodd BIPCTM ei broses o asesu effaith newid sefydliadol ar y Gymraeg, gan sicrhau bod methodoleg sy'n cydymffurfio yn ei lle. Mae hwn yn fecanwaith monitro a rheoli sylweddol i sicrhau bod y Gymraeg yn cael ei hystyried ar yr adeg gywir. Mae'r templed a ddefnyddiwn i asesu effaith bellach yn cynnwys y canlynol:

1. Yn gyntaf, mae'n ofynnol i'r rheolwr esbonio natur y newid (fel datblygiad, polisi, strategaeth, cynllun neu unrhyw weithgaredd perthnasol lle mae newid) trwy gyfres o gwestiynau strwythuredig;
2. Yn ail, mae'n ofynnol wedyn i'r rheolwr amlinellu'r effaith bosibl ar y Gymraeg gan ddefnyddio'r canllawiau a ddarperir. Mae'r canllawiau hynny'n cyfeirio at yr holl ddeddfwriaeth a pholisi perthnasol ar gyfer y Gymraeg yn GIG Cymru;
3. Yn drydydd, mae'n ofynnol i'r rheolwr nodi a fyddai'r effaith a nodwyd yn cael effaith Bositif, Niwtral neu Negyddol ar y Gymraeg;
4. Yn olaf, mae'n ofynnol i'r rheolwr nodi pa gamau y bydd yn eu cymryd i gynyddu'r effeithiau cadarnhaol ar y Gymraeg, neu ba gamau y bydd yn eu cymryd i liniaru neu nacáu unrhyw effeithiau negyddol a nodir.

Mae templedi polisi, papurau clawr blaen a thempledi adroddiadau hefyd wedi'u newid, gan sicrhau ei bod yn bosibl canfod a yw penderfyniadau neu adroddiadau a roddwyd gerbron cyfarfodydd uwch reolwyr, cyfarfodydd pwyllgor a chyfarfodydd y Bwrdd wedi bod yn destun Asesiad o'r Effaith ar y Gymraeg yn benodol, a beth yw canlyniad yr asesiad hwnnw.

Amlinellir isod yr Asesiadau o'r Effaith ar y Gymraeg a gwblhawyd ers ailwampio'r broses hon. Bydd y broses o fonitro cyfradd cwblhau ac ansawdd yr asesiadau hyn yn ffocws ar gyfer y flwyddyn adrodd nesaf yn unol â'r cynllun gweithredol ar gyfer Gwasanaethau Cymraeg, nawr bod y fethodoleg asesu yn ddigonol.

Disgrifiad byr	Crynodeb o effaith	Canlyniad yr asesiad	Camau gweithredu gofynnol
Polisi Cynnig Rhagweithiol y Gymraeg (gweler uchod)	Cynlluniwyd y polisi hwn i gael effaith sylweddol ar y Gymraeg gan ei fod yn bolisi a ysgrifennwyd yn benodol i gynyddu'r ddarpariaeth ragweithiol o wasanaethau dwyieithog, yn yr achos hwn yn achos derbyn cleifion mewnol. Gan fod y polisi ei hun yn ofynnol o dan Safonau'r Gymraeg, mae'r polisi ei hun yn amlinellu effaith y polisi hwn yn fanwl. Pan gaiff ei weithredu, bydd y polisi yn cael effaith gadarnhaol sylweddol ar y Gymraeg.	CADARNHAOL	Ni nodwyd unrhyw gamau pellach oherwydd natur y polisi.

<p>Polisi a Gweithdrefn Absenoldeb o'r Gwaith o dan Adran 17 y Ddeddf lechyd Meddwl</p>	<p>Nid yw'r polisi arfaethedig yn effeithio ar siaradwyr Cymraeg. Mae'r holl daflenni a ffurflenni gwybodaeth i gleifion ar gael yn y Gymraeg a'r Saesneg a sefydlir dewis iaith y claf pan fydd yn cael ei gadw'n gyntaf dan y Ddeddf.</p>	<p>NIWTRAL</p>	<p>Dim wedi'i nodi, fodd bynnag mae dogfennau perthnasol eisoes yn ddwyieithog a'r drefn dderbyn yn cynnwys gofyn am anghenion iaith</p>
<p>Polisi Cynllun Dirprwyo Rheolwyr Ysbytai</p>	<p>Mae'n ofynnol i'r polisi sicrhau bod gan y Bwrdd lechyd drefniadau llywodraethu priodol ar waith i fonitro ac adolygu'r modd y mae swyddogaethau'n cael eu harfer a bod cydymffurfiaeth â gofynion statudol Deddf lechyd Meddwl 1983 yn unol â'r fframwaith cyfreithiol ac arfer da.</p>	<p>NIWTRAL</p>	<p>Ni nodwyd dim.</p>
<p>Adran 132, 132A a 133 Polisi Hawl Cleifion i Wybodaeth</p>	<p>Nod y polisi hwn yw rhoi i staff y cyfrifoldeb dirprwyedig o dan y Ddeddf lechyd Meddwl, gyda'r wybodaeth i ymgymryd â'r cyfrifoldebau hynny. Yr amcan yw sicrhau bod gan staff y wybodaeth a'r offer angenrheidiol i sicrhau bod adran 132 yn cael ei hawdurdodi, ei gweithredu, ei chofnodi a'i monitro yn unol â gofynion deddfwriaethol ac arfer da.</p>	<p>NIWTRAL</p>	<p>Ni nodwyd dim.</p>

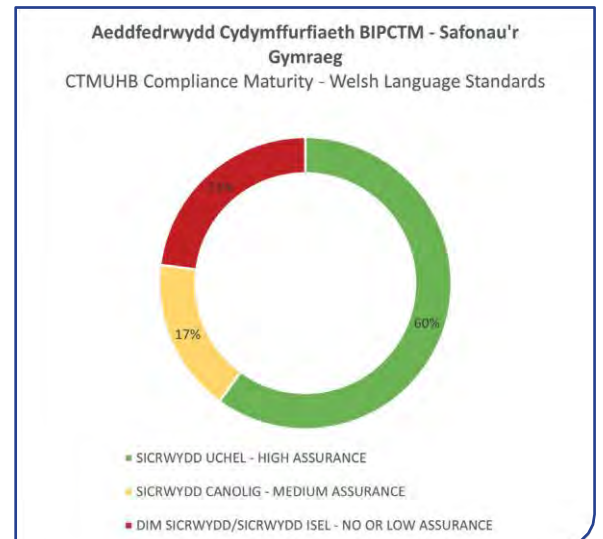
## Traciwr Cydymffurfiaeth y Gymraeg

Mae'r data uchod o sawl ffynhonnell fonitro, gan gynnwys yr archwiliad hapsampl, archwiliadau arsylwi, archwiliadau adrannol, ymweliadau safle, data o gyfieithu, PREMs ac asesiadau o'r effaith ar y Gymraeg yn caniatáu i ni gynnal Traciwr Cydymffurfiaeth y Gymraeg sy'n olrhain cynnydd o ran cydymffurfio â'r holl Safonau. Mae'n cofnodi cydymffurfiaeth ar gyfer pob safon gan ddefnyddio'r fframwaith a ganlyn:

Sicrwydd Uchel	Mae'r sefydliad yn cydymffurfio â'r holl ofynion o dan bob amgylchiad ac eithrio ar adegau prin.
Sicrwydd Canolig	Mae'r sefydliad yn cydymffurfio'n llawn fel arfer, ond mae diffyg cydymffurfiaeth ar rai adegau neu o ran rhai gofynion
Sicrwydd Isel	Mae'r sefydliad yn cydymffurfio ar rai adegau neu o ran rhai o'r gofynion, ond ddim yn cydymffurfio'n llawn ac yn gyson
Dim Sicrwydd	Nid yw'r sefydliad yn cydymffurfio â'r gofynion o gwbl, neu mae'n cydymffurfio ar adegau prin neu o ran ychydig o agweddau'n unig

Mae BIPCTM yn gallu cofnodi Sicrwydd Uchel gyda 60% o'r holl Safonau a Sicrwydd Canolig gyda 17% ohonynt. Darperir manylion monitro pellach yn Atodiad 1, gan gynnwys asesiad sicrwydd unigol ar gyfer pob safon y mae'n rhaid i BIPCTM gydymffurfio â hi.

O ran Safonau 8, 9, 10, 16 a 106 lle adroddir Dim Sicrwydd a Sicrwydd Canolig yn Atodiad 1, derbyniodd BIPCTM hysbysiad gorfodi yn dilyn ymchwiliad ym mis Awst 2023. Roedd yn ofynnol wedyn i BIPCTM gyflwyno cynllun gweithredu i Gomisiynydd y Gymraeg o dan Adran 80 o Fesur y Gymraeg (Cymru) 2011 a gymeradwywyd ganddi, gyda'r holl gamau i'w cwblhau erbyn Rhagfyr 2024. Mae cynnydd ar gyflawni'r camau gweithredu hynny yn cael ei fonitro a bydd ein hadroddiad blynyddol nesaf yn dangos sut rydyn ni wedi cwblhau'r camau hynny.



# Thema 3: Profiad Gweithwyr a'n Gweithle Dwyieithog

Mae diwylliant Cymraeg ffyniannus, yn rhan o dapestri cyfoethog o ieithoedd a diwylliannau, yn gwneud BIPCTM yn lle unigryw i weithio, a thros amser bydd yn golygu gwell gwasanaethau Cymraeg i'n cleifion a defnyddwyr gwasanaethau. Bydd hefyd yn caniatáu amgylchedd mwy cynhwysol i'r cannoedd o'n staff sy'n siarad Cymraeg ddatblygu. Mae'r thema hon yn edrych ar y gwaith rydyn ni yn ei wneud i blethu'r Gymraeg i bob agwedd o'n bywyd sefydliadol.



## Ein gwerthoedd a'n hymddygiadau

Mae ein gwerthoedd a'n hymddygiad sefydliadol yn ffurfio fframwaith sy'n annog yr ymddygiadau cywir yn y gwaith. Y rhain yw:

- Rydym yn gwrando, yn dysgu ac yn gwella;
- Rydym yn trin pawb â pharch;
- Rydym i gyd yn gweithio fel un tîm...

Mae'r gwerthoedd hyn yn meithrin diwylliant o ddysgu, sy'n ffafriol i ddatblygu sgiliau Cymraeg yn y gwaith. Maen nhw hefyd yn meithrin diwylliant o barch a dealltwriaeth, sy'n hanfodol ar gyfer gwahanol ieithoedd, gan gynnwys y Gymraeg, i gael eu defnyddio a'u mwynhau. Yn olaf, maen nhw'n annog cydweithrediad a thimau effeithiol ac iach, sy'n hanfodol i'r Gymraeg ddatblygu a ffynnu.

Maen nhw'n ymddangos ar hyd a lled BIPCTM o fyrddau gwaith i waliau, ac maen nhw'n ddwyieithog.

## Dechrau gweithio yn BIPCTM

O wneud cais am swydd i gael cyfweiliad yn Gymraeg, mae'r prosesau a'r systemau sydd gan BIPCTM yn ei gwneud hi'n gynyddol bosibl i ddefnyddio'r Gymraeg o ddechrau cyflogaeth unigolyn.

Agwedd	Beth rydyn ni'n ei wneud
Disgrifiadau swydd a hysbysebion dwyieithog	Mae swyddi sydd newydd eu bandio yn cael eu cyfieithu fel bod gan y rheolwr y ddau ddisgrifiad swydd yn rhagweithiol i'w hysbysebu
Gwneud cais am swydd	Mae Trac, y system recriwtio a ddefnyddir gan GIG Cymru, yn nodi y gall ymgeiswyr wneud cais yn Gymraeg. Dydy hi ddim yn bosibl pennu dyddiadau cau gwahanol ar gyfer swyddi yn seiliedig ar iaith y cais a chaiff pob ymgeisydd ei hysbysu o'r penderfyniad a wneir trwy Trac ar yr un pryd.
Cynnig cyfweiliad yn Gymraeg yn rhagweithiol	Mae Trac yn gofyn i ymgeiswyr a ydyn nhw'n dymuno cael cyfweiliad yn Gymraeg.
Rhoi gwybod i ymgeiswyr am ganlyniad yr asesiad	Pan fydd ymgeiswyr yn gwneud cais yn Gymraeg, maen nhw'n derbyn gwybodaeth o system Trac yn Gymraeg am y canlyniad (yn eu hysbysu a ydyn nhw wedi bod yn llwyddiannus neu'n aflwyddiannus wrth gael eu dewis ar gyfer cyfweiliad, ac a ydyn nhw wedi cael cynnig y swydd). Mae ceisiadau cyfieithu a dderbynnir hefyd yn awgrymu bod rheolwyr yn sicrhau eu bod yn anfon gohebiaeth ddwyieithog at ymgeiswyr lle maen nhw'n cyfathrebu â nhw y tu allan i Trac.
Cynnig y cytundeb yn Gymraeg	Pan fydd ymgeiswyr yn gwneud cais yn Gymraeg, maen nhw'n derbyn eu contract cyflogaeth yn Gymraeg yn awtomatig drwy e-bost pan gynnigir y swydd iddyn nhw.

Mae BIPCTM yn cydnabod bod gyda ni fwy i'w wneud yn y maes hwn, yn enwedig o ran swydd ddisgrifiadau a hysbysebion, ond mae'r uchod yn gyfraniad mawr at hwyluso'r defnydd o'r Gymraeg ar ddechrau cyflogaeth i aelodau newydd o staff.

## Cyfathrebu mewnol o amgylch y Gymraeg

Disgrifion ni'r fframwaith cyfathrebu mewnol ar gyfer y Gymraeg a'n hymgyrch Hiraeth yn fanwl uchod ond at ddibenion y drydedd thema hon, mae'n bwysig nodi bod cyfathrebu mewnol yn cael effaith fawr ar ethos sefydliad. Mae cynnwys negeseuon cyson am y Gymraeg felly yn ychwanegu yn ei ffordd ei hun at ein diwylliant sefydliadol dwyieithog.

## Ymsefydlu corfforaethol

Mae ymsefydlu corfforaethol yn gyfle pwysig i wreiddio ein gwerthoedd a'n disgwyliadau sefydliadol ynghylch ymddygiad ymhlith gweithwyr newydd, ac yn ffordd o sicrhau eu bod yn deall ein hymagwedd at wasanaethau dwyieithog yn BIPCTM. Mae'r fideo croeso ar ddechrau'r rhaglen ymsefydlu gorfforaethol yn ddwyieithog gyda'r Gymraeg a'r Saesneg yn llinyn cyson drwy'r cynnwys, gyda staff yn defnyddio'r Gymraeg a'r Saesneg mewn un fideo unigol. Mae hyn yn anfon neges glir bod BIPCTM yn sefydliad lle mae'r Gymraeg a'r Saesneg yn cael eu defnyddio a'u parchu'n gyfartal, gydag ethos ddwyieithog iach.

Mae ein fideo sy'n benodol ar gyfer yr elfen Gymraeg, 'Cymraeg yn CTM' a grëwyd yn broffesiynol, yn cael ei ddefnyddio fel rhan o ymsefydlu corfforaethol. Neges greiddiol y fideo yw bod y Gymraeg yr un mor bwysig i ni ag ydy hi i lawer yn y cymunedau rydym yn gofalu amdany'n nhw ac yn eu gwasanaethu. Mae hefyd yn annog staff i ddefnyddio'r Gymraeg sydd gyda nhw. Mae'r fideo yn egluro pa gymorth sydd ar gael i staff ddefnyddio'r Gymraeg yn y gwaith a pha adnoddau sydd ar gael, gan dargedu'r rhwystrau hynny a nodir yn aml gan staff gofal iechyd rhag gwneud mwy yn Gymraeg. Gan ddefnyddio hanesion cleifion a thystiolaeth staff, mae'r fideo yn arf arall yn ein harfdy newid ymddygiad.

Eleni rydyn ni hefyd wedi datblygu Taflen Groeso, sy'n cael ei hanfon at bob dechreuwr newydd, yn nodi ein cynnig i staff (Dysgu Cymraeg, cyfieithu ac adnoddau), beth sydd angen i staff ei wneud ar ddechrau eu cyflogaeth (nodi eu sgiliau Cymraeg ar ESR, cwblhau'r cwrs ymwybyddiaeth iaith a chwblhau'r cwrs Cymraeg Cwrteisi 2 awr) a lle i fynd am gyngor a chymorth pellach. Mae hefyd wedi'i hychwanegu at yr adran ymsefydlu corfforaethol ar y Gymraeg.

# Croeso!

**Tri pheth 'dyn ni'n wneud**

Croeso i'n Bwrdd Iechyd a llongyfarchiadau ar dy swydd newydd!

Cymraeg – mae'n perthyn i ni i gyd. Rydyn ni'n annog pawb i rannu'r Gymraeg sydd gyda nhw a does dim y fath beth â 'rhugl!' Defnyddia'r Gymraeg sydd gyda ti yw'r neges.

Felly sut ydyn ni'n cefnogi hyn?

- Eisiau ailafael yn dy Gymraeg?** Mae pob math o gyrsiau codi hyder ar gael, yn rhad ac am ddim. Anfona neges aton ni yma am hyn. Dyn ni'n trefnu sesiynau sgwrsio hefyd yn gyson felly dere i ddwedeu shw mae, gweler yma.
- Siop cyfieithu un stop:** Rho ynnig am! yw'r neges a chyfieithu beth sydd 'da ti a gallwn dafu golwg drosto i ti os hoffet ti. Gallwn gyfieithu unrhyw beth i ti hefyd, dim ond anfon gair aton ni sydd eisiau, yma.
- Adnoddau am ddim:** O lanlarciau i fathodynau Cymraeg i bosteri a chardiau ymadrodd, mae popeth 'da ni. Rho wybod yma os hoffet ti adnoddau. Dyn ni'n dy annog di yn arbennig i gymryd lanlard neu fathodyn – rhanna dy Gymraeg a dangos i bobl dy fod ti'n siarad ein hiaith! Archeba lanlard, bathodyn neu adnoddau yma a bydd e 'da ti mewn dim o dro.

**Tri pheth rwyf ti'n wneud**

Dyn ni'n gofyn am di! pheth bach gan bob aelod newydd o staff

- Cwblhau dy wybodaeth iaith ar ESR:** Rho wybod i ni am dy sgiliau iaith ar ESR, fel ein bod yn gwybod faint o staff Cymraeg sydd gyda ni. Mae'n hawdd iawn gwneud, gweler sut yma.
- Cwblhau'r cwrs ymwybyddiaeth iaith:** Rwyf ti'n darllen hwn yn Gymraeg, felly bydd di'n gwybod pa mor bwysig yw'n hiaith ni. Ond mae lot o beth yn y cwrs ymwybyddiaeth iaith ar ESR fydd yn newydd i lawer o bobl, 'sdim ots faint o Gymraeg sydd 'da nhw. Mae ar gael o dan 'My e-Learning' neu 'Ey e-Ddysgu' os yw dy ESR yn Gymraeg, ac enw'r cwrs yw '10 e-Learning Certification Welsh Language Awareness More than just words (Level 1)'
- Rhanna dy Gymraeg:** Rwyf ti'n deall hyn felly does dim disgwyl i ti wneud y Seiswn Blaau fel cydweithwyr sydd heb lot o Gymraeg ar hyn o bryd. Ond beth am rannu dy Gymraeg gyda nhw, I annog mwy o ddefnydd ar ein hiaith gyda'n gilydd a chelwgi cydweithwyr i ddefnyddio'r Gymraeg sydd gyda nhw, hyd yn oed geiriau bach fel 'bore da'?

**Eisiau gwybod mwy?**

- Ein canllaw:** Dyn ni wedi creu'r canllaw defnyddiol hwn yn **Gymraeg a Saesneg** am beth dyn ni'n wneud yn ddwyieithog yn BIP CTM.

Os rwyf ti angen gwybod beth dyn ni'n wneud yn ein dwy iaith ni yn y gwaith o ddydd i ddydd gydag enghreifftiau gan gydweithwyr, dyrna'r canllaw i ti.
- Ein tudalen SharePoint:** Picla draw

Dere draw yma – mae adnoddau i'w lawrwytho yma, gwybodaeth am sut all di ddefnyddio'r Gymraeg yn y gwaith mewn technoleg ac ati, a chanllawiau mwy manwl i reolwyr am bethau penodol fel cyfathrebu ac ymgysylltu a recriwtio.
- Am gael sgwrs bach?** Anfona neges

Os yw'n well 'da ti gael sgwrs, rho wybod i ni yma neu trefna slot. Bydden ni wrth ein boddu yn cwdd â ti.

Pob lwc yn dy swydd newydd a chroeso mawr unwaith eto i Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg

## Y dirwedd ieithyddol a'n hunaniaeth gorfforaethol

Mae amgylchedd gweledol dwyieithog yn annog pobl i ddefnyddio'u Gymraeg ac yn dangos ein hymrwymiad i'r Gymraeg a'i defnydd. Mae pob arwydd parhaol ar draws ein safleoedd yn ddwyieithog. Yn gynyddol, mae arwyddion dros dro yn y gweithle hefyd yn ddwyieithog gan gynnwys mewn meysydd pwysig fel y ffreutur. Eleni, derbyniwyd dros 60 o geisiadau am arwyddion dros dro. Mae'r manau cymunedol hyn yn bwysig gan fod yr holl staff yn treulio eu hamser yno ar ryw adeg yn ystod eu diwrnod gwaith.

Mae ein hunaniaeth gorfforaethol, yn fewnol ac yn allanol, hefyd yn cyfrannu at ein hethos dwyieithog. Mae detholiad o logos i'w gweld isod sy'n dangos bod y mwyafrif helaeth o enghreifftiau o gyflwyno ein hunaniaeth gorfforaethol, yn fewnol ac yn allanol, wedi ymgorffori'r Gymraeg.

## Cyfarfodydd mewnol

Eleni datblygon ni adnodd newydd i hwyluso'r defnydd o'r Gymraeg mewn cyfarfodydd, yn cynnwys canllaw ar y ffordd orau o drefnu a chynnal cyfarfodydd dwyieithog ac arfer gorau, ymadroddion allweddol yn Gymraeg a fideo yn arddangos cyfarfod dwyieithog. Bydd y fideo hwn yn cefnogi staff ar sut i ddefnyddio ymadroddion allweddol a gweld cyfarfod model yn Gymraeg i gyfeirio ato.

## Polisiau gweithlu mewnol a phrotocolau gweithlu

Mae polisiau'r gweithlu sy'n ymwneud ag agweddau hanfodol ar fywyd fel gweithiwr yn BIPCTM ar gael yn Gymraeg, gan gynnwys polisiau sy'n ymwneud ag ymddygiad yn y gweithle, iechyd a lles yn y gwaith, cyflogau a buddion yn y gweithle, rheoli perfformiad, absenoldeb o'r gwaith, amodau gwaith a patrymau gwaith. Cân nhw eu cyhoeddi ar ein mewnruwyd.

Mae Polisi a Gweithdrefn Disgyblu Cymru Gyfan yn nodi y gall gweithwyr ymateb i honiadau yn eu herbyn yn Gymraeg, ac mae Polisi Parchu a Datrys Cymru Gyfan yn nodi y gall gweithwyr gwyno am rywun yn Gymraeg, ymateb i gŵyn yn Gymraeg a bod yn rhaid i unrhyw achos gael ei gynnal yn Gymraeg pan fo cyflogai wedi arfer yr hawl hon. Mae Polisi Mynegi Pryderon Cymru Gyfan hefyd yn nodi y gall unigolyn godi mater neu bryder yn Gymraeg ac y dylid ei hysbysu o hyn o'r cychwyn cyntaf. Mae hefyd yn nodi y dylid cynnal unrhyw drafodion dilynol yn Gymraeg neu ddarparu gwasanaeth cyfieithu ar y pryd.

## Model Cymhwysedd Arweinyddiaeth

Yn dilyn gwaith i adnewyddu a diweddarau ein harlwy arweinyddiaeth ar gyfer rheolwyr yn BIPCTM, yn rhan o'n Cynllun Diwylliant ar gyfer y sefydliad, mae Model Cymhwysedd Arweinyddiaeth wedi'i ddatblygu. Mae'r model hwn ar hyn o bryd yn gweithio ar sail deg cymhwysedd craidd yn ymwneud ag Arwain eich Hun, Arwain Eraill ac Arwain Systemau. Un o'r deg cymhwysedd hynny yw 'Cynhwysiant' a bydd hyn yn cynnwys cymhwyseddau penodol yn ymwneud â'r Gymraeg ar gyfer rheolwyr ac arweinwyr Band 6, 7 ac 8. Bydd gwaith yn parhau dros y cyfnod adrodd nesaf ar y cynnwys hwnnw ar gyfer y Gymraeg. Mae hwn yn gam cyffrous ymlaen i'r Gymraeg



a bydd yn cyfrannu at ddiwylliant o gydymffurfio â Safonau ond hefyd yn cyfrannu at ddiwylliant Cymraeg ffyniannus.

## TG a meddalwedd

Mae BIPCTM yn defnyddio Microsoft ar ei beiriannau gwaith sy'n ein galluogi i gynnig meddalwedd gweithle cyffredin yn Gymraeg. Mae ein tudalen SharePoint Cymraeg yn hyrwyddo'r gallu i ddefnyddio MS Office ac MS Teams yn Gymraeg ac yn cynnwys cyfarwyddiadau ar sut i'w newid.

Mae gwiriwr sillafu Cymraeg hefyd ar gael i'w lawrlwytho o'r Ganolfan Feddalwedd ar bob cyfrifiadur a gliniadur ar gyfer ein staff.

Mae ein Desg Gymorth TG hefyd yn cynnig y gallu i siarad ag aelod o TG yn Gymraeg wrth ffonio ac yn cynnwys cyfarchiad dwyieithog. Mae TG hefyd wedi creu ffurflen ddwyieithog ar gyfer dechreuwyr newydd i'w sefydlu gyda TG.

Mae sut rydym yn defnyddio'r Gymraeg yn fewnol a'n hethos dwyieithog mewnol yn faes sy'n datblygu ar gyfer BIPCTM ac mae'r gwaith sydd wedi'i gynnwys yn ein cynllun gweithredol ar gyfer y Gymraeg ar gyfer 2024/25 yn cynnwys gwaith pellach yn y maes hwn.

## Thema 4: Llywodraethu ac Atebolrwydd

Mae'r ffordd rydyn ni'n cyfathrebu â staff ac yn eu cefnogi, y prosesau sydd yn eu lle i ddatblygu'r Gymraeg yn strategol yn ein sefydliad a chreu ethos dwyieithog yn y gwaith yn dri ffactor holl bwysig i ddatblygu'r Gymraeg yn BIP CTM.

Mae'r bedwaredd thema sy'n dod â hyn ynghyd, sef llywodraethu ac atebolrwydd, yn cyfeirio at y strwythurau sydd gyda ni ar waith i fonitro cynnydd, y prosesau sicrwydd a goruchwyliaeth briodol sydd ar waith i sicrhau ein bod yn bodloni ein gofynion cyfreithiol, a'n hymagwedd at risgiau polisi pan fyddwn o bosibl yn methu â bodloni'r gofynion hynny. Mae'r thema hon yn ymwneud â gwybod pa mor dda rydyn ni'n gwneud, gwybod lle mae angen i ni wella, a rhoi'r strwythurau cywir yn eu lle i ysgogi gwelliant a herio lle bo angen.



## Grŵp Llywio'r Gymraeg

Rôl Grŵp Llywio'r Gymraeg yw arwain yn strategol i wella'r amgylchedd sy'n cefnogi ac yn gwerthfawrogi'r Gymraeg a'i rôl wrth ddarparu gwasanaethau diogel ac o ansawdd uchel i'n cleifion. Mae'r grŵp yn cynnwys uwch-arweinwyr o bob Grŵp Gofal sydd â'r dylanwad a'r awdurdod i sicrhau newid yn eu meysydd, yn ogystal ag uwch-glinigwyr sy'n gwerthfawrogi'r Gymraeg yn y sefydliad ac sy'n gallu gweithredu fel hyrwyddwyr dylanwadol yn y meysydd clinigol.

Mae agendâu'r Grŵp yn caniatáu i uwch arweinwyr y Bwrdd lechyd ganolbwyntio ar feysydd a blaenoriaethau penodol, ac yn hwyluso cynnal fforwm lefel uchel lle gellir trafod y Gymraeg a diwylliant Cymru a chynllunio a chytuno ar waith i ymgorffori'r Gymraeg ymhellach, gan gynnwys y cynllun gweithredol blynyddol ar gyfer gwasanaethau Cymraeg. Mae cylch gorchwyl y Grŵp yn llywodraethu gweithgareddau'r Grŵp.

## Llwybr atebolrwydd ar gyfer cydymffurfio â deddfwriaeth Gymraeg

Mae Grŵp Llywio'r Gymraeg yn rhoi cyngor a sicrwydd i'r Bwrdd a'r is-bwyllgorau mewn perthynas â chydymffurfiaeth y sefydliad â'n dyletswyddau statudol Safonau'r Gymraeg, i sicrhau nad ydym yn trin y Gymraeg yn llai ffaithiol na'r Saesneg, ac yn sicrhau cynnydd gyda cynllun strategol Mwy na Geiriau. Rhoddir sicrwydd trwy adroddiadau ysgrifenedig ddwywaith y flwyddyn i'r Pwyllgor Pobl a Diwylliant, un o is-bwyllgorau'r Bwrdd. Mae hyn yn darparu llwybr atebolrwydd cadarn ar gyfer adrodd ar gynnydd a risgiau mewn perthynas â chydymffurfiaeth i'r Bwrdd.

Yn ystod y flwyddyn adrodd hon darparwyd dau adroddiad ysgrifenedig a llafar i'r Pwyllgor Pobl a Diwylliant, un ym mis Awst 2023 ac un ym mis Chwefror 2024. Rhannwyd y traciwr cydymffurfio a drafodir uchod ar dudalen 37 hefyd yn adroddiad mis Chwefror, gan roi trosolwg llawn o'r cynnydd presennol a'r meysydd risg, yn ogystal â'r hysbysiad penderfyniad a chynllun gweithredu yn dilyn camau gorfodi a dderbyniwyd ym mis Awst 2023.

Am y tro cyntaf yng nghyfarfod mis Chwefror, darparwyd yr adroddiad amlygu ysgrifenedig a llafar yn Gymraeg. Cododd hyn statws y Gymraeg yn sylweddol yn y Bwrdd lechyd, a dyma'r tro cyntaf i'r Gymraeg gael ei defnyddio mewn cyfarfod ffurfiol o Bwyllgor y Bwrdd yn rhan o'i drefniadau adrodd.

## Y Gymraeg mewn cyfarfodydd uwch reolwyr

Ar wahân i adroddiadau ffurfiol y Pwyllgor a'r Bwrdd, mae cydymffurfiaeth â deddfwriaeth y Gymraeg a'r cymorth sydd ar gael wedi'u trafod yn ffurfiol yn y cyfarfodydd uwch reolwyr canlynol:

- Bwrdd Rheoli Gweithredol llawn BIPCTM;
- Bwrdd Gweithredol Grŵp Gofal Plant a Theuluoedd;
- Cyfarfod Llywodraethu Ansawdd Pediatreg;
- Cyfarfod Llywodraethu Ansawdd Therapiau;
- Cyfarfod Llywodraethu lechyd Meddwl ac Anableddau Dysgu;
- Fforwm Arweinyddiaeth CTM.

## Cwynion

Yn ystod blwyddyn adrodd 2023-24, derbyniodd BIPCTM un gŵyn yn ymwneud ag arwyddion yn ein maes parcio ar safle Ysbyty Tywysoges Cymru. Honnodd yr achwynydd nad oedd yr arwyddion yn ddwyieithog, ond ar ôl eu harchwilio roedd y mwyafrif yn ddwyieithog. Gan fod y Bwrdd lechyd yn y broses o adnewyddu'r

cytundeb, roedd hefyd yn bosibl ymrwymo i sicrhau trwy fanyleb y tendr y byddai unrhyw nifer fechan o arwyddion dyddiedig nad ydynt yn ddwyieithog yn cael eu newid. Nid aethpwyd â'r gŵyn ymhellach.

