

People & Culture Committee

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

Seminar Rooms 2 & 3, Keir Hardie Academic Centre, Merthyr Tydfil



Agenda

09:30 - 09:35 1. PRELIMINARY MATTERS
5 min

Dilys Jouvenat, Chair

1.1. Welcome & Introductions

Information Dilys Jouvenat, Chair

1.2. Apologies for Absence

Information Dilys Jouvenat, Chair

1.3. Declarations of Interest

Dilys Jouvenat, Chair

09:35 - 09:40 2. CONSENT AGENDA
5 min

2.1. ITEMS FOR APPROVAL

2.1.1. Minutes of the Meeting of the Committee held on the 8th November 2023

Decision Dilys Jouvenat, Chair

📄 2.1.1 Unconfirmed Minutes 8.11.23 PC Committee 7 February 2024.pdf (10 pages)

2.1.2. Minutes of the In Committee Meeting held on the 8th November 2023

Decision Dilys Jouvenat, Chair

📄 2.1.2 Unconfirmed In Committee Minutes 8.11.23 PC Committee 7 February 2024.pdf (2 pages)

2.1.3. Ratification of Chairs Urgent Action - Approval of the Flexible Working Policy

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

A question has been raised by an Independent Member which was:

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

The response is as follows:

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

There is a small People Group currently exploring the options to socialise and embed the policy, the ethos of which as you state, reflects a significant cultural change for our managers. The Group is developing a review process to be used in the post launch period, to identify where request are being approved (to identify good practice) and refused, to intervene to establish whether there is a possible solution to make the request happen in full or an alternative suitable solution which can be proposed.

📄 2.1.3 Ratification of Chairs Urgent Action Cover Report PC Committee 7 February 2024.pdf (4 pages)

2.1.4. Committee Annual Cycle of Business 2024-25

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

2.1.4 Committee Annual Cycle of Business PC Committee 27 February 2024.pdf (3 pages)

2.1.4a Annual Cycle of Business 2024-25 PC Committee 7th February 2024.pdf (3 pages)

2.2. FOR NOTING/ASSURANCE

2.2.1. Action Log

Information Dilys Jouvenat, Chair

2.2.2 Action Log PC Committee 7th February 2024.pdf (4 pages)

09:40 - 09:45 3. MAIN AGENDA

5 min

3.1. Matters Arising Not Otherwise Contained on the Action Log

Discussion Dilys Jouvenat, Chair

09:45 - 09:55 4. GOVERNANCE

10 min

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

4.1a- Org Risk Register Jan 24 - Cover Paper - PCC.pdf (7 pages)

4.1b - App 1 - Org RR Jan 24 - PCC.pdf (3 pages)

4.2. WHC/2023/046 - All Wales Control Framework for Flexible Workforce Capacity - Baseline Return to Welsh Government

Discussion Natalie Price, Assistant Director, Strategic Workforce Planning

4.2 PCC Feb 24 4.2 WHC Agency Usage Presentation.pptx (9 pages)

4.2 WHC2023046 All Wales Control Framework for Flexible Workforce Capacity - NP 30.01.pdf (12 pages)

4.2a Appendix 1 Welsh Government Health Circular.pdf (9 pages)

4.3b Appendix 2 Agency Reduction Plan on a Page.pdf (1 pages)

09:55 - 11:30 5. INSPIRING PEOPLE

95 min

5.1. Shared Listening & Learning Story - Supported Intern Apprenticeships

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

5.2. Pathways Widening Access - Presentation

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

5.2 07.02.24 Apprenticeships, Pathways and Widening Access v3.pptx (11 pages)

5.3. Welsh Language Update

Discussion Karen Wright, Assistant Director of Governance & Risk/Ben Screen Welsh Language Manager

5.3a Welsh Language SG Highlight Report (W) PC Committee 7 February 2024.pdf (7 pages)

5.4. Culture - Presentation

Discussion *Michelle Hurley-Tyers, Assistant Director of OD and Wellbeing/Lauren Edwards, Executive Director of Therapies & health Sciences*

 5.4 Restorative, Just and Learning Update PC Committee 7th February 2024.pdf (7 pages)


5.5. Workforce Metrics Report

Discussion *Natalie Price, Assistant Director Strategic Workforce Planning*

 5.5 Workforce Metrics Report.pdf (13 pages)

5.6. Job Planning Data Incident - Learning and Plan for Improvement

Discussion *Natalie Price, Assistant Director Strategic Workforce Planning/Sallie Davies, Deputy Medical Director*

 5.6 Job Planning Data Incident - Learning and Plan for Improvement.pdf (6 pages)

5.7. Phase Two Implementation of New Leadership & Management Service Structure - Presentation

Discussion *Helen Watkins, Deputy Director for People/Richard Hughes, Deputy Director of Nursing, Midwifery & Patient Care*

 5.7 Phase 2 New Leadership and Management Structures PC Committee 7th February 2024.pdf (6 pages)

11:30 - 12:15 6. SUSTAINING OUR FUTURE

45 min

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

Discussion *Helen Watkins, Deputy Director for People*

 6.1 Development of the People Plan PC Committee 7th February 2024.pdf (16 pages)

6.2. Employee Relations Report

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

 6.2 Employee Relations Report.pdf (10 pages)

6.3. Retention Update on the Lateral Moves Scheme - Verbal Update

Discussion *Natalie Price, Assistant Director Strategic Workforce Planning*

12:15 - 12:25 7. IMPROVING CARE

10 min

7.1. Committee Referral from Quality & Safety Committee - Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across CTM - Verbal Update

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

12:25 - 12:30 8. OTHER MATTERS

5 min

8.1. Forward Work Plan

Dilys Jouvenat, Chair

 7.1 Forward Plan PC Committee 7 February 2023.pdf (6 pages)

8.2. Committee Highlight Report to Board

Dilys Jouvenat, Chair

8.3. Any Other Urgent Business

Dilys Jouvenat, Chair

8.4. How Did We Do Today?

Dilys Jouvenat, Chair

12:30 - 12:30 9. DATE AND TIME OF NEXT MEETING

0 min

15th April 2024 at 1.30 pm

Agenda Item 2.1.1

CWM TAF UNIVERSITY HEALTH BOARD

UNCONFIRMED MINUTES OF THE PEOPLE & CULTURE COMMITTEE

8TH NOVEMBER 2023 AT THE HWB, ROYAL GLAMORGAN HOSPITAL

Members Present:

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

In Attendance:

Hywel Daniel	Executive Director for People
Greg Padmore-Dix	Executive Nurse Director / Deputy Chief Executive
Helen Watkins	Deputy Director for People
Marc Penny	Director of Improvement & Innovation
Julie Denley	Deputy Chief Operating Officer, Primary Care, Mental Health & Learning Disabilities
Michelle Hurley-Tyers	Assistant Director of Organisational Development and Wellbeing
Natalie Price	Assistant Director, Strategic Workforce Planning
Sallie Davies	Deputy Medical Director
Karen Wright	Assistant Director of Policy, Governance and Compliance
Clare Wright	Strategic Lead for Wellbeing, Consultant Clinical Psychologist & Systemic Psychotherapist
Becky Gammon	Assistant Director of Nursing and Peoples Experience
Rehana Begum	Head of Organisational Development & Inclusion
George Shouler	Learning & Development Manager
Simon Blackburn	Director of Communication, Engagement & Fundraising
Suzanne Hardacre	Director of Midwifery (in-part)
Lucy Wall	Healthcare Support Worker, Midwifery (in-part)
Cally Hamblyn	Assistant Director of Governance & Risk
Kathrine Davies	Corporate Governance Manager

Agenda Item

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

D Jouvenat welcomed everyone to the meeting including Lucy Wall, Healthcare Support Worker and Suzanne Hardacre, Director of Midwifery for the Shared Listening and learning Story.

1.2 Apologies for Absence

There were none.

Agenda Item 2.1.1

2.1 ITEMS FOR APPROVAL

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

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

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

Resolution: The revised Terms of Reference were **ENDORSED** for **BOARD APPROVAL**.

2.2 Policies for Approval

2.2.1 Domestic Abuse Policy

Resolution: The Domestic Abuse Policy was **APPROVED**.

2.3 ITEMS FOR NOTING

2.3.1 Action Log

Resolution: The Action Log was **NOTED**.

3. MAIN AGENDA

3.1 Matters arising otherwise not contained within the action log

There were none.

3.2 Listening & Learning Story: Staff Experience Lucy Wall, Healthcare Support Worker – Maternity – Presentation

S. Hardacre & L. Wall presented the presentation which provided an overview of the experience of L. Wall, an aspiring Midwife who is currently working as a Maternity health care assistant at Prince Charles Hospital since November 2022.

N. Milligan commented that she had seen the presentation twice and on both occasions it had made her feel inspired. She suggested that this should be shared across the Health Board as an inspiration for others.

G. Padmore-Dix added that it was really good to see someone who wants to follow their dreams and congratulated L. Wall on her achievements in the past year.

L. Thomas commented that the route should not be as difficult as L. Wall had experienced and raised a question about how many people with

Agenda Item 2.1.1

commercial experience had not progressed through the recruitment process due to the appointing criteria applied.

M. Hurley-Tyers referred to work experience placements and how they could potentially use this as an example with regard to learning opportunities.

S. Hardacre advised that Health Education and Improvement Wales (HEIW) were developing a perinatal workplace plan and asked the Committee for their support for HEIW to progress with this so that individuals such as L. Wall could be recruited via this route.

H. Watkins advised that the Health Board would shortly be entering another commissioning process where they will be exploring apprenticeships and workplace based learning.

The Chair thanked L. Wall and S. Hardacre for the presentation.

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

Action: To take forward the learning from the discussion and to raise awareness of the story across the Health Board.

4. GOVERNANCE

4.1 Organisational Risk Register

C Hamblyn presented the Organisational Risk Register captured risks with a score of 15 or above which had been assigned to the Committee for scrutiny.

N. Milligan referred to risk 5364 and commented that it was pleasing to see that a Band 5 pathway had been developed and sought clarity on progress. G. Padmore-Dix advised that there were a couple of areas they were working through such as the national strategic direction for community nursing and the principles with regard to the Nurse Staffing Act. He added that they had undertaken a number of streamlining events across the universities, which had highlighted that people still do want to come and work in Cwm Taf Morgannwg (CTM).

G. Padmore-Dix added that there were challenges with a lack of opportunities for Band 5 staff to progress to a Band 6 role and there were changes being made to the Specialist Community Public Health Nursing (SCPHN) training.

N. Milligan responded that there were difficulties in retaining f school nurses and health visitors before they undertake the SCPHN training. G. Padmore-Dix reflected on the varying models of health visiting across the Health Board and the need to review to ensure consistency across the organisation.

Agenda Item 2.1.1

The Committee reviewed the Risk Register and **NOTED** the report

Resolution:

4.2 Outcome of the Committee Self-assessment Survey & Improvement plan

C Hamblyn presented the findings from the self-assessment and highlighted key updates to Committee Members.

C. Hamblyn advised that there were improvement actions identified from this exercise such as holding 'face to face' meetings and these had now been established. Another improvement action was to use simultaneous translation with a report in the medium of the Welsh Language at a future meeting. C. Hamblyn confirmed that discussions were being held with regard to this and it would be incorporated into one of the meetings in 2024.

H. Daniel commented that it was worth noting that the Committee were in a very different place to where they were previously and the exercise had reflected on the continuing maturity of the Committee.

Resolution: The Committee **NOTED** the report and the Improvement Plan.

4.3 Speaking Up Safely (SUS) Progress Report

C. Hamblyn Provided Members with a verbal update on 'Speaking Up Safely' Progress. The Committee **noted** the key matters highlighted which were as follows:

- The self-assessment against Welsh Governments 13 principles had been completed and considered by the Health Board and submitted to Welsh Government in advance of 30 October 2023 deadline.
- A 'soft' launch of SUS within CTM had commenced on the 23 October 2023 with a new share-point site incorporating the NHS Wales SUS logo.
- Further discussions on how to take forward the next steps had begun and would continue via the SUS Working Group including further work on the communication strategy and ensuring that a targeted training programme takes place.
- Discussions on the potential of creating a pilot of SUS champions within maternity and neonates would be held during the coming weeks.
- To ensure that the ongoing work with SUS also complimented the work that CTM was committed to on Restorative and Just Learning Culture.
- The Director of Corporate Governance/Board Secretary would link in with D. Jouvenat, Independent Member and Champion for 'Freedom to Speak Up' to discuss their roles and further updates would be provided to the Committee and Health Board in the new year.

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

Agenda Item 2.1.1

5. INSPIRING PEOPLE

5.1 Culture – Presentation

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

G. Hopkins advised that he struggled as an Independent Member to connect to some of the more abstract high level presentations such as this, and queried what this would mean to someone, for instance on a ward, and how would they identify with these abstract themes.

H. Daniel, in response advised that this presentation had been developed with the target audience of the Board Members in mind to provide the Committee with assurance. He advised that there would also be a schedule of activities planned for staff that would derive from this work.

H. Daniel advised that culture change was the most complex work and they need to learn from past experiences where they had been mostly interventional and the only way they could make change occur would be in a more carefully considered way.

M. Hurley-Tyers reflected that the values were launched during the Covid-19 pandemic period and therefore in revisiting this it will be an evidenced based approach aligned to priorities. The Committee were assured that there would be a robust work plan outlining the approach to communicate with staff which would look very different to the presentation received today.

G. Hopkins thanked H. Daniel and M. Hurley-Tyers for their clarification and commented that the issue he had was that it was too abstract for him to understand the problem rather than the 'what comes after'. D. Jouvenat advised that it would become clearer when C. Wright provides her presentation.

L. Thomas endorsed G. Hopkins observations and advised that from an assurance perspective she would want to know when this would be brought back to the Committee and expressed concern about the timescale of 7 years and that this needed to be crystallised into a shorter term plan with some quick wins.

N. Milligan concurred with L. Thomas' comments and that the information was not too dissimilar to when they launched the values in 2019. She sought clarity on how this activity would be measured in terms of outputs and impact.

H. Daniel, in response, clarified that there will be a number of activities undertaken within that period of time. He reflected upon a recent session the Board received on Compassionate Leadership and how that has provided

Agenda Item 2.1.1

a useful starting point to support the refinement of this activity. He advised that they now need to make connections across the organisation and this would require assistance from the Communications Team and how they engage with the wider Board and Executive Team to steer this in driving the culture change work forward.

G. Padmore-Dix congratulated the team and welcomed the evidenced based approach being utilised and the plans to undertake roadshow events. He advised that with regards to the roadshow he would be happy for himself and his team to come along to talk to staff, and how that would present opportunities to discuss the restorative and just learning culture.

J. Denley, in response to the point made by G. Padmore-Dix, commented that there were comparisons with the clinical services culture work and the care they provide and how would this translate to staff in the same way as they had done in maternity with the mother's and families and Ty Llidiard with the clinical care and whether there was some learning to draw across from that by having a range of stakeholder groups.