# Thema 5: Recriwtio a Chynllunio Gweithlu

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



## Ein gweithlu dwyieithog

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

0: Dim gallu yn y sgil hon o gwbl,

1: Lefel Mynediad,

2: Sylfaenol

3: Canolradd,

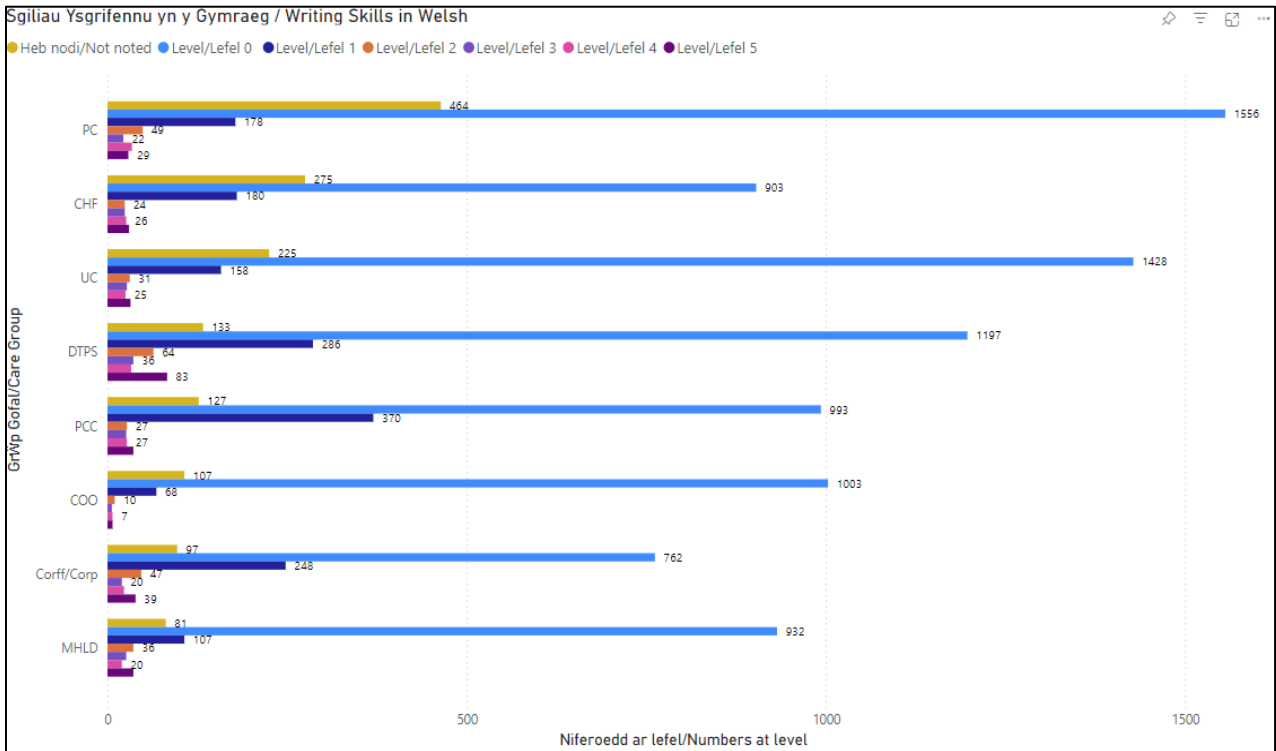
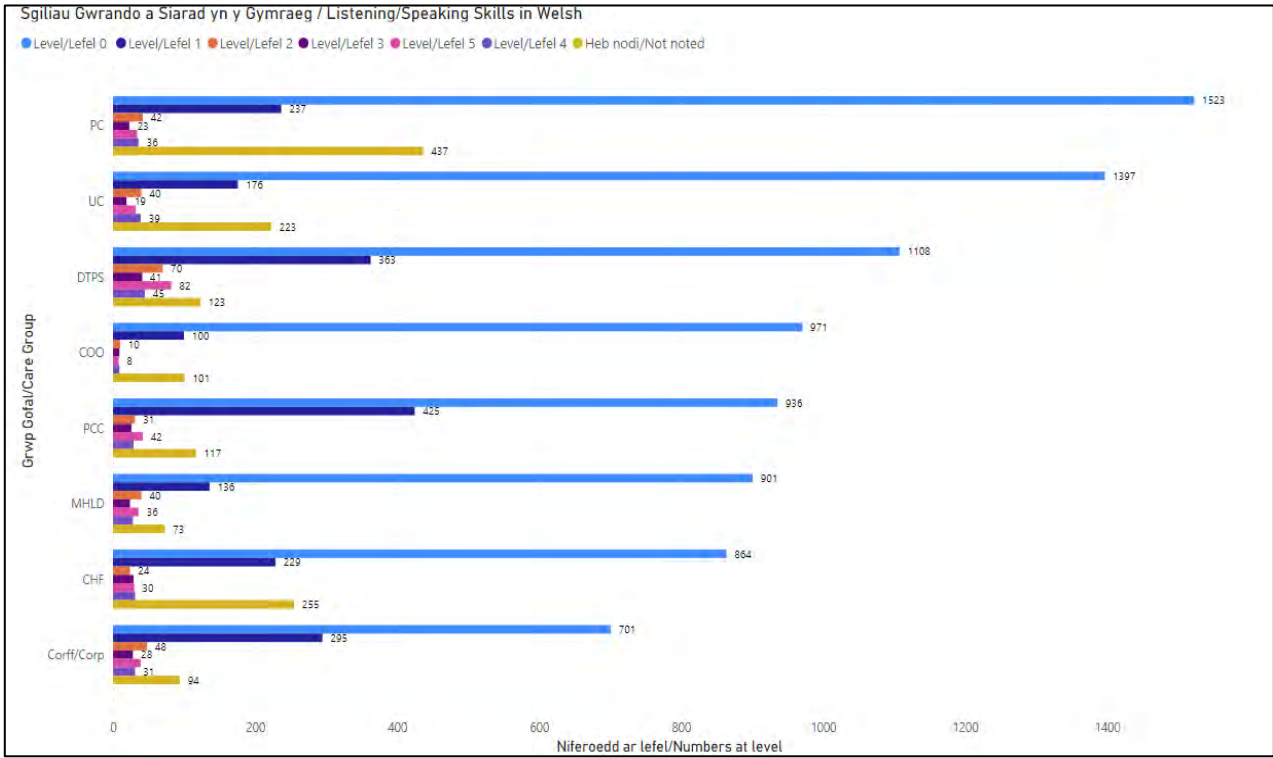
4: Uwch,

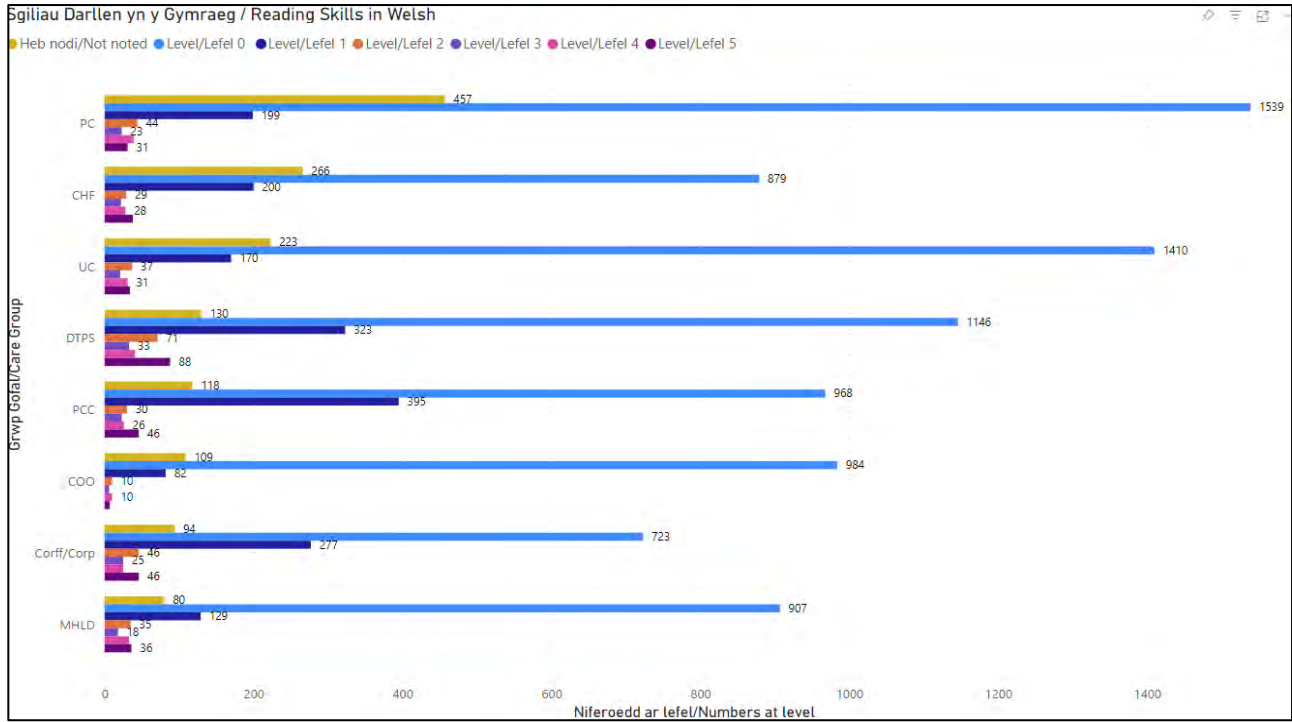
5: Hyfedredd.

Rydyn ni wedi annog staff trwy gydol y flwyddyn i nodi eu sgiliau iaith ar y Cofnod Staff Electronig mewn cydweithrediad â chydweithwyr yn ein tîm Dysgu a Datblygu, gan dargedu'n benodol staff sydd heb gofnodi eu sgiliau. Mae gwybodaeth am sut i nodi sgiliau hefyd wedi'i chynnwys ar wefan graidd SharePoint ar gyfer Dysgu a Datblygu lle mae'r holl hyfforddiant gorfodol yn cael ei hyrwyddo. Canran y staff sydd wedi cofnodi eu sgiliau Cymraeg ar ESR yw 88% ar gyfer gwrando a siarad Cymraeg ac 88% ar gyfer ysgrifennu Cymraeg a darllen Cymraeg, sy'n gynnydd ar y llynedd pan oedd yn 80% ar gyfartaledd.

Gan droi at broffil ieithyddol gweithlu BIPCTM, mae'r graffiau isod yn dangos faint o'n staff sydd â sgiliau yn y Gymraeg mewn Gwrando/Siarad, Darllen ac Ysgrifennu ar gyfer pob Grŵp Gofal sy'n ffurfio'r Bwrdd Iechyd. Mae'r byrfoddau ar gyfer pob grŵp yn golygu'r canlynol:

- PC: Planned Care/Gofal Wedi'i Gynllunio;
- UC: Gofal Heb ei Drefnu/Gofal Heb ei Drefnu;
- DTPS: Diagnostics, Therapies, Pharmacy and Healthcare Sciences/Diagnosteg, Therapiau a Gwyddorau Iechyd;
- COO: Chief Operating Officer's Group/Grŵp y Prif Swyddog Gweithredu;
- PCC: Primary Care & Communities/Gofal Sylfaenol a Chymunedau;
- MHLA: Mental Health & Learning Disabilities/Iechyd Meddwl ac Anableddau Dysgu;
- CHF: Children & Families/Plant a Theuluoedd;
- Corporate Services/Gwasanaethau Corfforaethol.





O ran ein gallu i gynnis gwasanaethau yn Gymraeg, bydd staff gyda lefel 4 mewn sgil yn gyffredinol yn gallu defnyddio'r sgil hon yn y rhan fwyaf o sefyllfaedd gyda chleifion a chydweithwyr, a dyna pam mai 'Uwch' yw enw'r lefel. Gellir casglu'n rhesymol o ganlyniad mai'r nifer o staff yn BIPCTM sy'n gallu siarad Cymraeg ar hyn o bryd yw 551 o leiaf (o'r rhai sydd wedi cofnodi eu sgiliau), wrth gyfuno'r staff hynny sydd wedi nodi Lefel 4 neu 5 ar gyfer gwrando/siarad.

Wrth i ni wella nifer y staff sydd wedi cofnodi eu sgiliau yn y Gymraeg, gwelir cynnydd flwyddyn ar ôl blwyddyn yn niferoedd y staff sydd â sgiliau yn y Gymraeg.<sup>5</sup>

Lefel	Gwrando/Siarad yn Gymraeg			
	2022/23	2023/24	Gwahaniaeth	Gwahaniaeth fel %
Lefel 0	7740	8401	+661	+8.5%
Lefel 1	1871	1961	+90	+4.8%
Lefel 2	295	305	+10	+3.4%
Lefel 3	197	199	+2	+1%
Lefel 4	223	248	+25	+11%
Lefel 5	284	303	+19	+6.7%

<sup>5</sup> Fel mewn blynyddoedd blaenorol, mae sgiliau'r staff hynny sy'n gweithio mewn cyrff lleol wedi'u tynnu o'r data

Lefel	Darllen yn Gymraeg			
	2022/23	2023/24	Gwahaniaeth	Gwahaniaeth fel %
Lefel 0	7873	8556	+683	+8.6%
Lefel 1	1702	1775	+73	+4.3%
Lefel 2	292	302	+10	+3.4%
Lefel 3	159	171	+12	+7.5%
Lefel 4	225	233	+8	+3.5%
Lefel 5	302	326	+24	+8%
Lefel	Ysgrifennu yn Gymraeg			
	2022/23	2023/24	Gwahaniaeth	Gwahaniaeth fel %
Lefel 0	8092	8774	+682	+8.4%
Lefel 1	1511	1595	+84	+5.5%
Lefel 2	290	288	-2	-0.7%
Lefel 3	173	187	+14	+8%
Lefel 4	188	195	+7	+3.7%
Lefel 5	262	292	+30	+11%

Dyma'r drydedd flwyddyn yn olynol i'r nifer hysbys o staff sydd â sgiliau yn y Gymraeg gynyddu.

## Defnyddio data gweithlu

Mae data gweithlu ar sgiliau yn y Gymraeg yn bwysig. Eleni, ychwanegwyd data ar sgiliau Cymraeg at HealthRoster, y system a ddefnyddir i gynllunio sifftiau. Ychwanegwyd yr holl staff â Lefel 3 mewn Siarad/ Gwrandio ac uwch. Bydd hyn yn galluogi rheolwyr i wybod pa rai o'u staff sy'n siarad Cymraeg a byddai'n caniatáu iddyn nhw gynllunio sifftiau yn unol â hynny lle bo angen. Bydd hyn hefyd yn hwyluso cydymffurfiaeth â'n Polisi Derbyni Cleifion Mewnol o dan Safon 24 a ddisgrifir uchod.

## Asesu a hysbysebu swyddi

Mae nifer y swyddi a hysbysebwyd gan BIPCTM a'r sgiliau Cymraeg yr oedd eu hangen ar gyfer y swyddi hynny isod.

Sgiliau yr oedd eu hangen yn y Gymraeg ar gyfer swyddi	
Categori sgiliau	Nifer
Sgiliau yn Gymraeg yn hanfodol	9
Sgiliau yn Gymraeg yn ddymunol	2757
Angen dysgu sgiliau Cymraeg wrth benodi i'r swydd	0
Sgiliau Cymraeg heb fod yn angenrheidiol	215
Cyfanswm nifer y swyddi gwag a hysbysebwyd 01/04/2023 - 31/03/2024	2981

Y gofyniad yw bod BIPCTM yn cynnal asesiad ystyrllon o'r sgiliau iaith sydd eu hangen ar gyfer swydd, cyn dewis y categori priodol a'i hysbysebu felly. Nid yn unig mae nifer y swyddi lle mae angen sgiliau yn y Gymraeg wedi aros tua'r un peth (9 eleni, 10 y llynedd), ond mae nifer y swyddi lle mae sgiliau Cymraeg yn hanfodol yn dal yn isel. Mae'r math o swyddi y penderfynodd y rheolwr nad oedd angen sgiliau ar eu cyfer neu a oedd yn ddymunol hefyd yn awgrymu bod angen mwy o waith.

Mae BIPCTM ar hyn o bryd yn gweithio drwy gynllun gweithredu sylweddol, y rhan fwyaf ohono'n ymwneud â sut rydym yn trin y Gymraeg wrth recriwtio. Y dyddiad cau ar gyfer cyflwyno tystiolaeth ein bod wedi cwblhau'r gwaith hwnnw yw Rhagfyr 2024.

Eleni rydyn ni hefyd wedi ei gwneud yn ofynnol i bob dechreuwr newydd feddu ar o leiaf 'Cymraeg ar lefel cwrteisi' neu ddysgu unwaith y mae yn y swydd. Bydd hyn yn gwneud gwahaniaeth sylweddol i sgiliau ein gweithlu yn y Gymraeg, ac fel y nodir isod, rydyn ni ar hyn o bryd yn cynnig cwrs mewnl i hwyluso hyn.

Er bod gwaith i'w wneud, mae'n bwysig cofio, oherwydd data gwell, ei bod wedi dod yn amlwg ei bod yn ymddangos bod gan BIPCTM nifer fawr o staff sy'n siarad Cymraeg a lle mae angen i ni gynyddu'r nifer hwnnw, mae gwaith ar y gweill.

## Dysgu Cymraeg yn y Gwaith

Mae gwybod faint o staff sy'n siarad Cymraeg sydd gennym a recriwtio pobl gyda'r sgiliau cywir i'r swydd yn hanfodol ac mae gwaith wedi bod yn mynd rhagddo yn y meysydd hyn. Yr un mor bwysig yw datblygu sgiliau iaith ein staff presennol. Mae dysgu Cymraeg yn y gwaith wedi cael ei grybwyll ar sawl pwynt yn yr adroddiad hwn o ran sut a ble mae cyfleoedd yn cael eu hyrwyddo. Bydd yr adran hon yn canolbwyntio ar beth rydyn ni'n ei gynnig a'r nifer sy'n manteisio arno.

- Sesiynau blasu

Rydyn ni wedi cynnig 'Sesiynau Blasau', neu sesiynau dwy awr i ddysgu hanfodion y Gymraeg drwy gydol y flwyddyn. Rydyn ni hefyd wedi dechrau cynnig y rhain yn fewnol drwy Dîm y Gymraeg sydd wedi galluogi BIPCTM i gynyddu nifer y staff sy'n gallu cymryd rhan, a bydd yn ein cefnogi i sicrhau bod gan bob aelod newydd o staff Gymraeg lefel cwrteisi o leiaf. Eleni mae **34** aelod o staff wedi cymryd rhan mewn sesiwn flasu.

- Cyrsiau hunangyfeiriedig ar-lein

Mae'r cwrs ar-lein hunangyfeiriedig, 'Croeso' gan y Ganolfan Dysgu Cymraeg Genedlaethol hefyd wedi cael ei hyrwyddo ac eleni mae **7** aelod o staff wedi cwblhau Rhan 1 a **3** wedi cwblhau Rhan 1 a 2.

- Dysgu Cymraeg yn y gymuned

Mae'n well gan rai aelodau o staff ddysgu gyda dosbarthiadau (Mynediad a Sylfaen) sy'n cael eu cynnig yn y gymuned oherwydd eu hanghenion eu hunain ond sy'n cael eu hariannu gan BIPCTM gan y byddan nhw'n defnyddio'r sgiliau hynny yn y gwaith. Eleni mae **9** aelod o staff wedi dechrau Mynediad ac **1** aelod o staff wedi dechrau Sylfaen.

- Cynllun Codi Hyder

Nod y cynllun cyffrous hwn yw cefnogi staff a allai fod â diffyg hyder i ddefnyddio'r Gymraeg sydd gyda nhw a'u cefnogi i fod yn fwy hyderus yn eu sgiliau. Dechreuodd y cynllun tua diwedd y flwyddyn adrodd ac ym mis Mawrth 2024, roedd **15** aelod o staff wedi dechrau gyda'r garfan gyntaf wedi'i llenwi. Mae hwn yn gynllun

addawol a allai gael effaith fawr ar ein nod o gael gweithlu dwyieithog a bydd carfannau pellach yn cael eu cefnogi drwy gydol 2024/25.

Mae hyn yn golygu bod 64 aelod o staff wedi cael cymorth i gamu i'r Gymraeg yn y gwaith neu drwy gyllid cyflogwr eleni gyda channoedd o oriau o ddysgu Cymraeg yn cael eu darparu. Mae hyn hefyd yn gynydd o 22 aelod o staff ers y llynedd.

Gellir darllen effaith y cyfleoedd hyn ar ein staff isod.

Dechreuais y cwrs Dysgu Cymraeg yn ddiweddar ar ôl cael fy ysbrydoli gan gwblhau'r modiwl gorfodol ar ESR. Gan fy mod yn newydd yn fy swydd, roeddwn yn meddwl ei bod yn anhygoel bod BIPCTM yn annog, yn cefnogi ac yn cynnig ariannu'r dysgu hwn. Rydw i bob amser wedi mwynhau dysgu sgiliau newydd, ac rwy'n gobeithio y bydd gallu siarad Cymraeg yn fy ngalluogi i wella ansawdd y gofal rwy'n ei ddarparu ar gyfer fy nghleifion sy'n siarad Cymraeg, gan hybu cynhwysiant a gwneud gwahaniaeth i'w profiad o dderbyn gofal iechyd o fewn BIPCTM.

Rydw i wedi ffeindio'r hyblygrwydd o ran dysgu ar-lein drwy'r ystafell ddosbarth ar Teams yn wych, gan fy mod yn fam sengl brysur iawn mae'n golygu fy mod yn gallu dysgu o gartref gyda bonws ychwanegol bod fy mhlant yn gwranddo yn y cefndir ac yn codi geiriau Cymraeg ychwanegol sy'n cyfrannu at eu dysgu. Rwy'n mwynhau'r gwersi'n fawr, mae'r tiwtor yn ddifyr iawn ac yn gwneud y wers yn hwyl. Rwy hefyd yn mwynhau sgwrsio gyda'r myfyrwyr eraill sydd o bob rhan o'r byd, gan ddangos nad yw dysgu Cymraeg ar gyfer y rhai ohonom sy'n frodorol i Gymru yn unig.

**Lyndsey, Nyrs Glinigol Arbenigol ar gyfer Gwiriad Iechyd yr Ysgyfaint**

Os dim byd arall mae bod yn fwy ystyriol (a chynhwysol) o siarad/ysgrifennu'r hyn y galla' i yn Gymraeg pan alla i ac ar ddechrau a diwedd cyfarfodydd ac ati yn fwy na beth rwy wedi'i wneud yn fy ngyrfa hyd yma ac wedi bod yn werthfawr. Diolch yn fawr!

**Yn ddiennw trwy adborth traweffaith**

“Rydw i wedi bod eisiau dysgu Cymraeg gyhyd ag y galla i gofio. Roeddwn i wrth fy modd yn dysgu ieithoedd yn yr ysgol, cymerais y Gymraeg ar gyfer TGAU a lefel AS ond fe wnes i adael iddo fynd gan fy mod yn ei chael hi'n anodd cydbwysu gyda fy astudiaethau eraill. Mae hyn yn rhywbeth rwy wedi difaru ers dros 20 mlynedd. Mae cael fy ngeni yng Nghymru ond methu â siarad Cymraeg yn rhywbeth sydd wastad wedi fy mhoeni - faint o wledydd eraill yn y byd sydd â phoblogaeth sydd ddim i gyd yn siarad eu hiaith genedlaethol? Mae cymaint o harddwch yn yr iaith Gymraeg a'r diwylliant Cymreig, ac rwy'n falch iawn o fod yn rhan o'r ymdrech i'w hadennill ar gyfer cenedlaethau'r dyfodol.

Dechreuais ddysgu Cymraeg fel oedolyn gyda Dysgu Cymraeg yn 2020 ar ôl i mi weld erthygl ar fewnrwyd CTM yn hyrwyddo cwrs rhithwir ac yn cynnig cyllid gan y gweithle. Rydw i bellach hanner ffordd drwy gwblhau Lefel Sylfaen ac yn bwriadu cwblhau cymaint o lefelau ag y gallaf i. Er nad ydw i eto ar lefel lle galla i sgwrsio'n rhugl yn y Gymraeg, rwy'n gallu ymarfer gyda fy nghydweithwyr sy'n siarad Cymraeg, sy'n cynyddu fy hyder ymhellach, a gobeithio un diwrnod y bydda i'n gallu defnyddio'r hyn rwy wedi'i ddysgu yn y gwaith a tu hwnt i'r gwaith.

Mae bod yn “Dysgwr Cymraeg” wedi dod yn rhan enfawr o fy hunaniaeth ac wedi fy ngwneud yn rhan o gymuned groesawgar iawn sy'n tyfu trwy'r amser. Dwi wrth fy modd yn dysgu Cymraeg.

**Kim, Therapydd Galwedigaethol**

## Atodiad 1: Aseiad sicrwydd llawn y Gymraeg

ASESIAD SICRWYDD SAFONAU'R GYMRAEG AR GYFER BLWYDDYN ADRODD 2023-24			
Dosbarth o Safon: Safonau Cyflenwi Gwasanaethau			
Gweithgaredd	Safon(au)	Lefel sicrwydd	Disgrifiad byr
Gohebiaeth	1, 4, 6 - 7	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Ymateb i ohebiaeth Gymraeg yn Gymraeg</li> <li>Anfon gohebiaeth yn Gymraeg ar yr un pryd â gohebiaeth Saesneg</li> <li>Peidio â thrin gohebiaeth Gymraeg gan y BIP yn llai ffafriol na'r fersiwn Saesneg</li> <li>Yn datgan ein bod yn croesawu gohebiaeth yn Gymraeg ar ohebiaeth gan y BIP</li> </ul>
	5	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>Anfon pob gohebiaeth (gan gynnwys e-byst at sefydliadau allanol) yn Gymraeg a Saesneg oni bai bod dewis iaith y derbynnydd yn hysbys</li> </ul>
Teleffoni	8	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Cyfarch galwyr i'r prif linellau ffôn yn ddwyieithog</li> </ul>
	9	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Rhoi gwybod i'r galwr bod gwasanaeth ar gael yn Gymraeg</li> </ul>
	10	DIM SICRWYDD	<ul style="list-style-type: none"> <li>Delio â galwadau i brif linellau ffôn yn Gymraeg</li> </ul>
	11	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Peidio â thrin y Gymraeg yn llai ffafriol wrth hysbysebu prif rifau ffôn</li> </ul>
	12	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Bod gyda'r un rhif cyswllt ar gyfer prif wasanaethau ffôn Cymraeg a Saesneg</li> </ul>
	13	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Yn datgan ein bod yn croesawu galwadau yn Gymraeg pan fyddwn yn cyhoeddi ein prifrifau ffôn</li> </ul>
	14	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Pan fyddwn yn casglu dangosyddion perfformiad, sicrhau ein bod hefyd yn casglu data sy'n berthnasol i'r Gymraeg er mwyn sicrhau nad ydym yn trin y Gymraeg yn llai ffafriol</li> </ul>
	15	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Hysbysu personau sy'n galw, yn Gymraeg, y gallant adael neges yn Gymraeg</li> </ul>
	16	DIM SICRWYDD	<ul style="list-style-type: none"> <li>Hysbysu personau sy'n galw, yn Gymraeg, pryd y bydd gwasanaeth Cymraeg ar gael pan nad yw un ar gael</li> </ul>
	17	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>Delio â galwadau i linellau ffôn adrannol yn Gymraeg</li> </ul>
18	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>Cyfarch galwyr i linellau ffôn adrannol yn ddwyieithog</li> </ul>	

	19	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>Lle mae'r BIP yn gwneud galwadau i unigolion ar fater penodol, gofyn a yw'r unigolyn hwnnw'n dymuno derbyn galwadau yn Gymraeg yn y dyfodol gan y BIP, cofnodi'r dymuniad hwnnw a gwneud y galwadau hynny yn Gymraeg</li> </ul>
	20	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Unrhyw systemau ffôn awtomataidd sydd gan y BIP ar gael yn gyflawn yn Gymraeg.</li> </ul>
Cyfarfodydd mewnol	21, 22, 22A & 22CH	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Gofyn i'r rhai a wahoddwyd i gyfarfod a ydynt yn dymuno defnyddio'r Gymraeg a hwyluso'r defnydd o'r Gymraeg</li> </ul>
Cleifion mewnol a'r Cynnig Rhagweithiol	23 & 23A	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Gofyn i gleifion mewnol wrth eu derbyn beth yw eu dewis iaith a chofnodi hyn</li> </ul>
	24	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Bod â pholisi wedi'i gadarnhau ar gyfer gofyn i gleifion mewnol wrth eu derbyn beth yw eu dewis iaith, ar gyfer y cleifion hynny nad ydynt efallai'n gallu nodi hyn eu hunain.</li> </ul>
Cynadleddau achos	25	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Cynnig a darparu cynhadledd achos yn Gymraeg pan fydd hyn yn cynnwys y claf</li> </ul>
Cyfarfodydd a digwyddiadau cyhoeddus	26, 27, 28 & 29 & 31	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Peidio â thrin y Gymraeg yn llai ffafriol wrth hysbysebu a hyrwyddo cyfarfodydd a digwyddiadau cyhoeddus, anfon gwahoddiadau a gwahodd siaradwyr i gyfarfodydd a digwyddiadau cyhoeddus, sicrhau bod cyfieithydd ar gael ym mhob cyfarfod a digwyddiad cyhoeddus a pheidio â thrin y Gymraeg yn llai ffafriol mewn unrhyw ffordd yn ystod y cyfarfod neu ddigwyddiad</li> </ul>
	30, 32 & 33	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Arddangos deunydd a digwyddiadau cyhoeddus a chyfarfodydd yn Gymraeg a Saesneg</li> </ul>
Deunydd wedi'i arddangos	34	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Arddangos deunydd yn gyhoeddus (ym mhob cyd-destun)</li> </ul>
Dogfennau a Ffurflenni	36, 37 & 38	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Dogfennau a ffurflenni ar gael yn Gymraeg, a nodi ar fersiynau Saesneg bod fersiwn Gymraeg ar gael</li> </ul>

Gwefannau a chyfryngau digidol	39, 40 & 41	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Testun ar y dudalen we ar gael yn Gymraeg gan gynnwys yr hafan a thudalennau newydd a diwygiedig</li> </ul>
	42	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Nodi'n glir ar bob tudalen we ei bod ar gael yn Gymraeg gyda dolen uniongyrchol iddi</li> </ul>
	43	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Darparu rhyngwyneb a dewislenni yn Gymraeg ar bob tudalen</li> </ul>
	44	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Apiau a gynhyrchir neu a gomisiynir gan y Bwrdd Iechyd ar gael yn Gymraeg</li> </ul>
	45	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>• Peidio â thrin y Gymraeg yn llai ffafriol ar gyfryngau cymdeithasol corfforaethol ac adrannol</li> </ul>
	46	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Ymateb i negeseuon Cymraeg yn Gymraeg ar gyfryngau cymdeithasol (sylwadau a negeseuon ac ati)</li> </ul>
Arwyddion	47	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>• Arddangos pob arwydd gan gynnwys arwyddion dros dro yn Gymraeg</li> </ul>
	48 & 49	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Sicrhau bod pob arwydd gan gynnwys arwyddion dros dro yn Gymraeg a sicrhau bod y Gymraeg yn gywir a'i bod mewn safle lle mae'n debygol o gael ei darllen yn gyntaf</li> </ul>
Gwasanaethau derbynfa	50 & 52	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>• Cynnig gwasanaeth dwyieithog mewn derbynfeydd ac arddangos arwydd yn y dderbynfa yn croesawu'r defnydd o'r Gymraeg</li> </ul>
	53	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Lle mae aelodau staff yn darparu gwasanaeth derbynfa ac yn gallu siarad Cymraeg mewn gwirionedd, sicrhau eu bod yn gwisgo bathodyn i gyfleu hynny</li> </ul>
Grantiau	54, 55 & 56	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>• Cyhoeddi dogfennau sy'n ymwneud â grantiau yn Gymraeg,</li> <li>• Yn datgan ein bod yn croesawu ceisiadau am grantiau yn Gymraeg, ac nad ydym yn trin cais am grant a gyflwynir yn Gymraeg yn llai ffafriol a</li> <li>• Hysbysu person a gyflwynodd gais am grant yn Gymraeg o'r canlyniad yn Gymraeg.</li> </ul>
Tendrau am gontractau	57, 58 & 59	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>• Cyhoeddi gwahoddiadau i dendro yn Gymraeg lle bo'n berthnasol</li> <li>• Datgan y gellir cyflwyno tendrau yn Gymraeg ac na fydd tendrau a gyflwynir yn Gymraeg yn cael eu trin yn llai ffafriol, a</li> <li>• Rhoi gwybod i dendrwr am y canlyniad yn Gymraeg os cyflwynodd y tendr yn Gymraeg.</li> </ul>

Hyrwyddo gwasanaethau Cymraeg	60 & 61	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Hyrwyddo'r gwasanaethau Cymraeg a ddarparwn.</li> </ul>
Hunaniaeth gorfforaethol	62	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Peidio â thrin y Gymraeg yn llai ffafriol yn y modd y mae'r BIP yn ffurfio, yn adolygu ac yn cyflwyno ei hunaniaeth gorfforaethol</li> </ul>
Cyrsiau addysg i gleifion	63	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>Lle cynigir cyrsiau addysg iechyd, cynnal asesiad o'r galw amdanynt yn Gymraeg a'u cynnig yn Gymraeg</li> </ul>
Systemau annerch cyhoeddus	64	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Negeseuon wedi'u recordio dros systemau annerch yn ddwyieithog, gyda'r neges Gymraeg yn cael ei chwarae gyntaf</li> </ul>
Gofal Sylfaenol	65	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Dynodi man ar ein gwefan i hyrwyddo darparwyr Gofal Sylfaenol sy'n gallu darparu gwasanaeth neu ran o wasanaeth yn Gymraeg</li> </ul>
	66	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu a hyrwyddo gwasanaeth cyfieithu ar gyfer Gofal Sylfaenol</li> </ul>
	67	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu a hyrwyddo cortynnau gwddf a bathodynau sy'n cyfleu bod staff Gofal Sylfaenol yn siarad Cymraeg</li> </ul>
	68	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu cyrsiau, gwybodaeth neu ddigwyddiadau fel bod staff Gofal Sylfaenol yn datblygu ymwybyddiaeth o'r Gymraeg a sut y gellir ei defnyddio yn y gweithle</li> </ul>
<b>Dosbarth o Safon: Safonau Llunio Polisi</b>			
Gweithgaredd	Safon(au)	Lefel sicrwydd	Disgrifiad byr
Asesu effaith penderfyniadau polisi	69, 70 & 71	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Asesu polisiau newydd neu adolygu a diwygio polisiau ar gyfer yr effaith ar y Gymraeg</li> </ul>
	72, 73, & 74	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>Ymgynghori ar bolisi ac ystyried yr effaith ar y Gymraeg</li> </ul>
	75, 76 & 77	SICRWYDD ISEL	<ul style="list-style-type: none"> <li>Ymchwil i gynorthwyo llunio polisi ac ystyried yr effaith ar y Gymraeg</li> </ul>
Asesu effaith polisi o fewn Gofal Sylfaenol	78	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Sicrhau bod polisi i sicrhau bod penderfyniadau mewn perthynas â Gofal Sylfaenol yn ystyried yr effaith ar y defnydd o'r Gymraeg a pheidio â thrin y Gymraeg yn llai ffafriol</li> </ul>
	78A	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Cyhoeddi adolygiad o'r polisi hwnnw o dan Safon 78 bum mlynedd ar ôl ei gyhoeddi</li> </ul>

## Dosbarth o Safon: Gweithredu mewnol

Gweithgaredd	Safon(au)	Lefel sicrwydd	Disgrifiad byr
Polisi ar ddefnydd mewnol o'r Gymraeg	79	DIM SICRWYDD	<ul style="list-style-type: none"> <li>Polisi ar ddefnyddio'r Gymraeg yn fewnol er mwyn hybu a hwyluso'r defnydd o'r iaith</li> </ul>
Cytundebau cyflogaeth yn Gymraeg	80	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Wrth gynnig swydd newydd i unigolyn, gofyn i'r unigolyn a yw'n dymuno i'r contract cyflogaeth neu gontract am wasanaethau gael ei ddarparu yn Gymraeg ac, os felly, ei ddarparu yn Gymraeg.</li> </ul>
Gohebiaeth bapur yn ymwneud â chyflogaeth	81	DIM SICRWYDD	<ul style="list-style-type: none"> <li>Gohebiaeth bapur yn ymwneud ag agweddau amrywiol ar gyflogaeth a anfonir at weithiwr cyflogedig</li> </ul>
Polisiâu gweithlu yn Gymraeg	82	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Polisiâu gweithlu sy'n ymwneud â materion penodol sydd ar gael yn Gymraeg</li> </ul>
Cwynion gan ac yn erbyn staff	83, 84 & 85	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Nodi mewn polisiâu a gweithdrefnau y gellir gwneud cwynion yn Gymraeg neu ymateb iddynt yn Gymraeg, cynnal cyfarfodydd sy'n ymwneud â chwynion yn Gymraeg, a hysbysu partion o benderfyniadau sy'n ymwneud â chwynion yn Gymraeg</li> </ul>
Gweithdrefnau disgyblu	86, 87 & 88	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Nodi y gall staff ymateb i honiadau yn Gymraeg mewn dogfennau ac wrth ddwyn achos yn eu herbyn, cynnal cyfarfodydd ynghylch honiadau yn Gymraeg a hysbysu staff o'r canlyniad yn Gymraeg</li> </ul>
Meddalwedd sillafu a gramadeg	89	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu meddalwedd cyfrifiadurol i staff ar gyfer gwirio sillafu a gramadeg y Gymraeg</li> </ul>
Mewnrwyd	90, 91, 93 & 95	DIM SICRWYDD	<ul style="list-style-type: none"> <li>Rhai tudalennau mewnrwyd yn ddwyieithog</li> </ul>
	94	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Cael tudalen fewnrwyd benodol ar gyfer hyrwyddo'r Gymraeg</li> </ul>
Asesu sgiliau iaith gweithwyr	96	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Asesu sgiliau Cymraeg staff</li> </ul>
Hyfforddiant staff	97	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Darparu hyfforddiant ar faterion penodol yn y gweithle megis lechyd a Diogelwch</li> </ul>
Hyfforddiant ar ddefnyddio'r Gymraeg	98	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Hyfforddiant ar ddefnyddio'r Gymraeg mewn cyfarfodydd, cyfweiliadau a gweithdrefnau cwyno a disgyblu</li> </ul>

Gwersi Cymraeg sylfaenol a defnyddio'r Gymraeg mewn rolau rheoli	99	SICRWYDD CANOLIG	<ul style="list-style-type: none"> <li>Darparu gwers Gymraeg sylfaenol a hyfforddiant ar ddefnyddio'r Gymraeg mewn rolau rheoli</li> </ul>
Darparu gwersi Cymraeg pellach	100 & 101	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu gwersi Cymraeg i staff y tu hwnt i wers Gymraeg sylfaenol</li> </ul>
Ymwybyddiaeth o'r Gymraeg	102	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu hyfforddiant ymwybyddiaeth iaith Gymraeg</li> </ul>
Ymsefydlu corfforaethol	103	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu deunydd ymwybyddiaeth o'r Gymraeg fel rhan o ymsefydlu corfforaethol</li> </ul>
Logo a geiriad ar gyfer e-byst	104	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu logo fel y gall staff ddangos eu bod yn siarad Cymraeg mewn e-byst a thempled er mwyn iddynt allu creu neges allan o'r swyddfa ddwyieithog</li> </ul>
Darparu cortynnau gwddf a bathodynau	105	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Darparu bathodynau a logos i staff fel y gallant ddangos eu bod yn siarad Cymraeg</li> </ul>
Asesu swyddi gwag	106 & 106A	DIM SICRWYDD	<ul style="list-style-type: none"> <li>Asesu swyddi gwag ar gyfer pa sgiliau sydd eu hangen yn y Gymraeg yn seiliedig ar un o 4 categori, a lle mae 'Cymraeg yn Hanfodol', 'Dymunol' neu 'Angen Dysgu', nodi hyn wrth hysbysebu a hysbysebu'r swydd yn Gymraeg</li> </ul>
Annog ceisiadau yn Gymraeg	107	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Wrth hysbysebu swydd, datgan y caniateir i geisiadau gael eu cyflwyno yn Gymraeg, ac na fydd cais a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol.</li> </ul>
Deunydd recriwtio Cymraeg	107A	DIM SICRWYDD	<ul style="list-style-type: none"> <li>Cyhoeddi gwybodaeth sy'n ymwneud â cheisiadau yn Gymraeg fel pob ffurflen gais, gwybodaeth am ddulliau asesu a disgrifiadau swydd</li> </ul>
Ceisiadau a wneir yn Gymraeg	107B	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Peidio â thrin cais am swydd a wneir yn Gymraeg yn llai ffafriol na chais a wneir yn Saesneg</li> </ul>
Defnydd ymgeiswyr o'r Gymraeg mewn cyfweiliadau	108	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Sicrhau bod ffurflenni cais am swyddi yn rhoi lle i ymgeiswyr nodi eu bod yn dymuno cael cyfweiliad neu ddull arall o asesu yn Gymraeg, ac os felly, cynnig hyn.</li> </ul>
Rhoi gwybod i ymgeiswyr am y canlyniad	109	SICRWYDD UCHEL	<ul style="list-style-type: none"> <li>Rhoi gwybod i ymgeisydd am benderfyniad mewn perthynas â chais am swydd yn Gymraeg os gwnaed y cais yn Gymraeg.</li> </ul>

Strategaeth 5 mlynedd ar ddarparu ymgynghoriadau clinigol yn Gymraeg	110	SICRWYDD UCHEL	• Cyhoeddi strategaeth ar gyfer pob cyfnod o 5 mlynedd yn ymwneud â chynnig ymgynghoriadau clinigol yn Gymraeg
	110A	SICRWYDD UCHEL	• Cyhoeddi adolygiad o'r strategaeth ar gyfer pob cyfnod o 5 mlynedd yn ymwneud â chynnig ymgynghoriadau clinigol yn Gymraeg
Arwyddion gweithle	111, 112 & 113	SICRWYDD CANOLIG	• Arwyddion gweithle dwyieithog cywir, gyda'r Gymraeg mewn sefyllfa lle mae'n fwy tebygol o gael ei darllen yn gyntaf
Anerchiadau wedi'u recordio yn y gweithle	114	SICRWYDD UCHEL	• Cyhoeddiadau sain yn y gweithle
<b>Dosbarth o Safon: Safonau Cadw Cofnodion</b>			
<b>Gweithgaredd</b>	<b>Safon(au)</b>	<b>Lefel sicrwydd</b>	<b>Disgrifiad byr</b>
Cofnod o gwynion	115	SICRWYDD UCHEL	• Cadw cofnod o bob cwyn a dderbynnir ynghylch safonau'r Gymraeg
Cofnod o sgiliau	116	SICRWYDD UCHEL	• Cadw cofnod o sgiliau Cymraeg fel y'u hasesir o dan Safon 96
Cofnod o'r sgiliau sydd eu hangen ar gyfer swyddi gwag	117	SICRWYDD UCHEL	• Cadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y swyddi newydd a gweigion a gafodd eu categoreiddio (yn unol â safon 106) fel swyddi lle - <ul style="list-style-type: none"> <li>o (a) mae sgiliau Cymraeg yn hanfodol;</li> <li>o (b) mae angen dysgu sgiliau Cymraeg pan benodir i'r swydd;</li> <li>o (c) bod sgiliau Cymraeg yn ddymunol; neu</li> <li>o (ch) Nid yw sgiliau Cymraeg yn angenrheidiol</li> </ul>
<b>Safonau sy'n ymdrin â Materion Atodol</b>			
<b>Gweithgaredd</b>	<b>Safon(au)</b>	<b>Lefel sicrwydd</b>	<b>Disgrifiad byr</b>
Materion atodol fel sy'n berthnasol i Safonau	118	SICRWYDD UCHEL	• Cyhoeddi'r hysbysiad cydymffurfio ar ein gwefan
	119	SICRWYDD UCHEL	• Sicrhau bod trefn gwyno sy'n nodi sut y bydd y BIP yn ymdrin â chwynion yn ymwneud â Safonau'r Gymraeg, a'i chyhoeddi ar y wefan
	120	SICRWYDD UCHEL	• Cyhoeddi adroddiad blynyddol ar gydymffurfiaeth
	121	SICRWYDD UCHEL	• Rhoi i Gomisiynydd y Gymraeg unrhyw wybodaeth y mae ef neu hi wedi gofyn amdani mewn perthynas â Safonau





People & Culture Committee

Update on Culture Activity

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Clare Wright (Assistant Director for Employee Experience and Wellbeing)
Cyflwynydd yr Adroddiad / Report Presenter	Clare Wright (Assistant Director for Employee Experience and Wellbeing)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

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

Acronyms / Glossary of Terms	



1. Situation /Background

1.1 In 2023, the Employee Wellbeing and Experience, Organisational Development & Inclusion, and Learning & Development Services came together to develop a more co-ordinated, collaborative and evidence-based approach to creating a culture at Cwm Taf Morgannwg University Health Board in which everyone can thrive.

1.2 This approach was presented to the People and Culture Committee on 8 November 2023. This report provides a detailed update on the activity that was undertaken during 2023/2024.

2. Specific Matters for Consideration

2.1 This report briefly describes the background and evidence base for this work and then goes on to report the activities and achievements of each of the services involved in this combined approach. It provides qualitative and quantitative information on the activity completed, including feedback from staff who attended the services offered and outcome data wherever possible. The report also highlights planned activity for 2024/2025.

3. Key Risks / Matters for Escalation

3.1 None identified

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below: Creating Health, Improving Care and Sustaining our Future
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 <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A More Equal Wales A Wales of Vibrant Culture and Thriving Welsh Language
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.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: Leadership A Whole Systems Approach



Dolen i Feysydd Ansawdd ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Choose an item.
	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not required for this report
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE	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 People and Culture Committee is asked to Note this report.

## 6. Next Steps

6.1 The Employee Experience and Wellbeing, Organisational Development & Inclusion and Learning & Development services will continue to provide the services identified in this report and evaluate their effectiveness using a Value Based Healthcare approach.



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WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

# UPDATE ON ACTIVITY

- WELL BEING
- EMPLOYEE EXPERIENCE
- LEARNING & DEVELOPMENT
- ORGANISATIONAL DEVELOPMENT & INCLUSION

## 2023/24



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# OUR EMERGING WORK ON CULTURE

Our CTM 2030: Our Health, Our Future 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 work.



To access the further information on CTMUHB 2030



## EVIDENCE REVIEW | 8 KEY PRINCIPLES

Cwm Taf Morgannwg University Health Board (CTMUHB), along with the rest of the NHS, is emerging from a period of responding to a global health crisis. To meet the formidable operational challenges that face the NHS in the future and to meet its 2030 strategic goals, CTMUHB must address the key workforce and service delivery issues.

As part of our work on Creating the Conditions for Everyone to Thrive for both workforce as well as patients and services users as well as wider communities; the Evidence Review identifies 8 key requirements necessary in fostering a positive employee experience, wellbeing and providing the best inclusive care.

These are:

1. Having Access to Excellent Health and Wellbeing Services
2. Having Great Leadership
3. Being Able to Develop in Work
4. Having Great Work
5. Feeling Safe in Work
6. Feeling Included and Respected in Work
7. Having a Great Culture
8. Having Excellent Relationships at Work

## CULTURE CURRENT STATE ANALYSIS

To support the development of CTMUHB's Culture Plan, a Current State Analysis was undertaken over the Summer of 2023; this incorporated various stakeholder engagement discussions alongside analysis of internal data from activity such as wellbeing surveys, workforce data as well as external drivers such as Welsh Government Action Plans.

The themes identified included:

- Improving Psychological Safety & Wellbeing
- Embedding Values & Behaviours and increasing Inclusive thinking and practice capabilities within all levels of the organisation
- Developing Team Effectiveness through a recognised framework
- Ensuring Accountability & Ownership is distributed appropriately
- Improving skillset for Leading through Change for all leaders
- Increasing collective Communication & Engagement as a two-way process
- Streamlining Well Being, Employee Experience, L&D & OD&I & Wider services to improve collaboration and reduce duplication and wastage

### 4 levels of support were identified:



### 3 types of Culture activity were identified and a joint commissioning process was agreed to support resource allocation.



**Planned Activity** involves taking a business partnering approach with Heads of People to proactively prioritise, plan and deliver Culture interventions. This will flow from Care Group assessment of needs and anticipated change programmes. The Culture interventions will be captured and monitored through bespoke project plans.



**Strategic Activity** focusses on identifying and forecasting emerging trends at an organisational level. This includes external (such as Welsh Government action plans; financial status) as well as internal drivers such as workforce planning; organisational design etc.



**Reactive Activity** responds to crisis situations to support unforeseen issues which will help manage and reduce risk. This would still follow the same commissioning process, but with the understanding that it will require the re-allocation and re-prioritisation of resources and will impact on planned and strategic work.



Profiad Gweithwyr yn CTM  
Employee Experience at CTM

# Wellbeing & Employee Experience

The **Employee Experience** and **Wellbeing Service** is available to everyone who works for CTM UHB and it aims to support the emotional, physical and financial wellbeing of staff and to make CTM a great place to work.

We are a stand alone, confidential service, and are completely separate from Occupational Health or People Services Team.

# HIGHLIGHTS



## Hydration Audit

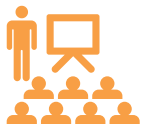
Visited 37 wards and spoke with 116 staff members.

**Improvement in the ability to remain hydrated** at work had **increased by 17%** since 2022



## World Mental Health Day 2023 Online Event

“Striving to put staff wellbeing at the centre”. Showcasing the positive impact our Wellbeing Activists have in supporting the Wellbeing Service



## Board Development Day

Positive feedback from all especially Independent Member Lynda and our new Vice Chair congratulating the team on the work undertaken by the service..



## BIG TEAM CHALLENGE

15th Feb – 27th Mar 2024



### 2 routes:

- New Zealand South Island (1.1 Million Steps)
- Paris to Rome (2.06 Million Steps)



**700 Participants (compared with 396 in 2023)**



**333 million steps taken**



**141,600 miles logged - over 5 times around the Earth**



**149 trees planted**



## NHS Staff Survey

CTM response rate achieved **18%** (an increase of 8% from the previous 2020 survey) National NHS Wales response rate was 20%



## Reports written and ready to be published and shared

- Gender Pay Gap
- Equality Annual Report

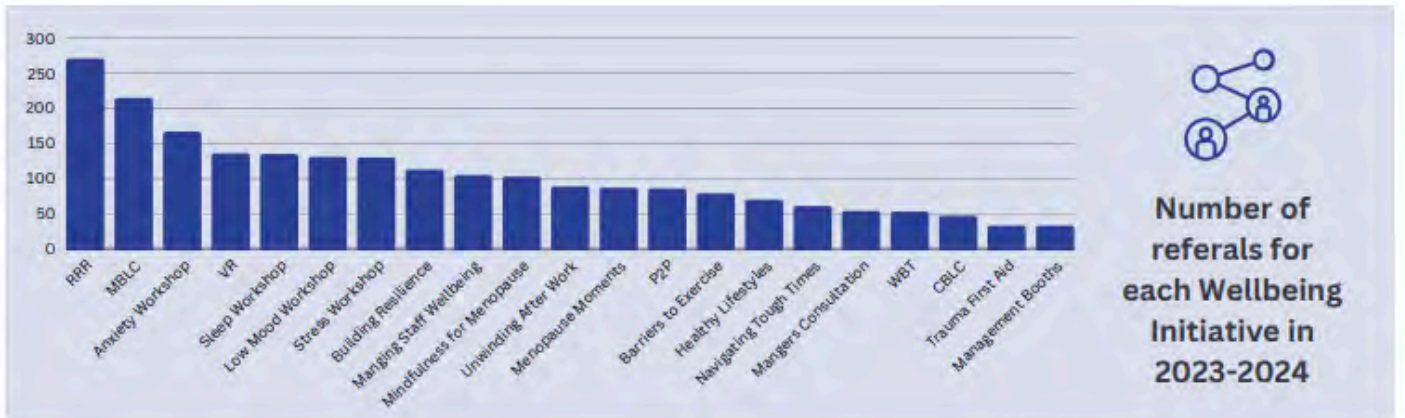
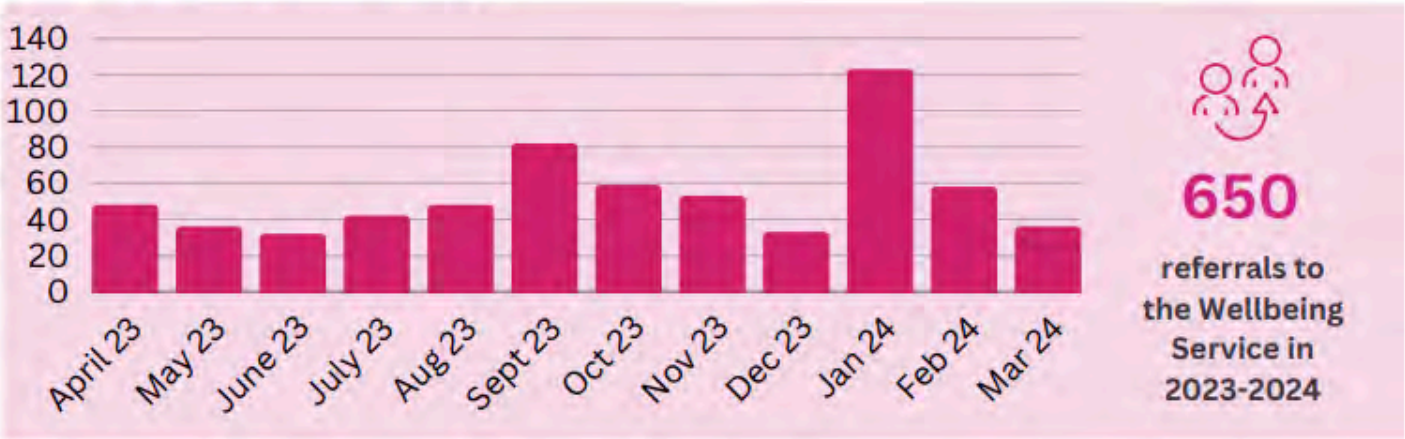




# WELLBEING INITIATIVES

April 2023 to March 2024

## Referral Rates



**Every £1 invested in employee wellbeing can produce a return of £8**

in terms of increased productivity, job satisfaction and engagement, and reduced sickness absence, presenteeism and turnover.

# SUPPORT FOR STAFF



3

8-week Mindfulness Based Living Courses completed by staff



reduction in levels of distress



increase in psychological wellbeing



5

Rest, Recharge & Reconnect sessions



30

hours of support for 7 staff members with Trauma First Aid



27

Monday Midday Mindfulness sessions ran



18

staff engaged in Management Booths

"Thank you for everything you have done for me and aiding my recovery I still have some way to go with the physical side of things but mentally and emotionally I feel stronger and that is thanks to you"



1

8-week Compassionate Based Living Course completed by staff



reduction in levels of distress and increase in psychological wellbeing



48

staff attended Menopause Moments sessions

7 sessions ran



22

participants invited to attend Permission to Pause sessions



60

staff borrowed a virtual reality headset



70

staff triaged for Work Based Therapy

23

staff receiving support in Work Based Therapy



2

8-week Navigating Tough Times courses



returned to work after attending



reduction in levels of distress



increase in psychological wellbeing



decrease in psychological distress



GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

# WELLBEING WORKSHOPS

<p><b>6</b> workshops offered</p> <p>Recognising and Understanding Anxiety</p> <p>75% rated the course as very helpful</p> <p><b>100%</b></p>	<p><b>5</b> workshops offered</p> <p>Barriers to Exercise Course</p>	<p><b>4</b> workshops offered</p> <p>Building Resilience</p>	<p><b>5</b> workshops offered</p> <p>Recognising &amp; Understanding Low Mood</p>
<p><b>7</b> Understanding &amp; Improving Sleep</p> <p><b>100%</b></p>	<p><b>5</b> Unwinding After Work</p> <p>100% rated the courses as helpful</p>	<p><b>3</b> 10-week courses</p> <p>Healthy Lifestyles Course</p> <p>100% lost an average of 7lbs in weight</p> <p>100% increase in self-esteem</p> <p><b>100%</b></p>	<p><b>5</b> workshops offered</p> <p>Navigating Tough Times: Exploring the Impact of Stress Workshop</p> <p>started delivering in July 2023</p>

## VIVUP Activity Data **96.8%** - said it supported them to stay in work or return to work quicker

<b>734</b>	<b>149</b>	<b>150</b>	<b>530</b>	<b>218</b>	<b>86%</b>
incoming calls from new users	completed assessments for counselling	new staff taken on for counselling	counselling sessions provided	Self Help workbooks downloaded	staff completing counselling show a reduction in difficulties - Clinical outcome data

## Support for Others

<b>62</b>	<b>20</b>
Wellbeing Activists	Activist Support Sessions
<b>33</b>	<b>37</b>
staff completed Wellbeing Supporters Training	staff attended Managing Staff Wellbeing training
100% said the session was 'very helpful'	94% said the session was 'very helpful'

**28**

staff attended

### Manager Support and Consultation Slots

"The session was very helpful, being able to talk to someone about my situation and given useful guidance has helped me understand how I act and treat myself"

**130**

### hours supporting over 108 staff Processing and Containing Emotions in Teams (PACE)

"It came at the perfect time for us before we reached complete crisis. This has enabled us to break negative cycles and embed positivity in the team. This has allowed us pull together, approach with a different and more positive mindset - thank you!"

## The CTM Big Team Challenge

<b>3</b>	<b>1,096</b>	<b>221,327</b>	<b>218</b>
Big Team Challenges hosted	participants across 3 challenges	miles completed by staff	trees planted by BTC
<p>75% increased their physical activity levels after doing the challenge</p> <p>85% reported a positive impact on their emotional wellbeing</p> <p>73% found ways to overcome barriers to exercise after doing the challenge</p>			

## Engaging with Staff

<b>90</b>	<b>13</b>	<b>10</b>
resource appointments provided to support staff with accessing the Wellbeing Service (since Oct. 2023)	stalls on hospital sites talking to staff, raising awareness of Wellbeing support	visits to non-DGH sites talking to staff, raising awareness of Wellbeing support

## Contact

Email: [CTM.WellbeingService@wales.nhs.uk](mailto:CTM.WellbeingService@wales.nhs.uk)  
 Website: [ctmuhb.nhs.wales/staff](http://ctmuhb.nhs.wales/staff)

# 2024/25 PLANNED ACTIVITY

## EMPLOYEE EXPERIENCE

- Lead the data analysis and socialisation of the 2023 All Wales NHS Survey results. We will also link with Care Groups and work with Staff Survey Leads to identify organisational priorities.
- Support Staff Survey Leads to develop and implement actions plans in their own Care Groups to help address organisational priorities and review progress on Care Group Action plans on a quarterly basis.



- Complete Restorative Just Learning Approach listening exercises to support the RJL implementation process.
- Lead and support the roll out of the 2024 All Wales NHS Staff Survey across CTM, particularly focusing on engaging with Staff Networks, Trade Unions and hard to reach staff.

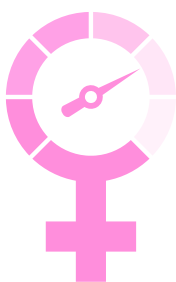
- As part of embedding the holistic Employee Experience and Wellbeing approach, work alongside key stakeholders to review how agile working could be developed at CTM including a support and training plan for managers
- Complete a scoping exercise on the support available to women returning to work from maternity leave with the aim of improving staff experience of returning to work.



# 2024/25 PLANNED ACTIVITY

## WELLBEING

- Continue to develop ways to make Mindfulness easily accessible to staff by launching a 4 week introduction to Mindfulness course (Flourish)
- Prepare guidance for managers on how to signpost staff on sickness absence for support
- Conduct a 2024 Wellbeing Survey to support the NHS Staff Survey 2023 findings. Use the results to design and implement wellbeing services and understand the barriers to accessing help.



- Continue to develop menopause support by launching a Menopause Awareness and Preparation (MAP) workshop to equip pre-peri-menopausal staff to recognise when they might be experiencing symptoms and conduct Menopause roadshows across the DGH sites in October 2024 to celebrate World Menopause Month.

- Launch a 1:1 Guided Self Help programme by May 2024 to bridge the gap between psychoeducational workshops and Work Based Therapy.
- Support staff to celebrate World Mental Health Day on 10th October 2024.



- Launch probiotic study in October 2024
- Complete the VR Headset research data analysis phase by end of March 2025.
- Further develop PACE Team Intervention with appropriate diagnostic and assessment tools and evidence based evaluation by October 2024





# Learning & Development



Core Learning is vital at CTM UHB to equip staff with essential knowledge and skills, ensuring safety for both staff and patients. It includes mandatory training for all staff, including volunteers, irrespective of policy, statute, or local UHB decision

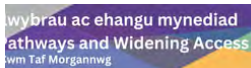


At Cwm Taf Morgannwg, we aim to use leadership and management as a vehicle to move forward with our mission of building healthy communities together, with our values and behaviours at the heart of what we do.

Through a range of pathways, programmes and initiatives, we will enhance our leadership and management capability, creating compassionate and collective leadership at all levels. All of this is to create a culture where people can thrive.



CTM operates its own Apprenticeship Academy, offering various qualifications. Currently, covering areas like Leadership, Business Administration, Project Management, Clinical Health, and Health and Social Care.



Our Pathways and Widening Access work is designed to help us capitalise on the diverse young talent which exists in our communities, offering multiple pathways into CTM and bridging our existing and future skills gaps.

# HIGHLIGHTS



**31** New eLearning packages made available to staff.

**+ 8.46%** Level 1 Compliance for the year.

**+ 7.55%** For all levels of compliance for the year.

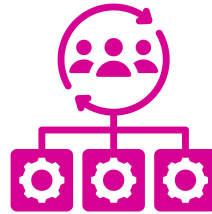


**16** eLearning Champions trained across Health Board.

**40k+** Annual Saving secured through moving all leadership programmes to HEIW Gwella Portal.

**620 Staff Members**

COMPLETED THE IGNITE LEADERSHIP PROGRAMME



**Leadership Competency Framework Developed** to support leadership capabilities and behaviours across the Health Board.

**36 Leadership**

ACTION LEARNING SETS DELIVERED

**34 Leaders**

HAVE COMPLETED THE ASPIRE LEADERSHIP PROGRAMME

**299 STAFF** CURRENTLY WORKING TOWARDS A QUALIFICATION



**1064 COMPLETED** QUALIFICATIONS TO DATE





This year, the team have implemented HEIW's quality assurance framework with all providers, making CTM the first Health Board in Wales to embed this approach.

## Feedback

*I have recently completed my level 4 NVQ Diploma in Management through Talk Training. The support and guidance provided by my assessor was fantastic..... When I stated this qualification I was a Operational Administrator, the qualification has helped me gain confidence and progress into Operational Support Manager.*

*Zoe Long, Operational Support Manager, Children & Family Care Group.*



*I would recommend this qualification (ILM Level 3 Leadership & Management) as it is a great opportunity to expand skills and knowledge within the management field.*

*Lysie Howfield, Senior Dental Nurse*

## National Recognition

IN

### March'24



As part of National Down Syndrome Day Celebrations, Evan Coleman (Project Search/Assisted Apprentice) was interviewed and appeared on ITV Wales & GTFM.



- 87 Work experience requests
- 53 Schools, Careers & Engagement Events attended
- 7000+ young people engaged with



# KEY ACTIVITIES



## Overview:

This year has seen a continual increase in Core Learning compliance, finishing the year close to 80% for Level 1 and above 70% for all levels. These figures put the Health Board in its strongest position since before the pandemic.

## Data:

- Compliance for Level 1: +8.46% for the year (April 23: 71.05%, March 24: 79.51%)
- Compliance for all levels: +7.55% for the year (April 23: 63.25%, March 24: 70.80%)
- PDR compliance +5.38% for the year (April 23: 57.98%, March 24: 63.36%)
- 6 new courses added to the ESR Learning System for staff to access
- 31 new eLearning packages made available to staff
- 16 eLearning Champions identified and trained across the organisation



## Raising education and awareness:

Providing greater clarity around the systems and processes that support our eLearning provision has enabled more staff to complete their eLearning.

All subject guides have been reviewed and re-written, providing a centralised catalogue of resources to support accessing and completing modules.

A programme of Core Learning Drop-in Sessions has also been provided, with staff on all sites able to meet a member of the team to understand how they can become compliant.

## Creating a culture of compliance through a Subject Matter Expert-lead delivery model:

As of this year, all Core Learning training coordination is now undertaken by the SMEs and their local teams, supported and trained centrally by the Core Learning team.

This enables the team to focus on activities aimed at improving compliance across the Health Board; standardising practices and sharing best practices.

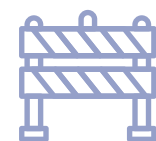
Through closer working with the SMEs via the Core Learning Steering Group, the facilitation of Core Learning is now more thoroughly governed and, in a place to continually improve year on year.

## Removing barriers to compliance:

The team has continued to facilitate a training requirement appeals process, enabling staff to adapt their training requirements to their role.

Several targeted projects have also been undertaken, working with Care Group leaders to improve compliance within their areas.

Another key project has been supporting the Welsh Language team with a range of initiatives aimed at building a more accurate picture of Welsh Language competence across the Health Board.

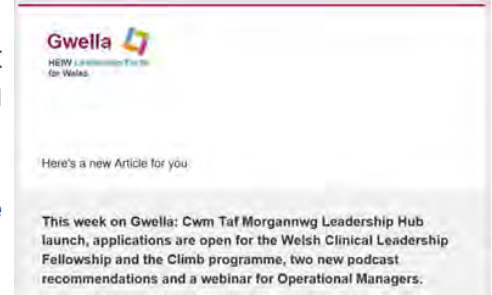




**Launching CTM’s Leadership Hub:**

In collaboration with Health Education and Improvement Wales (HEIW), 2024 saw the official launch of CTM’s Gwella Leadership Hub.

This is an inclusive and innovative virtual learning space designed to house all leadership development programmes.



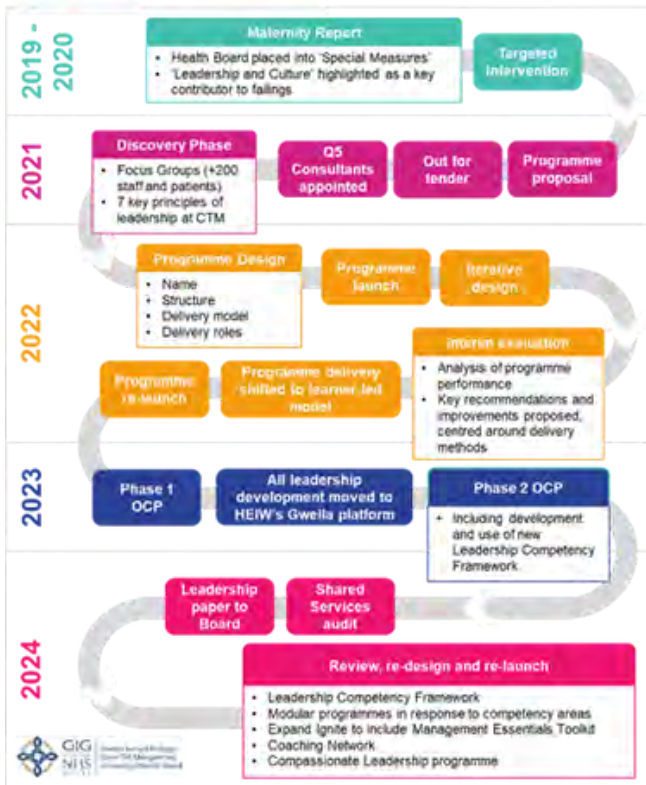
**Continued delivery of Ignite and Aspire:**

Leaders from across the organisation have continued to engage with the Ignite and Aspire programmes, facilitated via our new Gwella Leadership Hub.