G. Hopkins requested some examples of why people leave the organisation. D. Jouvenat advised that this would be provided under agenda item 6.2 Retention.

N. Milligan referred to the task and finish groups and advised that it can be challenging to engage senior leaders in this activity and embed it across the organisation. M. Hurley-Tyers acknowledged the difficulties in engaging everyone involved and the team had worked tirelessly to ensure that this was evidence led and the methodology was really important.

The Chair thanked the team for the amount of work undertaken and sought assurance that the Committee were remain updated on progress.

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

5.2 Workforce Metrics Report

N. Price presented the report and associated metrics to Committee Members.

N. Milligan advised that she was pleased to see the increase in the return to work figures. N. Milligan drew attention to page 8 where it referred to the recruitment process and sought clarity on the difference between the numbers of vacancies being reported as 3585, against the number of vacancies advertised which was 1533. N. Price confirmed that the 3585 was the number of vacancies put on Trac, and the 1533 was the actual number of vacancies that had been approved. She confirmed that a data cleanse was required as these were affecting the numbers.

Agenda Item 2.1.1

N. Milligan referred to the huge amount of time being taken to shortlist and raised concern that they could be losing potential employees to other Health Boards and suggested that this is an area of focus. N. Price advised that it was within their gift and a piece of work could be undertaken for them to support managers in this. In response, N. Milligan suggested setting protected time aside the following day after the post closes to shortlist.

G. Padmore-Dix referred to the figures for sickness in mental health which were at 40% and queried how the report could iterate some of the hotspots to flag for the Committee. N. Price advised that they could look at this alongside the dashboard work that they were undertaking and would have a level of intelligence available for the next meeting in February 2024.

L. Thomas referred to the high level of turnover for Allied Health Professionals (AHP's) which was at 15% and queried if there was any rationale for this. She also suggested that there were some really good recruitment tools available that would cut back on shortlisting time and advised that she would send the detail of this to the team.

In response to the query on turnover for AHP's, N. price advised that the percentages were higher due to the staff group being smaller. J. Denley added that one of the pressures was due to temporary funding so the figure could be artificially high due to this.

S. Blackburn informed the Committee of the pending arrival of the overseas nurses and the possible communication plans to celebrate and recognise the arrival of the nurses. N. Price suggested that they could hold a very positive welcome event and would work with the Communications team on this. S. Blackburn proposed that this could be shared externally to highlight the diversity of the CTM workforce.

G. Hopkins queried what the team were doing to promote working within CTM with young people within the local communities. In response, H. Daniel recognised that overseas recruitment was not sustainable and the team are also considering longer term options.

M. Hurley-Tyers advised that she would be happy to have a discussion offline about the work in relation to pathways to employment, apprenticeships and the partnership approach with the University of South Wales and also working with people with learning disabilities providing access to qualifications and apprenticeships. She added that she would share a paper that had been received by the Committee at a previous meeting.

G. Padmore-Dix advised that the corporate nursing team currently visit schools that were undertaking British Sign Language (BSL) training to try to ignite interest to consider nursing as a profession and the school nurses also had an ongoing programme of work.

Agenda Item 2.1.1

L. Thomas referred to the discussion on international nurse recruitment and advised that this was here to stay and should be applauded and not seen as a short-term gap.

H. Daniel, responding to the point raised in relation to qualifications and apprenticeships provided some data that had been shared indicating that 78 people had just completed their GSCE Maths which was transformational for the people of the CTM community to help them to progress in their careers.

H. Daniel alerted the Committee to an issue that had recently been identified with the 'Allocate' system. He explained that following interrogation of the data it has been found that there was an error in reporting which has led to job planning performance being incorrectly reported to Board and Board Committees and that as a result of the review job planning figures were lower than expected. He advised that the system error was being rectified and that the correct figures would be reported back to the Committee once resolved.

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

Action: To have an offline discussion on the work with regard to apprenticeships and qualifications and share the Pathways to Employment paper that had previously been received by the Committee.

6. SUSTAINING OUR FUTURE

6.1 Employee Relations Report

K Wright presented the report that provided a formal update in respect of ongoing ER cases and trends within the Health Board.

G. Padmore-Dix referred to the respect and resolution cases which were part of an All-Wales policy but did not align to the work around culture leadership. K. Wright advised that they could look at aligning this within the policy group that she sits on.

N. Milligan referred to the number of fast tracks cases which were small but showing a significant increase and advised that they need to ensure that they were fast tracking appropriately.

Resolution: The Committee:

- **NOTED** current increased levels of ER activity across the Health Board.
- **NOTED** the actions being taken by the People Function to proactively manage ER cases to an appropriate and timely conclusion.
- **NOTED** the professional fitness to practice referral activity across the Health Board and the progress being made to close these cases.

Agenda Item 2.1.1

Action: To review the alignment of the culture leadership work within the respect and resolution cases.

6.2 Retention Briefing

N. Price provided a presentation which highlighted the development of the Retention Plan and the formation of the Retention Steering Group.

N. Milligan commented that 50% of staff leaving did not consider an internal move and this should be flagged to staff as an alternative to leaving the organisation and even suggested establishing an internal moves panel.

H. Daniel advised that one of the drivers was around staffing levels and the impact on the quality of care provided. He assured the Committee that this is an area of focus which may take time but that the team would be reflecting on the work undertaken to date and that with KPMG in moving things forward.

N. Milligan advised that the report highlighted that 58% of staff leaving said that something more could have been done to retain them and it was important that these conversations were held. She mentioned the re-launch of the exit strategy and queried what the changes will be from January 2024. N. Price advised that they were keen to incorporate this into the relevant processes and that the approach has been reviewed to ensure it will be effective going forward.

C. Hamblyn reflected that hybrid working had made it much easier for people to apply for other Health Boards that were out of their area as they did not have to travel which could also have impacted retention within the Health Board. H. Daniel, in response advised that hybrid working was used more in corporate departments and they should be looking at some development work to be undertaken around this.

Resolution: The Committee **NOTED** the contents of the report, the development of the Retention Plan and the formation of the Retention Steering Group.

OTHER MATTERS

7.

7.1 Forward Work Plan

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

7.2 Committee Highlight Report

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

Agenda Item 2.1.1

7.3 Any Other Urgent Business

The Chair advised that the Committee that G. Padmore-Dix had recently won the coveted Chief Nursing Officers' Award for Lifetime Achievement at the Nursing Times Awards in London and extended her congratulations on behalf of the Committee.

8. How Did We Do Today?

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

9. Items to be discussed at the In Committee Meeting of the People and Culture Committee

The Chair advised that an In Committee Meeting would be held immediately following this meeting to discuss the Strategic Equality Plan 2023-27.

10. DATE AND TIME OF NEXT MEETING

The next full meeting of the Committee was scheduled to be held on the 7th February 2024 at 9:30 am and would be held in person at Seminar Rooms 2 & 3, Keir Hardie Health Park, Merthyr Tydfil

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

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

Members Present:

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

In Attendance:

Hywel Daniel	Executive Director for People
Greg Padmore-Dix	Deputy Chief Executive/Executive Director of Nursing, Midwifery & Patient Care
Helen Watkins	Deputy Director for People
Marc Penny	Director of Improvement & Innovation
Julie Denley	Deputy Chief Operating Officer, Primary Care, Mental Health & Learning Disabilities
Michelle Hurley-Tyers	Assistant Director of Organisational Development and Wellbeing
Natalie Price	Assistant Director, Strategic Workforce Planning
Sallie Davies	Deputy Medical Director
Rehana Begum	Head of Organisational Development & Inclusion
George Shouler	Learning & Development Manager
Simon Blackburn	Director of Communication, Engagement & Fundraising
Cally Hamblyn	Assistant Director of Governance & Risk
Kathrine Davies	Corporate Governance Manager

PART 1. PRELIMINARY MATTERS

1.1.0 Welcome and Introductions

The Chair **welcomed** everyone to the meeting.

1.2.0 Apologies for Absence

There were no apologies received.

1.3.0 Declarations of Interest

There were none declared.

PART 2. MAIN AGENDA

2.1.0 EQUALITY, DIVERSITY & INCLUSION (EDI) – STRATEGIC EQUALITY PLAN 2023-2027

R. Begum presented the report that outlined the development of the objectives for the Strategic Equality Plan (SEP) 2023-2027 as a part of the CTMUHB 2030: Our Health, Our Future Strategy, and a key part of the People priorities.

Resolution: The Committee **NOTED** the emerging strategic approach to EDI, the activities undertaken to date to support this approach, and the plan for a proposed SEP for 2023-27, noting the communications and engagement plan to support the delivery of activities.

3.1.0 ANY OTHER URGENT BUSINESS

There were no urgent matters raised.

4.1.0 CLOSE OF MEETING

The Chair closed the meeting and advised Members that the next meeting would be held on the 7th February 2024.



Agenda Item

2.1.3

People & Culture Committee

**RATIFICATION OF CHAIRS ACTION
APPROVAL OF THE ALL WALES FLEXIBLE WORKING
POLICY**

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
---	--------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Partnership Forum	16/11/2023	Endorse for approval
Urgent Chair's Action – People & Culture Committee Members by Email	05/12/2023	Approved

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 The purpose of the report is to present the new All Wales Flexible Working Policy, which has been endorsed for implementation by the Welsh Partnership Forum.
- 1.2 A request seeking urgent support for approval of the two policies was circulated on the 5th December 2023 following agreement with the People & Culture Committee Chair. This resulted in the following responses indicating support from Committee IMs:
- Hywel Daniel – Director for People (Executive Lead)
 - Dilys Jouvenat – Independent Member (Chair)
 - Geraint Hopkins – Independent Member
 - Nicola Milligan – Independent Member (Vice Chair)
 - Dom Hurford – Executive Medical Director
 - Richard Hughes – Deputy Nurse Director

This was approved on the 20th December 2023 and the Assistant Director of Governance, Policy and Risk was notified.

2. Specific Matters for Consideration

2.1 All Wales Flexible Working Policy

A working group was established to develop a new NHS Wales Flexible Working Policy. The working group consisted of NHS Employers, Employers (Workforce) and staff side representatives.

The revised policy was then sent out for consultation through:

- Workforce Directors; and
- Trade unions.

The policy sets out the principles underpinning flexible working arrangements to allow people to balance their work responsibilities with other aspects of their lives.

Flexible working contributes to a positive work / life balance, which benefits both NHS employees by improving their health and wellbeing and employers as a result of staff becoming more productive and satisfied at work. Promoting and offering flexible working opportunities is a way of attracting and retaining a diverse workforce and make the workplace more accommodating to the needs of our workforce.

The policy takes account of the Agenda for Change Terms and Conditions (Section 33) and the commitment made by NHS Wales to achieve the

highest standards of health care services, through recruiting and retaining highly skilled and motivated staff.

The policy aims to:

- Support managers to make a cultural shift, so that rather than “We can’t do this because...” the question becomes “How can we make this happen”? This means that the default position will be that a request for flexible working will be approved and every possible avenue explored to facilitate this, unless there are clear business reasons complying with the policy and the law to decline it.
- Promote flexible working practices across all staff groups and structural tiers throughout NHS Wales
- Provide a framework for managers and their staff to hold a well informed, confident and productive discussion regarding their request to work flexibly and explore the flexible working options that may be suitable for them while meeting the needs of the service.
- Promote the business benefits of flexible working and ensuring that managers are fully engaged and supported to enable flexible working opportunities in their areas.
- Ensure that all managers/supervisors understand the principles of flexibility in the workplace and the procedure to be followed.
- Ensure that all applications for flexible working are welcomed from all and considered fairly and equitably.

3. Key Risks / Matters for Escalation

- 3.1 The policy meets all legal and contractual obligations and reflects best practice.
- 3.2 The policy is presented currently in a word format to expedite the approval processes and avoid unnecessary delay. The policy will now be translated into Welsh and set in in design, before being formally issued to the Health Board for implementation.

4. Assessment

5. 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: Inspiring our People



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

5. Recommendation

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

6. Next Steps

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

All Wales
FLEXIBLE WORKING POLICY

Approved by:

Issue Date:

TABLE OF CONTENTS

- 1. POLICY STATEMENT**
- 2. SCOPE**
- 3. PRINCIPLES**
- 4. BENEFITS OF FLEXIBLE WORKING**
- 5. FLEXIBLE WORKING REQUEST PROCESS**
- 6. CORRESPONDENCE**
- 7. TERMS AND CONDITIONS CONSIDERATIONS**
- 8. OTHER ASSOCIATED DOCUMENTS**
- 9. MONITORING & REVIEW**

Appendix 1 – Definitions (including types of Flexible Working)
Appendix 2 - Application Form

FLEXIBLE WORKING POLICY

1. POLICY STATEMENT

- 1.1** Within NHS Wales we know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. We are committed to being a great place to work and learn and to the delivery of a quality service, acknowledging that our workforce is are fundamental to our success. We recognise our responsibility to attract, retain, deploy and develop people to maximise their potential. One of the ways of achieving this is to develop and maintain a culture where flexible working is seen as an enabler for effective and efficient provision of services which has benefits for colleagues, patients and the organisation. NHS Wales is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.
- 1.2** Flexibility in employment helps people to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.
- 1.3** The [NHS Wales Approach to Flexible Working](#) is set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than “We can’t do this because...” the question becomes “How can we make this happen”? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.
- 1.4** Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation. Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because ‘this is how it has always been done’.

- 1.5** All NHS organisations should proactively encourage and promote opportunities to work flexibly and use the resources available to them e.g., education, management and leadership programmes to advocate for the benefits of flexible working and move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.
- 1.6** To support a positive culture of flexible working, organisations will need to consider how they support and encourage open conversations about flexible working. Examples of opportunities to talk about flexible working include at one-to-one line management / supervision meetings, team / departmental meetings, as part of wellbeing conversations, or as part of recruitment, induction, and annual appraisal processes. When advertising a job, employing organisations also need to consider how they promote the right to request flexibility from day one and the availability of flexible working options.
- 1.7** NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy has been completed.

2. SCOPE

The policy applies to all employees of the *NHS organisation* from day one of their employment. However, flexible working arrangements for doctors in training are arranged by and subject to the approval of the Medical Deanery, HEIW.

3. PRINCIPLES

- 3.1** The NHS in Wales is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in this Policy to reject it.

Good flexible working arrangements should balance the needs of the individual with three key organisational factors: patient/service-user experience, service delivery and employee experience. It may not be possible to agree to the exact request, but managers are expected to discuss alternative arrangements with the individual to and ensure that all avenues have been explored before rejecting the request.

- 3.2** All employees should have equal access to flexible working, as far as practicable, regardless of role, shift pattern, team or pay band and all posts can be considered for flexible working. Although it is recognised that some posts may not be suitable for all types of flexible working arrangements in their

entirety, managers should consider whether certain elements of the role can be worked flexibly.