As of April 2024, 620 staff members are completing the Ignite programme, with 34 Aspire completions.

	LEADING SELF	LEADING OTHERS	LEADING SYSTEMS
Indicative banding/ roles:	All bands and roles	Up to band 7 E.g. Supervisors, Team Leaders, Site Leads, Clinical Directors.	Band 8a and above E.g. Managers, Leads, Senior Nurses, Care Group Medical Directors.

**Leadership & Management**  
TIMELINE



**Leadership Competency Framework – defining leadership at CTM:**

In-line with the recent Phase 1 and 2 Organisational Changes Programmes, a new Leadership Competency Framework was developed to support in assessing leadership capabilities and behaviours within the organisation.

With the input of a wide range of SMEs, the team undertook a thorough review and re-development of this framework, providing a tool and foundation to shape leadership development over the coming years.

**2024 and beyond:**

This year’s activities have laid the foundations to provide an expanded and improved leadership development offer in 2024/25.

This includes new cohorts of the Inspire programme and a programme of work aligned to HEIW’s Compassionate Leadership Pledge.



[CLICK HERE!](#) To access information on HEIW Compassionate Leadership Pledge



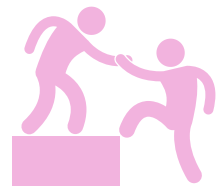
## APPRENTICESHIP ACADEMY

### Improving lives through learning:

After 2 years of CTM's Apprenticeship Academy, the past year has seen the team look to further expand and integrate the qualifications on offer to our staff.

The Health Board has led in adding new qualifications to the All Wales framework, notably level 3 qualifications in Facilities and Maternity and a level 4 in Healthcare Sciences.

This, alongside greater uptake of traditional apprenticeships and further qualifications, has enabled us to create the conditions where colleagues can improve their lives and career prospects through learning.



### Traditional Apprentices:

Our Traditional Apprenticeship routes were first established in 2022. This year has seen our first Apprentices complete their qualifications after 2 years of personal and professional development, alongside their permanent roles.

With 2 qualifications completed this year, there are another 3 due to complete in the short-term, with a further 10 due to complete next year.

The team are now targeting interested departments to align apprenticeships to existing roles, not only increasing the number of traditional apprentices within the organisation, but bringing a cost saving and promoting learning and development across our communities.

### CTM and 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 CTM 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.



*Evan Coleman (Supported Apprentice), Rhian Lewis (Learning & Development Lead CTMUHB) with Bridgend Pharmacy Team and Project Search Colleagues.*

This successful pathway has provided a model that the team will be looking to replicate for future Supported Interns – providing a fully supported route into a career within the Health Board.

### Educational partners:

We continue to work with several partners from across our locality, offering thousands of different qualifications to our staff:



## PATHWAYS & WIDENING ACCESS

### Overview

Providing opportunities to all areas of our communities. This year has seen the expansion of our pathways offer, with the following programmes now available across:

- Supported Internships (Project SEARCH)
- Network 75
- Jobs Growth Wales +
- Work Experience



**Work experience:**

A key success this year has been the re-establishment of our work experience pathway.

Through partnership and alignment with Clinical and Medical Education, we now provide a streamlined, centralised process for our people to access temporary work experience.

The team has also piloted department work experience days in Dental and Pharmacy, where local teams can welcome young people onto their sites to get a hands-on experience of working in Healthcare.

**Youth engagement:**

With our Pathways and Widening Access Coordinator joining us this year, we have been able to design and launch a programme of work aimed at engaging young people from across our communities in health careers.

We have engaged with all secondary schools within the CTM catchment area, attending assemblies and careers events to talk about the variety of roles and opportunities available.

We have also formed and contributed towards key strategic partnerships, including councils and employability networks in Bridgend, Merthyr, and Rhondda Cynon Taf.

**Supported Internships (Project SEARCH):**

CTM's Supported Internship programme has continued to go from strength to strength, offering young people with a learning disability and/or autism to undertake work placements on our Prince Charles and Princess of Wales hospital sites.

We have now hosted 53 interns to date, of which 33% are directly employed within CTM. More importantly, and in line with the ambitions of the programme, 83% of Supported Interns have secured permanent employment or volunteering work as a result of completing the programme with us.

The achievements of our Interns and local teams were recognised nationally in March, when ITV Wales and GTFM shared several interviews with Evan Coleman (one of our Supported Interns and now Supported Apprentice) to celebrate World Down Syndrome Day.

# 2024/25 PLANNED ACTIVITY

## CORE LEARNING

- Continue to raise education and awareness of Core Learning through site-based sessions and educational programmes.
- Lead All Wales statutory/mandatory review
- Develop the Learning Management System within ESR, designing additional e-learning packages with local Subject Matter Experts.
- Lead a Health Board-wide review of Core Learning subjects, ensuring alignment to the CSTF framework and advocating for condensed training requirements for staff. This includes the design and implementation of a recognition of prior learning process for all Core Learning.
- Inform and guide organisational activities relating to Core Learning, including Care Group Recovery Plans, Welsh Language Standards and the Strategic Equality Plan.



## LEADERSHIP & COACHING

- Develop and implement Leadership Self-Assessment toolkit, including 360 feedback module and Leadership Competency Framework.
- Develop Ignite, Aspire and Inspire framework with HEIW, including the development of micro-credentials to support each area.
- Implement a robust system to monitor and evaluate impact of leadership activity.
- Continue to support coaching opportunities as requested, leading towards the development of a Coaching Network.



## APPRENTICESHIP ACADEMY



- Form close links to Care Group strategic workforce plans to align Band 2 and 3 roles to traditional apprenticeships.
- Roll out Maternity, Healthcare Science and Facilities qualifications across the Health Board, working directly with the departments involved.
- Build partnerships with Nursing Education to support Health Care Support Workers access qualifications relevant to their roles.
- Continue to build the number of apprenticeships and qualifications being undertaken by staff, year on year.



## PATHWAYS & WIDENING ACCESS

- Work with Care Groups to expand the offer of department-based work experience days.
- Expand the Supported Internship programme to Royal Glamorgan Hospital.
- Ensure greater alignment and sharing of best practice between all sites facilitating the Supported Internship programme.
- Further build and embed partnerships with Clinical, Medical and Nursing Education for school liaison and work experience activities.





# Organisational Development & Inclusion



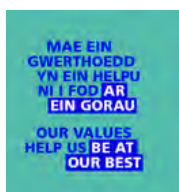
We aim to shift from dependency on Well Being, Employee Experience, L&D & OD&I services to a sustainable model that empowers our workforce to drive cultural change. By adopting an intelligence model, we continuously improve organisational effectiveness and build resilience to tackle challenges and leverage achievements.

**Restorative,  
Just &  
Learning  
inc. Civility  
& Respect**

We aim to cultivate a compassionate and restorative approach, where our workforce exemplifies civility and respect through their actions. Our systems and processes are designed to support and sustain these principles daily.



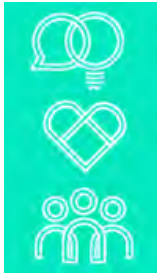
To ensure a truly inclusive culture across CTMUHB where difference is welcomed and embraced, where everyone can bring their authentic self to work and feel that they belong and where inequity is firmly addressed.



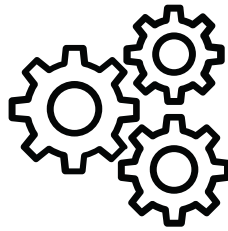
Our values and behaviours are designed to positively impact employees, the organisation, patients, and communities. We support the embodiment these values, guiding decisions, fostering teamwork, enhancing patient care, and serving our communities, ultimately creating a workplace of pride.



# HIGHLIGHTS



Reviewed and updated our Behaviour Statements ensuring alignment with Restorative, Just & Learning and Respect & Civility.



## Launched our New Equality Impact Assessment (EIA) process

EIA process include Welsh Language Impact Assessment



Supported the delivery of 8 Hiraeth Campaign Roadshows across our sites. 52 colleagues attended Hiraeth 'Wales and me' sessions

## Inclusion Awareness including collaboration with Networks

- 60+hrs of training & awareness materials created
- Transgender Week
- Disability History Month
- Sensory Loss Awareness Month
- World Braille Day
- Holocaust Memorial Day
- LGBTQ+ History Month
- International Women's Day
- Ramadan
- Hiraeth

## Restorative, Just & Learning inc. Civility & Respect

Approach embedded into wider People Services offer.

# Staff

## NETWORKS

Our **Women's Equality Network (WEN)** & **ACCESS Disability Network** have held face-to-face sessions across the HB with more in the planning.



## Joint Chair's Network Meetings were held

All our **Networks** have agreed Role Profiles & draft Action Plans to support their work for the next 12mths





**Established** a number of Task & Finish Groups to support the workstreams below to enable collaboration across the health board.

**Restorative, Just & Learning Inc. Civility & Respect**



**Equality, Diversity & Inclusion**

### Enhanced Capability

Enhanced organisational capabilities through the development of Cultural Awareness Practitioners & Clevery Psychometric Assessors.

## Feedback

*“We loved working with OD&I – it gave us a different perspective on things, and emphasised the importance of living our values at work.”*

**Induction session feedback**



*“We have found that just talking about the behaviours and making people more aware has helped improve attitudes. Thanks for your help with this!”*

**Leader, Pathology**

**100+**

**Delivered**

values-based inductions to over 100 overseas nurses and junior medical workforce.



CTMUHB have **11** departments participating in Diverse Cymru’s Cultural Competence Certification Scheme with over **80** colleagues attending a ‘Diverse Cymru’ training session to support the organisation with implementing good workplace practices ensuring services are fair and equitable for Black, Asian and Minority Ethnic people in Wales.

50% increase in health board colleagues accessing our SharePoint Pages.

*“Really enjoyed today. Sparked some great discussion and self-reflection, and really interesting to think about different communication and personality styles. Looking forward to the next one.”*

**Natalie, CAMHS**



# KEY ACTIVITIES

## EQUALITY, DIVERSITY & INCLUSION



11 teams have enrolled in the **Diverse Cymru Cultural Competency Programme**, aimed at addressing inequalities faced by Black, Asian, and Minority Ethnic communities.

Participants are currently completing workbooks and striving to earn a Cultural Competency Award, aligning with the Anti-Racist Wales Action Plan (2022) and supported by Welsh Government funding.

These efforts are crucial in mitigating disparities highlighted by the disproportionate impact of Covid-19 on these communities. CTMUHB is committed to playing a pivotal role in addressing these inequalities. The broader Cultural Competency initiative will be rolled out across the health board in 2024/25.

The **Equality Impact Assessments (EIA)** plan, including a new Welsh Language Impact Assessment, was finalised, and shared in December 2023.

An **ED&I educational program** has been introduced to complement our Culture Offer, aligning with the Welsh Government's NHS Anti Racist Wales Action Plan, LGBTQ+ Action Plan, and Gender Equality & Disability Action Plans.

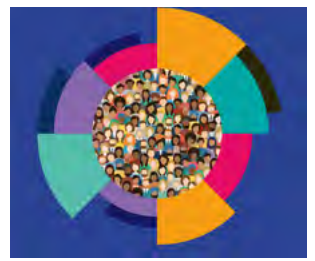
We've conducted sessions for the health board on Inclusive Thinking & Practice, LGBTQ+ Awareness, and Gender Equality. We're also building a repository of resources to empower leaders across the organisation to foster an environment where everyone can thrive.

This year we **support the Welsh Language** team with their **Hiraeth Campaign**, raising awareness of Welsh culture and encouraging colleagues to learn Welsh through signing up to our Welsh Language Taster Sessions.



A lot of work has been undertaken to support and grow our **Staff Network Infrastructure**. Raising the profiles of networks across the health board and working collaboratively with network leads on inclusion activity.





## STRATEGIC EQUALITY PLAN (SEP)

A Strategic Equality Plan (SEP) is a statutory document that all public sector organisations need to produce. The purpose of the plan is to outline how the Health Board will meet its Public Sector Duty under the Equality Act 2010, which states that we should seek to:

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not
- Eliminate unlawful discrimination, harassment, and victimisation

Progress is recorded in the Equality Annual Report (see Page 8), which is produced for each financial year.), which is produced for each financial year.



To access the Strategic Equality Plan

## ANNUAL EQUALITY REPORT OVERVIEW

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.

### KEY ACHIEVEMENTS 2023/24

Formed the Organisational Development & Inclusion Team – move towards a cultural change model for Equality Diversity & Inclusion (EDI)

Carried out an internal and external consultation for Strategic Equality Plan (SEP) between end of March – mid July '23; and published our new SEP after approval at Board in March 2024

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). We are the first Health Board in Wales to embed our Welsh Language requirements with our EIA.



Developed and implemented a Staff Network developmental framework for all 4 of our internal staff networks



Delivered x7 Cultural competency workshops with a focus on Race over 5 areas including Executive Team, Strategy & Transformation; People Directorate; Mental Health & Learning Disability and iCTM with plans to deliver to a further 4 in the next year

Attended key events to support under-represented groups to raise awareness and deliver education sessions

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

Created an EDI working group to own the SEP and ensure accountability of delivery of the Action Plan is distributed throughout CTMUHB

Developed a 3-year work plan for Equality; Diversity & Inclusion which incorporates the delivery of the SEP

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.

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

Supported 11x teams who have undertaken Diverse Cymru Anti-Racism training with achieving accreditation status through production of associated workbooks.

Developed Educational offer to support Culture Offer responding to WG NHS Anti Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans

Developed and delivered the Hiraeth Cultural campaign with Welsh Language Services



## PLANNED ACTIVITIES FOR 2024

Support the finalisation of the SEP and EDI working Group Action plan for delivery in Yr2

Develop a data set for EDI and Culture Dashboards which will include the Workforce Race Equality Standards (WRES) and show progress and impact of Culture interventions

Continue to deliver the EDI Communication & Engagement Plan including Ramadan; Eid; Pride; South Asian Heritage Month; Black History Month; The International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT)

Design internal Cultural Competency programme and deliver to wider services to ensure learning is embedded and changes are implemented

Developing a culture dashboard to include key metrics relating to ED&I and the SEP.



More activity to be agreed and added for 2024.

To access the full Annual Equality Report



# KEY ACTIVITIES

## RESTORATIVE, JUST & LEARNING (RJL) INC. CIVILITY & RESPECT

### Creating the Conditions where Everyone can Thrive within a **Compassionate, Inclusive** and **Just Culture**

We formed a **Restorative, Just & Learning (RJL) Working Group** with an Executive Sponsor to oversee RJL activities. This group oversees three **Task & Finish Groups**, each with distinct objectives.

The **Education & Learning Task & Finish Group (TFG)** has focused on developing educational programs for the organisation. In the first phase, RJL principles were integrated into CTM; staff induction, leadership programs, Leadership Competency Framework, and Wellbeing offerings.



The second phase is scheduled for 2024/25 concurrent with the launch of a new policy.

Created resources to support RJL implementation and embedded RJL principles into our current Individual, Team, and Organisational Culture Interventions.



The **Data & Cultural Maturity Task & Finish Group (TFG)** initiated the process of establishing baseline data for RJL using the Values Based Healthcare model for impact evaluation. This effort will extend into 2024/25 as we now have access to data collected from the 2023/24 Staff Survey.

Meanwhile, the **Policy & Procedure TFG** has drafted a framework to enable leaders to implement restorative or informal interventions, promote learning, address systemic issues, and facilitate behavioural changes.

# KEY ACTIVITIES

## OUR VALUES & BEHAVIOURS

LET'S BRING OUR  
VALUES TO LIFE



**WE LISTEN  
LEARN AND  
IMPROVE**

CTM Values launched in October 2020. **Behaviour statements underpinning** each **Value** reviewed January 2024 to **align** to findings of **current state analysis, evidence Review** and **Leadership Competencies** following OCP.



**WE TREAT  
EVERYONE  
WITH  
RESPECT**

**Values and Behaviours embedded** into first phase of **Values-Based Recruitment Practices** to ensure selection process upholds our values. Further work to be undertaken in full recruitment process.

**Refreshed** and **conducted Values & Behaviour-based induction** sessions for over 100 colleagues.



**WE ALL WORK  
TOGETHER AS  
ONE TEAM**

Developed a **high-level Communication and Engagement plan** aligned with **Restorative, Just & Learning, Speak Up Safely, EDI**, and our **Culture interventions**, aimed at reinforcing the vision of **Creating the Conditions for Everyone to Thrive**.

## OUR BEHAVIOUR STATEMENTS

Our values and behaviours help inform the decisions we make and how we treat each other. They help us work better together; improve service user and patient care and outcomes; serve our communities; and build a culture we can be proud of. With all of us living up to our values and behaviours at every opportunity, we can achieve three things:

- We won't just know the values and behaviours, we'll feel supported and empowered by them;
- We'll inspire change in everyone's hearts, minds and actions; and
- we'll make things better for our colleagues, our organisation, our patients and service users and our communities.

In 2023/24, we reviewed our Behaviour Statements in response to our Culture Current State Analysis and Evidence Review and aligned them to the General Medical Council and Nursing & Midwifery Council codes of conduct as well as our new Leadership Competencies.

**The new Behaviour Statements below are now undergoing consultation with Heads of People and our Care Groups.**



**WE LISTEN  
LEARN AND  
IMPROVE**

- We take time to listen carefully, be reflective and make it safe and easy for people to speak up and share **honest** feedback.
- We actively seek learning opportunities from our successes, and when things do not go to plan, and ensure this learning is shared and adopted.
- We embrace change **and innovation** whilst bringing a positive and professional 'will do' attitude so as to **adapt to new opportunities**.



**WE TREAT  
EVERYONE  
WITH RESPECT**

- We treat everyone with kindness and **empathy** and value their contribution by saying "**diolch**" or "**thank you**".
- We are supportive and **inclusive** and adapt our approach and language to meet needs equitably.
- **We are fair and just, and have the ability to constructively challenge and be challenged respectfully.**



**WE ALL WORK  
TOGETHER AS  
ONE TEAM**

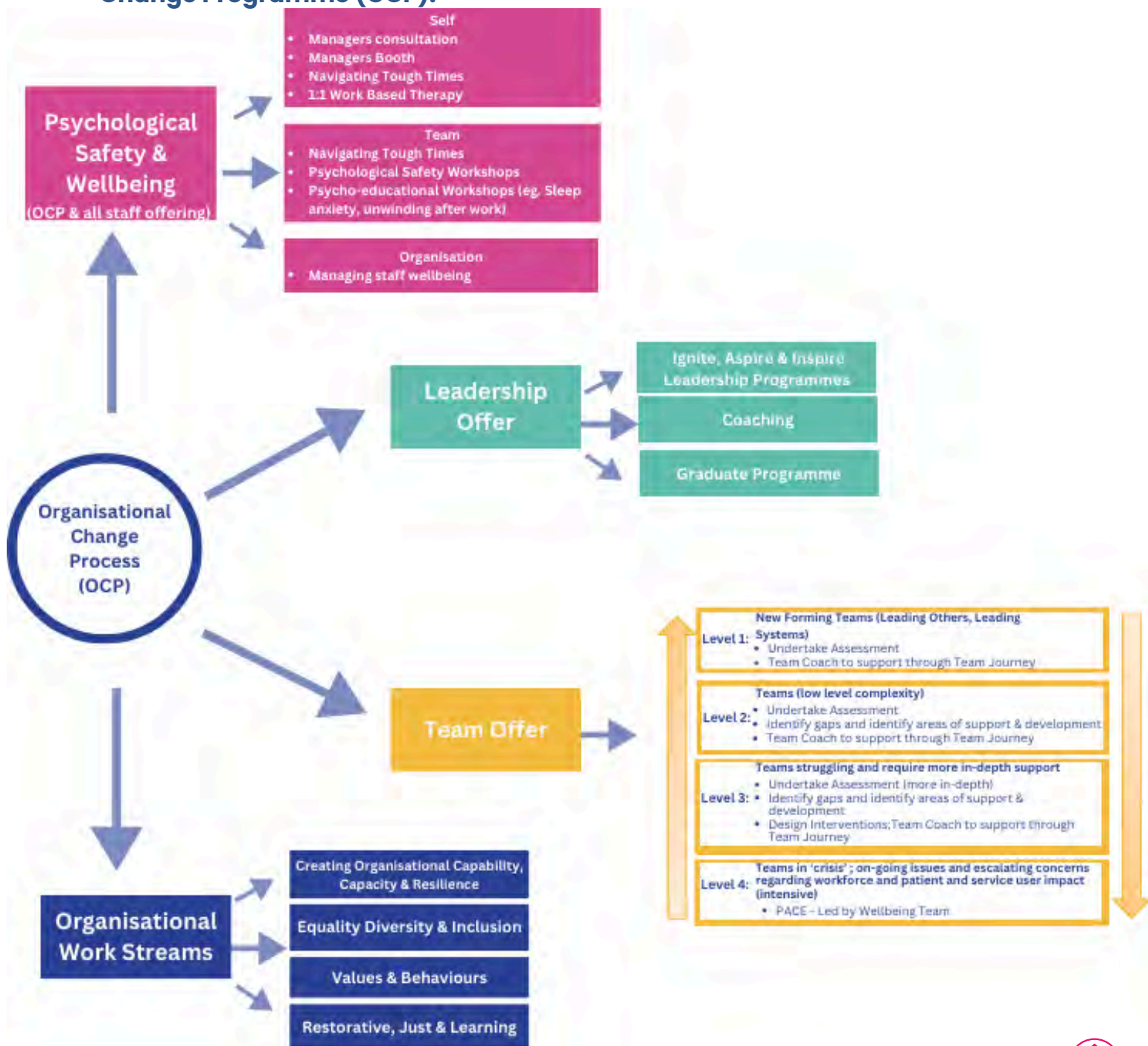
- **We create a sense of belonging** by bringing diverse people together to build strong, **trusting** relationships and include others in decisions and activities.
- We are **compassionate** and look out for people's wellbeing and safety - emotional, physical and psychological - and support them if these are at risk.
- **We are visible, accountable and work together collaboratively.**

# KEY ACTIVITIES

## DEVELOPING ORGANISATIONAL CAPABILITY & RESILIENCE (DORC)

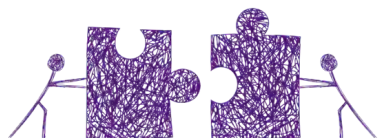
Conducted a **Current State Analysis** of organisational culture through available data and stakeholder interviews, informing planning of OD&I activity for 2023-27.

**Emerging High-Level work on Culture** developed in line with Evidence Review and Current State Analysis to address organisational needs, aligning with Well Being, Employee Experience, L&D & OD&I Services and our **Organisational Change Programme (OCP)**.



We set up a team to work together on Culture. This team uses data to make sure their work aligns with the big changes happening in the organisation

The process has:



- We have made it easier for staff to get help with well-being, improve their experience, learn and develop, and address diversity and inclusion issues.
- We cut out unnecessary steps, and made it clearer what services are available
- Helped over 80 leaders who then supported over 600 team members.

**We're making it easier to put cultural changes into action.** We're training our staff through programs like the "Culture Change Practitioner Programme" (the first group is done, and we're seeing how well it worked).

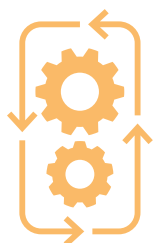


We're also using the AffinaOD model (developed by Michael West) to help teams make changes.

**We can now use special tests (Psychometric Assessments) to pick and develop great leaders.**

We started doing this during a big change program (Phase 2 of the OCP) and it worked well. These tests match our company values and will be used to help people grow in their roles, not just for hiring in the future.

We're currently employing **Kirkpatrick's model of evaluation, aligned with the Value-Based Healthcare Model**, to assess the effectiveness of our cultural interventions.



We're **working with iCTM** to set up a system that uses smart tools to help us prioritise, track, and evaluate our work. This includes creating new forms (Project Initiation Documents and Referral Forms) to make it easier for the JCP team to get things started.

# 2024/25 PLANNED ACTIVITIES



## EQUALITY, DIVERSITY & INCLUSION (EDI)

- Support the development of the Strategic Equality Operational Plan through the EDI Working Group
- Develop a data set for EDI and Culture Dashboards which will include the Workforce Race Equality Standards (WRES) and show progress and impact of Culture which include EDI interventions.
- Continue to deliver the EDI Communication & Engagement Plan to support development of awareness and education of EDI related topic within CTMUHB
- Design internal Cultural Competency programme and deliver to wider services to ensure learning is embedded and changes are implemented

## RESTORATIVE, JUST & LEARNING (RJL)

- Work with the Education & Learning Task and Finish Group (TFG) to create an Education offer for RJL.
- Continue to develop relationships with wider PServices (e.g. Patient Safety) to support culture baseline production, new process creation and education strategy.
- Launch a new and revised policies/processes
- Build capacity and resilience through training and engage with wider workforce on delivery and implementation of RJL approach within CTMUHB





## VALUE & BEHAVIOURS (V&B)

- Develop a self-service Values-Based Cultural Health check diagnostic tool for Leadership Impact on our Culture Intervention Pathway.
- Carry out a Patient Service User Pathway review and recommendations
- Carry out a Employee Pathway review and recommendations
- Socialisation of a new behaviour statements across CTMUHB.
- Develop capability by continuing to up skill People Services colleagues, managers and leaders in leading conversations around our V&B.



## DEVELOPING ORGANISATIONAL CAPABILITY & RESILIENCE (DOCR)

- Continue to develop Kirkpatrick's model of evaluation, aligned with the Value-Based Healthcare Model, to assess the effectiveness of our cultural interventions.
- Develop intelligence capability with accessible project plans and data dashboards.
- Cohort 2 Culture Change Practitioners Programme to be arranged/completed.
- Develop a Culture Communication & Engagement Plan that includes Story Telling.
- Set-up a Steering Group to sit under Inspiring People Board overseeing work on Culture that will support a shift of ownership to wider services and organisation.
- Develop AffinaOD approach internally for leaders to access team effectiveness diagnostics and team based interventions to improve team based working
- Continue to develop psychometric capability inhouse to support development





GIG  
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NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



## People & Culture Committee

### Restorative, Just and Learning and Speaking Up Safely Working Group Action Plan Updates

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Karen Wright, Assistant Director of Policy, Governance and Compliance
Cyflwynydd yr Adroddiad / Report Presenter	Karen Wright, Assistant Director of Policy, Governance and Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsors	Gareth Watts, Director of Corporate Governance / Board Secretary (SUS) Lauren Edwards, Executive Director of Therapies & Health Science (RJL)

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

Acronyms / Glossary of Terms	
RJL	Restorative Just Learning
SUS	Speaking up Safely
T&FG	Task and Finish Group
ToR	Terms of Reference
WPF	Welsh Partnership Forum

## 1. Situation /Background

- 1.1. Approximately 30 Cwm Taf Morgannwg University Health Board (CTMUHB), staff (comprising of an Executive Director, managers, trade union representatives and specialty leads from within the People Directorate) attended the 4 day virtual Transforming Organisational Culture - Principles and Practise of Restorative Just and Learning Culture (RJL) programme during June and July 2022. This programme was delivered by Northumbria University in partnership with Mersey Care NHS Trust.
- 1.2. The RJL approach focuses on understanding people's experiences and perspectives without assigning blame, aiming to listen, learn and improve. It is important to identifying who has been affected, to ensure we are restoring relationships and trust. Additionally, it involves proactive efforts to foster civility and compassion, build effective teams, and create a safe and positive environment where employees raise concerns, admit errors / mistakes, and prioritise learning and improvement, without fear of punishment.
- 1.3. The purpose of the training was to enable participants to understand the theories and concepts that underpin the practises relating to a RJL approach, to develop their learning to design a framework/plan to implement and embed this approach within the Health Board, taking into consideration our strategic level organisational goals and identified organisational learning needs and barriers.
- 1.4. The commencement of this work was delayed in 2022/2023, due to the Health Board's Head of Organisational Development and Inclusion (OD&I) post being vacant. As a consequence, there was no lead to drive and support this work at that time. The post was appointed to in April 2023, when this work was picked up as part of the wider Health Board Culture Plan.
- 1.5. In September 2024, the Head of OD&I and other colleagues from the People Service Group commenced the process of establishing a RJL Working Group. The first informal meetings of the RJL Working Group were held during September and November 2023. These meetings were used to scope the membership, the approach, and to draft terms of reference for the RJL Working Group.
- 1.6. Following these discussions, it was agreed that there would be three task and finish groups (T&FGs) established to undertake the work identified to implement and embed an RJL culture across the Health Board: -
  - Policies and Procedures – The group's remit is to review and adapt Health Board People and Patient Safety policies, procedures and frameworks, to ensure they support and enable an RJL approach that maximises learning for safety and improvement.

- Education and Training - The group's remit is to create an educational offering for the organisation to raising awareness and creating a foundation of understanding of an RJL approach.
  - Understanding our Data - The group's remit is to create a baseline of data relating to RJL to understand our current state and people's experiences to be able to evaluate the impact of any changes.
- 1.7. At the end of 2023, Lauren Edwards, Executive Director of Therapies and Health Science, was appointed as the Executive Sponsor for the RJL programme of work. At this time, Gareth Watts, Director of Corporate Governance / Board Secretary, recently appointed into post, was appointed as the Sponsor for the Speaking up Safely (SUS) programme of work.
  - 1.8. The SUS Framework was launched by the Welsh Government in autumn 2023. One of the primary objectives is to cultivate a speaking up safely culture within healthcare organisations. Recognising the overlap of work between the SUS and RJL work, it was decided in February 2024, that the group focusing on SUS would be integrated into the RJL Working Group.
  - 1.9. This decision aimed to enhance communication between the two work streams, strengthen the impact of initiatives and align efforts and resources to prevent duplication. Consequently, a fourth T&FG dedicated to developing the SUS initiative was established in line with the Culture Plan.
  - 1.10. Each T&FG has a People Directorate Chair/lead, whose role it is to work with the members of their group to develop the products and deliver the outputs identified as key to implementing and embedding an RJL approach. The Executive Sponsor for SUS is being supported by an OD&I Practitioner to set up the new T&FG group. This group will build on the work undertaken in 2023, to launch the All Wales SUS Framework.
  - 1.11. The RJL Working Group has been meeting formally on a bi-monthly basis since November 2024. It is the role of this Group to monitor the progress of the T&FGs, to ensure delivery of project objectives, in line with timescales set out in the high level Culture Plan. Therefore, each T&FG is required to provide updates and highlighting any identified risks to the RJL Working Group.
  - 1.12. All of the T&FGs, with the exception of the SUS, have in place an action plan, with identified milestones against which their progress is being monitored and reviewed.

## 2. Specific Matters for Consideration

2.1. This report highlights current progress and activity taking place within each of the T&FGs, to provide the foundations and infrastructure to enable Health Board leaders and managers, to take an RJL approach when things do not go as expected. Progress is monitored through the RJL Working Group which meets every 6 weeks. Full project plans with key milestones and progress can be found in the appendices.

### 2.2. Policies and Procedures

A new Management Review document has been produced to sit in front of all key people policies, to ensure manager's listen to the perspectives of our employees, to fully understand systemic and contributory factors to adverse incidents, events, behaviours and performance, to avoid formal interventions wherever possible.

An Informal Intervention Toolkit is also being produced which will include resources and conversation guides to support informal conversations and highlight how and where managers can seek support for specialist improvement interventions i.e. quality improvement, behavioural or team improvements. The Toolkit will empower our managers to take a proactive, informal approach to address all concerns identified. Opportunities to embed an RJL approach within our current patient safety and quality policies, processes and frameworks are also currently being explored.

The Health Board has recently been made aware that the Welsh Partnership Forum (WPF) has set up a partnership policy group, to review the All Wales Disciplinary Policy. The aim of this review is to move away from the current blame and punitive approach, to one that avoids unnecessary harm to employees. As this work is aligned to the work being undertaken by the Health Board's Policy and Procedure T&FG, the lead has secured membership on the All Wales group, with the aim of providing an opportunity to influence this work and align it to our RJL approach, which will assist to further embed the culture change sought. It is helpful that the WPF timescales mirror those of our T&FG.

The Health Board's Incident Management Framework was approved by the Quality & Safety in January 2024. The framework has been developed to provide a comprehensive structured guide to incident reporting and management within Cwm Taf Morgannwg University Health Board (CTMUHB). The document is designed as an interactive toolkit in conjunction with the Incident Management SharePoint Pages and a number of supporting documents. The aim is to staff to:

- Report incidents
- Maximise the learning from incidents
- Ensure that all incidents are investigated appropriately
- Identify any actions to prevent recurrences

- Ensure robust monitoring of incident reporting, investigation and relevant actions.

### 2.3. Understanding our Data

To create a baseline against which to evaluate the impact of the RJI approach, quantitative and qualitative data is being collated to understand employee experiences in respect of how they are currently managed in the event of adverse incidents, events, and behaviour or performance concerns, to understand the experience of speaking up or highlighting when things do not go as expected. Quantitative data is being collected, this includes themes and trends from Datix Cymru (patient feedback and incident data) and People data, (employee relations cases, staff survey data and absence reasons and the wider people metrics) to identify themes and areas for improvement.

Qualitative data is being collected utilising appreciative enquiry, through listening events to gain a deeper understanding of our employee experiences. The Employee Experience Team has met with our People Services Team and will be meeting with Trade Unions, Managers, Investigating Officers and employees who have previously been subject to a formal ER process, to gain an insight into their past experiences.

### 2.4. Education and Training

The Education and Training Group is working to embed RJI principles into all of our current education offerings. The RJI approach is being considered throughout the CTM Leadership Programme, to raise and support awareness and to create confidence within the leadership community, to respond differently to incidents/events, behavioural and performance concerns.

The RJI approach has now been embedded into all into the Health Board's behaviour statements that accompany our organisations values. This Group is currently concentrating on producing key micro-credential and easily accessible learning guides and resources, to support and guide managers to approach situations in a restorative and just way, to promote learning, safety and improvement.

Quality and Safety colleagues are working closely with our Learning and Development and People Services Team colleagues to identify opportunities to link our education offerings and ensure all training is mapped into the Health Board's leadership offer on Gwella. A review of the training provision in relation to 'Putting things Right' including incident and complaints management is currently being undertaken to identify opportunities to embed the RJI approach, to maximise organisational learning.

## 2.5. Speaking up Safely

At the 21 May 2024 meeting of the RJL Working Group an update on formally establishing a new Task and Finish Group focussing on Speaking up Safely would be established and work alongside the other working groups.

A significant amount of work had been undertaken last autumn in responding to the Welsh Government self-assessment and undertaking a self-launch of the Speaking up Safely Framework internally with staff and updating the Board upon its launch.

As Executive Lead, Gareth Watts has also attended cross NHS Wales events regarding Speaking up Safely organised by HEIW in November 2023 and May 2024.

With the support of Siwan Rees the terms of reference have been drafted, high level objective crafted and the names of colleagues will sit on the new Task and Finish Group have been put together and the aim is to hold an in person meeting in September 2024.

The first year plan is to:

- Produce a communication and stakeholder engagement plan ensure co-production and engagement plan to complement and build upon the soft launch.
- Work with Education & Learning Task & Finish Group to create an Educational offering for the wider organisation to support in the training of staff (September – December 2024)
- Gather tools and resources to support SUS and play a full part in the HEIW/Welsh Government National Community of Practice Network.
- Building Capability & resilience - Train and engage with People Services & key Workforce colleagues to support roll-out of Educational offering as part of Management Training – January – march 2025
- Work with Policy & Process Task & Finish Group to review policies and procedures to ensure they enable Speaking up principles.

There are also on-going discussions with other Health Boards notably Betsi Cadwaladr University Health Board and Hywel Dda University Health Board. Both organisations have made use of the Work in Confidence (WIC) cloud-based system. This is used in a number of NHS Trusts in England and other organisations. It acts as a medium through which employees can raise issues, anonymously if they desire, with a cross section of people within the organisation who can act to address the issue being raised.

The teams at both HD and BC have made use of the tool for three years and will renew their respective contracts. WIC has been a core part of a significant amount

of work both HBs had undertaken around culture and wellbeing. Both found that by providing a range of people with whom employees could engage (you choose via the website who you wish to speak to), the guarantee of anonymity that a third party site offers that cannot be achieved within the HB's systems, and by running a frequent (monthly/bi-monthly) conference of relevant people to not only analyse the information coming through WIC but to compare it with other data sources such as Datix, they achieved a holistic method of working that enabled them to identify and address issues at very early stages thus preventing deeper cultural

We recognise here at CTM that one of the barriers staff members have around coming forward to speak up can be the fear of not being anonymous or not having their case heard by a suitably independent person. Therefore, establishing what may be a suitable solution for us a Health Board to take this forward will also be a key task of the Task and Finish Group recognising the importance of putting in place a suitably robust systems but with limited financial resources available.

### 3. Key Risks / Matters for Escalation

- 3.1. Due to the volume of change activity taking place across the Health Board and the associated workloads, it is challenging for the members of the T&FGs to prioritise and dedicate protected time to undertake the work within their action plans to deliver to the agreed milestones.
- 3.2. Feedback from the Working Group meeting highlighted the need for greater clarity on how the RJL approach aligns with and supports the Health Board's strategic approach to quality and safety, particularly in enhancing organisational listening and learning. Further clarity will ensure clearer accountability for the actions required to implement this approach. Representation from the Quality and Patient Safety Team has been strengthened, including as co-chair of the Policies and Procedures task and finish group.
- 3.3. A key element of the RJL approach is fostering a compassionate and civil environment where people's experiences and perspectives are heard to inform learning, ensure safety and drive system improvement. There are opportunities for increased collaboration across the T&FGs to ensure a clear vision for how the current work to enhance SUS and learning, links together to avoid confusion for managers and staff when the RJL approach is communicated more widely.
- 3.4. Adopting an RJL approach represents a significant shift in how clinical and non-clinical incidents/events, behaviour and performance are responded to by employees and managers and therefore requires a shift in what we consider to be accountability when things do not go as expected. Further discussion is necessary to ensure buy-in and confidence amongst our leadership community to respond differently. Agreement is also needed on how the Health Board will respond to external pressures for accountability



that focus on human error/individual failures or capabilities rather than the factors within the system that need improvement.

#### 4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required



Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/> EIA will be undertaken in respect of products / policies outputs from the RJL Working Group
	Outcome:	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) / Resource Impact (People / Financial)</i>	Yes (Include further detail below)	
	Release of People Directorate staff, trade union colleagues and managers, to undertake and deliver the Work Stream outputs which will help to implement and embed a RLJ / SUS culture over time, resulting in cultural change.	

## 5. Recommendations

- 5.1. The People and Culture Committee is asked to NOTE the work being undertaken by the Policy and Procedures T&FG and the progress made to date.
- 5.2. The People and Culture Committee is asked to NOTE the work being undertaken by the Understanding Data T&FG and the progress made to date.
- 5.3. The People and Culture Committee is asked to NOTE the work being undertaken by the Education and Training T&FG and the progress made to date.
- 5.4. The People and Culture Committee is asked to NOTE that to align the SUS work to the RJL approach, the current working group will form a T&FG which will report to the RJL Working Group. The work of this group will utilise the NHS Wales SUS Framework to create a culture where our employees feel safe and able to speak up about anything that gets in their way of delivering safe, high-quality care or which negatively affects their employment experience.

## 6. Next Steps

- 6.1. Regular progress reports will be presented to future Committee meetings.



## Appendixes - Restorative, Just and Learning Project Plans – Current Activity and Progress

RAG Rating Guidance & Colour Codes	
<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span> On or ahead of schedule. Risk accepted or mitigating action complete/on track	<span style="background-color: blue; width: 15px; height: 15px; display: inline-block;"></span> Completed Work
<span style="background-color: yellow; width: 15px; height: 15px; display: inline-block;"></span> Slightly behind schedule. Remedial action agreed/underway	<span style="background-color: white; width: 15px; height: 15px; display: inline-block;"></span> Future Task not yet started/due
<span style="background-color: red; width: 15px; height: 15px; display: inline-block;"></span> Significantly behind schedule. No remediation underway	<span style="background-color: grey; width: 15px; height: 15px; display: inline-block;"></span> Business as usual / ongoing work
<span style="background-color: black; width: 15px; height: 15px; display: inline-block;"></span> Activity stopped and restarted at another time.	

TASK	STATUS (dropdown)	PROGRESS %	RAG	Challenges/Cause for Concern	END DATE
Establish and RJLC workingng Group for co-production and feedback and establish x3 task and finish groups for specific RJL tasks.	Complete	100.0%	BLUE		0110/2023
Identify an executive sponsor.	Complete	100.0%	BLUE		0110/2024
Working group to meet and identify key stakeholders across the organisation.	Complete	100.0%	BLUE		0110/2023
Project milestones / timesales to be identified and made visible to the group	Complete	100.0%	BLUE		0110/2023
Prepare slides listening and learning event	Complete	100.0%	BLUE		0106/2024
Produce a communication and engagement plan with comms for the launch of policy and education offering	Proposed		WHITE		3009/2024
Planning for a Launch of RJL - Socialisation and Awareness Raising of Approach	Proposed		WHITE		3009/2024
Launch Event for RJL	Proposed		WHITE		0110/2024
Engage with People Services colleauges to agree and prepare for RJL approach	Proposed		WHITE		3009/2024



UNDERSTANDING THE DATA TASK AND FINISH GROUP

Create a baseline of data for RJI to understand our current state and the experience of staff to be able to evaluate the impact of any changes

TASK	STATUS (dropdown)	RAG	Challenges/Cause for Concern	END DATE
Group to meet together and discuss and design TOR for the group	Complete	BLUE		01/11/23
Establish a data framework and appropriate approach	Complete	BLUE		01/03/24
Add Staff Survey data to Quantattive Data	Complete	BLUE	Delay receiving staff survey data	04/01/24
Quantitative Data to be collated - People and Patient Safety	In Progress	AMBER	Challenegs with quality of data, time intensive. No chair for group	30/04/24
Qualitative data of staff experience to be collated - TU's, IO's, DO's, Managers	In Progress	AMBER	Delayed due to agreement over approach to collate sensitive Qualitative data on staff experience. Eex met with People Services.	04/30/24
Listening events to be held with staff part of process to obtain qualitative data	In Progress	AMBER	Challenges with collating sensitive data, Approach agreed but progress delayed	30/04/24
Analyse data and prodcue final baseline and identify themes and areas of focus	In Progress	AMBER	Behind original deadline due to lack of lead and data analysis specialist - challenges escalated	09/30/24
Working with Data & Cultural Maturity group to carry out a full evaluation of Year 1 and evaluate short term impact	Needs Review	BLACK		



POLICY AND PROCEDURE TASK AND FINISH GROUP

Review and adapt People and Patient safety policies, procedures and frameworks to ensure they support and enable a restorative and just approach that maximises learning

TASK	STATUS (dropdown)	RAG	Challenges/Cause for Concern	END DATE
Work with Policy & Process Task & Finish Group to review policies & Procedures	Complete	BLUE		30/01/2023
Ensure risks around Governance and consultation timescales for new Framework and All Wales policy	Complete	BLUE		30/01/2023
Establish a draft framework for RJI in employee relations and continue to review, and when necessary, amend, Initial Assessment	Complete	BLUE	Delays due to feedback from working group regarding approach further conversations to be had with patient safety to align approach. IA draft produced	31/03/2024
Produce second draft of IA	In Progress	AMBER	Delay due to capacity with second draft - Similar work happening at an All Wales level which may impact	31/03/2024
Produce a first draft of RJI Informal/Improvement toolkit embedding interventions and Education offerings	In Progress	AMBER	Delays due to capacity but also All Wales work will impact	30/06/2024
Identify opportunities and explore opportunities to amend patient safety and quality processes and frameworks to enable an RJI approach	In Progress	AMBER	Delayed to ensure appropriate patient safety representation. Meeting in Summer arranged	30/06/2024
Make amendments to incident management process - map in wider organisation wide leadership, team, culture and behavioural change offer/interventions	Proposed	WHITE		01/09/2024
Agree final version of the IA and Informal intervention toolkit	Proposed	WHITE	Likely to be impacted by All Wales work	01/09/2024
Utilise data to identify pilot areas to utilise new process and consider how evaluate impact	Proposed	WHITE		30/10/2024
Engage with People Services and Patient Safety Infrom of new process ready for launch and agree approach	Proposed	WHITE		01/10/2024



EDUCATION AND TRAINING TASK AND FINISH GROUP

Create an educational offer for the organisation, starting with raising awareness and creating a foundation of understanding of an RJL approach. Build upon these foundations, embedding the offer into other educational programmes and organisational processes, creating sustained culture change.

TASK	STATUS (dropdown)	RAG	Challenges/Cause for Concern	END DATE
Embed RJL into current Educational offerings - Induction, wellbeing	Complete	BLUE	Still clarity needed on patient safety training and opportunities to embed the approach	30/03/2024
Produce and introduction to RJL module	Complete	BLUE	Little feedback on module	31/03/2024
Add RJL into OD team and org level interventions/learning	Complete	BLUE		31/03/2024
Embed RJL into first module of Inspire	In Progress	AMBER	Original date delayed to align leadership timeline	30/06/2024
Create a suite of microcredentials to support awareness of RJL	In Progress	AMBER	Delayed slightly due to capacity within L&D Team and wider t&f group	30/09/2024
Patient Safety training to be reviewed and adapted - RCA and putting things right training plan	In Progress	AMBER	Delayed slightly to ensure the right representation from the patient safety team	30/09/2024
Key stakeholders to meet for workshop to look at RJL training content	In Progress	AMBER	First date cancelled due to challenges with attendance, rearranged for August 24	31/08/2024
Create key guides, resources to support managers to take an RJL approach	Proposed	WHITE		30/11/2025
Launch of Education offering for RJL alongside policy change into wider CTM offer (Gwella)	Proposed	WHITE		30/11/2025
Run a Board Development/Awareness Session	Proposed	WHITE		02/01/2025

Restorative Just and Learning – High Level Plan on a Page



**Plan on a page  
Restorative, Just &  
Learning Inc. Respect  
& Civility**

To ensure we have an approach that supports **compassionate** and **restorative** principles within the organisation where our workforce role-models **civility and respect** through its behaviours and actions and we have systems and processes that enables this to be **practised and lived** everyday

Planned Activity

(24/  
25)

**Restorative Just & Learning including Respect & Civility**

- With Data & Maturity Task & Finish group to create a **baseline** for RJLC utilising Values Based Healthcare model for **evaluating impact**
- Gather **tools and resources** to support RJLC implementation and **embed RJLC principles** into current individual, team and organisation Culture interventions including induction & leadership programmes
- **Building Capability & resilience** – Train and engage with People Services & key Workforce colleagues to support roll-out of Educational offering
- Work with Policy & Process Task & Finish Group to **review policies and procedures** to ensure they enable the RJLC and Speaking up principles
- Work with **Education & Learning** Task & Finish Group to create an Educational offering for RJLC for managers and wider organisation. **2<sup>nd</sup> Phase preparing CTM** to re-launch new process which will ensure just and proportionate action which avoids employee harm
- Gather **positive improvement stories and real-life case studies** to support communication & engagement
- Further **strengthen relationships and collaboration** with internal and external stakeholders to ensure a joined up and clear vision and approach
- Create a stakeholder **communication and engagement plan** to support launch of RJL more widely into CTM
- **Prepare a plan to launch awareness campaign** for RJL approach into CTM – roadshows and presentation key stakeholders

**Education and Training**

- Embed RJL into the Inspire modules (July-Oct 24)
- Create a suite of micro credentials support RJL (July-Oct 24)
- Embed RJL into Patient Safety training – RCA and Putting things right (July-Oct 24)
- Engagement with People Services to support education and awareness (July-Nov 24)
- Link RJL awareness offer to wider CTM offer (Gwella) (Nov-Feb 25)
- Board Development Session (March 25)

**Understanding our Data**

- Establish a Framework and approach for collating data –People and Patient Safety data (April 24)
- Collect Quantitative data on staff experience (July 24)
- Collect Qualitative data on staff experience – TU's, IO's, DO's, People Services and individuals (July 24)
- Analyse data and produce baseline – key themes and areas for improvement (July-Oct 24)

**Policies and Procedures**

- Scope all current policies to identify opportunities for change (Jan-April 24)
- Produce a new Initial Assessment Process enable RJL approach (April-October 24)
- Produce and Informal Intervention Toolkit support new approach (April-Oct 24)
- Adapt Patient Safety Policies and Frameworks to embed RJL
- Utilise data to focus an area pilot policy change (April-Oct 24)
- Engage People Services and Patient safety inform of changes, ready to launch new process/approach (September –Nov 24)



People & Culture Committee

Workforce Metrics Report

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager
Cyflwynydd yr Adroddiad / Report Presenter	Nicola Evans, Interim Assistant Director of Strategic Workforce Planning
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

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

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

A4C	Agenda for Change
APST	Additional Professional Scientific and Technical
ACS	Additional Clinical Services
A&C	Administrative and Clerical
AHP	Allied Health Professionals
E&A	Estates and Ancillary
HS	Healthcare Scientists
M&D	Medical and Dental
NMC	Nursing and Midwifery Registered
ST	Students
HCSW	Healthcare Support Worker
CTM	Cwm Taf Morgannwg
HEIW	Health Education and Improvement Wales



## 1. Situation /Background

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

## 2. Specific Matters for Consideration

### 2.1 Highlights

#### Topic: Staff in post

Narrative: The Health Board's staff in post FTE has been stable since the last report (11,252.43 to 11,208.54 FTE). The next intake of newly registered health professionals will be in October following the graduation cycle in late September 2024.

#### Topic: Sickness levels

Narrative: The 12-month rolling average sickness at the end of May 2024 is lower than the previous two years (6.82% compared to 7.15% at May 2023 and 7.79% at May 2022). The sickness rate for NMR was 6.79% and M&D was 2.47%.

The return to work entry is currently remaining stable at around 55% (55.88% at April 2024, 57.72% at December 2023).

The People Services Team coach managers through the practical application of attendance management principles to support the health and wellbeing of employees in the workplace, support employees to return to work following a period of sickness absence, and to support employees to sustain their attendance at work.

This case management approach is complimented by proactive Managing Attendance at Work training, delivered by the People Services Team, to upskill line managers with the necessary tools and behaviours to consistently, proportionately, and robustly manage attendance.

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

In addition, the supporting template letters used as part of the attendance management process have been reviewed to embed the Health Board Values and Behaviours with the aim of improving employee experience and increasing alignment between our policy principles and procedural practice. These initiatives will be rolled out in August 2024.

#### Topic: Turnover

Narrative: The Health Board's 12 month rolling turnover is reducing across the UHB, from 13.46% in March 2023 to 11.26% at June 2024, with Medical (7.51%),

Nursing/Midwifery (8.97%) and HCSWs (12.47%) 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.

## Retention Plans

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

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

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

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

#### Topic: Personal Development and Core Training

Narrative: Positive improvements are being seen with regards to PADR/Your Conversation and Core Mandatory Training compliance. The PADR/Your Conversation position is 64.58% at the end of June 2024 (from 57.80% in May 2023) and the combined core mandatory training compliance is at 71.36% (from 65.27%).

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

#### Core Learning Review report

This was an action from the last PCC meeting. The review report will be finalised by 31<sup>st</sup> July. This is divided into three sections to inform a wider review of mandatory training:

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

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

#### Topic: Recruitment Activity

Narrative: The reporting of recruitment activity within the UHB has now changed – previous reporting reflected the substantive agenda for change activity across the UHB but did not reflect the differences between Care Groups or include the Medical and Dental recruitment activity. Care Group focussed performance reporting is now in place, presenting a combined position for all substantive recruitment activity covering all staff groups. As such, the presentation of this data has been amended to reflect this. Performance data is shared monthly with Care Group teams via the Heads of People, recently including the details behind the time to shortlist measure.

#### Attraction and Resourcing

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

- Building the CTM Employer Brand



- Focussing on Passive Attraction
- Building Social Media presence and use of social media platforms to promote CTM as an employer of choice
- Building the CTM employee value proposition(EVP)
- Developed a questionnaire and shared to CTM staff to identify the top reasons for joining CTM. Results expected in August 2024 to inform next steps.
- Prioritising nursing and medical recruitment
- Also focussing on selection and the standardisation of assessment centres for Band 8c and above posts with a view to extending further.

### 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 <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Efficient
	If more than one applies please list below:
	No - Not Applicable



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:
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Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Paper is for the presentation of metrics data only
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  The report covers the presentation of workforce related data, there is no policy or service change included.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

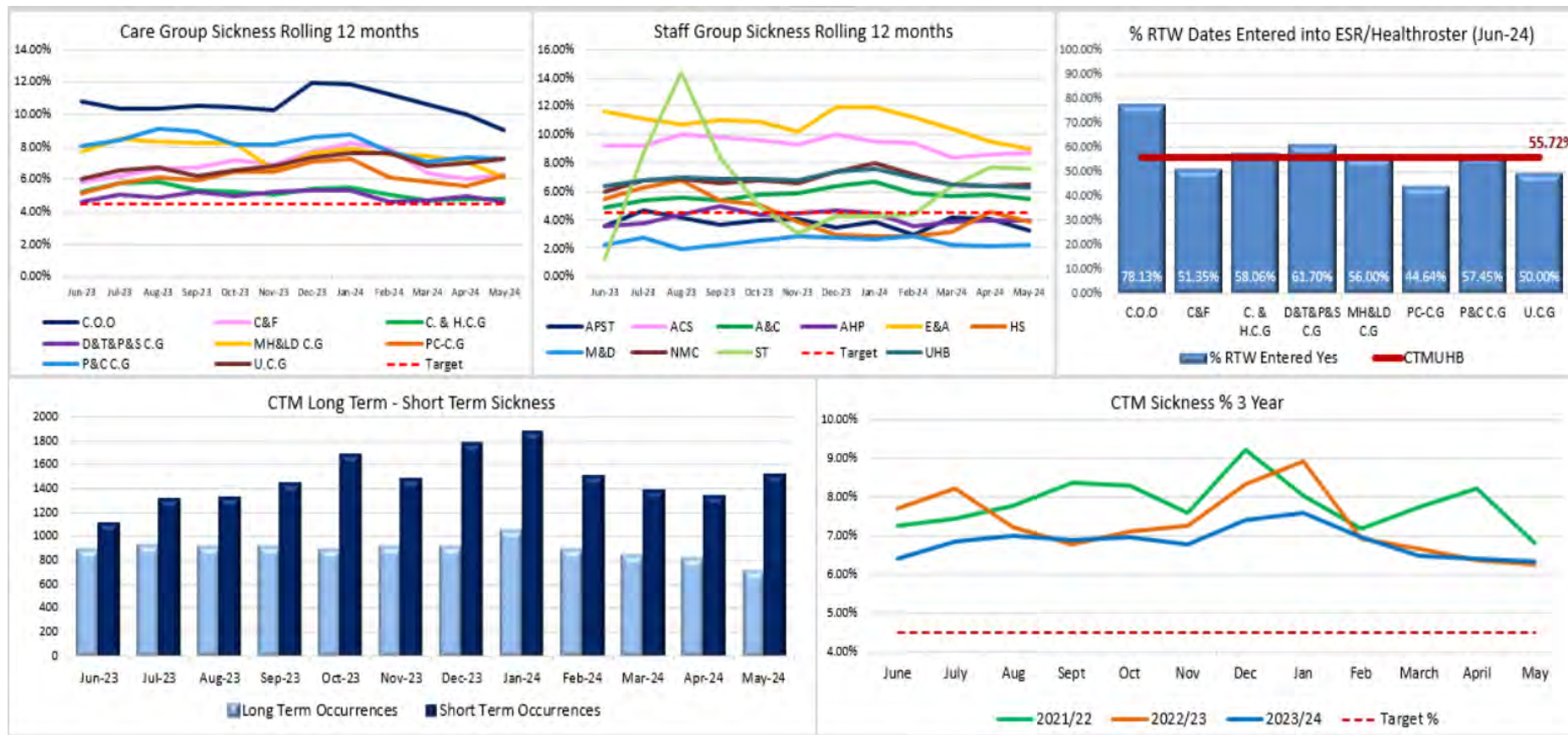
5.1 Discuss the report and associated metrics and report and NOTE the detail.

6. Next Steps

6.1 None.

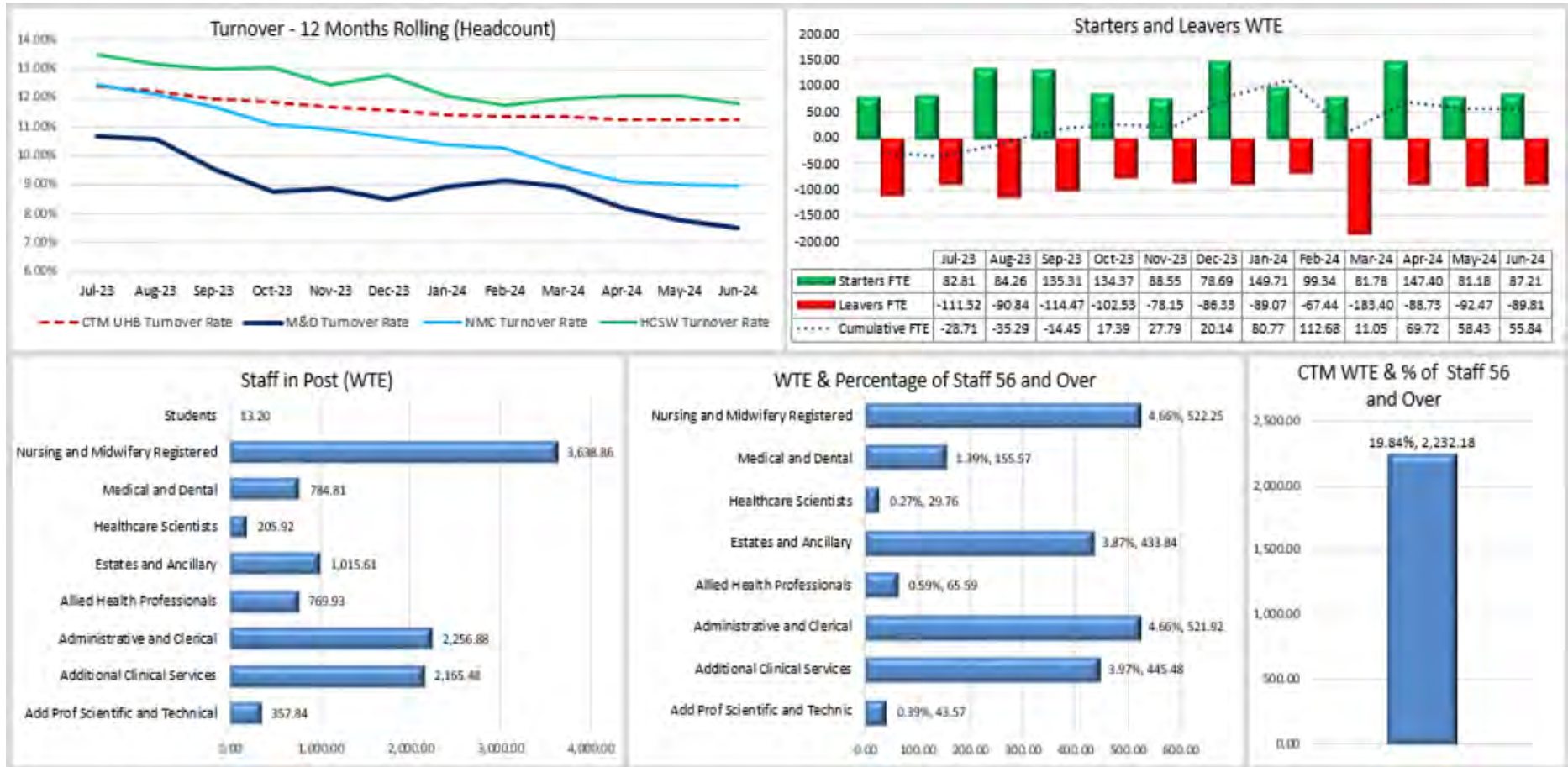


## Appendix Sickness





## Turnover & Staff in Post





## PDR and Training



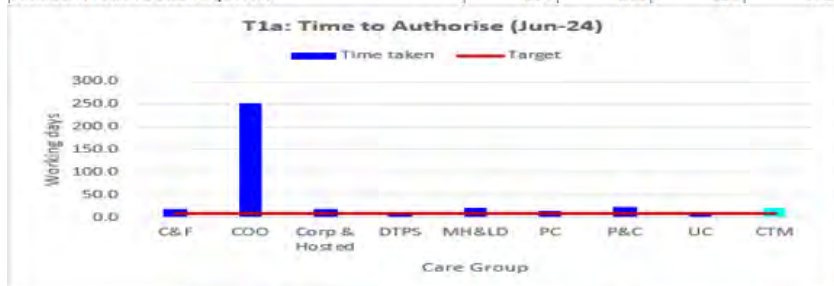


## Recruitment Performance

### CTM - Recruitment Volumes and Performance

Recruitment Volumes	Apr-24	May-24	Jun-24	YTD Total
Number of Vacancies Raised	545	519	434	1498
Number of WTE Raised	696.61	692.35	614.57	2003.53
Number of posts advertised	224	213	224	661
Number of WTE advertised	314.69	260.84	289.02	864.55
Number of applications	6285	9154	7509	22948
Number of applicants moved to interviews	1010	1138	990	3138
Number of applicants moved to Offer	323	216	238	777
Number of Conditional Offers Sent	226	221	235	682
Number of Occupational Health Clearances Received	210	211	202	623
Number of DBS Checks	156	215	143	514
Number of Start Dates Requested	206	219	151	576

Trac Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days	Apr-24	May-24	Jun-24	YTD Average
T0a	5	Manager	Notice Date to authorisation start date	65.0	51.1	69.7	61.9
T1a	10	Org	Time to approve vacancy request	18.4	16.0	20.1	18.2
T3	Variable but target 10	Manager	Duration of advertising	8.8	9.2	8.5	8.9
T4	3	Manager	Time to Shortlist	8.4	5.6	7.2	7.1
T5a	Variable 5 to 10 days	Minimum Requirement	Notification given to applicants for interview	9.9	8.4	9.4	9.2
T5b	3	Manager	Time to update interview outcomes	2.8	2.3	3.5	2.9
T6	4	NWSSP	Time to send offer letter	4.2	4.8	4.4	4.5
T8	-	Candidate / OH	Offer letter to OH clearance	4.7	5.5	3.9	4.7
T10	49	All	Advertising Start date to checks ok	56.5	52.9	53.1	54.2
T11	25	All	Offer Letter to Checks ok	31.4	23.7	21.0	25.4
T12	2	NWSSP	Checks ok to ready for start date	2.2	2.2	1.8	2.0
T12e	Variable	All	Checks ok to start date	20.1	17.4	18.8	18.7
T13	44	All	Vacancy Creation to offer letter issued	48.6	49.7	55.4	51.2
T14	71	All	Vacancy Creation to ready for start date	71.5	65.3	68.6	68.5
T23	27	All	From offer letter to ready for start date	28.5	19.6	17.7	21.9
T26	Variable	Manager & Candidate	Ready for start date to start date	19.8	16.1	17.5	17.8





## People & Culture Committee

### Strategic Workforce Planning Update

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Nicola Evans, Interim Assistant Director of Strategic Workforce Planning
Cyflwynydd yr Adroddiad / Report Presenter	Nicola Evans, Interim Assistant Director of Strategic Workforce Planning
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

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

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	
CTM	Cwm Taf Morgannwg
ESR	Electronic Staff Record
RPA	Robotic Process Automation
SIP	Staff in Post
SLE	Single Lead Employer
SWP	Strategic Workforce Planning
UHB	University Health Board



## 1. Situation /Background

- 1.1 One of the biggest strategic risks for CTM on the Business Assurance Framework is risk three which is 'sufficient workforce to deliver the activity and quality ambitions of the organisation'. It has a score of 20 and has remained static.
- 1.2 The risks are multi-faceted with recruitment and retention challenges due to skills shortages across health and social care on a local, national and international scale mainly contributing to the score. While international recruitment is explored, it is costly and not sustainable.
- 1.3 It is important to note that solutions such as education, training and development, developing apprenticeships, new roles/additional skills and/or extended skills take time (sometimes years) to grow.
- 1.4 We are currently treating the risk but it is recognised that the risks will not all be achieved in the short term.
- 1.5 In the meantime, if the Health Board fails to identify and plan for its current and future workforce requirements and fails to promote CTMUHB as an attractive place to work, *then* we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.
- 1.6 *This may result in* further gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.
- 1.7 Data and analytics challenges affect our ability to identify our true risks due to:
  - multiple data sources and systems that do not integrate with each other;
  - duplication of manual processes to extract data and produce reports with no easy access to information in one place;
  - an absence of an agreed establishment reporting/control to identify one version of the data, so data tends to be variable; and
  - inability to forecast and make decisions in the absence of robust data.
- 1.8 Our ability to identify our vacancy gap has been challenging in the absence of an agreed service, workforce and finance establishment across staff groups, department/services and Care Groups. This means that we do not understand the real gap at any one time. We are aware that there is an increasing use of temporary workforce via overtime, bank and agency with the top reasons to cover vacancies, sickness and increased capacity.
- 1.9 An attempt to identify the current workforce gap using the general ledger and ESR Staff In Post was undertaken as at June 2024. The workforce gap

shows a UHB vacancy gap of 680.01 FTE (5.72% of the workforce). There are however a number of caveats with this data, i.e. when the data was run across both systems it can lead to anomalies, and some information may have not yet been adjusted due to timing so the data could be variable. However, this gives us a baseline to work with.