- 3.3** Employees can request to work flexibly from day one of their contractual employment and can make more than one flexible working request per year regardless of the reasons for them.
- 3.4** Employees will be treated fairly when having requests for flexible working considered. Each request for flexible working will be received openly by the appropriate line manager and considered individually on its own merits. Any request for flexible working should be approached on the assumption that it will be granted unless there is a legitimate business reason for refusal. However, consideration should be given to any potential impact on other employees and service delivery, including potential additional costs.
- 3.5** It is important that it is agreed from the outset whether the new working arrangements are permanent or temporary and this must all be documented in writing. Where the arrangement is temporary or for a fixed period, they must be reviewed regularly to ensure the needs of the service and of the individual are still being met.
- 3.6** Employees who are working flexibly will not be treated less favorably in relation to access to training and development opportunities or promotion opportunities.
- 3.7** No form of flexible working will allow employees to work in breach of the Working Time Regulations.
- 3.8** Although there is no limit on the number of requests an employee can make within a 12-month period, employees are asked to not simply re-submit requests that have been rejected without modification and/or a change in circumstances within the department. Instead, they are encouraged to maintain a regular conversation with their manager so that if anything changes both parties are aware and can respond to that change.
- 3.9** Changes to an employee's contract of employment must be confirmed in writing.

4. BENEFITS OF FLEXIBLE WORKING

Flexible working benefits individuals not only in allowing them to balance their personal life with their working life but in enhancing general health and wellbeing.

Individuals that are happier with their balance between life in and out of work are more generally more productive, produce better quality work and are more caring. For managers, flexible working can help retain employees— and holding

onto experienced and skilled people is important in maintaining quality and containing costs. Offering flexible hours widens the talent pool, so managers should be able to recruit people with more skills; it can also increase commitment and loyalty of employees and can benefit through reducing levels of absenteeism and stress.

Flexible Working can also support service redesign through the creation of new blended roles and the reshaping and development of existing roles, in consultation with employees. The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for our workforce.

5 FLEXIBLE WORKING REQUEST PROCESS

5.1 There may be a number of reasons why employees may need to adopt a more flexible working arrangement for a short period (i.e., up to 8 weeks) to address a particular issue. Where this is the case, it may be appropriate for the employee and the manager to discuss and agree this informally, particularly where the change has no impact on their other terms and conditions (e.g., pay). However, the outcome of the discussion should be documented and confirmed in writing.

5.2 Making the request

Where the employee wishes to apply for a form of flexible working on a permanent or longer-term basis, they should complete a Flexible Working Request Form (Appendix 1) or complete the request on ESR and submit it to their line manager. The employee may wish to have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

The request form must contain the following information: -

- It must be dated and specify the change to working arrangements that they are seeking, and when they would like this change to come into effect.
- Where applicable, the applicant is encouraged to state if they are making the request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability, or on return from maternity leave, or when it is for childcare or dependents care.

5.3 Responding to a Request

5.3.1 Managers should be aware that there is a legal requirement to consider the application and inform the individual of the outcome **within 2 months** and

should take this into consideration to ensure they have an adequate time frame to give the request due consideration.

- 5.3.2 The manager should arrange to discuss the application with the employee as soon as possible after receiving their request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes their employee is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impact it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting.

If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

- 5.3.3 Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone workers). Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

5.4 Considering the Request

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

Once a decision is made the manager should inform the employee in writing using part 3 of the request form or via ESR.

- 5.4.2 If it is decided to approve the employee's application, or accept it with modifications, a discussion should take place to determine how and when the changes might be best implemented. This may include a trial period. The line manager is responsible for ensuring that NWSSP are notified if there are any changes to pay.

The employee must discuss and agree how they will organise their work and achieve deadlines in conjunction with their manager. Arrangements must be made between the employee and their manager to ensure that they are

informed of the employee's current duties and where / how they will be working.

5.4.3 All endeavors must be made to accommodate the request in full or in part, or by providing an alternative. If, after discussing with the employee and considering all of the alternatives available, the manager feels they are unable to support flexible working in a particular post, they should discuss the application with People Services/Human Resources. If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they must meet with the employee to explain this to them and provide written, objectively justified reasons for this and give a clear operational reason why this is not practicable. The manager must provide details of the business grounds for refusing the request and how they apply in this case. The only acceptable reasons are:

- Burden of additional cost.
- Detrimental effect on ability to meet customer/patient needs.
- Inability to re-organise work among existing employees.
- Detrimental impact on quality
- Detrimental impact on performance.
- Detrimental impact on the ability to meet service demands.
- Insufficient work for the periods the employee proposes to work.
- Planned structural changes to the department

5.4.4 There may be occasions when the manager is unsure whether a flexible working arrangement is sustainable, or where there is concern about the possible impact on others in the department. In these cases, the manager may agree to the flexible working arrangements on a temporary or trial basis rather than rejecting the request. Advice should be sought from People Services/Human Resources/W&OD.

5.5. Escalation Stage

5.5.1 This stage should be used if a line manager has not been able to reach agreement on a solution in the exploratory stage. The purpose is to check for other possible solutions including whether the form of flexibility the individual is seeking could be accommodated in a different team, location or role.

If a request for flexible working has not been accommodated, and they no longer feel able to continue to work in that department as they are unable to balance their work / life responsibilities, managers are expected to support the individual in identifying any alternative roles within the organisation which may

be more supportive of the individual's circumstances and in line with their request.

- 5.5.2 When a meeting is arranged to discuss the application, or to consider an appeal, and the employee fails to attend it or one further rearranged meeting without good reason, the manager is able to consider that the request is withdrawn. If the manager regards the application as withdrawn, they must inform the employee of this.

5.6 Timescales

When the manager receives the formal request for flexible working this must be considered and decided on within a period of 2 months from first receipt of the request. This two-month time limit is a legal requirement and cannot be extended unless mutually agreed by the manager and employee.

Managers must be mindful of this 2-month time period when arranging the initial meeting/conversation with the employee to ensure that all applications are dealt with within the required timescales.

NHS Wales employees also have the right to request an appeal if their request is turned down. The timescales for an appeal are set out below.

5.7 More than one request received at around the same time.

It is important that managers consider requests to work flexibly in a fair way but there is no statutory requirement to consider them strictly in the order in which they are received.

If they receive more than one request to work flexibly at around the same time it may not be possible to support all the requests received. The manager must then look closely at the impact supporting the requests would have on the service and the potential impact that refusal would have on each employee before coming to a decision. In deciding how to deal with competing requests, the manager should bear in mind the different legal obligations that apply and can seek advice from the local EDI or People Services/Human Resources/W&OD team.

It will be helpful to have an individual discussion with both (or all) of the applicants to understand the exact nature of their request and to see if any mutually agreeable arrangement can be found.

5.8 Appeals

5.8.1 Where the flexible working request is refused, the employee may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

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

- Where new information is now available in relation to the request
- Where the employee feels that the application was not handled in line with the policy.
- Where the employee may have a proposal that has not been fully considered in relation to a business reason for refusal.

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

Employees should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting.

The outcome of the appeals will be communicated in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal, although further requests for flexible working can be submitted.

5.9 Review of Flexible Working Arrangements

5.9.1 Before a final decision is reached about whether or not a flexible working arrangement can be supported, it may be beneficial to have an initial trial period of 3 months and to review the arrangement after this period to ensure that it is working for both the employee and the service.

5.9.2 When a flexible working arrangement has been agreed on a temporary basis, it is important to review it at agreed intervals to determine if it should be extended or come to an end at the agreed date.

5.9.3 In all cases, it is recommended that the flexible working arrangement is discussed annually (e.g., at appraisal) to ensure that it is still working for both parties. Where the arrangements are agreed as permanent from the outset or following the recommended three-month trial, it may not always be possible for the employee to resume their previous working arrangements as other colleagues may have been appointed to cover the shortfall created by the flexible working arrangement or service redesign may have taken place. This must be explained to the employee during the initial discussions. However, any request to revert to the former working arrangements should be considered by the manager and agreed where it is possible to do so.

5.9.4 Where the manager believes that the flexible working arrangements are no longer sustainable and need to be changed this may be agreed informally between the manager and the employee as part of the ongoing conversation between them. Where the agreement is to be terminated/changed reasonable notice should be given to enable both parties to make the appropriate transitional arrangements however, wherever possible a meaningful discussion should take place and a mutually agreeable arrangement found.

6. CORRESPONDENCE

Copies of all correspondence in relation to requests should be kept on the employee's personal file and details of the arrangements agreed should be recorded on ESR to enable monitoring of the flexible working arrangements in place on an organisational level.

7. TERMS AND CONDITIONS CONSIDERATIONS

Listed below are the general terms and conditions which apply to flexible working arrangements. Managers should ensure that they discuss them with employees who are interested in working flexibly to ensure that they understand any potential implications. In addition, employees considering making a request for flexible working should consider the effect of the arrangement on their salary and pension and take advice from the NWSSP Payroll/Pensions Department where necessary.

- **Hours of Duty**

Where flexible working arrangements are put into place the exact hours and how they are worked should be discussed and agreed before the change is put into place.

- **Annual Leave**

Annual leave will be calculated on a pro rata basis, as appropriate.

- **Sick Pay**

Sick pay entitlement is pro rata and dependent on length of service. Employees working on any flexible arrangements must report sick in the same way as if they were not working flexibly.

- **Maternity/ New parent /Adoption/Shared Parental Leave**

Pay is pro rata (as appropriate) and is dependent on length of service. Following maternity /adoption or shared parental leave an employee may wish to return to work on adjusted working arrangements to accommodate their changed circumstances. The Health Board/Trust has a duty to accommodate this where at all possible. If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the agreed period.

- **Pensions**

Pension contributions will be pro rata for employees working less than full-time hours.

- **Expenses**

All expenses incurred (e.g., subsistence, travelling) will be paid in the same way as for full-time employees. All employees will retain a Health Board/Trust base for the purpose of claiming travel expenses.

- **Pay**

Salary will be pro rata for employees on less than full-time contracts. Those on Term Time working and seasonal will be paid in 12 equal installments each year.

- **Additional Hours**

If employees work beyond their normal hours (but not outside normal full-time hours) this must be by agreement with the line manager and will be paid at plain time rate or taken as time off in lieu.

- **Policies and Procedures**

Employees working flexibly remain subject to all Policies and Procedures of the Health Board/Trust.

8. OTHER ASSOCIATED DOCUMENTS

This Policy should be read in conjunction with other All Wales and local policies on:

- Managing Attendance at Work
- Retirement
- Special Leave
- Maternity/Adoption /Shared Parental Leave
- Home Working
- Agile Working
- Employment Break

It should also be read in conjunction with:

- ACAS Code of Practice on Flexible Working Requests
- [NHS Wales Flexible Working – briefing and guidance](#)

9. MONITORING AND REVIEW.

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through

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

Appendix 1 – DEFINITIONS

Flexible working describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. Flexible working aims to accommodate employee's personal needs and meet their unique requirements.

Agile working is the ability to work in the place and at the time most appropriate for the task in hand. While agile working and flexible working may be similar in how they achieve their aim, for example both approaches may allow an employee to work from home, flexible working focuses on the employee, while agile working is focused on the impacts on the business including performance and productivity. It may be a tool which can supplement or support a Flexible Working arrangement, but it is not a contractual change to an employee's terms and conditions. Agile working offers flexibility for employees that allows them to work in a way that suits them, provided the work happens.

Working remotely is when employees work all or part of their working week at a location remote from their base. This can be at home or elsewhere. Working remotely can be a flexible working arrangement (e.g., if requested by the individual and agreed as a regular, ongoing way of working), but it can also be a form of agile working. Most NHS Organisations have local procedures to enable employees to request to work remotely. If this is not the case the processes set out in this Policy can be applied

Hybrid working is a mixture of remote working and working from a base.

Types of Flexible Working Covered by this Policy

There are many types of flexible working which employees may be able to apply for. Managers should consider how these options are communicated to all employees at recruitment, induction, and in regular one-to-one meetings. This list is not exhaustive, and organisations will consider other models of flexible working as requested to do so.

Part Time Working.

Part-time working is a well-established form of flexible working which means that the employee reduces their contracted working hours below full time (37.5 hours) in order to work less days or shorter days in a pre-arranged, regular pattern. Salary, annual leave and bank holidays are reduced pro rata.

Job Sharing

This is where two employees share the responsibilities, duties and benefits of a single full-time post between them. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job sharer. The principle of job sharing usually

reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer. The total hours should not normally exceed those of a full-time post.

In the case of job-sharing, if one sharer leaves, the existing job-sharer should be offered the full-time post (where accepted the manager must complete a changes form). If the existing job sharer does not want to work full-time, the vacant hours of the post must be advertised.

Term Time Working

Term time working is a form of part time working where the employee works only during the school terms and is off work during the school holidays. Time off is made up of a combination of annual leave and unpaid leave. Salary is based on the number of weeks in work and is paid in 12 equal instalments. It is calculated on an individual basis to take account of annual leave entitlement based on length of service and any protection arrangements. Salary, annual leave and related benefits are reduced pro rata. and salary is paid in 12 equal instalments.

Seasonal Hours

Employees work their contracted hours over an agreed period, rather than a set number of days. These are often annualised hours but can be bi-annual, quarterly or monthly.

Compressed Hours

Employees are able to work their full contracted hours over a shorter period than is standard.

Contracted hours and pay remain unchanged, but employees are able to have more days or half days off. Examples include a 4½ day week or 9-day fortnight. The non-working day/half day must be mutually agreed and can be flexible to suit the needs of the service.

Voluntary Temporary Reduction in Hours

Employees are able to reduce their contracted hours by between 5 and 50% for a period of no less than 3 months, and no more than one year. At the end of the agreed time, they return to their original contracted hours. Salary/annual leave etc will be reduced pro-rata for the period of the agreement. Employees are advised to contact payroll to determine whether a change in hours will affect their pension entitlements. If the employee wishes to extend this arrangement for longer than 12 months, they are required to submit a new flexible working request.

Flexi Time

Flexitime is a scheme which allows employees some discretion around the start and end time of the working day, based around core working times. To benefit from this a department would need to have a Flexi-time arrangement in operation (not all departments would be in a position to accommodate this option).

Employees can build up a debit or credit of hours worked within an agreed period (usually 4 weeks) and consolidate the extra hours into a day or half day off. Flexitime schemes are usually based on detailed, locally agreed procedures which set out:

- the core hours
- limits on early and late working
- the minimum lunch break to be taken
- the maximum number of credit and debit hours which can be accrued
- limits on the number of hours which can be carried over to the next month
- limits on the number of days off allowed in any one period
- limits on the number of employees allowed off at any one time

Flexible and Partial Retirement

There are a number of ways in which an employee can ease themselves into retirement in a flexible way. Details of the types of flexibilities available and the processes to be followed are set out in the Retirement Policy.