- 1.10 The highest vacancies are within NMR (279.87) and M&D (424.90) with the latter to be handled with caution. The M&D data does not include SIP for the SLE programme but does include the FTE budget to cover their costs. It also does not reflect doctors who work more than FT hours.
- 1.11 The position is impacted further due to sickness absence (other absences are not accounted for in this data) monthly basis by 6.82% as at end May 2024 with NMR sickness rates at 6.79% and M&D 2.47%.
- 1.12 For quarter 1, the Bank and Agency spend was £3.5m and £10.1m respectively. The top reasons for usage is vacancies, sickness and additional capacity. Some actions have been taken to reduce agency spend with the freeze of administrative and clerical agency usage from 1 September 2023 (all requests to be agreed with the COO) and HCSW agency cessation from 1 October 2023 (with some exceptions). Significant HCSW Bank recruitment was undertaken to support the switch off.
- 1.13 Further actions are planned via Nursing and Medical Workforce Productivity Programmes:
  - to cease off contract agency for nursing
  - to reduce on contract agency for nursing by 20%
  - to reduce medical and dental agency by 10%
- 1.14 As at June 2024, CTM turnover is 11.26% which is the lowest in the last 12 months. The rate has shown a downward trajectory over the last 12 months remaining stable for the last 6 months. However, when compared to the all Wales turnover rate at April 2024, CTM has a higher rate across all staff groups with the exception of M&D.
- 1.15 With a scarcity of skills and expertise available to us internally and externally to fill posts, the need to support CTM as an employer of choice is key. Locally and nationally, prospective job seekers may not be aware of or considering CTM as an option because we have not been promoting the CTM employer brand, and what we can offer as an employee value proposition with limited presence on social media.
- 1.16 The age profile for CTM shows that the average CTM retirement age (based on data for July 2021 to June 2024) is 61 years, with the average for NMR at 59 years.

- 1.17 There are four generations in our workforce with different needs and perspectives which means that the approaches to leadership and team working need to be flexible and adaptable. More and more staff are looking to work less than full time which impacts on our ability to fill posts in the way we have always done. This aligns to our leadership and culture work.
- 1.18 The approach to flexible working has also changed with the introduction of the new Flexible Working Policy to be supported unless by exception, to improve changing needs and retention of the workforce.
- 1.19 In 10 years' time there is a risk that over 34% of our workforce will have retired with c.66% of the workforce we have today as the workforce of "tomorrow". We therefore need to keep the "contingent" workforce we have today and create development pathways and opportunities to enable retention.
- 1.20 According to the Census 2021, there was a 2.2% (9,607) increase in population in CTM since 2011. CTM population was also cited as the most deprived across Wales, with lower education, likely to impact on health and wellbeing, and a potential impact on the current and future workforce.
- 1.21 Census 2021 also produced some all Wales projections, one of which shows a significant increase in the age 65+ age band until 2038 when the population bulge from the baby-boom years begins to decline. The apparent reduction in the younger population (under 16 and 16-24) suggests a concern for the future workforce in the long term. From 2020 to 2025 the most significant growth is in the over 80s which contrasts with the fall in under 30s.
- 1.22 IMTP numbers submitted in this year's return (31 March 2024) increased particularly in adult nursing, ODPs, BSc. Diagnostic Radiology and Advanced Clinical Practice (MSc). It is unlikely that the numbers commissioned will be delivered, and limited alternative plans are available if commissioning numbers are not realised.
- 1.23 Alternative/new roles such as Physician Associates (PAs) have been commissioned by CTM since 2020, with 13 PAs currently in post (subject to some forthcoming turnover). However, CTM has struggled to identify substantive funded posts for this year's commissioned 13 PAs with a further 35 posts to be found over the next 2 years.

The following table shows the commissioning numbers by year of availability:



Commissioning Year and availability	Commissioned
2020 commissioned for Sept 2023	10
2021 commissioned for Sept 2024	13
2022 commissioned for Sept 2025	20
2023 commissioned for Sept 2026	15
2024 commissioned for Sept 2027	0

This is in the absence of robust workforce plans to fill the vacancy gaps, using delegation of activity and tasks to support prudent healthcare principles 'only do what only you should do'. There is also narrative arising from the GMC regulation of the PAs and a lack of understanding of the scope of the PAs which is impacting on this work. While there is an appetite to take the roles, this is on the basis of them being funded due to financial challenges, and cost reductions in 2024/25 to be sought.

- 1.24 Last year workforce projections identified that if we were do nothing, we could see a 2,864 FTE gap in 5 years and 4,764 FTE gap in 10 years. These numbers were based on a number of assumptions and would need further modelling to review the position and ascertain if any actions have led to changes to the forecast.
- 1.25 The specific matters in section two outline the work to date to address these challenges and outline the next steps.

## 2. Specific Matters for Consideration

### Strategic Workforce Planning

- 2.1 The approach to SWP in CTM was developed and shared with Inspiring People on 10 April 2024 (See appendix 1) and will be promoted more widely to demonstrate the aims of workforce planning. The approach shows different stages, transactional to transformational, and demonstrates building blocks, timelines and maturity. By focussing on demand and supply forecasting to understand our gaps, it will enable CTM to evaluate the internal and external labour markets to develop actions to meet the gap aligned to enable delivery of CTM objectives and the CTM2030 strategy.
- 2.2 Using the All Wales Six Step Framework to SWP (see appendix 1) to ensure we have the right workforce in the right number, with the right skills in the right place and cost, will require workforce planning. The approach shows the building blocks to the future, but also notes we have to keep an eye on all time frames and plan today for tomorrow as growing a workforce takes time.
- 2.3 We need a whole system approach to workforce planning as changes in any part of the system may impact on the workforce in another part; it may also provide opportunities for change. We need to plan for skills,

competencies and opportunities for digital change, as well as different futures, to allow us to be more flexible in our response. Beyond 3 -5 years it becomes more difficult to predict the future, but we need to be prepared.

2.4 At the heart of our planning is the wellbeing of our people, ED&I, Welsh Language, the shape and supply pipelines of our people, education routes and subsequent commissioning options and mitigating any risks that may present in the new models of care. The role of SWP is to generate new solutions to entrenched issues.

2.5 Building on the work already undertaken, the SWP team has invested in expertise across the last 12 months with the following new roles: Head of Workforce Planning, Head of People Analytics, Attraction and Resourcing Lead and Retention and Workforce Planning Lead with the following priorities:

Head of Workforce Planning	Head of People Analytics	Attraction & Resourcing	Retention & Workforce Planning
<ul style="list-style-type: none"> <li>• Embed the CTM Approach to SWP</li> <li>• Develop capacity and capability in SWP and develop resources</li> <li>• Assessing current and future skills (Horizon Scan)</li> <li>• New/Alternative roles/skills e.g. PA, Associate Nurse etc</li> <li>• High level workforce plans to address workforce gaps</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment Control</li> <li>• Data Accessibility and Consistency</li> <li>• Robotic Process Automation - RPA</li> <li>• System Management</li> <li>• Data Quality Framework</li> <li>• Data Analysis, Modelling and Forecasting</li> <li>• Improve Data Literacy Capabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve attraction through CTM Branding.</li> <li>• Increased social media presence student streamlining and attendance at careers fairs to promote CTM</li> <li>• Prioritise nurse and medical recruitment</li> <li>• Employee Value Brand Proposition</li> <li>• Standardise the use of psychometrics and assessment centres to improve appointment decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Planning and Delivery of the HEIW National Retention Plan</li> <li>• Local Retention Planning and Delivery: <ul style="list-style-type: none"> <li>❖ Flexible working:</li> <li>❖ Development and career progression</li> <li>❖ Best practice and thinking differently</li> <li>❖ Improving intelligence Retention support for leaders and managers</li> </ul> </li> <li>• Supporting the delivery of workforce planning activities</li> </ul>

2.6 CTM received a positive SWP audit conducted by Audit Wales in 2023, resulting in 6 recommendations to improve the approach further. An action plan is shown at Appendix 2.

2.7 Building on the work to date, the Head of Workforce Planning is developing training and resources to support capability and capacity in SWP and embed practices with the UHB as business as usual. Opportunities are also being considered to align to senior leadership development.

2.8 An enabler to building high level strategic workforce plans by March 2025 will be the sharing of current NMR and M&D data and information to Care Groups (in August 2024). This will include vacancies, recruitment activity, turnover, sickness, age profiles and variable pay spend to support the development of local action plans e.g. recruitment campaigns including international recruitment, retention plans and/or development of new service/workforce models.



- 2.9 Horizon scanning work is to be undertaken to inform any potential changes in the future which may currently be unknown and may impact on the workforce in the future, and to allow for planning for the changes in our strategic workforce plans.
- 2.10 A four year plan to recruit 72 nurses each year to the Internationally Educated Nurse Recruitment Programme was developed in 2023/24, at a cost of £1.7m. This included the funding for the project team and additional local costs. CTM had to bid via NWSSP for a share of the £5m Welsh Government funding. CTM was allocated £0.751k UHB share with restrictions around spend, which meant that the cost for the project team and local expenditure were not funded; this resulted in a significant cost pressure. The position is still being explored but there are still challenges around accommodation availability, and the numbers being sought, trained and registered by March 2025.
- 2.11 Four junior Clinical Fellows from international medical graduate recruitment were recruited for Unscheduled Care in March and April 2024.
- 2.12 HEIW have developed a number of Strategic Workforce Plans across CTM (in order of launch): Mental Health, the Strategic Programme for Primary Care (including Dental and Optometry), Perinatal, Pharmacy, Health Care Science and Genomics and Nursing. Outcomes are awaited now the consultation periods have ended; work is underway for all but some are in the early stages of implementation.
- 2.13 Significant work plans are underway to support the development and automation of our data, so that we have robust data to support more data-driven people decision making which reduce our workforce risks.
- 2.14 MDT Workforce Shape and Supply Group was established in July 2024 to identify the supply pipelines across all staff/professional groups. The first meeting set out the context, and agree Terms of Reference and representation. A workshop is confirmed for August 2024 to agree sub-groups and objectives, with a further meeting in October 2024 to support the IMTP education commissioning process. The main aim of the group is to identify the MDT supply pipelines in a visual format over time, so we can start supply forecasting to meet our workforce gap.

## Data and Analytics

- 2.15 The key areas of work for data and analytics are shown below. All have defined work plans for delivery:
- Data Accessibility and Consistency
  - RPA
  - System Management

- Data Quality Framework
- Data Analysis, Modelling and Forecasting
- Improve Capabilities and Data Literacy throughout the Directorate & HB

The top priorities over the next 12-18 months are as follows:

- Establishment Control review and implementation;
- Medical E-Systems review, process redesign and contracts;
- Data capability and capacity;
- Data Architecture and automated data feeds for ESR, Nursing Health Roster & Financial Data; and
- Dashboard Development:
  - Nursing Dashboard
  - ESR Dashboard

### Establishment Control

2.16 An options paper is in development but will require engagement and buy-in from key stakeholders. In the meantime, work is being undertaken to agree a medical and dental establishment for all Care Groups by November 2024, to test the approach.

2.17 The option for establishment reporting or control is being explored.

### System Management

2.18 Ongoing work is in progress to support the development of the Medical Workforce E-Systems used by the People Directorate to support the organisation. This includes a number of systems expiring in 2025, so we are undertaking a systems review to inform the procurement process. An option appraisal and approval will be needed by October 2024.

2.19 Significant work is underway, aligned to NWSSP, to standardise and optimise our ESR system in readiness for the new solution (ESR 2) which is currently underway.

2.20 Evaluation of our Health Roster licences is underway as we explore the opportunity for additional licencing to support our rostering processes. In addition, a review of Wagestream is also underway.

### Capacity and Capability Development

2.21 We are currently working in partnership to undertake training and education in data science/literacy for all levels within the organisation such as:

- (NDR) National Data Resource's Analytical Learning Programme (ALP); and

- Piloting ONS Data Masterclass with the aim to evaluate and build into the CTM Leadership Programme

## Data Accessibility and Consistency

- 2.22 The development of the data architecture will support easily accessible and relevant information that is available on demand.
- 2.23 This is challenging as currently systems do not exchange information, so work is underway to pull the information together in a central repository to feed all data reporting (where appropriate).
- 2.24 This will provide one source of data which feeds all levels of reporting and will enable standardisation in what is reported, using the same data to reduce conflicting messages and allow the development of dashboards and automated reporting e.g. establishment control.
- 2.25 This should reduce duplication of work and release resources to focus on the analysis of the data and improve the quality of the data. This will help to provide more confidence in the data, and through robust data enable better decision making to address any workforce problems.

## Data Dashboards

- 2.26 The Nursing Dashboard has been launched and has had a positive reception. It continues to be developed as follows:
- Phase 1 - Implemented
  - Phase 2 – Health Roster RPA and Roster KPIs
  - Care Group Dashboard Development – align to Nursing Dashboard Standards

## Robotic Process Automation (RPA)

- 2.27 We are also reviewing our business processes and workflows to rationalise and inform the areas that would benefit from the implementation of RPA services.
- 2.28 Also to be reviewed is the Health Board-wide strategic direction on the use of RPA, and the solutions used to streamline and effectively utilise licensing.

## Data Analysis, Modelling and Forecasting Aims

- 2.29 The work to be undertaken will be to ensure data and intelligence to be used at all levels to support decisions and re-design of services, and deliver:
- *the right data at the right time and delivered in the right way;*

- analysis to support service re-design and modelling;
- identification and analysis of variation and costs;
- the alignment of intelligence and insight to the business needs; and
- an innovative intelligence service that portrays the story, the “so what” and also recommendations and options: Prescriptive Analytics

## Attraction and Resourcing

- 2.30 Due to the scarcity of skills and availability of workforce, building an attraction and resourcing strategy is key. We need to stand out from the crowd and elevate our CTM brand, as there is increased competition for higher salaries i.e. competing with other NHS organisations, public sector, private sector, agencies and locums with the opportunity for prospective workforce to be selective around their employment.
- 2.31 Engagement with the workforce is required to obtain data and analytics around the current position within various staff groups. A questionnaire has been developed, ‘Choosing Us’, which has been issued to understand why staff in post chose CTM. It has received 87 responses so far with themes to be extracted and shared at People and Culture Committee on 7 August 2024.
- 2.32 Starting well: Working with the Employee Experience and Retention Lead to re-implement the ‘Starting Well’ questionnaire which will continually monitor attraction, recruitment and onboarding experiences within the health board.
- 2.33 Website: Statistics show that 1/3 of our website traffic comes to the job page; we aim to increase our content here to represent our brand and offering. Promotion of the Bank and a project with Communications is starting in September 2024.
- 2.34 Advertising: Data indicates that NHS Jobs is still the most frequented source for job adverts. We aim to rewrite our ‘About Us’ paragraph with information gained from engagement, as well as having a set structure and guidance on writing job adverts (use of headers/footers etc.). There will be job advert workshops for hiring managers, and we are working with medical workforce to standardise job description templates.
- 2.35 Social Media: Our peers in other health boards have an increased online presence. We are looking at weekly ‘Jobs of the Week’ posts on main social media sites (Aug 2024), and creation of a CTM jobs page exclusive to careers (Sept 2024). We aim to increase presence on LinkedIn, and design a LinkedIn course for hiring managers (Nov 2024) as well as supporting a campaign on social media and possibly wider to raise the profile of the Registered Nurse role.

- 2.36 Careers Fairs / events: We will be mapping out Careers Fairs and events to attend (though there are budget constraints), and plan to hold site-based Open Days across the health board in 2025. There will be a Careers showcase at Eisteddfod 2024, promoting Welsh Language and careers, as well as a Partnership with HEIW TrainWorkLive.
- 2.37 Student streamlining: Working with the Corporate Nursing team to redesign student streamlining events, to modernise the showcase of CTM to potential new hires within the HB (July/Aug 2024). We will look to offer a Padlet with details of specific hospitals and wards for students looking to join us.
- 2.38 Content creation: Working with the Communications teams and staff groups to create some new content for our website and social media, i.e. videos and digital adverts. We are looking at creating supplementary materials for jobs adverts such as updated 'benefits' and 'About Us' documents.
- 2.39 Campaign support: We will be working with specific teams that have 'difficult to fill roles', and assisting with recruitment campaigns and attraction plans. We are looking at how are we advertise the roles, our brand and our USP along with increasing our visibility.
- 2.40 External relationship building: We are forming relationships with local universities and colleges as well as national universities to promote CTM and encourage specialisms to map out universities to target. We will form relationships with third party organisations for underrepresented groups to increase our talent pools.
- 2.41 Early careers: The Shape and Supply group is established, and we will be forming a smaller Task and Finish group to look at mapping out our early careers work across the health board, aligning this to workforce gaps. We aim to have a standard CTM careers talk template, signposting to all careers.
- 2.42 Referrals: Data shows high numbers of those who joined due to word of mouth. We will explore opportunities to maximise on this across the health board with incentives, and explore the creation of a CTM alumni to encourage sharing of opportunities.
- 2.43 Assessment centres: We are working with the wider People Directorate to create a suitable assessment offering, initially looking at band 8c and above and focusing on leadership competencies.

## Retention

- 2.44 Retention is crucial to our ability to deliver great care to our communities within CTM. Whilst we focus on strengthening our workforce supply, we must ensure that we continue to prioritise our existing teams – supporting

and encouraging them to not just remain in our employment but to flourish, thrive and contribute. Turnover within CTM is currently 11.26% and we are committed to taking positive action on improving retention by better understanding why people leave our organisation, and developing and implementing a retention plan that supports our people to remain with us. There are multiple data sources readily available within CTM that provide us with a better understanding of why staff are leaving. The top three reasons for staff leaving are:

- Better work life balance and flexible working opportunities
- Career/personal development
- Burn out/ lack of appreciation.

2.45 The following actions are underway:

- National Retention Planning and Delivery: CTM is actively involved in the national nursing retention work being led by Health Education and Improvement Wales (HEIW). Our Retention and Workforce Planning Lead utilises networks across Wales by attending the HEIW community of practice, which encourages sharing of best practice and co-creation of retention initiatives.
- Local Retention Planning and Delivery: We have an internal Retention Action Plan that covers delivery against both internal plans and the actions within the HEIW Nurse Retention Plan. We have re-established a Retention Steering Group which gives oversight, direction and engagement on this work. Key areas of focus will be:
  1. Flexible working: Embedding the new All Wales Flexible Working policy within CTM, requesting and recording flexible working requests via ESR in order to improve intelligence and identify areas which require further support and intervention.
  2. Development and career progression: Embedding our Lateral Moves Scheme and promotion of internal opportunities.
  3. Best practice and thinking differently: Developing new initiatives informed by engagement, best practice, research and data, and promoting areas of good practice/case studies within the health board.
  4. Improving intelligence: Utilising the HEIW national retention self-assessment tool to inform baseline position, relaunching our Moving on Questionnaire, developing a retention dashboard and undertaking a dedicated piece of work with our '1<sup>st</sup> year leavers' to understand reasons for leaving.

5. Retention support for leaders and managers: Development of a 'Leaver's Toolkit' and a communication and engagement plan to support implementation and roll out.

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

2.46 Improved retention should result in:

- reduction in the number of staff leaving;
- more flexible ways to support people at different stages of their careers; and
- increased opportunities for internal professional development and talent management.

3. Achievements to date include:

- A positive SWP audit by Audit Wales in February 2024 and CTM action plan developed March 2024;
- Positive Apprenticeship Programme and widening access;
- Submitted annual IMTP Education Commissioning 31 March 2024 and MDS;
- Developed an MDT Retention Group to deliver the HEIW Nursing Retention Plan and local CTM actions to retain all staff groups. Introduced Lateral Moves Scheme;
- Developed a 4 year IEN Programme subject to sustainable funding and exploring options for medical workforce;
- Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park;
- Facilitated Therapies SWP workshops and Neonatal SWP workshops;
- c.£12m agency expenditure saving across 2022/23 to 2023/24;
- Bank Modernisation plan and increased HCSW recruitment to support HCSW agency cessation;
- A reduction in turnover over the last 6 months;
- Development of a nursing dashboard and data feeds to M&D PEG; and
- Created an MDT Workforce Shape and Supply Group to understand supply pipelines to meet demand.

4. Key Risks / Matters for Escalation

- 4.1 Review the BAF Risk 3: sufficient workforce to deliver the activity and quality ambitions of the organisation in light of the significant work in place to treat the risk.
- 4.2 If we do nothing, the risk is likely to get worse impacting on our workforce and patients.



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	Ageing Well
	If more than one applies please list below: All applies to the sustainability of a skilled, affordable and motivated workforce to deliver across all areas.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Resilient Wales
	If more than one applies please list below: All applies in the context of strategic workforce planning to meet our requirements to patients and the wider community.
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Culture and Valuing People
	If more than one applies please list below: All applies to the delivery of patient care/service user/citizens needs.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Efficient
	If more than one applies please list below:
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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: No for the report but potentially yes for the activities and outputs from the report.
Cydraddoldeb a'r Gymraeg	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



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?	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 yet reviewed No for the report but potentially yes for the activities and outputs from the report.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Potential reputational impact due to unable to meet the gaps in supply which could impact on patient care and ability to be an employer of choice.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Challenges around resources and financial sustainability, which are addressed within the report and presentation.	

## 6. Recommendations

- 6.1 To note the significant amount of work to support the infrastructure of workforce planning.
- 6.2 Seeking collaboration and integration with key stakeholders on the approach and plans to embed into business as usual.
- 6.3 This has to be integrated with the CTM service delivery plans to support the here and now, as well as building the workforce to meet the medium and longer term delivery plans to achieve CTM2030 and the NHS Implementation Plan.

## 7. Next Steps

- 7.1 SWP Action plan is outlined in Appendix 3
- 7.2 This is not just for delivery by the People Directorate, and cannot be delivered in isolation; it will need collaboration and integration with key stakeholders and service and organisational plans for the benefits to be realised.
- 7.3 Alignment to Care Group, Service and Staff Group/Professional plans via Heads of People.
- 7.4 Workforce can be a driver and an enabler to clinical models for change to move forward service redesign/changes.

- 7.5 Consider the people at the earliest stage to influence models and options – the challenges are doing the same and hoping for something different.
- 7.6 Review the BAF risk and look to reduce the score.
- 7.7 Update progress at relevant Committee/Board.



## Appendix 1

### CTM Approach to SWP and Six Step Methodology



### Six Steps Framework





## Appendix 2

### CTM Action Plan: Audit Wales SWP 6 Recommendations

Actions	
<ul style="list-style-type: none"> <li>Establishment Control – test out approach M&amp;D</li> </ul>	<b>June 2024</b>
<ul style="list-style-type: none"> <li>Assessment of progress and impact of recommendations to PCC with regular progress updates to the relevant Board Committee</li> </ul>	<b>Aug 2024</b>
<ul style="list-style-type: none"> <li>Assess current SWP capacity and capability.</li> <li>Explore opportunities to embed SWP methodology in CTM Leadership Development programmes.</li> <li>Develop workforce planning materials and toolkits.</li> </ul>	<b>Sept 2024</b>
Development of a horizon scan to support strategic workforce planning and to inform potential changes and/or impact to people/population/services	<b>Oct 2024</b>
<ul style="list-style-type: none"> <li>Develop a workforce baseline assessment based on risk linked to the UHB risk register to identify key workforce priority areas with agreed actions for improvement.</li> <li>Agree reporting arrangements and monitor progress through quarterly reviews of the risk register and at Inspiring People Board.</li> </ul>	<b>Oct 2024</b>
<ul style="list-style-type: none"> <li>Develop high level workforce plans by staff group, in partnership with key stakeholders, to enable the development of short, medium and long-term goals aligned to CTM 2030</li> </ul> <p>Build into the plans:</p> <ul style="list-style-type: none"> <li>Acute Clinical Services Plan</li> <li>Llantrisant Health Park</li> <li>Regional working and other programmes</li> </ul>	<b>Mar 2025</b>



## Appendix 3

### SWP Next Steps Action Plan

7 Themes	Actions	
1. Engaged, Healthy and Motivated Workforce	<ul style="list-style-type: none"> <li>Delivery of National and local Retention Plans – Relunched CTM Retention Group. Next meeting</li> </ul>	Sep 2024
2. Attraction and Recruitment	<ul style="list-style-type: none"> <li>Review options for IEN recruitment and international medical specialities</li> <li>Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM.</li> <li>PA recruitment – challenges around finding 11 (2 posts secured)</li> </ul>	End Jul 24 Jul 24
	<ul style="list-style-type: none"> <li>Medical Job Planning review data</li> </ul>	Sept 24
3. Seamless workforce Models	<ul style="list-style-type: none"> <li>Medical Job Planning review data</li> </ul>	12 Aug 24
4. Digitally Ready Workforce	<ul style="list-style-type: none"> <li>Medical Workforce Systems review: Bank/Agency/Rostering/Job Planning</li> <li>Piloting ONS Data Masterclass with aim to evaluate and build into CTM Leadership Programme</li> </ul>	Oct 24 Sep 24
	<ul style="list-style-type: none"> <li>Aligned to Clinical, Medical Education and L&amp;D.</li> </ul>	Ongoing
6. Leadership & Succession	<ul style="list-style-type: none"> <li>Senior Leadership Programme to be launched shortly</li> </ul>	Summer 24
7. Workforce Shape & Supply	<ul style="list-style-type: none"> <li>Share data packs to Care Groups on vacancies, workforce availability, variable spend to develop local workforce plans</li> </ul>	Aug 24
	<ul style="list-style-type: none"> <li>MDT Shape and Supply Workshop – agree subgroup and objectives</li> </ul>	Aug 24
	<ul style="list-style-type: none"> <li>Agree Establishments for M&amp;D with Care Groups, Finance and People</li> </ul>	Nov 24
	<ul style="list-style-type: none"> <li>Support the alignment of baseline workforce plans for ACSP and LHP</li> </ul>	Sep – Dec 24
	<ul style="list-style-type: none"> <li>Support the development of the Registered Nurse Assistant Band 4</li> </ul>	Ongoing



**6.1**      **7 August 2024**      **People & Culture Committee**      **Strategic Workforce Planning Update**

FOI Status:	Please select: Open (Public)
If closed please indicate reason:	Open
Prepared By:	Nicola Evans, Interim Asst Director of Strategic Workforce Planning
Presented By:	Nicola Evans, Interim Asst Director of Strategic Workforce Planning
Approving Executive Sponsor:	Hywel Daniel, Executive Director for People
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	See Impact Assessment in SWP report item 6.1 on the agenda
Related Health and Care Standard	See Impact Assessment in SWP report item 6.1 on the agenda
Has an EOIA been undertaken?	No for the purposes of the presentation
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	See Impact Assessment in SWP report item 6.1 on the agenda
Link to Strategic Goals	Please Select: Sustaining Our Future





# People and Culture

## Strategic Workforce Planning Update

Nicola Evans

Interim Assistant Director of Strategic Workforce Planning  
(Head of Workforce Planning)

7 August 2024

# SWP Update - Content

- CTM Approach
- What are the current problems we are trying to resolve and plan for?
  - Managing risk
  - Data and analytics challenges
  - Vacancy gap
  - Turnover
  - Bank and Agency spend
  - Age profile and population growth
  - IMTP Education and Commissioning
- Why do we need to resolve them?
- What actions are we taking? - Audit Wales Recommendations, SWP Priorities
- Achievements to date and next steps
- HEIW SWPs
- What outcomes are we looking for?
- Final thoughts



# CTM SWP Approach

## Horizon Scanning (high assumptions)

AI, Genomics, Medical Science, TOPOL, changes to ways of working/employment, changes in population (Census) socio-economics etc

## Transformational (Long Term) 3 years plus

- CTM2030/Healthier Wales /People Priorities
- Scenario Planning
- Whole system working, Culture & Leadership
- Focus on skills not roles & use digital/technology

## Transitional (Med Term)- 1-3 yrs

- ACP/LHP/Regional Working
- IMTP Education Commissioning
- Priorities based on workforce risk
- Understanding workforce gap and 6 Bs
- Data insights & modelling (predictive data )

## Transactional (Short-Term) (within 1 yr)

- Rosters - Recruit, Bank/Agency
- Short term pipeline
- Prescriptive Data



# Managing Risk

- Sufficient workforce to deliver the activity and quality ambitions of the organisation is one of the biggest strategic risks for CTM with a score of 20 which has remained static. Does this still feel right?

	Consequence	Likelihood	Score
Initial	5	5	25
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>
Target	5	2	10

- If we fail to plan for the current and future workforce requirements then we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.
- Increased gaps in our workforce adversely affect the quality of care, increased burden on other workforce, the employee and patient experience, with the potential to increase variable pay and impacting on our ability to continue to deliver high quality and affordable services fit for today and tomorrow.
- Recruitment challenges due to skills shortages across health and social care on a local, national and international scale. While international recruitment is explored it is costly and not sustainable and the ability to retain the current workforce is crucial.
- Being mindful that solutions such as education, training and development, developing apprenticeships, new roles/additional skills and/or extended skills take time (sometimes years) to grow.
- Treating the risk, but it is recognised that it will not be achieved in the short term.



# Data and analytics challenges

- Multiple data sources and systems that do not integrate with each other.
- Lots of duplication of manual processes to extract data and produce reports with no easy access to information in one place.
- Lots of duplication of reporting within the Health Board.
- No agreed Establishment Reporting/Control.