Staggered Hours

This allows employees to determine their work pattern on a planned weekly basis. Hours can be staggered through the week or on just one or two days, within specified arrival and departure times, on a permanent or temporary basis.

Split Shifts

This allows employees to complete their working hours in two or more separate shifts, e.g., working between 7am – 11am, then returning to work between 4pm and 7pm.

Employment Breaks

An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period. For further details see the All-Wales Employment Break Policy.

Team based / Self Rostering

Team-based rostering starts from the premise that everyone has work-life balance needs and preferences, and that these need to be openly and collectively negotiated, among all those on each ward roster, within the constraints of service

and financial needs. Self-rostering asks individuals to put their personal requirements into the roster each month, often on a 'first come, first served' basis. Team and Self Rostering are rolled out on a department wide basis. Although it addresses work life balance needs, and the principles of flexible working apply, the request process set out in this Policy will not usually be appropriate for this purpose.

Flexible Working Request Form

PART 1 - Employee information	
Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	
I would like to make a request to work a flexible working pattern that is different to my current working pattern.	
Requested start date of change:	
I would like this change to be Permanent/Temporary (please delete as appropriate):	Permanent/Temporary* *For a period of.....
Please describe your current working pattern e.g., location/days/hours/ worked etc.:	
Please describe the working pattern you would like to work e.g., days/hours/times worked/at home / in the office etc.	
Is your request for flexible working in relation to the Equality Act 2010 e.g. (disability, maternity, caring responsibilities)? <i>n.b., You do not have to give this information, but it will help your manager to make a decision on your application.</i>	Yes/No
If yes, please provide details:	

Employee signature:	
Date of application:	

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER

PART 2 - Receipt of request	
Date of receipt:	
Line Manager Name (please print)	
Line Manager Title:	
Date meeting/conversation has been arranged for:	

Part 3 - Acceptance or Rejection Form
<p>Either:</p> <p>Further to the meeting that took place on (Date)</p> <p>I have considered your request for a new flexible working pattern.</p> <p><input type="checkbox"/> I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).</p> <p><input type="checkbox"/> I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date) (usually 3 months).</p> <p><input type="checkbox"/> I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and which you agreed would be suitable to you.</p> <p>Please set out how the service will be maintained and how any impact on other employees can be mitigated.</p>

Your new working pattern will be as follows:

Or:

I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):

- ☐ The burden of additional costs
- ☐ Detrimental effect on ability to meet service user/patient needs
- ☐ An inability to reorganise work amongst existing employees
- ☐ A detrimental impact on quality
- ☐ A detrimental impact on performance
- ☐ Detrimental effect on ability to meet service demands
- ☐ Insufficient work for the periods the employee proposes to work
- ☐ A planned structural change to the department

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are inappropriate. Please continue on a blank sheet, if necessary, **n.b this section must be completed to describe how the reason selected above applies in this case)**

Start date of new working arrangements (if applicable):	
Line Manager Signature:	
Line Manager Name (in Full):	
Date:	

Please confirm which applies:

This change in working pattern will be a permanent change to your terms and conditions of employment unless otherwise stated and you have no right in law to revert back to your previous working pattern unless previously agreed.

OR:

This will be a temporary change to your working arrangements and will be until at which time the arrangements will be reviewed.

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.	
Line Manager Signature:	
Line Manager Title (in full):	
Date:	
If you accept the change outlined above, please sign and confirm receipt of the decision.	
Employee Signature:	
Date:	

<p>To The Employee:</p> <p>If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.</p>
APPEAL PROCESS
<p>If an application for flexible working is turned down, the employee has the right to appeal against the decision. Appeals should be in writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).</p> <p>The appeal should be submitted to your line manager's manager and heard by a more senior manager than the one who rejected the original application.</p> <p>The employee has the right to be accompanied at this meeting and should be given advance notice of when it will take place.</p>

Notes:

Part 1 - to be completed by Employee and forwarded to Line Manager

Part 2, and 3 - to be completed by Line Manager

Form should be returned to the Employee when completed and a copy kept on their personal file.

A PIF must be completed and submitted to NWSSP where there is a change in hours.



Agenda Item

2.1.4

People & Culture Committee

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

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
---	--------------

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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Safe
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	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.
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 & Culture Committee are asked to **APPROVE** the Annual Cycle of Business.

6. Next Steps

- 6.1 There are no next steps required.

People & Culture Committee

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

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

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

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

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

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

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

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

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	P			P			P			P			P	
Action Log	Director of Corporate Governance	Every Meeting	P			P			P			P			P	
Committee Forward Work Plan	Director of Corporate Governance	Every Meeting	P			P			P			P			P	
Internal Control & Risk Management																
People & Culture Committee Annual Report	Director of Corporate Governance	Annually							P							
People & Culture Committee Annual Self-Assessment	Director of Corporate Governance	Annually							P							
People & Culture Committee Terms of Reference	Director of Corporate Governance	Annually							P							
People & Culture Committee Annual Cycle of Business	Director of Corporate Governance	Annually	P			P									P	
Policies for Approval	Assistant Director of Policy, Governance and Compliance	As necessary	P			P			P			P			P	
Governance																
Organisational Risk Register	Director of Corporate Governance	Each Meeting	P			P			P			P			P	
Internal & External Audit Reports	Assistant Director of Policy, Governance and Compliance	As necessary following finalisation of report	P			P			P			P			P	
Inspiring People																
People Metrics & Analytics	Assistant Director Strategic Workforce Planning	Each Meeting	P			P			P			P			P	

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 30/01/2024)
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.
6.1	November 2023	Employee Relations Report To review the alignment of the culture leadership work within the respect and resolution cases.	Assistant Director of governance, Policy & Risk	February 2024	In Progress Being picked up in the work being undertaken by the Just, Restorative and Learning Policy Group
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.

COMPLETED ACTIONS

2.2.1	May 2023	National Community Nursing Specification To add the Self-Assessment to Admin Control and add to the Forward Plan for future meetings of the Committee	Director of Nursing, Midwifery & Patient Care/Deputy Chief Executive	May 2023	Completed Self-Assessment added to Admincontrol and further updates added to Forward Work Plan.
08.22.11	August 2023	BAME Story Discussions to be held outside of Committee in relation to how the health board could support the Network in terms of the time and resource required to dedicate to this activity.	Director for People	November 2023	Completed/Ongoing Update provided at the February 23 Committee meeting which included work with the networks. In May 23 a more extensive equality, diversity and inclusion session was held which included the contribution of staff networks, further to the review of action plans and terms of reference with each network.
02.23.08	February 2023	Organisational Risk Register To receive an update from mental health colleagues on Risk 4722	Assistant Director of Governance & Risk	May 2023	Completed This risk was de-escalated from the organisational risk register in March 2023. The rationale for

Agenda Item 2.2.2

		and to update the consolidated risks with the Quality and Safety Committee.			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.

Agenda Item 2.2.2

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.



Agenda Item

4.1

People & Culture Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	December 2023	RISKS REVIEWED
Operational Management Board / Offline via Email	December 2023	ENDORSED NEW RISKS FOR ELG
Executive Leadership Group (ELG)	15 th January 2024	EXECUTIVE SIGN OFF RECEIVED

Acronyms / Glossary of Terms	

1. SITUATION/BACKGROUND

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

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

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in **red** in Appendix 1.
- 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 9th January 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

- 2.4 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.5 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach



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

2.5 To date **589** members of staff trained to date since training commenced in 2021.

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

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

- 21 attendees have provided formal feedback (using the URL Code for the Evaluation Form) from the November 2023, December 2023 and January 2024 sessions. 76% provided a score of 5/5 in terms of content of the session and the remaining 24% provided a score of 4/5.
- 100% of the 21 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.
- 95% of the 21 attendees said they felt more confident to escalate a risk through the organisation.
- Some of the comments received through evaluation have been included below:

"Good delivery of training session, presenter knowledgeable of session contents and professional in delivery of contents. Helpful links and ongoing support offer. Organisational changes impact on new/revised way of working, well defined and explained in the risk management session, would highly recommend staff to attend training session".

"Engaging session, presented the subject matter in a way that was easy to understand, good use of examples and taking us through a live risk was helpful. Enjoyable session helped by a good presentation style".

"Really clear explanation of risk and Datix. Will get my team on training ASAP".

"I feel more confident that I know who to contact for support escalating a risk even if I don't necessarily feel more confident doing it independently".

"Find Datix very difficult to use. However this session helped clarify why it's important to record risk and went some way to demystifying how to do it. Still feel the legacy system will be a challenge but worth persevering with."

Once For Wales – New Datix Risk Module

- 2.8 The implementation of the new Datix Risk Module has been delayed. The Assistant Director of Governance & Risk represents the Health Board on the All Wales Task and Finish Group and is contributing to the developments and improvements sought from the opportunity to develop a new module.
- 2.9 The Once-for-Wales Programme Management Board met in December 2023, and they took the decision to extend the current Datix contract by a further three years which will take the Health Board up to the end of November 2027. A timeframe as to when the new OFW risk module will be achieved is awaited. In the meantime, there is a pilot of the new system underway in another Health Board whose feedback is eagerly awaited.

Board Assurance Framework – Assigned Risks

- 2.10 The following Strategic / Principal risks are assigned to the People & Culture Committee:
- Risk 4 - Sufficient workforce to deliver the activity and quality ambitions of the organisation. Risk score 20.
 - Risk 7 – Leadership and Management. Risk score 12.
 - Risk 8 – Culture, Value and Behaviours. Risk score 12.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Central Function - Medical Directorate

- **Datix Risk ID 5640 – Potential Junior Doctors Industrial Action.**
New risk escalated in December 2023. Risk score of 20.

3.2 CHANGES TO RISKS

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

Nil as assigned to this Committee.

b) Risks where the risk rating **DECREASED** during the period

Nil as assigned to this Committee.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Diagnostics, Therapies, Pharmacy and Specialties Care Group



- **Datix Risk ID 4798 – Staffing levels do not meet standards for critical care services at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital.** Following a review of this risk in December 2023 the target score had been reached and the risk has now been closed. Speech and Language Therapy (SLT) staff are now in post across all three critical care units. Gaps between current staffing levels and Guidelines for the Provision of Intensive Care Services (GPICS) standards remain for Physiotherapy, Occupational Therapy and SLT, however no clinical incidents or concerns are being reported. However, a gap remains in relation to funding of Dietetics for Princess of Wales, with clinical incidents being reported and a new risk is being developed (Risk ID 5658, which is being considered for escalation to the Organisational Risk Register).

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

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

4. IMPACT ASSESSMENT

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



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

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

5. Recommendation

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.

- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1	5640	Executive Medical Director	Medical Directorate	Medical Directorate Manager	Sustaining Our Future	Patient / Staff /Public Safety	Potential Junior Doctors Industrial Action	<p>If...the NHS Wales Junior Doctors take industrial action related to a dispute over pay erosion between 15th-18th January 2024</p> <p>Then...there will be significant disruption on clinical services and planned and unscheduled care provision will likely be impacted.</p> <p>Resulting in...the quality of the care and services provided to patients and service users being affected in terms of access to services and compliance with performance and delivery objectives. This includes an impact on waiting list times for surgery and outpatients increasing, and patients being unable to access some health care services.</p>	<p>This is a national issue and decisions on any pay increases are out of CTM's control. A decision on strike action has been confirmed for 15th-18th January 2024.</p> <p>There will be no derogation agreed ahead of the proposed strike unless the health board has offered BMA agreed rates to the doctors</p> <p>Consultants/SAS doctors in some cases will be asked and negotiated with to cover gaps in service. National group in place which includes group of senior colleagues who are agreeing process around pay rates for "acting down"</p>	<p>Process to be agreed with BMA for derogation decisions on day of strike with clear info on the information UHB's will have to provide. BMA have stated they will turn these around in 30-60 minutes</p> <p>CTM working group taking place regularly</p> <p>HB can switch pre-existing locum hours around with agreement, however, locums have already cancelled their shifts</p> <p>Planning and preparation with contingency plans for all affected service will be taken. With these measures in place the consequence score will reduce to 3, with a target score of 15.</p>	Planning, Performance & Finance Committee Quality & Safety Committee People & Culture Committee	20	C4xL5	C3xL5	New risk escalated January 2024	04.12.2023	05.01.2024	15.1.2024 & 12.2.2024
2	5462	Executive Director of Therapies and Health Sciences.	Diagnostics, Therapies, Pharmacy and Specialties Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Adult weight management service - Insufficient capacity to meet demand	<p>If there is insufficient capacity within the adult weight management service to meet the demand</p> <p>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.</p> <p>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.</p>	<p>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.</p>	<p>Update January 2024</p> <p>Last review 15.12.23 next review 11.03.23</p> <p>Current actions are the monitoring of capacity and demand alongside pathway redesign. Mitigations via provision of an interim offer of a level 2 service have been fully explored.</p> <p>1300 people remain on the waiting list. There was a 47% response rate to the partial booking letters sent in November. If this trend continues, estimated waiting time will reduce from 6 years to under 3 years.</p> <p>Initial findings from evaluation of pathway redesign (group interventions) will be completed in Quarter 4, from which further capacity mapping will take place.</p>	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	15.12.2023	11.03.2024
11	1133 Linked to risk 3826	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	<p>If: the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH;</p> <p>Then: the Health Board will be unable to deliver safe, high quality services for the local population;</p> <p>Resulting in: compromised safety of the patients and staff and possible harm.</p>	<p>ED sustainable workforce plan developed and being implemented (May 2021).</p> <p>Option 1 funded so risks around sustainability remain particularly in respect of the consultant workforce. Financial position remains a challenge as locum and agency staff still used. No agreed plan to align staffing to benchmarking standards and the staffing levels on other sites within CTM. Boundary change and challenges across CTM continue to have a significant impact on the RGH site.</p>	<p>Update January 2024 - Senior Management Team risk reviewed, nurse establishment review continues in RGH</p> <p>Emergency Department (ED), invest to save paper submitted for RGH ED nursing staff. Awaiting outcome, Health Care Support Workers will be submitted next and can then to look to reduce. Risk rating remains C4 & L5, risk score 20.</p> <p>Review date 28/02/2024.</p>	Quality & Safety Committee. People & Culture Committee - Workforce aspect	20	C4xL5	8 (C4xL2)	↔	20.02.2014	05.1.2024	28.02.2024
14	3133	Chief Operating Officer	Central Support Function -Facilities	Governance and compliance manager, Facilities	Improving Care	Patient / Staff /Public Safety	Poor compliance with Medical Gas Safety Training .	<p>If: Staff are not able to attend Medical Gas Safety training or courses are being continuously rescheduled.</p> <p>Then: Staff are not being trained in safe storage and flow of cylinders (e.g. oxygen).</p> <p>Resulting In: Failure to adequately and safely obtain and continue flow of cylinders (e.g. oxygen), potentially causing harm to patients.</p>	<p>PSN041 Patient Safety Notice and local safety alert disseminated to all staff. Posters developed and displayed in areas to encourage attendance.</p> <p>New staff trained at induction.</p> <p>TNA has been undertaken.</p> <p>Refresher training is undertaken, however current attendance levels by clinical staff for Medical Gas Safety training is poor, hence the current risk score.</p> <p>Medical Gas Cylinder Policy developed with training section completed by Medical Device Trainer, referencing the mandatory requirement for training by all users. Completed</p> <p>To make it a key requirement that staff can be released to attend training to re-enforce safety and operating guidelines of medical gas cylinders. Completed.</p> <p>Medical Device Trainer has put in place a B4 role who is undertaking a rolling programme for Medical Gas Training, with two sessions, twice a month, at each ILG every month. However, although training has been undertaken for Porters and graduate nurses, nursing staff currently in post are still not attending and attendance continues to be poor due to current circumstances with Covid-19 and due to not being able to be released for the 2 hours of training. Medical Device Trainer and Assistant Director of Facilities to request again for the Executive Director of Nursing Midwifery and Patient Care to review nursing attendance and make the necessary arrangements to allow nursing staff to attend training and also to look at the possibility of introducing a 'training day' that will allow nursing staff to be released to attend those courses that are struggling with attendance levels.</p> <p>Meeting held and COO has requested for Facilities to work on a monthly Medical Device Training Compliance report template that can be presented to both COO and ILG Director leads to inform current compliance position and actions to improve attendance and compliance for all courses including Medical Gas Training. Medical Device Trainer has stated that the current report template needs to be reconfigured to account for the change of wards and Directorates for the new ILG structure and to deal with the pandemic, this will take time to complete, hence the change in action implementation date to account for this.</p>	<p>Update January 2024 - E-Learning (ESR/All Wales) package still not active (out of Clinical Engineering hands to activate this), compliance for Nursing staff has not increased significantly since last review. The ownership of this risk needs to be placed with the appropriate Clinical Service Group for this risk for Nurse training attendance - to be discussed with Patient, Care and Safety Function of appropriate action to move the risk ownership. Next review 29.3.2024.</p>	Quality & Safety Committee. People & Culture Committee.	16	C4 x L4	8 (C4xL2)	↔	01.05.2018	04.01.2024	29.03.2024
36	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	<p>If: the CTMUHB fails to recruit sufficient medical and dental staff.</p> <p>Then: the CTMUHB's ability to provide high quality care may be reduced.</p> <p>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.</p>	<ul style="list-style-type: none">Associate Medical Director for workforce appointed July 2020Recruitment strategy for CTMUHB being draftedEstablishment of medical workforce productivity programmeWork to understand workforce establishment vs needDevelopment of 'medical bank'Developing and supporting other roles including physicians' associates, ANPsImproving induction and development of new doctors	<p>Update November 2023 - the Health Boards Non Consultant Rate Card is now active. Medical Workforce Productivity Programme continues as detailed in the August update above and at this point risk score remains unchanged. Risk score will be reviewed in January 2024.</p> <p>Review scheduled for the 31.1.2024.</p>	Quality & Safety Committee People & Culture Committee	15	C5 x L3	10 (C5xL2)	↔	01.08.2013	31.10.2023	31.01.2024
37																		

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

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1											
	4798	Executive Director of Therapies & Health Sciences Therapies hosted by Merthyr & Cynon Integrated Locality Group	Improving Ca	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Staffing levels do not meet standards for critical care services at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital.	If the therapy services (physiotherapy, speech and language therapy, dietetics, occupational therapy) continue to not be at the recommended staffing levels according to national level requirements (GPICs), Then: the critical service will be unable to meet the need of patients requiring therapy, Resulting in: significant negative impact on patient outcomes, ability to recover from critical illness and length of stay in critical care unit and consequently in hospital longer than needed.	Currently staff stretch to cover and prioritise patient need as much as possible. During winter pressures have tried in the past to recruit locums but availability still remains an issue for some services and not sustainable. Sighted within HB Critical Care Board as significant gap and within peer review response.	Update January 2024 - SLT staff are now in post across all three critical care units. Gaps between current staffing levels and GPICS standards remain for Physiotherapy, Occupational Therapy and SLT, however no clinical incidents or concerns are being reported. However, a gap remains in relation to funding of Dietetics for POW, with clinical incidents being reported	Quality & Safety Committee People & Culture Committee	jan-24	Following a review of this risk in December 2023 the target score had been reached and the risk has now been closed. Speech and Language Therapy (SLT) staff are now in post across all three critical care units. Gaps between current staffing levels and Guidelines for the Provision of Intensive Care Services (GPICS) standards remain for Physiotherapy, Occupational Therapy and SLT, however no clinical incidents or concerns are being reported. However, a gap remains in relation to funding of Dietetics for Princess of Wales, with clinical incidents being reported and a new risk is being developed.
2											



4.2		6/2/2024	PPC	Welsh Government Flexible Workforce Capacity Return	
Report Details:			Impact Assessment:		
FOI Status:		Please select: Open (Public) Or Closed (Private)			
If closed please indicate reason:					
Prepared By:		Natalie Price			
Presented By:		Natalie Price			
Approving Executive Sponsor:		Hywel Daniel			
Report Purpose		Please Select: For Approval Endorsing for Approval For Discussion For Noting			
Engagement undertaken to date:		Paper approved by ELG 29/1. Engagement with PMO, Finance, Nursing, People, Medical teams			



Welsh Government Flexible Workforce Capacity Return

Natalie Price, Assistant Director of Strategic Workforce Planning



Context

- Welsh Health Circular **All-Wales Control Framework for Flexible Workforce Capacity: Coordinating action to reduce Agency Workforce Expenditure in Wales** (Dec 2024)
- Commitment to taking joint action across Wales to reduce NHS agency spend. Key aspect of Agenda for Change pay deal, also identified as a priority in the National Workforce Implementation Plan and by the Value & Sustainability Board
- The development of national alignment and coordination in this space will maximise the impact and benefits of further work - fully articulated within the Circular but include safety, patient experience, financial and workforce drivers
- Welsh Government will be leading on two simultaneous programmes of work:
 - **Reducing avoidable agency deployment** through a clear control framework
 - **Enhancing the supply of substantive and flexible employed workforce capacity**, including through NHS Workforce Banks

Phase 1 Return Requirements

- 1. Three named individuals** who will act as organisational contacts for this work
 - Executive Director
 - 2 individuals with practical operational knowledge to join Operational Agency Reduction Peer Group (to consider best practice / practical solutions to inform development of a national response)
- 2. A summary of current targets & Agency Reduction Plan** (requested as plan on a page)
- 3. Decision-making frameworks** – e.g Rostering/Bank/Additional Hours & OT policy, SOP Medical Agency, FCP Medical Variable Pay)
- 3. Board reporting** - details of the ways CTM currently reports to the Board about agency expenditure and deployment, including a copy of most recent report. Return included detail on Finance reports & Value & Effectiveness Portfolio Board
- 5. Baseline data and information** – return included additional caveats, explanations and assumptions tab to explain interpretations in the absence of definitions/ guidance

Key Findings

- Ongoing high levels of spend and usage relating to temporary staffing
- Our 2023/24 total agency expenditure forecast year-end position is £48.3m (6.9% of pay), compared with £60.1 m (8.7% of pay) in 2022/23
- Year-end forecasts compared to spend last year for key staff groups are as follows:
 - Medical & Dental £16.2m against £18.8m
 - Nursing & Midwifery £21.9m against £26.1m
 - Additional Clinical Services (including HCSW) £4.7m against £8.6m
 - Admin & Clerical £1.3m against £2.4m
 - The only staff groups with a higher forecasted year-end position compared to last year are Estates & Ancillary (forecast £1.6m compared to £1.3m), and Prof Scientific & Technical (forecast £83k compared to £12k).
- Forecast year-end position of £36.5m with “vacancy” as reason for usage
- Multifaceted approach to reducing agency expenditure- balancing effective staff deployment, financial sustainability & operational patient safety risks.
- CTM does not have set reduction targets in relation to agency costs. Care Groups do have overall general cost reduction targets – in 2023/24 these were 3.6% (Unscheduled Care), 3.1% (Planned Care) and 2.6% (all other areas)
- Challenges of available data, e.g. lack central system to capture A&C agency requests/ spend – reliance invoice, requisition and payment information only

Plan on a Page



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agency Reduction: Plan on a Page

cwmtafmorgannwg.wales

TITLE: Welsh Health Circular: All-Wales Control Framework for Flexible Workforce Capacity		CONTEXT:
AMBITION: To achieve WG/ CTMUHB strategic goals through an affordable and sustainable workforce, with a specific focus on reduction in agency utilisation & spend		<ul style="list-style-type: none">A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020) and National Workforce Implementation Plan (2023)NHS Pay Award (Written Statement April 2023) & Final Package of measures for both 2022-23 /23-24Value & Sustainability BoardCTM 2030 - IMTP, including People Chapter and UHB People Priorities
EXEC SPONSOR: Hywel Daniel, Director for People		
Theme	Progress 2023/24	Next Steps
Reducing temporary staffing usage & spend	<ul style="list-style-type: none">2023/24 year- end agency expenditure forecast of £48.3million (6.9% of pay), compared with £60.141 million (8.7% of pay) in 2022/23Cessation of HCSW agency workers from 01/10/23 (allowances for Mental Health HCSW, elsewhere only by exception) and cessation of admin agency workers from 01/10/23Bank Modernisation & Improvement ProgrammeIntroduction of fair, consistent and equitable Extra Contractual Rate Card for Consultants & Junior Doctors (latter implemented 19/10/23)Mandate Retinue Direct Engagement (2023 increase M&D 81% to 98%, AHP 91% to 100%)Promotion of efficient and timely rostering based on good practice principles	<ul style="list-style-type: none">Nursing: Cease utilisation of Thornbury/ Off-contract Agency SpendHCSW agency reduction in Mental HealthReview of current Nursing framework of agenciesFacilities: cease agency usage, reduce overtime and development of BankAccurate and timely job planningReset of Medical Workforce Productivity programme with new Performance & Escalation Group – including focus on high spend areasMonitoring adherence to measures and controlsKPMG Contract Leakage review
Accurate and accessible workforce data reporting of establishments, vacancies and spend	<ul style="list-style-type: none">Design, launch and use of People Data DashboardsLaunch Medical Establishment Workstream & Medical Workforce datasets (including agency spend)WG Vacancy Reporting	<ul style="list-style-type: none">Expansion of People Analytics expertise,Development of Nursing Data dashboards & KPIsOptions appraisal for Establishment ControlSupply & demand data modelling shift from prescriptive data to predictive insights
Resourcing & Retention	<ul style="list-style-type: none">Investment in Attraction and Resourcing expertiseFocussed recruitment initiatives, e.g. HCSW Bank recruitment, nursing IEN programme (51 recruits 2024/25), launch International Nurse Adaptation Programme, expansion in Flexi Route places, NWSSP Medical Overseas ProjectDevelopment & implementation of Retention Action Plan aligned to HEIW Action Plan	<ul style="list-style-type: none">IEO future programmeMedical Recruitment StrategyOngoing commitment to PA recruitmentFocus on flexible working
Strategic Workforce Planning	<ul style="list-style-type: none">KPMG Strategic Workforce Planning review: Implementation of action plan to improve operational & strategic workforce planning (inc. building capability & development of new roles)Development of the CTM culture offerDesigning & implementing sustainable future workforce models, e.g. Physician Associates and Use of ANPs/ACPsMore robust approach to Education Commissioning	<ul style="list-style-type: none">Enhanced leadership and development training to support skills and accountability linked to Phase 2, e.g. budget managementDevelopment of strategic workforce planning
KEY STAKEHOLDERS: <ul style="list-style-type: none">UHB Board / Executive team and Professional LeadsPeople (inc SWP, OD, Bank,e-Rostering & Medical Workforce), Finance, Programme Management Teams & Education TeamsCare Group Leadership Teams and line managersTrade Unions & Professional bodies		MEASURES FOR SUCCESS: <ul style="list-style-type: none">Workforce metrics (inc.vacancy, turnover, absence, variable pay, health and wellbeing etc)Financial metrics (e.g. reduction in agency expenditure)Delivery of projects e.g. International nurse recruitment, student streamlining, Rate Cards, PAs etcNumbers of alternative roles reducing vacancies: APs, PAs, ANPs etc
RISK TO DELIVERY: <ul style="list-style-type: none">Operational pressures driving agency relianceUnable to fill vacancies due to skills shortages (both local & national) and retention challengesAbility to incentivise recruitment vs agency/locum workingLeadership capacity to develop alternative roles, service and workforce models		



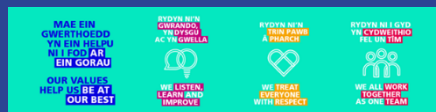
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTM 2030
Ein Hiechyd
Din Dyfodol



CTM 2030
Our Health
Our Future



ctmuhb.nhs.wales

Agency Reduction in Usage/ Spend

Nursing:

- The cessation of HCSW agency usage (1 October 2023 with allowances for Mental Health)
- Focus on recruitment (including 51 IEN via 2023/24 project), alongside retention initiatives to reduce turnover
- The Bank Utilisation & Improvement Programme
- Improved rostering efficiency

Medical:

- Increased Direct Engagement rates (associated reduction in VAT costs). 98% M&D (vs. 81% April '23) and 100% AHP (vs. 91% April '23) - £100k savings (FYE)
- Introduction of ADH rate cards (Junior Doctors ADH card launched 19/10/23)
- Establishment project & focus on areas high spend
- Focus on improvements to job planning compliance and guidance

Next Steps:

- **Engagement in WG programme of work**
- **Nursing**
 - Cessation utilisation of Thornbury/ off contract agency spend
 - HCSW agency reduction in Mental Health
 - Review of current Nursing framework of agencies
 - Review of baseline data return (including recruitment activity, highest spends)
 - Ongoing recruitment & retention plans, including proposed expansion IEN project, improvements within Education Commissioning & Student Streamlining
- **Medical** - Resetting of Medical Workforce Productivity Programme
 - Establishment & workforce models
 - High spend areas, including baseline return information on highest hourly rates/earners & improved data
 - Recruitment strategy, including review of baseline data return recruitment activity
 - Job Planning
- **Facilities**
 - 2023/24 increase agency to support series of transformation projects, plan to cease within 12 months
 - Exploration of Facilities Bank (to reduce reliance on overtime)
- **Admin & Clerical:** Review usage following cessation from 1 October 2023 (authorisation only by exception)
- **Broader remit:** strategic workforce planning, recruitment, retention, People Data/Analytics & temporary staffing usage/spend in its totality

Recommendation:

The Board or Committee are asked to:

- Note the submission of our Phase 1 return.
- Support the continued focus on reduction of agency spend into 2024/2025, and engagement with the Welsh Government programme of work.