## Key areas of work:

- Establishment Control
- Data Accessibility and consistency
- Robotic Process Automation - RPA
- System management
- Data Quality Framework
- Data Analysis, Modelling and Forecasting
- Improve capabilities and data literacy throughout the Directorate & Health Board

Level 1 Basic	Level 2 Opportunistic	Level 3 Systematic	Level 4 Differentiating	Level 5 Transformational
<ul style="list-style-type: none"> <li>▪ Data is not exploited, it is used</li> <li>▪ D&amp;A is managed in silos</li> <li>▪ People argue about whose data is correct</li> </ul>	<ul style="list-style-type: none"> <li>▪ IT attempts to formalize information availability requirements</li> <li>▪ Progress is hampered by culture; inconsistent incentives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Different content types are still treated differently</li> <li>▪ Strategy and vision formed (five pages)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Executives champion and communicate best practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ D&amp;A is central to business strategy</li> </ul>
<ul style="list-style-type: none"> <li>▪ Analysis is ad hoc</li> <li>▪ Spreadsheet and information firefighting</li> <li>▪ Transactional</li> </ul>	<ul style="list-style-type: none"> <li>▪ Organizational barriers and lack of leadership</li> <li>▪ Strategy is over 100 pages; not business-relevant</li> <li>▪ Data quality and insight efforts, but still in silos</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agile emerges</li> <li>▪ Exogenous data sources are readily integrated</li> <li>▪ Business executives become D&amp;A champions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Business-led/ driven, with CDO</li> <li>▪ D&amp;A is an indispensable fuel for performance and innovation, and linked across programs</li> <li>▪ Program mgmt.. mentality for ongoing synergy</li> <li>▪ Link to outcome and data used for ROI</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data value influences investments</li> <li>▪ Strategy and execution aligned and continually improved</li> <li>▪ Outside-in perspective</li> <li>▪ CDO sits on board</li> </ul>

# Workforce Position

## Current Establishment (General Ledger against ESR Staff in Post (SIP) as at June 2024

- This data has a number of caveats as we do not currently have an agreed establishment control.
- A current workforce gap of 5.72% with the highest vacancies in \*M&D and Nursing (7.14%).
- Scarcity of skills and increasing numbers of 'hard to fill posts'
- Further impacted 6.82% sickness absence (end May 2024) (NMR 6.79% and M&D 2.47%)

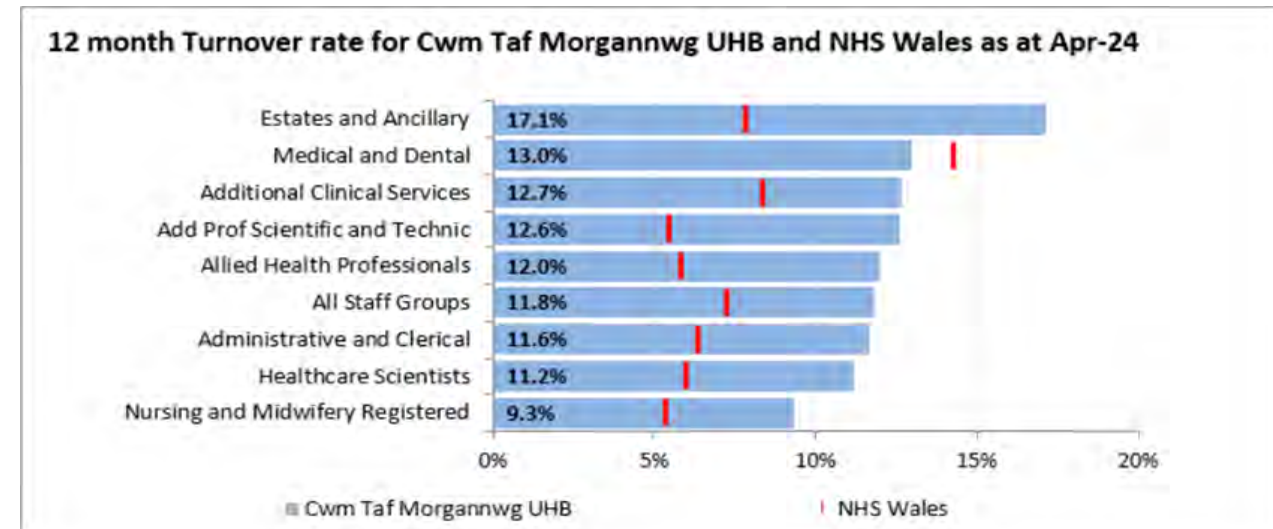
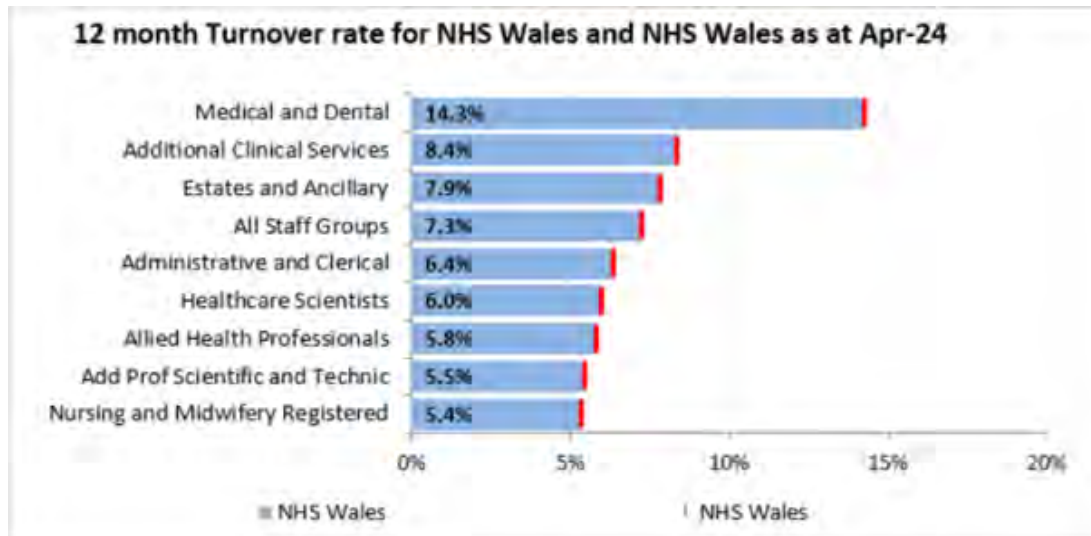
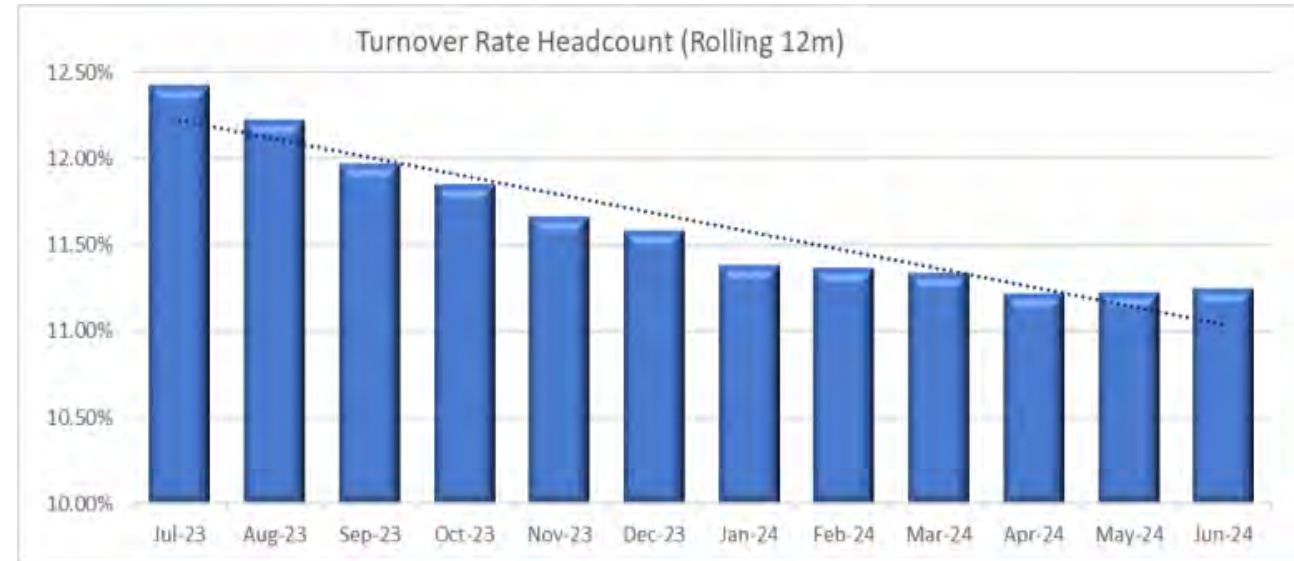
Row Labels	Sum of Budget FTE	Sum of FTE	Sum of (Under) / Over Establishment
Add Prof Scientific And Technical	350.94	357.84	6.9
Additional Clinical Services	2191.41	2165.48	-25.93
Administrative & Clerical	2122.93	2256.88	133.95
Allied Health Professionals	747.57	769.93	22.36
Estates And Ancillary	1106.73	1015.61	-91.12
Healthcare Scientists	239.72	205.92	-33.8
Medical And Dental	1209.71	784.81	-424.90
Nursing And Midwifery Registered	3918.73	3638.86	-279.87
Students	0.8	13.2	12.4
Grand Total	11888.54	11208.53	-680.01

\* This does not include the SIP for the SLE programme but does include the FTE budget to cover their costs. It also does not reflect Drs who work more than FT hours



# Turnover

- As at June 2024, CTM turnover is 11.26%; it has remained under 12% over the past 6 months.
- However, the UHB turnover data indicates a higher rate than all Wales.
- Need to create succession plans for critical posts/areas of expertise.



# Bank and Agency Spend

## Bank Spend 2024 Q1

Sum of Cur Month Actual (£k)

Row Labels	Apr	May	Jun
Add Prof Scientific And Technical	2	1	1
Additional Clinical Services	881	1,035	902
Administrative & Clerical	0	0	0
Allied Health Professionals			0
Estates And Ancillary			
Nursing And Midwifery Registered	263	247	223
<b>Grand Total</b>	<b>1,145</b>	<b>1,283</b>	<b>1,126</b>

## Agency Spend 2024 Q1

Sum of Cur Month Actual (£k)

Row Labels	Apr	May	Jun
Add Prof Scientific And Technical		17	13
Additional Clinical Services	208	159	113
Administrative & Clerical	57	29	41
Allied Health Professionals	73	97	54
Estates And Ancillary	303	259	195
Healthcare Scientists	71	62	57
Medical And Dental	913	980	813
Nursing And Midwifery Registered	1,695	1,987	1,936
<b>Grand Total</b>	<b>3,320</b>	<b>3,589</b>	<b>3,224</b>

- £3.5m Bank spend and £10.1m Agency costs Q1.
- Top reasons for usage: vacancy, sickness and increased activity.
- Administrative and Clerical agency freeze (with some exceptions) from September 2023.
- Significant HCSW Bank recruitment to support cessation of HCSW Agency.
- Cessation of HCSW Agency 1 October 2023 (with some exceptions).
- Plans to cease off contract agency for nursing.
- Plans to reduce on contract agency for nursing by 20%.
- Plans to reduce medical and dental agency by 10%.



# Age Profile and Population Growth

- Average CTM retirement age (based on data for July 21 to June 24) is 61 years.
- Average retirement age for NMR is 59 years.
- There are four generations in our workforce with different needs and perspectives.
- In 10 years, there is a risk that over 34% of our workforce will have retired.
- c.66% of the workforce we have today will be the workforce of "tomorrow"...
- ...so we need to keep for tomorrow the "contingent" workforce we have today.
- Create development pathways and opportunities to enable retention.

Staff Group	Headcount Staff 46 and over	WTE Staff 46 and over	Headcount Staff 51 and over	WTE Staff 51 and over	Headcount All Staff	WTE All Staff
Add Prof Scientific and Technic	151	124.81	101	81.81	414	356.64
Additional Clinical Services	1,104	925.85	849	701.83	2,543	2,173.07
Administrative and Clerical	1,432	1,223.24	1,108	926.13	2,600	2,256.63
Allied Health Professionals	233	201.65	143	121.84	845	771.94
Estates and Ancillary	879	698.61	748	590.56	1,297	1,014.69
Healthcare Scientists	89	81.53	61	55.35	216	205.82
Medical and Dental	465	421.13	326	292.68	859	784.11
Nursing and Midwifery Registered	1,747	1,469.98	1,268	1,021.62	4,070	3,641.48
Students	6	5.40	5	4.40	14	13.20
<b>Grand Total</b>	<b>6,106</b>	<b>5,152.22</b>	<b>4,609</b>	<b>3,796.22</b>	<b>12,858</b>	<b>11,217.58</b>

## Population Growth

CTM Population grew by **2.2%** by 9,607 since 2011.



Increases by Local Authority areas were: 4.5% Bridgend (6,322), 1.4% RCT (3,248) and 0.1% Merthyr (37).

- All Wales population projections anticipate changes from 2020-2050 with the most significant growth in over 80s, which contrasts with the fall in under 30s.



# IMTP Education Commissioning

- Increase in IMTP numbers particularly in adult nursing, ODPs, BSc. Diagnostic Radiology and Advanced Clinical Practice (MSc.).
- HEIW unlikely to deliver the numbers commissioned.
- Limited alternative plans if commissioning numbers are not realised.

## Physician Associates

*'A new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision'. Agenda for Change Band 7.*

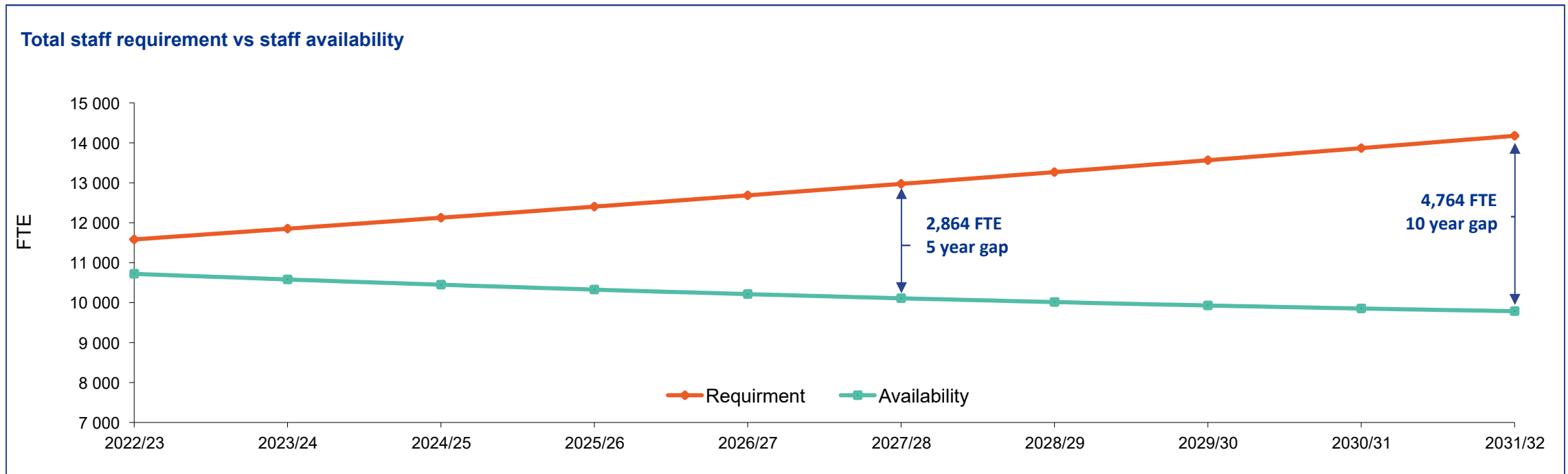
We currently employ 13 PAs. The table below shows our numbers for IMTP Education Commissioning:

Commissioning Year and availability	Commissioned
2020 commissioned for Sept 2023	10
2021 commissioned for Sept 2024	13
2022 commissioned for Sept 2025	20
2023 commissioned for Sept 2026	15
2024 commissioned for Sept 2027	0



# Unvalidated do-nothing projection

The chart below sets out the projected workforce requirements against the overall workforce availability if the organisation continues to work as they do now. **These projections are based on the high level assumptions and further work should be undertaken before any decisions are made based on this data.**



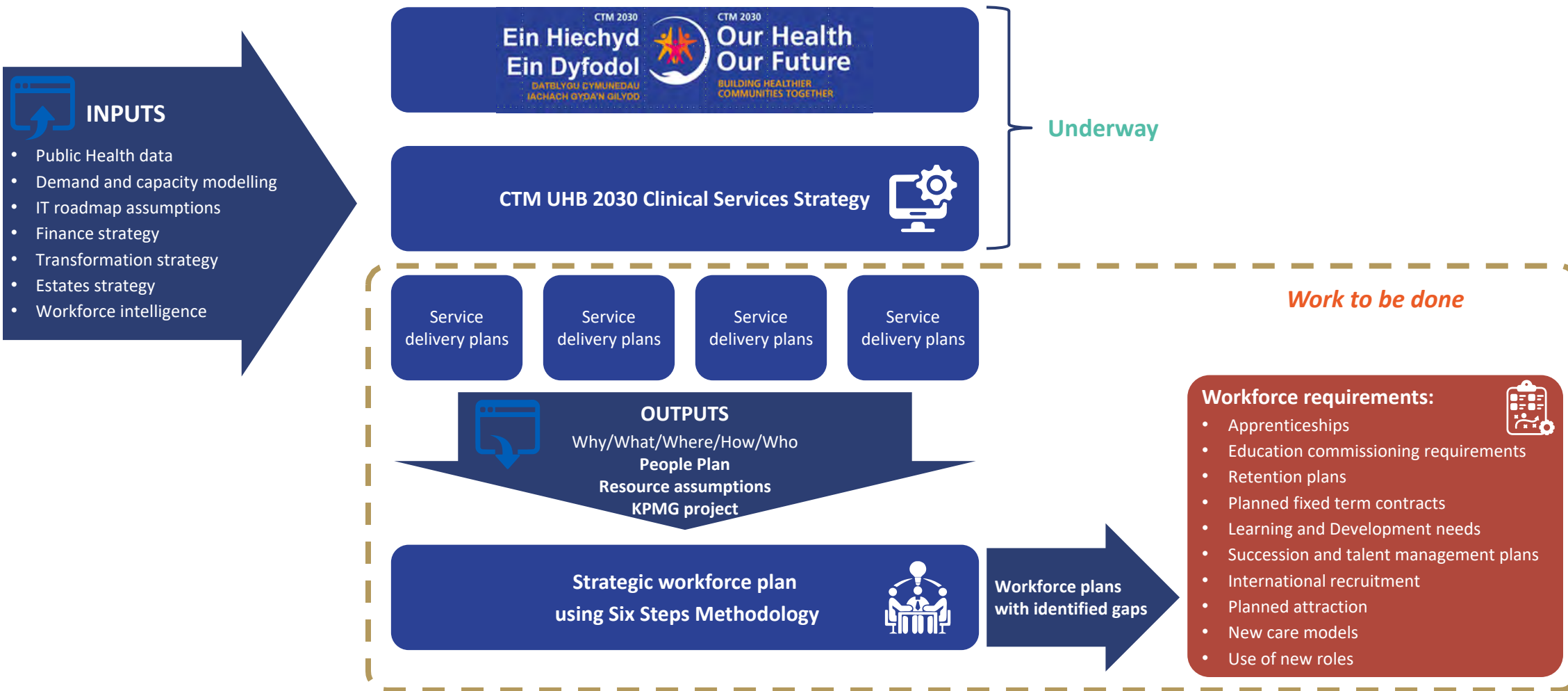
Illustrative largest gap in 5 years (2027/28)



# Action Plan: Audit Wales SWP Recommendations

Actions	
<ul style="list-style-type: none"> <li>Establishment Control – test out approach M&amp;D</li> </ul>	June 2024
<ul style="list-style-type: none"> <li>Assessment of progress and impact of recommendations to PCC with regular progress updates to the relevant Board Committee</li> </ul>	Aug 2024
<ul style="list-style-type: none"> <li>Assess current SWP capacity and capability.</li> <li>Explore opportunities to embed SWP methodology in CTM Leadership Development programmes.</li> <li>Develop workforce planning materials and toolkits.</li> </ul>	Sept <b>2024</b>
<p>Development of a horizon scan to support strategic workforce planning and to inform potential changes and/or impact to people/population/services</p>	Oct 2024
<ul style="list-style-type: none"> <li>Develop a workforce baseline assessment based on risk linked to the UHB risk register to identify key workforce priority areas with agreed actions for improvement.</li> <li>Agree reporting arrangements and monitor progress through quarterly reviews of the risk register and at Inspiring People Board.</li> </ul>	Oct 2024
<ul style="list-style-type: none"> <li>Develop high level workforce plans by staff group, in partnership with key stakeholders, to enable the development of short, medium and long-term goals aligned to CTM 2030</li> </ul> <p>Build into the plans:</p> <ul style="list-style-type: none"> <li>Acute Clinical Services Plan</li> <li>Llantrisant Health Park</li> <li>Regional working and other programmes</li> </ul>	Mar 2025

# CTM 2030 clinical services strategy: Foundations for workforce transformation



# The Wales Approach to Strategic Workforce Planning

The approach to strategic workforce planning in Wales is based on the Skills for Health Six Steps



- **The Skills for Health Six Step Framework is based on the following Principles that support effective workforce planning:**
- **Sustainability** – plans should be realistic and affordable
- Encourages **innovative thinking**
- A focus on what **skills and competencies** are needed rather than what we currently have
- Based on **evidence and information**
- **Integrated** planning across finance, service and workforce
- **Iterative** process
- Requires effective **leadership**
- Promotes **collaboration** and **shared solutions**



# SWP Priorities – with key stakeholders

Head of Workforce Planning	Head of People Analytics	Attraction & Resourcing	Retention & Workforce Planning
<ul style="list-style-type: none"> <li>• Embed the CTM Approach to SWP</li> <li>• Develop capacity and capability in SWP and develop resources</li> <li>• Assessing current and future skills (Horizon Scan)</li> <li>• New/Alternative roles/skills e.g. PA, Associate Nurse etc</li> <li>• High level workforce plans to address workforce gaps</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment Control</li> <li>• Data Accessibility and Consistency</li> <li>• Robotic Process Automation - RPA</li> <li>• System Management</li> <li>• Data Quality Framework</li> <li>• Data Analysis, Modelling and Forecasting</li> <li>• Improve Data Literacy Capabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve attraction through CTM Branding.</li> <li>• Increased social media presence student streamlining and attendance at careers fairs to promote CTM</li> <li>• Prioritise nurse and medical recruitment</li> <li>• Employee Value Brand Proposition</li> <li>• Standardise use of psychometrics and assessment centres to improve appointment decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Planning and Delivery of the HEIW National Retention Plan</li> <li>• Local Retention Planning and Delivery: <ul style="list-style-type: none"> <li>❖ Flexible working:</li> <li>❖ Development and career progression</li> <li>❖ Best practice and thinking differently</li> <li>❖ Improving intelligence Retention support for leaders and managers</li> </ul> </li> <li>• Supporting the delivery of workforce planning activities</li> </ul>

# Achievements to date

- A positive SWP audit by Audit Wales in Feb 2024 and CTM action plan developed March 2024
- Positive Apprenticeship Programme and widening access
- Submitted annual IMTP Education Commissioning 31 March 2024 and MDS.
- Developed an MDT Retention Group to deliver the HEIW Nursing Retention Plan and local CTM actions to retain all staff groups. Introduced Lateral Moves Scheme.
- Developed a 4 year IEN Programme subject to sustainable funding and exploring options for medical workforce
- Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park.
- Facilitated Therapies SWP workshops and Neonatal SWP workshops.
- c.£12m agency expenditure saving across 2022/23 to 2023/24.
- Bank Modernisation plan and increased HCSW recruitment to support HCSW agency cessation.
- A reduction in turnover over the last 6 months
- Development of a nursing dashboard and data feeds to M&D PEG
- Created an MDT Workforce Shape and Supply Group to understand supply pipelines to meet demand



# CTM Delivery against HEIW SWPs - 2030

SWP Plans	Progress
Mental Health	<ul style="list-style-type: none"> <li>Progress underway with the development of the CAAPs role</li> <li>Development peer workforce (lived experience)</li> </ul>
SPPC, Dental and Optometry	<ul style="list-style-type: none"> <li>Launched on 15 May 2024. Work is underway to within the Primary Care &amp; Community Care Group to implement the plan.</li> <li>Accelerated cluster development provides opportunity to redesign primary care services around patient need</li> </ul>
Peri-natal	<ul style="list-style-type: none"> <li>Using Peri-Natal plan in the Neonatal SWP workshops: first held 24 Feb 2024 with next one Oct 24 (delayed due to service moves).</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>Alternative workforce models such as: specialist prescribing pharmacists to support WLIs, pharmacists at front door and community hospital redesign</li> <li>Opportunity to become a training academy.</li> </ul>
Health Care Science	<ul style="list-style-type: none"> <li>Alternative models of care redesign delivery services and workforce including recruitment of additional types of HCS professions into CTM</li> </ul>
Genomics	<ul style="list-style-type: none"> <li>HEIW are in the process of finalising the plan which will be published during Autumn 2024.</li> </ul>
Nursing	<ul style="list-style-type: none"> <li>HEIW Consultation process ended 21 June 2024 – awaiting outcome</li> </ul>

Alignment between Strategic Workforce Plans



## 7 themes of NHS Implementation Plan:

1. An Engaged, Healthy & Motivated workforce
2. Attraction & Recruitment

## 3. Seamless Workforce Models

4. Building a digitally ready workforce
5. Excellent Education & Learning

## 6. Leadership & Succession

7. Workforce Shape & Supply

# Next Steps

7 Themes	Actions	
1. Engaged, Healthy and Motivated Workforce	<ul style="list-style-type: none"> <li>• Delivery of National and local Retention Plans – Relaunched CTM Retention Group. Next meeting</li> </ul>	Sep 2024
2. Attraction and Recruitment	<ul style="list-style-type: none"> <li>• Review options for IEN recruitment and international medical specialities</li> <li>• Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM.</li> <li>• PA recruitment – challenges around finding 11 (2 posts secured)</li> </ul>	End Jul 24 Jul 24  Sept 24
3. Seamless workforce Models	<ul style="list-style-type: none"> <li>• Medical Job Planning review data</li> </ul>	12 Aug 24
4. Digitally Ready Workforce	<ul style="list-style-type: none"> <li>• Medical Workforce Systems review: Bank/Agency/Rostering/Job Planning</li> <li>• Piloting ONS Data Masterclass with aim to evaluate and build into CTM Leadership Programme</li> </ul>	Oct 24 Sep 24
5. Excellent Education and Learning	<ul style="list-style-type: none"> <li>• Aligned to Clinical, Medical Education and L&amp;D.</li> </ul>	Ongoing
6. Leadership & Succession	<ul style="list-style-type: none"> <li>• Senior Leadership Programme to be launched shortly</li> </ul>	Summer 24
7. Workforce Shape & Supply	<ul style="list-style-type: none"> <li>• Share data packs to Care Groups on vacancies, workforce availability, variable spend to develop local workforce plans</li> <li>• MDT Shape and Supply Workshop – agree subgroup and objectives</li> <li>• Agree Establishments for M&amp;D with Care Groups, Finance and People</li> <li>• Support the alignment of baseline workforce plans for ACSP and LHP</li> <li>• Support the development of the Registered Nurse Assistant Band 4</li> </ul>	Aug 24  Aug 24 Nov 24 Sep – Dec 24 Ongoing

# What Outcomes?

- One data set that tells the CTM story which is accessible, builds confidence and informs workforce plans
- SWP capability with a focus on skills and competencies for flexibility to meet the changing internal and external environment, using the horizon scan to identify what changes may be coming so we are prepared
- Right people, in the right place, with the right skills, at the right time, at the right cost to avoid over/under supply by planning for knowns and unknowns
- Improving staff and patient experience to support wellbeing/avoid burnout. e.g. better work design, rostering and planning
- Improving what we can offer to attract more people to CTM
- Retaining the workforce we have by creating the right conditions, including flexibility, leadership and development
- Planning education, training and development which takes time to grow, with short term plans to address today but keeping an eye on tomorrow
- Workforce costs – reduce variable pay

# Final Words

- We cannot do this on our own collaboration and integration is needed to make the difference and measure outcomes with alignment to service, finance, planning, service improvement, culture, leadership etc.
- Alignment to Care Group, Service and Staff Group/Professional plans via Heads of People
- Workforce can be a driver and an enabler to clinical models for change to move forward service redesign/changes
- Involve people early to influence models and options – the challenges are doing the same and hoping for something different
- Further details attached in the Attraction & Resourcing and Retention presentations
- Look to reduce the workforce risk
- Update progress at relevant Committee/Board

Any comments and/or questions



Recommendation:

The Board or Committee are asked to:

- *Acknowledge significant work to support the development of high level workforce plans*
- *Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.*

# Supplementary Slides - Attraction and Retention





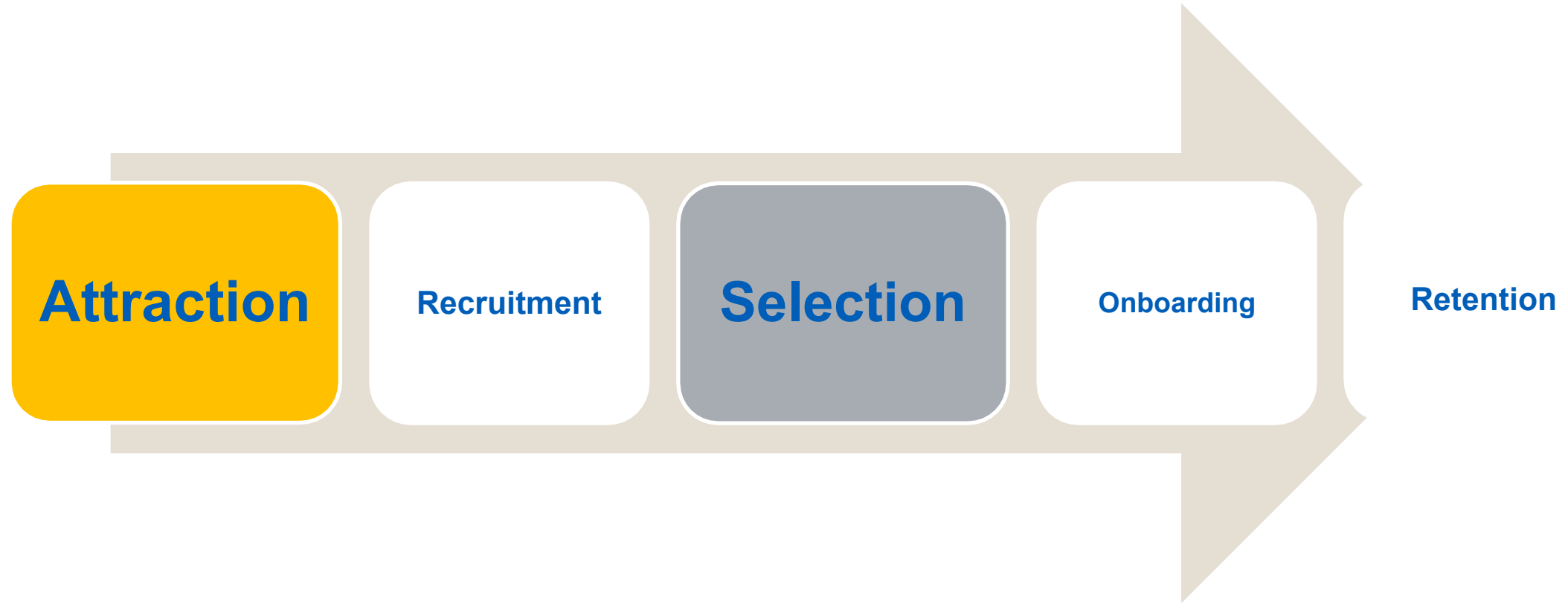
# People and Culture Committee Attraction Overview

Emily Summerhayes

Attraction and Resourcing Lead

7 August 2024

# Recruitment and Resourcing cycle



# Attraction

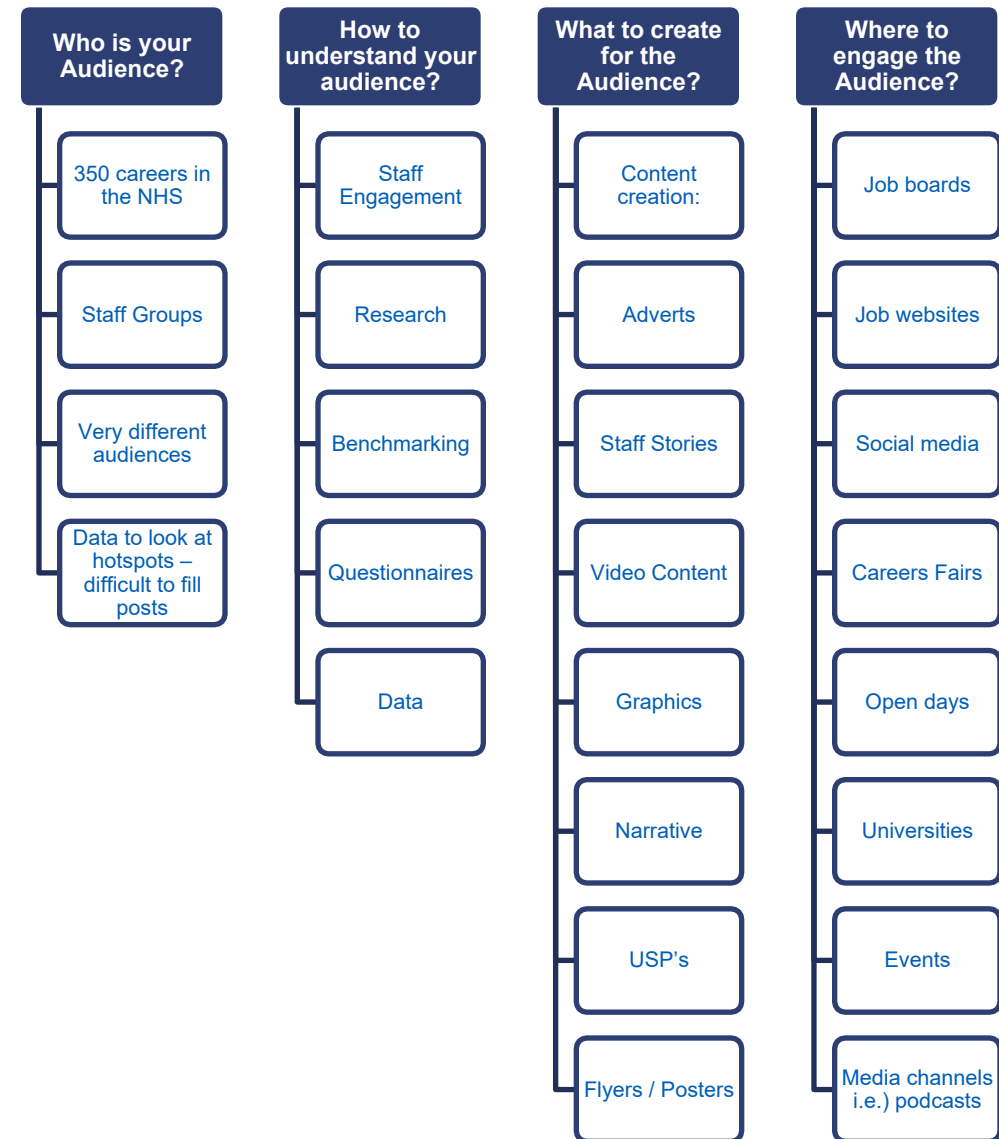
## Active Attraction

- Seeking candidates who are actively job hunting
- Job adverts
- Careers Fairs
- Often results in high quantity of applications

## Passive Attraction

- Targeting people who are not actively seeking jobs
- Focusing on employer branding and relationship-building
- Candidates are often employed, skilled and hesitant to job hunt
- Often quality of applications
- Focus is on building pipelines, communities and leveraging an online presence
- Social media plays a big part

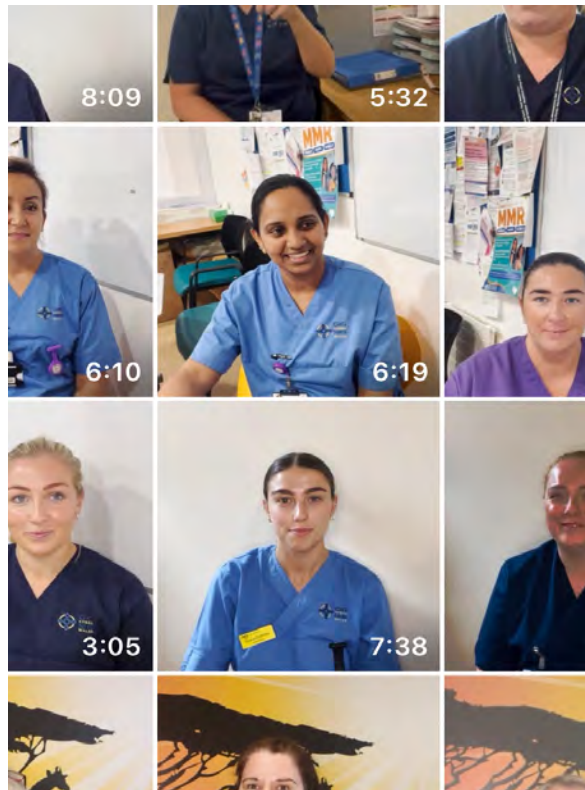
# Building an Attraction Plan



# Priority Areas....



# Content creation



## WHY CTM? - Planned Care

3 LARGE ACUTE HOSPITALS

OPPORTUNITY TO MOVE AROUND

FRIENDLY AND SUPPORTIVE TEAMS

Sharon O'Brien  
Director of Nursing, Planned Care

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

### Welcome to Cwm Taf Morgannwg

Student Streamlining events  
Jan/Sept 2022 Cohort

#JOINCTM

## Expression of Interest

Macmillan oncology

Base: Royal Glamorgan Hospital  
Hours of Work: 1 session per week  
Division / Directorate: Planned Care  
Service: Cancer Services  
Duration: 3 years, to be reviewed regularly

### Introduction

We're pleased to share an opening in RHM for a position within Acute Oncology, offering one session a week (DCC time). This opportunity is exclusively available to a substantive consultant within CTE/Unit.