Agenda Item

4.2

People & Culture Committee

Welsh Health Circular: All-Wales Control Framework for Flexible Workforce Capacity

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Natalie Price, Assistant Director of Strategic Workforce Planning
Cyflwynydd yr Adroddiad / Report Presenter	Natalie Price, Assistant Director of Strategic Workforce Planning
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

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

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

Committee / Group / Individuals	Date	Outcome
<ul style="list-style-type: none">Engagement Across Nursing, Medical, Finance and PMOPaper to go to Executive Leadership Group 29/1/24	Click or tap to enter a date.	

Acronyms / Glossary of Terms

A&C	Administrative & Clerical
CTM	Cwm Taf Morgannwg
E&A	Estates and Ancillary
HSCW	Healthcare Support Worker
M&D	Medical and Dental
NMR	Nursing and Midwifery Registered
PPFC	Planning, Performance and Finance Committee
UHB	University Health Board
V&E	Values & Efficiency

1. Situation /Background

- 1.1 In December 2024, the following Welsh Health Circular was published: **All-Wales Control Framework for Flexible Workforce Capacity: Coordinating action to reduce Agency Workforce Expenditure in Wales** (See Appendix 4.3a).
- 1.2 This document outlines the commitment to, in social partnership, taking joint action across Wales to reduce agency spend in NHS Wales as a key part of the Agenda for Change pay deal. This need is also identified as a priority in the National Workforce Implementation Plan and by the Value and Sustainability Board.
- 1.3 The development of national alignment and coordination in this space will maximise the impact and benefits of further work, which are fully articulated within the Circular but include safety, patient experience, financial and workforce drivers.
- 1.4 Welsh Government will be leading on two simultaneous programmes of work:
 - **Reducing avoidable agency deployment** through a clear control framework
 - **Enhancing the supply of substantive and flexible employed workforce capacity** including through NHS Workforce Banks

Further details are provided within the Health Circular (Appendix 4.3a).
- 1.5 Within Phase 1 of the “**Reducing avoidable agency deployment through a clear control framework**” programme there have been five asks of Cwm Taf Morgannwg University Health Board (CTM). Details of our response are outlined below. Within the Health Circular there is a reiteration of the expectation that a significant effort is being made to reduce agency expenditure and deliver additional flexible workforce capacity through more cost-effective means. Sharing CTM’s baseline information and progress will enable assessment of these plans, sharing good practice and will help to shape the future phases of the programme.

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

The five specific asks for the Phase 1 January 2024 return are as follows:

2.1 Three named individuals who will act as organisational contacts for this work:

An Executive Director who will be Welsh Government's key contact for your organisation on this work:	Confirmed as: Hywel Daniel, Director of People
Two other individuals with practical operational knowledge will join the Operational Agency Reduction Peer Group. These individuals do not need to be able to speak on behalf of your whole organisation but to be able to contribute to discussion about best practice and practical solutions that will inform development of the national response. One to cover medical workforce management and one with experience of nurse deployment:	Confirmed as: Deputy Medical Director for Acute Services and Deputy Director of Nursing.

2.2 A summary of current targets and Agency Reduction Plan (in the form of a plan on a page)

CTM's Agency Reduction Plan on a Page is included in Appendix 4.3b This includes a summary of the key actions taken this year to reduce agency spend, and the key priorities for 2024/25.

Within CTM there are general cost reduction targets in place by Care Groups however, these are not currently specific to agency cost reductions. For 2023/24, Unscheduled Care had a savings target of 3.6%, Planned Care 3.1% and all other areas had a target of 2.6%. These could potentially be interpreted as across the board targets to be applied equally across all spend categories including agency, but they have not historically been set out in this way.

CTM's Values and Efficiency Portfolio Board, supported by the Nursing and Medical Productivity Programmes (see table in 2.4 for more detail) oversee the delivery of several key priorities focused on reducing both bank and agency expenditure. The V&E Portfolio Board reports into the Unified Transformation Board for governance



purposes every 2 months. Achieving a reduction is multi-faceted and must balance effective staff deployment and the operational patient safety risks.

A summary of our current agency spend (month 9), our forecast year end position and the 2022/23 spend position is included in 2.4.4 Tab b2. A summary is as follows:

Our 2023/24 total agency expenditure forecast year-end position is £48.3million (6.9% of pay), compared with £60.141 million (8.7% of pay) in 2022/23. Year-end forecasts compared to spend last year for key staff groups are as follows: Medical & Dental £16.2m against £18.8m, Nursing & Midwifery £21.9m against £26.1m, Additional Clinical Services £4.7m against £8.6m and Admin & Clerical £1.3m against £2.4m.

The majority of spend within Additional Clinical Services is from Healthcare Support Workers. Year-end forecast within this group is £4.4m (based on the last quarter which reflects the HCSW agency cessation).

There is a forecasted year-end decrease across staff groups compared to spend last year. The only exceptions to this are within Estates & Ancillary where the forecast is £1.6m compared to £1.3m, and Prof Scientific & Technical £83k compared to £12k.

	Apr	May	Jun	Kul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forec ast year- end positi on	Total YTD 2022/23
TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Administrative, Clerical & Board Members	68	136	90	238	160	57	104	119	77	70	70	70	1,049	1,259	2,408
Medical & Dental	1,108	1,628	1,512	1,761	1,472	1,246	1,298	1,046	1,301	1,300	1,300	1,300	12,372	16,272	18,801
Nursing & Midwifery Registered	2,168	1,726	1,635	1,768	1,558	1,741	1,842	2,002	1,800	1,900	1,900	1,900	16,240	21,940	26,143
Prof Scientific & Technical	0	0	0	1	4	(1)	30	29	20	0	0	0	83	83	12
Additional Clinical Services	776	536	498	646	458	333	209	169	212	300	300	300	3,837	4,737	8,633
Allied Health Professionals	53	189	114	199	134	146	94	152	142	100	100	100	1,223	1,523	1,710
Healthcare Scientists	103	111	71	92	73	83	54	68	84	60	60	60	739	919	1,179
Estates & Ancillary	68	160	127	120	85	151	147	174	134	150	150	150	1,166	1,616	1,255
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL AGENCY/LOCUM															
(PREMIUM) EXPENDITURE	4,344	4,486	4,047	4,825	3,944	3,756	3,778	3,759	3,770	3,880	3,880	3,880	36,709	48,349	60,141

Agency/Locum (premium)															
% of pay	8.0%	8.2%	6.1%	7.6%	7.0%	6.6%	6.3%	6.5%	6.5%	6.6%	6.6%	6.6%	7.0%	6.9%	8.7%

Further detail on agency usage and provision within staff groups are included below:

Medical: CTM uses a Neutral Vendor Managed Service Provider (Retinue Solutions) for agency Medical and Dental staff.

We do not operate any requests for off-framework bookings. Retinue also manages the CTM Medical Bank since its inception in July 2021. Patchwork are sub-contracted by Retinue to provide Bank software. Section 2.4.6 Medical Productivity Programme contains relevant documentation from the Medical Productivity Programme. Within 2023/24 one key deliverables was to increase Direct Engagement rates therefore achieving a reduction in VAT costs. This has led to an increase from April 2023 of 81% to 98% for Medical and Dental 91% to 100% for AHPs). The savings achieved from these improved rates are in the region of £100k (FYE). Other key areas of focus for this Programme have been job planning, the introduction of ADH rate cards (Junior Doctors ADH card launched 19/10/23), a medical establishment project linked to recruitment and the development of alternative workforce models (including Physicians Associates and Specialty Doctors).

Nursing: CTM is part of the all Wales framework arrangement for Nursing. All agency bookings are managed via the Bank Office and its bank booking system. Individual wards are not able to manage agency bookings locally, however, during out of hours this is facilitated by the site management/executive on call team. Section 2.4.7 contains relevant documentation from the Nursing Productivity Programme. A "reset" of this programme took place in 2022/23 with a focus on: the cessation of HCSW agency usage (implemented 1 October 2023 with allowances for Mental Health), reduction in nursing vacancies (including IEN project to deliver 51 nurses), a Bank Utilisation & Improvement Programme, rostering efficiency and Ward Manager leadership & education.

Off Framework: Currently the only off framework activity taking place is within Mental Health and medical wards/ED/AMUs/surgical wards/ITU due to the highly specialist nature of the work required. We are actively engaging with all on framework agencies to increase supply in these areas. Most of the off framework activity is to support staffing in un-commissioned areas.

Agency HCSW: Since the cessation of usage from 1 October 2023, we only utilise HCSW agency workers to either support 1-1 observations of care within Mental Health and to open un-commissioned capacity. Otherwise, in exceptional circumstances whereby there are service / patient risks which have to be escalated for approval. These will be few and far between and are discussed on an individual level with the Head of Nursing.

AHPs/HSS/Pharmacy: The Health Board uses a Neutral Vendor Managed Service Provider (Retinue Solutions) for agency Allied Health Professionals, Health Care Scientists and Pharmacists.

Admin & Clerical: Agency usage is in line with framework compliant agencies and managed via the procurement process.

Since the cessation of A&C agency usage from 1 October 2023, there is agreement that authorisations are given by exception and via approval at Executive level. However a further review is required in this area to ensure the appropriateness of the ongoing spend in this area.

Facilities: agency usage within facilities has historically been limited (with the exception of additional demands associated with COVID). However, service delivery has been heavily reliant on overtime, particularly within the porter teams where rotas have limited headroom. Recent increases in agency usage and spend has been necessary to support a series of transformation projects, the plan is for this usage to cease within the next twelve months as these projects conclude.

2.3 Decision-making frameworks

The following are used within CTM to support decision making to ensure a consistent, rational and transparent approach to decisions regarding the most cost-effective mechanism to cover workforce gaps:

Agenda for Change (including nursing & midwifery)	<ul style="list-style-type: none"> • All Wales Contract 2021 • Consolidated Contract 2021 • Nursing Midwifery Rostering Policy final • Overtime Additional Hours Policy • Staff Bank Policy
Medical and Dental	<ul style="list-style-type: none"> • SOP Medical Agency (Final) • FCP 23 – Medical Variable Pay – December



2.4 Board reporting – details of the ways that your organisation currently reports to the Board about agency expenditure and deployment, with a copy of the most recent report

2.4.1 CTM Transformation Portfolio Governance Structure	<ul style="list-style-type: none"> CTM Transformation Portfolio - Governance
2.4.2 Report Title: Monthly Finance Report (copy of M7 attached). This report is shared with the Board, PPFC and Executive Leadership Group. High level information on trends is included on pages 8-10.	<ul style="list-style-type: none"> Month 7 Finance Report Final
2.4.3 Report Title: Monthly Finance Performance Report (copy M7 attached). This is shared at PPFC and Executive Leadership Group. High level information on Care Group run rates is included within Annex B.	<ul style="list-style-type: none"> Month 7 Finance Report Final
2.4.4 Monitoring Returns Report, October 2023 (copy M7 and m9 (latest) attached) sent to WG and is also shared at PPFC. High level information is included on Page 8.	<ul style="list-style-type: none"> Month 7 – CTM ULHB Monitoring Returns CTM – Month 7 2023-24 CTM- Month 9 2023-24

For completeness included below are papers relating to the Values and Efficiency Portfolio Board, and the Medical and Nursing Productivity Programmes that contribute into this.

2.4.5 Values and Efficiency Portfolio Board (attached November 23 report)	<ul style="list-style-type: none"> VE Portfolio Slide Deck 15 Nov 23
2.4.6 Medical Productivity Programme	<ul style="list-style-type: none"> Medical Workforce Productivity Programme Medical Workforce Productivity TOR VE Portfolio Board slide deck 15.1.23
2.4.7 Nurse Productivity Programme	<ul style="list-style-type: none"> Nursing Productivity Programme PID Nursing Productivity TOR VE Portfolio Board slide deck 15.11.23

2.5 Baseline data and information

Our Phase 1 baseline data return which outlines our current position on temporary expenditure (including agency but also Bank and overtime) is shown available on request.

The template shared with Health Boards for completion was an excel spreadsheet split into 9 separate tabs. The data and information requested was for January to December 2023. The CTM submission included an "Additional caveats, explanations and assumptions" tab to explain our interpretations in the absence of definitions and guidance. The template has been populated as completely as is possible. The People team are linking in with other Health Boards to provide feedback on the template to inform the programme going forward.

A summary of the information included in the baseline return is as follows:

Tab No.	Tab Title	Requests to complete
New	Additional caveats, explanations and assumptions	Added by CTM to provide guidance to the return
1	General	On and off contract agency usage full year
2	Medical and Dental 1	<ul style="list-style-type: none"> Internal locum/additional duty hours Agency on framework Agency off framework Waiting List Initiatives
3.	Medical and Dental 2	<ul style="list-style-type: none"> Highest hourly rate paid 2023 Highest earnings last full calendar month Highest earnings year to date Longest engagement (months) Locum/ADH highest hourly rate paid <ul style="list-style-type: none"> ➤ Highest hourly rate paid 2023 ➤ Highest earnings last full calendar month ➤ Highest earnings year to date Ten shortest lead times for engaging agency cover - exclude short term sickness
4.	Nursing and Midwifery 1	<ul style="list-style-type: none"> Additional basic hours Overtime Bank Agency – on contract Agency – off contract Planned additional activity rate (PAAR)
5.	Nursing and Midwifery 2	<ul style="list-style-type: none"> Highest hourly rate paid 2023 Highest earnings last full calendar month Highest earnings year to date Longest engagement (months) Ten shortest lead times for engaging agency cover - exclude short term sickness
6.	HCSW 1	<ul style="list-style-type: none"> As per Nursing and Midwifery 1
7.	HCSW 2	<ul style="list-style-type: none"> As per Nursing and Midwifery 2

8.	Admin-Clerical-Ancil-Est 1	<ul style="list-style-type: none"> • Additional basic hours • Overtime • Bank • Agency – on contract • Agency – off contract
9.	Admin-Clerical –Ancil-Est 2	<ul style="list-style-type: none"> • Highest hourly rate paid 2023 • Highest earnings last full calendar month • Highest earnings year to date • Longest engagement (months) • Ten shortest lead times for engaging agency cover - exclude short term sickness

A summary of the hours and spend included in the return is as follows:

	Total hours	Total spend
M&D total	391499	£28,148,113.38
NMR total	923276.47	£30,948,539.93
HCSW total	304437.97	£11,421,498.14
A&C total	-	£3,627,826.27
E&A total	-	£4,869,816.97
	1,619,213.44	£79,015,794.69

Key points to note are as follows:

- The template was more suitable for medical data return because of the requests for breakdown for highest hourly rate, highest earners and longest engagements - which were not applicable to other staff groups.
- The specialties groupings identified by WG did not mirror CTM internal hierarchies therefore assumptions were made regarding which areas fitted best into the categories set. This is included within the assumptions.
- Medical and Dental does not use off contract agencies so this was explained in the return.
- Nursing, Midwifery and HCSW agency usage are as per the all Wales contract.
- Tab 9 was not completed as the data/information is not captured in this format within CTM.
- For Nursing and Midwifery 1 – no PAAR spend was identified for this period.
- HCSWs Band 2 are not included in the WG baseline data request. However, our return will include them as bank and agency spend is recorded against a single subjective in the ledger, but the hours completed are not included.
- Recruitment: for Nursing, HCSW and Medical there are questions to establish 'Has the individual been offered a substantive/fixed

term role'. For HCSW, some individuals have applied but have not been shortlisted due to the quality of the application form, nurses have not applied and there is variation for medical staff. For each of these responses, and in particular if the answer is "no" there is an urgent internal follow up taking place to understand the current position and plan to address.