### Our Service

Our service provides 'fit acute oncology support across the three hospitals within CTE/Unit and will significantly improve the care of patients who:

- Have been committed to hospital with a new cancer diagnosis.
- Are experiencing complications from their treatment.
- Are presenting acutely with cancer-related concerns.

Our service also includes part in ensuring patients are on the appropriate care pathway. Facilitating communication among hospital staff, oncology and palliative care teams, patients, their families, and primary care providers.

"The 2021 site enables me to work with a breadth of other specialists across the hospital and develop valuable contacts to ensure optimum patient care. It's a very rewarding role and allows you to establish a rapport with your patients."

Dr Duah Williams  
Acute Oncology Team

## Rydym yn Recriwtio

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

## Aim:

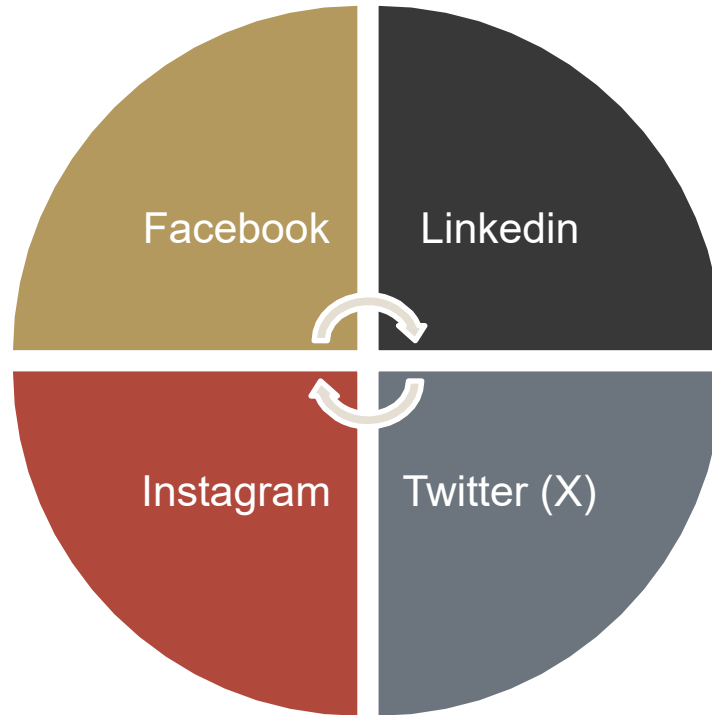
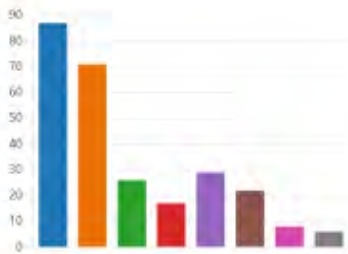
- Aim to increase passive attraction and build pipelines
- Working with Communication Team and Care Groups to create some new branded content for our website and social media ie) videos, digital adverts.
- Creation of supplementary materials for jobs adverts such as updated 'benefits' and 'about us' documents.
- Creation of new promotional materials for events such as student streamlining

# Social Media

23. What social media platforms do you frequently use?

More Details

Facebook	87
Instagram	71
LinkedIn	26
Snapchat	17
TikTok (X)	29
TikTok	22
I don't use social media	8
Other	6



## Aim:

- Weekly job posts on main SM sites – jobs of the week (Aug 2024)
- Creation of a CTM Jobs page exclusive to careers (Sept 2024)
- Social Media calendar for attraction
- Increase presence on LinkedIn – design a LinkedIn course for hiring managers (Nov 2024)
- Establish a system to request social media coverage for difficult to fill roles

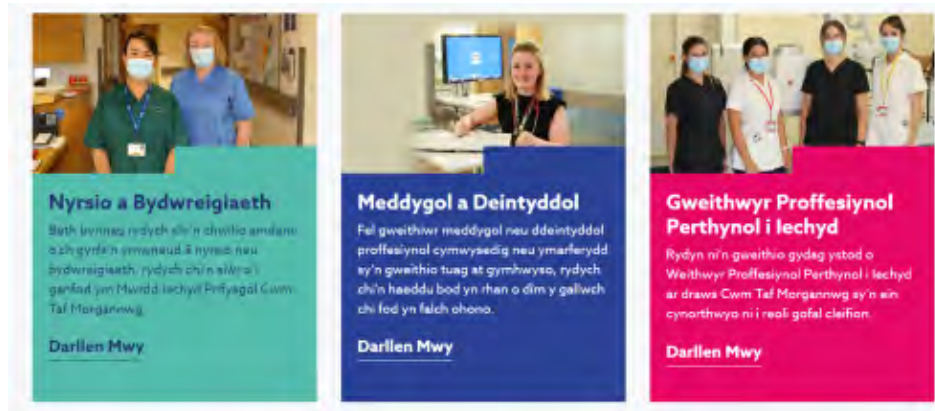


16 respondents (73%) answered Facebook for this question:





# CTM Careers site – Join CTM



17. Were you aware of the 'Join CTM' microsite prior to joining us?

More Details

Yes	6
No	108



## Aim:

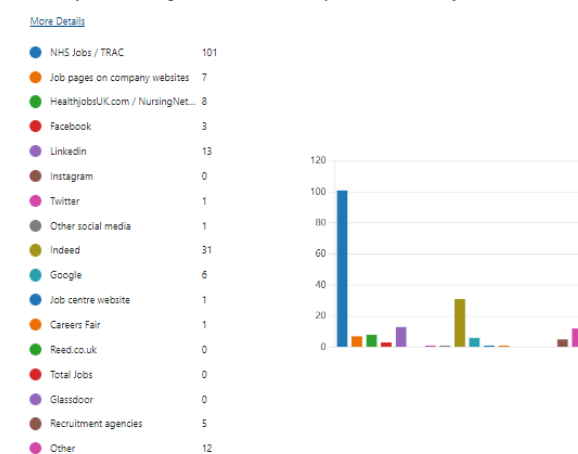
- Develop this site, with dedicated careers pages, improve content
- Link the site to the main website to traffic it through
- Promote the site through social media platforms

# Meaningful Job Adverts

19. Where did you FIRST hear about / see the vacancy you applied for with CTM/HRB?



13. When you were looking for a new role, where did you look to search for jobs?



## Practice Development Nurse Band 6

<b>Main area</b>	Nurse education	<b>Site</b>	Prince Charles Hospital
<b>Grade</b>	Band 6	<b>Town</b>	Mertllys Tydfil
<b>Contract</b>	8 months (fixed term until 31st March 2025, due to funding)	<b>Salary</b>	£35,922 - £43,257 per annum
<b>Hours</b>	Full time - 37.5 hours per week	<b>Salary period</b>	Yearly
<b>Job ref</b>	T10.NMR327.0724	<b>Closing</b>	31/07/2024 23:59

Data shows that NHS Jobs is still the most frequented source of job adverts.

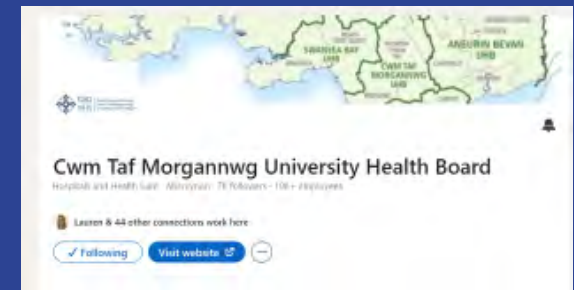
### Aim:

- Rewriting our 'About Us' paragraph with information gained from engagement demonstrating EVP
- Using a set structure and guidance on writing **meaningful** job adverts which showcase our EVP
- Producing a job advert workshop for hiring managers
- Standardising job description templates
- Including additional materials as attachments – updating benefits document and including 'About Us' attachments

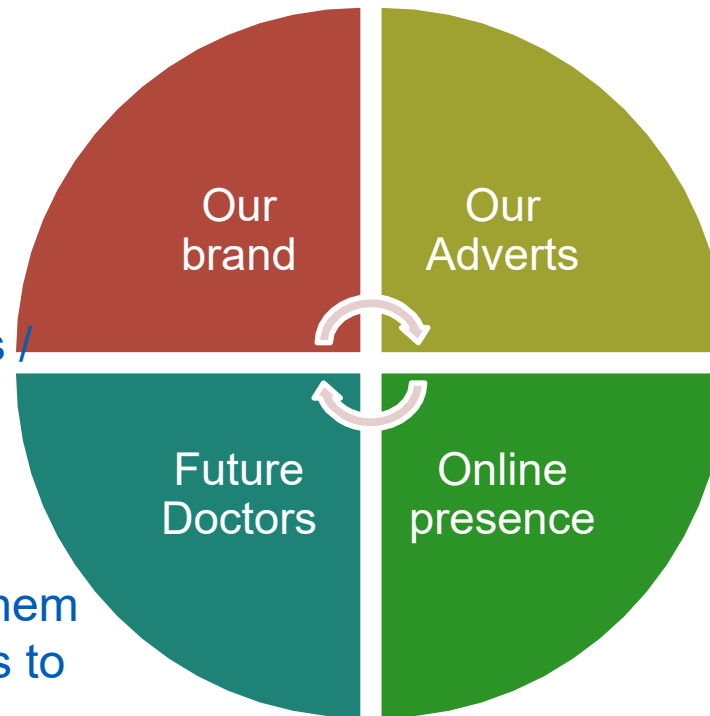
# Other projects:

- ❑ **Careers Fairs / events** – mapping out careers fairs and events to attend (budget constraints); plan to have open days across the HB and site based in 2025. Careers showcase at Eisteddfod 2024, promoting Welsh Language and careers. Partnership with HEIW TrainWorkLive.
- ❑ **Campaign support** – Working with specific teams that have ‘difficult to fill roles’, assisting with recruitment campaigns and attraction plans.
- ❑ **External relationship building** – Forming relationships *with local universities and colleges as well as national universities* to promote CTM. Encourage specialisms to map out universities to target. Form relationships with third party organisations for underrepresented groups to increase our talent pools.

# Medical Attraction



- Staff Stories
- Establishing why we are different to create an EVP
- Showcasing Wales as progressive
- Creating templates / banners etc.
- Producing content
- Working with Communications teams / new Lead
  
- Understanding what is important to them
- Targeting University medical students to showcase CTM – Bristol, Liverpool



- Where are we advertising? (Alternatives to BMJ)
- Standardising job description templates
- Creation of recruitment pack
- Meaningful job advert training
  
- Social media – increasing presence from a CTM perspective on LinkedIn and Twitter
- Using our ambassadors
- Re-launching JoinCTM
- Create medical ‘space’ showcasing the different roles
- Passive recruitment – podcasts, webinars etc.



# People and Culture Committee Retention Update

Abi Landeg

Retention and Workforce Planning Lead

7 August 2024

# CTMUHB June 24 Staff Turnover

Time Frame: 1<sup>st</sup> July 2023 – 30<sup>th</sup> June 2024

## CURRENT TURNOVER RATE

11.26%

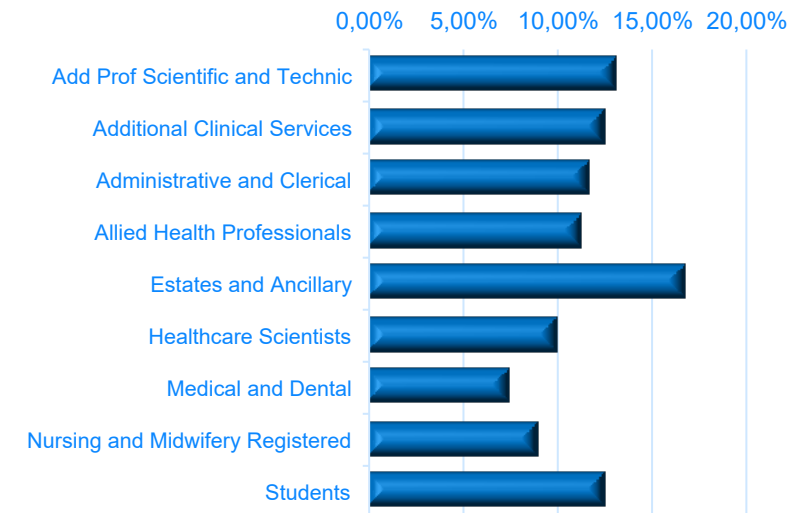


Turnover has increased slightly from 11.24% in May (rolling 12 months) but has remained under 12% for the last 6 months

Nursing and Midwifery Registered (NMR) is: 8.97% reduction of c4% in the last 12 months

The three highest turnover rates were within:

1. **16.77%** - Estates & Ancillary → *Investigatory piece of work being undertaken*
2. **13.14%** - Additional Prof. Scientific and Technical
3. **12.47%** - Additional Clinical Services/Scientific



# CTMUHB June 24 Leavers

Time Frame: 1<sup>st</sup> July 2023 – 30<sup>th</sup> June 2024



1,194.7  
(WTE)

1. **25.68%** - Nursing & Midwifery Registered (306.76 WTE)
2. **21.53%** - Admin & Clerical (257.21 WTE)
3. **21.47%** - Additional Clinical Services (256.58 WTE)



WHEN?

Year 1: **14.82%** → Targeted piece of work being undertaken  
Year 2 – 5: 34.75%  
Year 3: 35.70%

WHY?

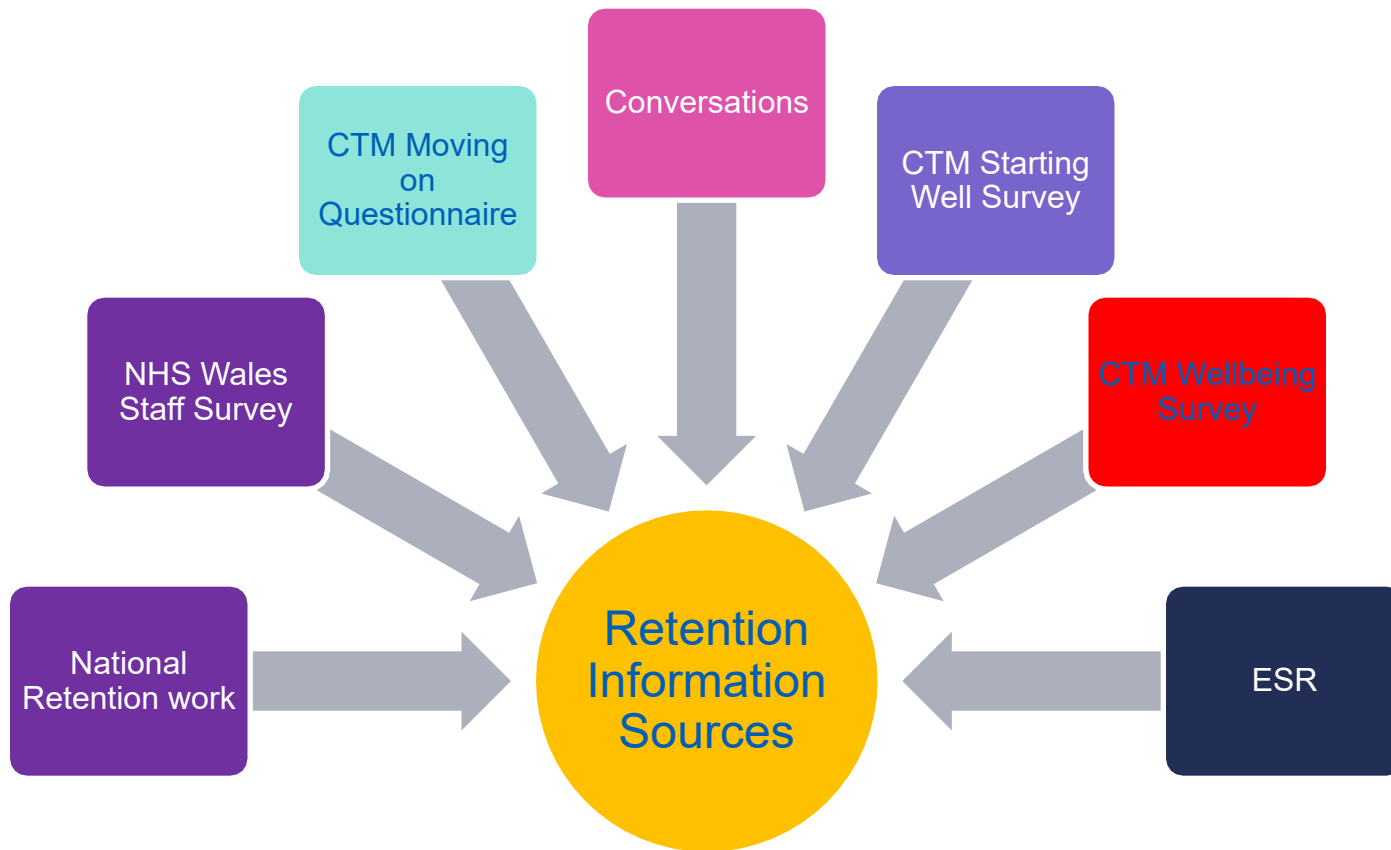
1. Voluntary Resignation - 58.08% (658.05 WTE) \*
2. Retirement – 32% (381.66 WTE)
3. End of fixed term contract – 4.84% (57.83WTE)

\* Voluntary Resignation Top 3 Reasons

1. **Work life balance – 31.87% (209.70 WTE)**
2. **Promotion – 25.89% (170.37 WTE)**
3. **Relocation – 19% (125.01 WTE)**



# Retention Key Themes

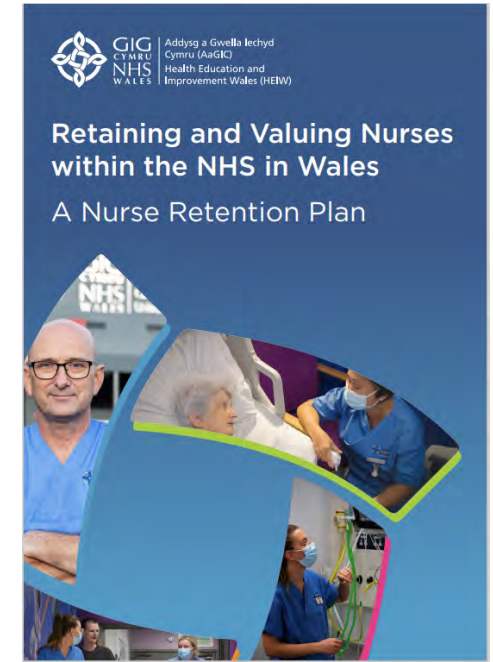


1. **Work life balance (flexible working)**
2. **Career development**
3. **Burn out/lack of appreciation**
4. **Poor working relationships**
5. **Career changes\***
6. **Retirement\***
7. **Poor onboarding experiences\***

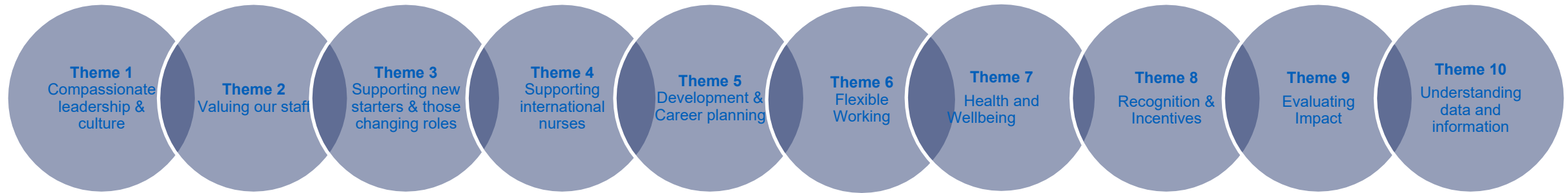
*\* All need further exploration*

# Development of CTM UHB Retention Plan

- Retention plan developed that aligns to:
  - HEIW Nurse Retention Plan
  - Our People Priorities & developing People Plan
  - Recommendations from the KPMG Strategic Workforce Planning review
  - Our developing Employee Experience and Wellbeing Approach & Culture offer
  - Our leadership and development plans
  - Plan has a whole workforce approach, with a particular focus on nursing
- Action plan updated on a monthly basis by the Retention Lead



## Key Themes CTMUHB Retention Plan



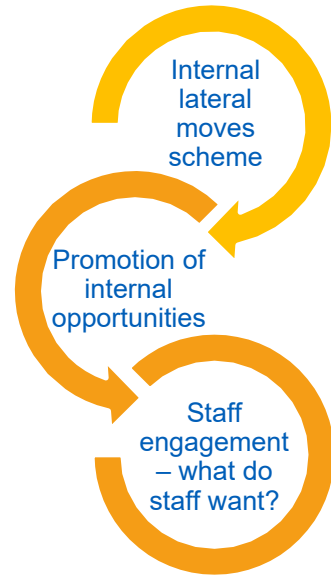
## Development of a Cwm Taf Morgannwg UHB Retention Action Plan (Including local and national retention plans)



### Flexible Working



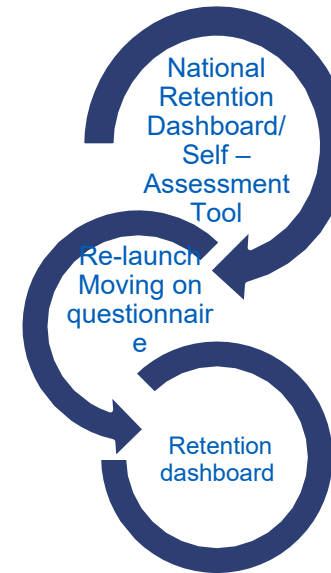
### Development & Career Progression



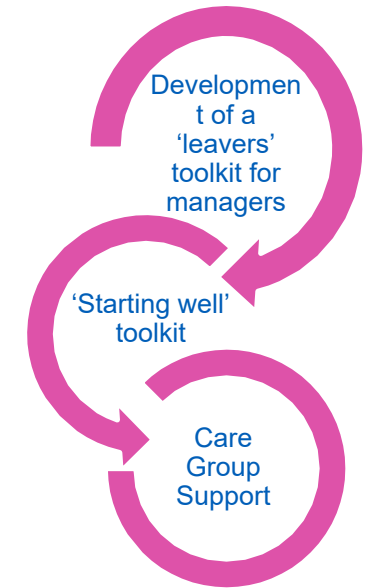
### Best Practice



### Improving Intelligence



### Support for Managers





People & Culture Committee

EMPLOYMENT RELATIONS UPDATE

Dyddiad y Cyfarfod / Date of Meeting	07/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Michael Bartlett, People Services Leader
Cyflwynydd yr Adroddiad / Report Presenter	Karen Wright, Assistant Director of Policy, Governance and Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

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

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

Acronyms / Glossary of Terms	
ACAS	Advisory, Conciliation and Arbitration Service
ER	Employee Relations
ET	Employment Tribunal
HCPC	Health Care professional Council
NMC	Nursing and Midwifery Council
GMC	General Medical Council



## 1. Situation /Background

- 1.1 Employee relations (ER) is about how the employer engages with its workforce to foster good workplace relations, 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 conflict arising. 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 quarter 1 of 2024/25 and refers to quarters 2, 3 and 4 of 2023/24 for comparison purposes.
- 2.2 ER activity numbers change daily as cases are closed and new cases are opened. Therefore, it should be noted that the figures are constantly changing in respect of this activity.

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

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


### 3. ER Activity End of Quarter 1

#### 3.1 Upholding Professional Standards Wales Cases and Hearings

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

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


#### 3.2 Fast Track Disciplinary Hearings

No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24
10	14	6	21 

During quarter 1 the number of fast track disciplinary hearings increased significantly. As at early July 2024, 17 of these cases have been concluded, with a further four being progressed.

There are no identified reasons, areas or trends to explain the increase in the number of these cases in Quarter 1.

#### 3.3 Formal Disciplinary Cases and Hearings

No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24
14	11	18	29 



Quarter 1 saw a significant increase in the number of formal disciplinary cases. As at July 2024, only four of these cases had been concluded leaving a further 19 cases open. Disciplinary case work currently accounts for over half of all employee relations activity within the Health Board.

There are no identified reasons or trends to explain the increase in these cases in Quarter 1, other than just under half of these cases are attributed to the nursing and midwifery staff group.

### 3.4 Staff Suspensions and Exclusions from Work

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

Currently only one member of staff is suspended/excluded from work due to an ongoing disciplinary matter. This figure continues to 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 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24
24	23	12	7

At the end of Quarter 1, the number of Respect and Resolution cases had reduced slightly. Of these seven cases, three have already been concluded, while a further three required formal investigation, leaving six open cases at the start of Quarter 2.


### 3.6 Police and Safeguarding Cases

No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23	No. End Quarter 4 31/03/24	No. End of Quarter 1 30/06/24
9	14	18	15

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



### 3.7 Counter Fraud Cases

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

During Quarter 1, there was one ongoing Counter Fraud case.

### 3.8 Formal Appeal Hearings

Five appeal hearings were lodged during Quarter 1, three of which related to the Respect and Resolution at Work policy. At the end of Quarter 1, only one appeal hearing had not been heard and remains outstanding.

### 3.9 Employment Tribunal Cases

During Quarter 1, the Health Board had five open Employment Tribunal (ET) cases, one of which rolled forward from Quarter 4. By the end of Quarter 1, there were only two ongoing open cases.

During this period the Health Board received three requests from employees, via ACAS, to enter into conciliation talks to avoid them lodging a claim with the ET.

### 3.10 Professional Registration Fitness to Practice Referrals

#### 3.10.1 Health and Care Professions Council (HCPC)

No. of Active / Closed Cases	No. End of Quarter 4 31/03/23	No. End of Quarter 1 30/6/24
No. of Active Cases	5	6
No. Current Employees	4	5
No. Ex-Employees	1	1
No. Agency Workers	0	0
Cases Closed	0	0
Closed Case Outcomes	0	0



### 3.10.2 Nursing and Midwifery Council (NMC)

No. of Active / Closed Cases	No. End of Quarter 4 31/03/23	No. End of Quarter 1 30/6/24
No. of Active Cases	33	32
No. Current Employees	11	18
No. Ex-Employees	9	10

NMC Continued/...

No. of Active / Closed Cases	No. End of Quarter 4 31/03/23	No. End of Quarter 1 30/6/24
No. Agency Workers	9	11
Cases Closed	1	1
Closed Case Outcomes	No further action	No further action

### 3.10.3 General Medical Council (GMC)

No. of Active / Closed Cases	No. End of Quarter 4 31/03/23	No. End of Quarter 1 30/6/24
No. of Active Cases	3	4
No. Current Employees	3	4
No. Ex-Employees	0	0
No. Agency Workers	0	0
Cases Closed	1	0
Closed Case Outcomes	License to practice withdrawn	-

### 3.11 Employment Relations Deep Dive

The new Head of People Services has commenced in post. The first significant piece of work on which they have led has been to undertake a deep dive into the Health Board's employment relations activity. This work has:-

- identified trends and their impact, and assisted to identify the appropriate actions required to address these issues;

- led to a review of our current ER systems, processes and policies to identify the challenges and establish the learning, which will assist the People Services Team to address them; and
- led to a review of ER cases which have remained open for a period of three months or longer, to understand the reasons and identify the appropriate actions to be taken, by the relevant parties, to close them in a timely and appropriate manner.

This data and information has already informed work being undertaken by the People Services Team to implement continuous improvement activities, and to increase the impact they have when supporting and coaching managers and investigating, disciplining and appeals officers through our ER processes.

From this scrutiny process, the following four pillars have been identified as the future areas of focus for the People Services Team's ER model (*Figure 1*).



Figure 1

### 3.12 Summary of Quarter 1 ER Activity

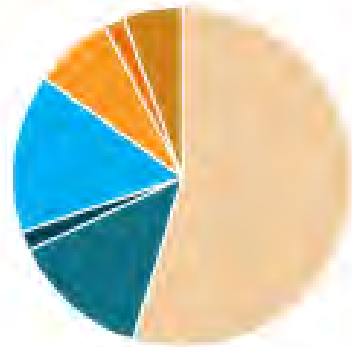
See page 9.



GIG  
CYMRU  
NHS  
WALES

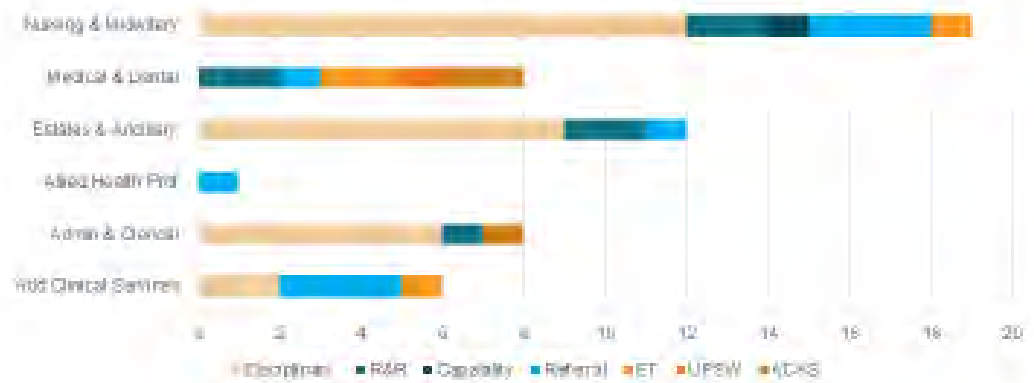
Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Case count

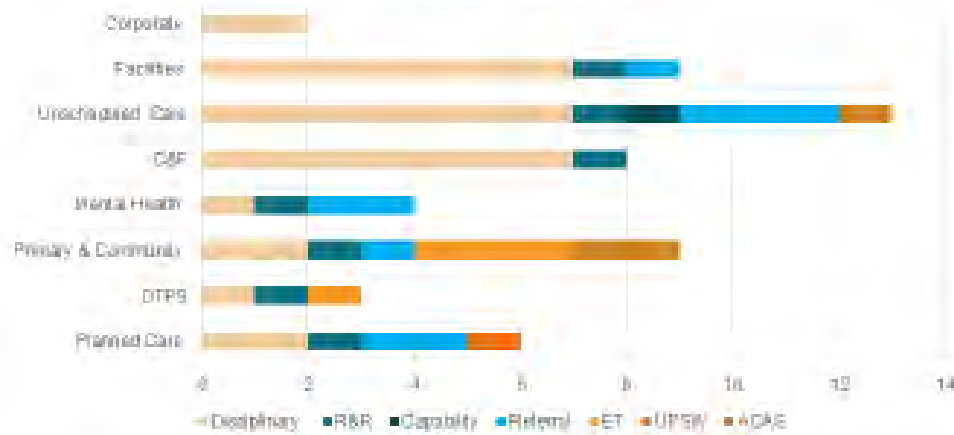


Discipline R&R Capability Referral  
ET UPSW ACAS

Case type by staff group



Case type by Care Group



Type	Number	Suspensions
Discipline	29	1
R&R	7	
Capability	1	
Referral	9	
ET	4	
UPSW	1	
ACAS	3	
<b>Total</b>	<b>54</b>	<b>1</b>



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 <a href="#">150623-guide-to-the-fg-act-en.pdf</a> ( <a href="#">futuregenerations.wales</a> )	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	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		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): 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.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Potential for Employment Tribunal cases if not managed appropriately.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Potential for reputational damage if these cases are not managed in a timely and appropriate manner.	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	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 the figures for Quarter 4 2023/24 in this report have been adjusted to reflect the full and final figures which could not be reported to the People and Culture Committee in April 2024, due to the change in the meeting cycle to coincide with the beginning of the financial year. Therefore, as agreed this report includes the revised Quarter 4 ER activity and Professional Registration Fitness to Practice referral data.

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

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
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 – Item deferred
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	Interim Assistant Director Strategic Workforce Planning	7 August 2024 – Item deferred
Deferred from February and April 24 meeting	Additional Items	<ul style="list-style-type: none"> <li>• Retirement Policy</li> <li>• Fixed Term Contract Policy</li> <li>• Personal Relationships at Work Policy</li> <li>• Disclosure &amp; Barring Policy</li> </ul>	Assistant Director of Governance, Policy & Risk	7 August 2024 – Policies deferred to November 2024 meeting
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	6 November 2024

## Completed Activity from the Forward Work Programme

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