- Admin and Clerical and Estates and Ancillary: CTM does not have a system or process to capture agency requests and spend so relying on invoice, requisition and payment information only. We were also unable to provide any hours/band details and median and ranges of rates. Admin & Clerical, Estates and Ancillary agency usage are as advised by Procurement. Some ancillary agencies are 'off contract' but on Framework.
- For some of the return we have relied on the financial ledger accounts for payments at a point in time. So for example:
 - Overtime/Enhancements/Bank - These are likely to relate to hours worked 6-8 weeks prior. So January 2023 spend would be a mixture of hours worked in November/December, and accruals made by finance for January.
- Agency - This will be reliant on when invoices are processed, receipted and then paid. While normally timely, there could be delays, resulting in costs from prior months hitting the ledger in a month where the hours were not worked. There will also be accruals made within each month.

3. Key Risks / Matters for Escalation

- 3.1 Operational pressures will hamper ongoing progress to further reduce agency reliance
- 3.2 Efforts to reduce vacancy levels will be constrained by skills shortages (both local & national)
- 3.3 High turnover and retention challenges will continue to drive a reliance on agency usage.
- 3.4 Leadership capacity and capability to undertake future focused, strategic workforce planning that is required to build a sustainable workforce

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Sustaining Our Future
	If more than one applies please list below:



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

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



Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Choose an item.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) Agency spend reduction will support a sustainable and affordable workforce which enables the delivery of high-quality services to patients and avoids reliance on temporary workforce or additional hours at premium rates.	

5. Recommendation

The Committee are asked to:

- 5.1 **Note** the submission of our Phase 1 return.
- 5.2 **Support** the continued focus on reduction of agency spend into 2024/2025, and engagement with the Welsh Government programme of work.

6. Next Steps

- 6.1 The return and accompanying documentation has also been shared with the Executive Leadership Group.
- 6.2 Ongoing reduction of agency spend to be driven and monitored via the All Wales programme of work as outlined in the Health Circular (Appendix 4.3.a) and internally via the Values & Efficiency Portfolio Board, and in particular the Medical Productivity and Nursing Productivity Programmes. The information and data highlighted in this return has been shared with key stakeholders and will inform the agreed Programme priorities going into 2024/25.

7. APPENDICES

Appendix 1	Welsh Government Health Circular	Attached as 4.3a
Appendix 2	Agency Reduction Plan on a Page	Attached as 4.3b



Welsh Health Circular

Issue date: 13th December 2023

Status: Action

Category: Workforce / Finance / Delivery

Title: All-Wales Control Framework for Flexible Workforce Capacity.

Date of Expiry / Review: Not applicable

For Action by:

Chief Executives, NHS Wales Health Boards/Trusts/Special Health Authorities

Chief Operating Officers, Health Boards/Trusts/Special Health Authorities

Directors of Finance, Health Boards/Trusts/Special Health Authorities

Directors of Workforce, Health Boards/Trusts/Special Health Authorities

Nurse Executive Directors, Health Boards/Trusts/Special Health Authorities

Medical Directors - Health Boards/Trusts/Special Health Authorities

Action required by: 5th January 2024

Sender: Helen Arthur – Director of Workforce and Corporate Business

HSSG Welsh Government Contact(s): Martin Mansfield and Emma Coles, Health and Social Services, NHS Workforce and Operations, agencyreduction@gov.wales

Enclosure(s): None

All-Wales Control Framework for Flexible Workforce Capacity.

Coordinating action to reduce Agency Workforce Expenditure in Wales

We have committed, in social partnership, to take joint action across Wales to reduce agency spend in NHS Wales as a key part of the Agenda for Change pay deal. It is also identified as a priority in the National Workforce Implementation Plan and also by the Value and Sustainability Board.

Integrated Medium Term Plans (IMTPs) and NHS organisations cost reduction plans identify agency expenditure as an opportunity for savings by individual health boards with NHS current financial projections estimating a reduction in expenditure of c£50m (15% reduction) this financial year compared to last year. National alignment and coordination will maximise the impact of this work and offer assurance across the system that the benefits are being delivered.

Objectives for this work

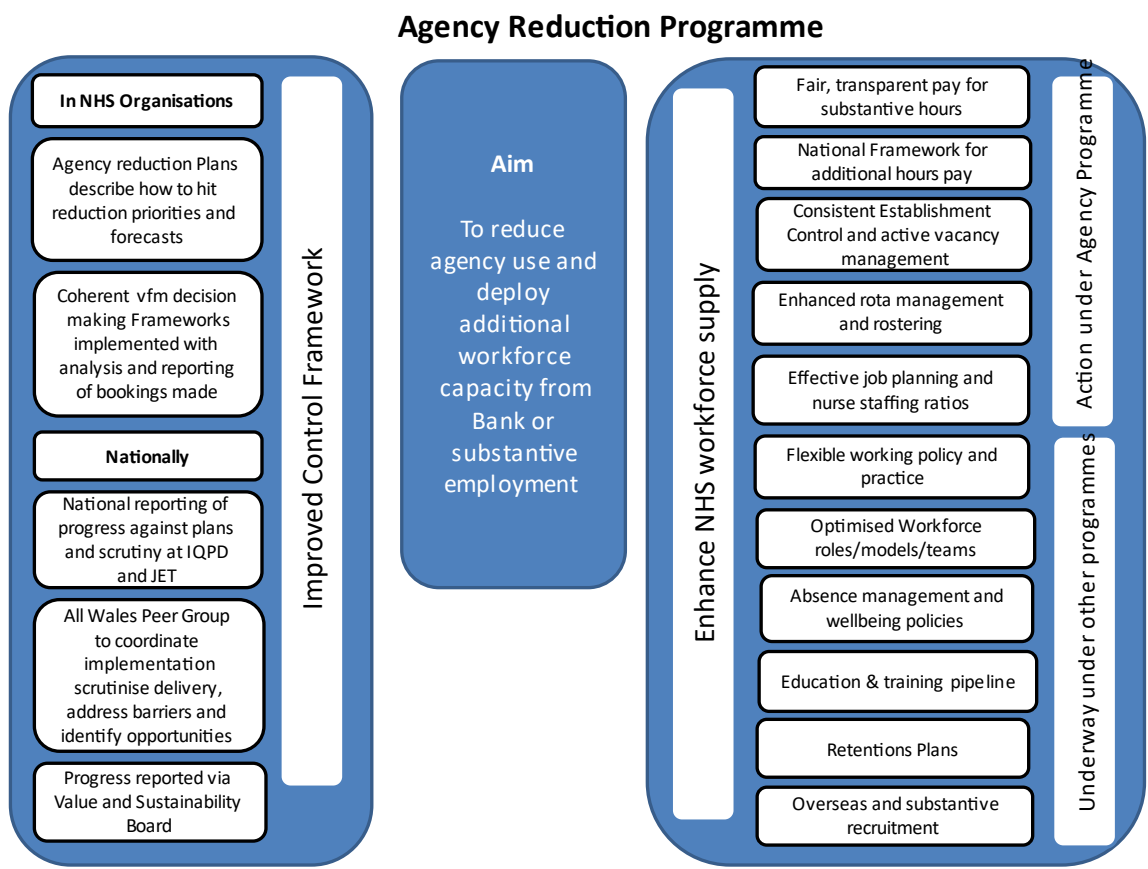
- Enhance quality and safety of patient experience by delivering more care by our own workforce who are employed and familiar with our organisations and processes.
- Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual rate and with clear rates.
- Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those people who work flexibly through the NHS Staff Bank.
- Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups).
- Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs.
- Identification of measures to address long standing hard to fill roles which are reliant on agency cover.

Programme Delivery

Overall, this work will focus on two simultaneous strands:

- **Reducing avoidable agency deployment** through a clear control framework; and
- **Enhancing the supply of substantive and flexible employed workforce capacity** including through NHS Workforce Banks.

This Circular focusses on **reducing avoidable agency deployment through a clear control framework** within organisations on the left-hand side of the diagram below.



The other elements of the programme (on the right-hand side of the diagram) cover some of the ‘non pay agreement’ elements including fair and consistent application of national terms and conditions, the detail of this work is not covered in this Circular as they will be delivered in social partnership through the agreed Social Partnership Work programme.

The All-Wales Control Framework for Flexible Workforce Capacity.

This Circular focuses on the actions required to deliver a clear control framework for deployment of flexible workforce capacity. This control framework will be implemented within NHS organisations and coordinated on an all-Wales basis to drive best practice, provide transparency and fairness for our workforce, avoid inter organisation competition which unnecessarily inflates cost pressures across Wales and avoid unintended consequences for individual organisations.

Whilst our headline focus is on reducing avoidable agency expenditure, the control framework will be applied to both **agency and variable pay** expenditure to aid transparency as costs move from the agency to variable pay categories. This will ensure that we realise the potential efficiencies rather than simply transfer costs.

The key elements of this programme are: -

- A Ministerial **commitment to tripartite working to deliver additional hours through direct NHS employment** and drive a substantial reduction in agency spend.
- Development of **Transparent Agency Reduction plans within in each NHS organisation**
- **National reporting** mechanism to track organisations delivery against plans.
- **Organisational accountability through Board scrutiny and focussed accountability** via the established mechanism of NHS Joint Executive Team (JET) and Integrated Planning Quality and Delivery (IPQD) meetings.
- Progressive targets to **eradicate agency deployment of certain staff groups**, starting with administration/clerical roles, health care support workers and estates/ancillary roles aiming to reduce substantially by the end of the 2023-24 financial year.
- A '**decision-making framework**' implemented in each organisation to ensure national pay and conditions of employment for substantively employed workforce are met for contractual and any additional hours worked, and this will ensure that there is a consistent, rational and transparent approach to make decisions about the most cost-effective mechanism to cover workforce gaps.
- **Standardised rates** for additional hours where not prescribed by existing national terms and conditions.
- An '**Operational Agency Reduction Peer Group**' to coordinate all Wales actions, support operational engagement on implementation, share learning and experience and identify barriers and opportunities for future phases of this work.
- **National Governance** – reporting progress into the Value and Sustainability Board structure, via the Workforce Recovery Steering Group, and social partnership structures, via the Wales Partnership Forum Business Committee and the Medical and Dental Business Group, to highlight collective progress and plan subsequent phases of the work.

- **Phasing** - the Programme will be phased into a number of stages so that the learning from the data and information from each phase can be used to remove barriers and accelerate progress in the next phase.

Transparent Agency Reduction Plans – Requirements of this Circular

Phase 1 – Baseline Returns to be returned to agencyreduction@gov.wales by 5th January 2024

Action for NHS Organisations

As part of organisational cost reduction plans, it is expected that all organisations are making significant efforts to reduce agency expenditure and deliver additional flexible workforce capacity through more cost-effective means. Each NHS organisation needs to provide baseline information and progress against their current Agency Reduction Plans which will enable us to assess the current plans, share and build on good practice and plan the detail of subsequent phases of this work.

This return should include: -

1. Three named individuals - Nominations of three specific individuals who will act as organisational contacts for this work.

- An Executive Director who will be Welsh Government's key contact for your organisation on this work.
- Two other individuals with practical operational knowledge, one to cover medical workforce management and one with experience of nurse deployment who will join the Operational Agency Reduction Peer Group. These individuals do not need to be able to speak on behalf of your whole organisation but to be able to contribute to discussion about best practice and practical solutions that will inform development of the national response.

2. A summary of current targets and your Agency Reduction Plan (in the form of a plan on a page)

3. Decision-making framework - A copy of any instructions or frameworks issued in your organisation to support decision making to ensure that there is a consistent, rational and transparent approach to decisions about the most cost-effective mechanism to cover workforce gaps.

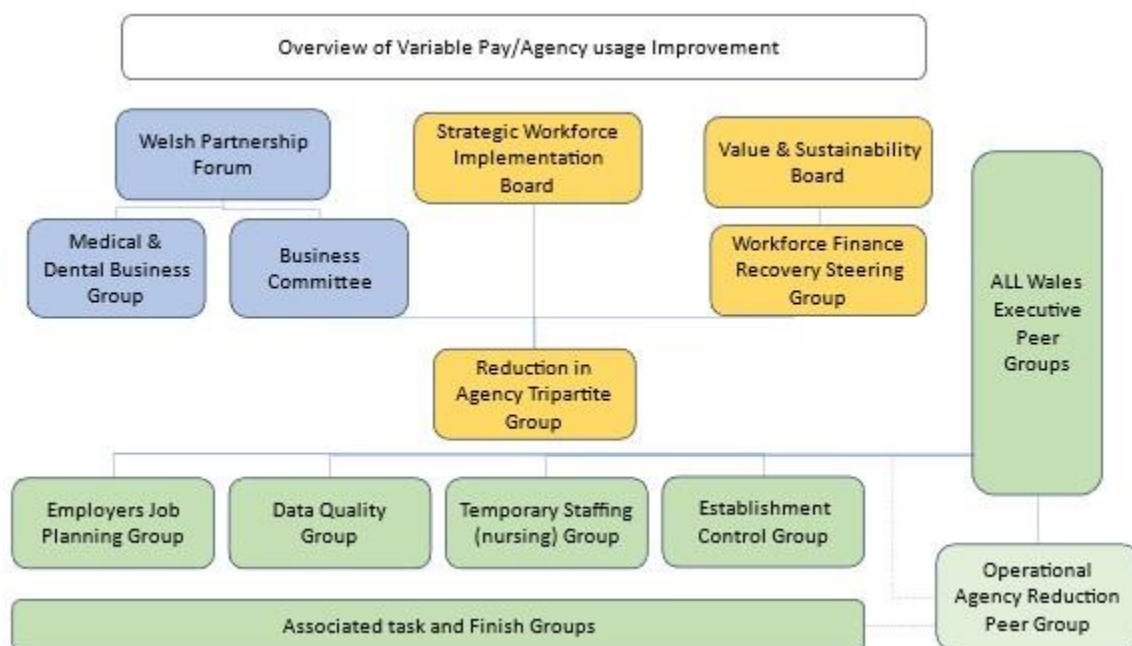
4. Board reporting – details of the ways that your organisation currently reports to the Board about agency expenditure and deployment, with a copy of the most recent report.

5. Baseline data and information - about the current position on agency expenditure. This will be considered by Welsh Government and used to target areas for future action with the Operational Agency Reduction Peer Group. A template data request form will be circulated direct to your Workforce Director and your assistance is requested in ensuring full and speedy returns.

National action

- NHS organisations baseline information will be considered, and a national view developed about priorities for all Wales action through the **Agency Reduction Tripartite Group** and the **Workforce Finance Recovery Steering Group**.
- An '**Operational Agency Reduction Peer Group**' will be established to deliver operational engagement on implementation across Wales, share learning, experience and identify barriers and opportunities for future phases of this work
- Progress will be reported into the **Value and Sustainability Board**, we will work with NHS Wales Employers to ensure that work underway across the system on issues that contribute to the reduction in agency expenditure is reported into the Board to ensure related work is joined up, well-coordinated and streamlined to ensure maximum effectiveness.

Overview of the Groups work contributing to the reduction in agency expenditure.



Phase 2 – Enhanced Response December 2023 to February 2024

We will work closely with your named Executive and Operational Leads to support the development of a detailed action plan for reduction on the variable pay bill for the 24-25 financial year with national action to support organisational work.

A format for these plans will be issued in a further **Circular in early 2024** and will be developed in social partnership, based on the baseline information and practice identified in Phase 1. This phase of the work will include mandatory delivery of some of the requirements and specific targets for delivery.

The expectation for these plans will be that they will include: -

- The **predicted additional flexible workforce capacity** that the organisation will require in 2024-25 which aligns to the organisations IMTP/Annual Plan.
- **Stretching targets for reduction in the Agency pay bill** – with a focus on our biggest areas of expenditure on nurse and medical expenditure pay.
- **Reduction to zero** for agency deployment of administration/clerical roles, health care support workers and estates/ancillary roles. These roles should all be filled through substantive employment or Staff Bank if additional flexibility is required. It should also include a process for agreeing exceptional safety critical roles where in the short term an agency worker is required.
- **Measures to deliver flexible capacity** – Plans should describe the measures to drive the reduction in agency spend and should also reflect the approaches that will be used to meet the predicted need for flexible capacity, e.g. increased Staff Bank, substantive recruitment etc. Plans need to focus on delivering best value for money and avoiding the simple transfer of cost from one budget to another and should be clear about the risks to delivery of the plan.
- **Transparent decision-making frameworks** fully implemented in each organisation in Q1 of the 24-25 financial year to ensure that there is a consistent, rational and transparent approach implemented across NHS Wales organisations to make decisions about the most cost-effective mechanism to cover workforce gaps, with appropriate controls over less than optimal choices which should include Board level scrutiny.
- **Standardised Board Reporting** with a requirement for Board reporting and scrutiny and Board approval of variable pay reduction plans for 24-25.
- **National reporting** and feedback on progress and scrutiny at JET and IPQD meetings.

Nationally - This work will continue to be supported nationally through the Tripartite Agency Reduction Group and practical support and learning via the Operational Agency Reduction Group, with formal reporting into the Value and Sustainability Board. These plans will also form part of the scrutiny process through JET and IPQD meetings.

Phase 3 – Focussed Implementation and Feedback April 2024 onwards

- **Individual organisations to implement agreed plans.**
- **National reporting** mechanism to track organisations delivery against plans.
- **Organisational accountability through Board scrutiny and focussed accountability** through NHS JET and IPQD meetings.

<p>TITLE: Welsh Health Circular: All-Wales Control Framework for Flexible Workforce Capacity</p> <p>AMBITION: To achieve WG/ CTMUHB strategic goals through an affordable and sustainable workforce, with a specific focus on reduction in agency utilisation & spend</p> <p>EXEC SPONSOR: Hywel Daniel, Director for People</p>	<p>CONTEXT:</p> <ul style="list-style-type: none"> A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020) and National Workforce Implementation Plan (2023) NHS Pay Award (Written Statement April 2023) & Final Package of measures for both 2022-23 /23-24 Value & Sustainability Board CTM 2030 - IMTP, including People Chapter and UHB People Priorities
---	---

Theme	Progress 2023/24	Next Steps
Reducing temporary staffing usage & spend	<ul style="list-style-type: none"> 2023/24 year- end agency expenditure forecast of £48.3million (6.9% of pay), compared with £60.141 million (8.7% of pay) in 2022/23 Cessation of HCSW agency workers from 01/10/23 (allowances for Mental Health HCSW, elsewhere only by exception) and cessation of admin agency workers from 01/10/23 Bank Modernisation & Improvement Programme Introduction of fair, consistent and equitable Extra Contractual Rate Card for Consultants & Junior Doctors (latter implemented 19/10/23) Mandate Retinue Direct Engagement (2023 increase M&D 81% to 98%, AHP 91% to 100%) Promotion of efficient and timely rostering based on good practice principles 	<ul style="list-style-type: none"> Nursing: Cease utilisation of Thornbury/ Off-contract Agency Spend HCSW agency reduction in Mental Health Review of current Nursing framework of agencies Facilities: cease agency usage, reduce overtime and development of Bank Accurate and timely job planning Reset of Medical Workforce Productivity programme with new Performance & Escalation Group – including focus on high spend areas Monitoring adherence to measures and controls KPMG Contract Leakage review
Accurate and accessible workforce data reporting of establishments, vacancies and spend	<ul style="list-style-type: none"> Design, launch and use of People Data Dashboards Launch Medical Establishment Workstream & Medical Workforce datasets (including agency spend) WG Vacancy Reporting 	<ul style="list-style-type: none"> Expansion of People Analytics expertise, Development of Nursing Data dashboards & KPIs Options appraisal for Establishment Control Supply & demand data modelling shift from prescriptive data to predictive insights
Resourcing & Retention	<ul style="list-style-type: none"> Investment in Attraction and Resourcing expertise Focussed recruitment initiatives, e.g. HCSW Bank recruitment, nursing IEN programme (51 recruits 2024/25), launch International Nurse Adaptation Programme, expansion in Flexi Route places, NWSSP Medical Overseas Project Development & implementation of Retention Action Plan aligned to HEIW Action Plan 	<ul style="list-style-type: none"> IEI future programme Medical Recruitment Strategy Ongoing commitment to PA recruitment Focus on flexible working
Strategic Workforce Planning	<ul style="list-style-type: none"> KPMG Strategic Workforce Planning review: implementation of action plan to improve operational & strategic workforce planning (inc. building capability & development of new roles) Development of the CTM culture offer Designing & implementing sustainable future workforce models, e.g. Physician Associates and Use of ANPs/ACPs More robust approach to Education Commissioning 	<ul style="list-style-type: none"> Enhanced leadership and development training to support skills and accountability linked to Phase 2, e.g. budget management Development of strategic workforce planning

<p>KEY STAKEHOLDERS:</p> <ul style="list-style-type: none"> UHB Board / Executive team and Professional Leads People (inc SWP, OD, Bank,e-Rostering & Medical Workforce), Finance, Programme Management Teams & Education Teams Care Group Leadership Teams and line managers Trade Unions & Professional bodies 	<p>RISK TO DELIVERY:</p> <ul style="list-style-type: none"> Operational pressures driving agency reliance Unable to fill vacancies due to skills shortages (both local & national) and retention challenges Ability to incentivise recruitment vs agency/locum working Leadership capacity to develop alternative roles, service and workforce models 	<p>MEASURES FOR SUCCESS:</p> <ul style="list-style-type: none"> Workforce metrics (inc.vacancy, turnover, absence, variable pay, health and wellbeing etc) Financial metrics (e.g. reduction in agency expenditure) Delivery of projects e.g. International nurse recruitment, student streamlining, Rate Cards, PAs etc Numbers of alternative roles reducing vacancies: APs, PAs, ANPs etc
---	--	---

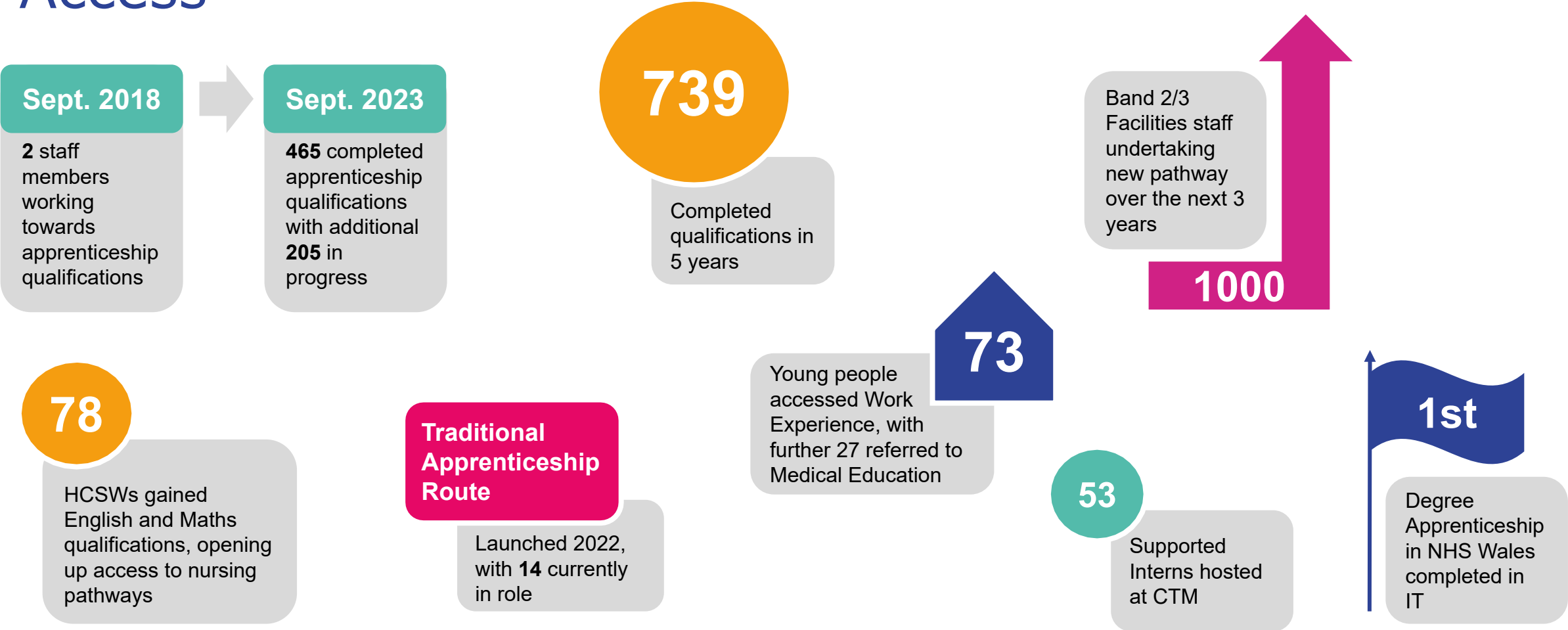


Spotlight on Apprenticeships, Pathways and Widening Access

7 February 2024
People and Culture



Impact of Apprenticeships, Pathways and Widening Access



CTM as an Anchor Institution

By providing these opportunities, we are directly impacting our communities, with 85% of our workforce living within the locality.

The Health Foundation:

“Both employment and economic inactivity levels are related to healthy life expectancy for both men and women.

People who live in areas with high employment rates are more likely to live longer. And, there is a positive correlation between an area’s employment rates and both men’s and women’s healthy life expectancy.”

This demonstrates that through our apprenticeships, pathways and widening access work at CTM, we are building healthy communities together through improved socio-economic prospects.

Apprenticeship Academy



Drive quality
and strengthen
partnerships



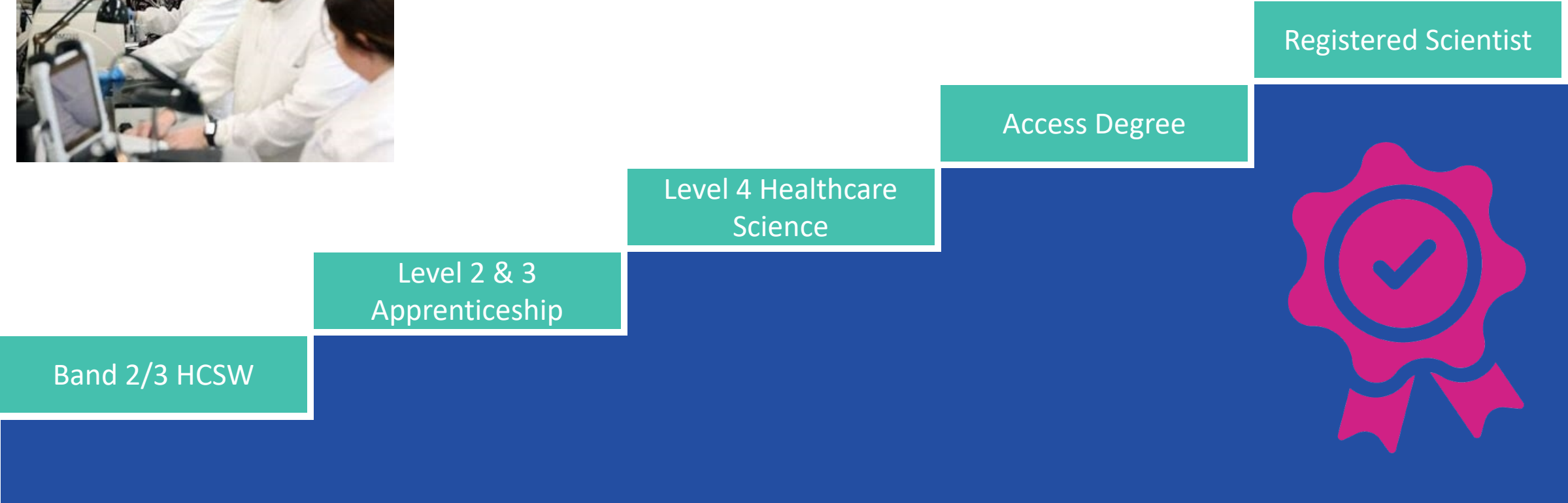
Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Maximise qualifications

Increase presence and
access to qualifications
for all



Creating new pathways: Healthcare Science



Creating new pathways: Healthcare Science



"My name is Rachel Wilce and I am a Healthcare Science Associate in the Royal Glamorgan Hospital.

The Healthcare Science Level 4 qualification has allowed me to widen my knowledge in Cardiology, and gain confidence in performing my role within the Diagnostic unit.

This qualification has opened the door for me to enrol on the level 6 higher-level degree, where I can achieve the role of a qualified Cardiac Physiologist.

I am excited to see what the future holds and look forward to continuing my education."



Creating new pathways: Facilities and Maternity



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

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

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

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

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

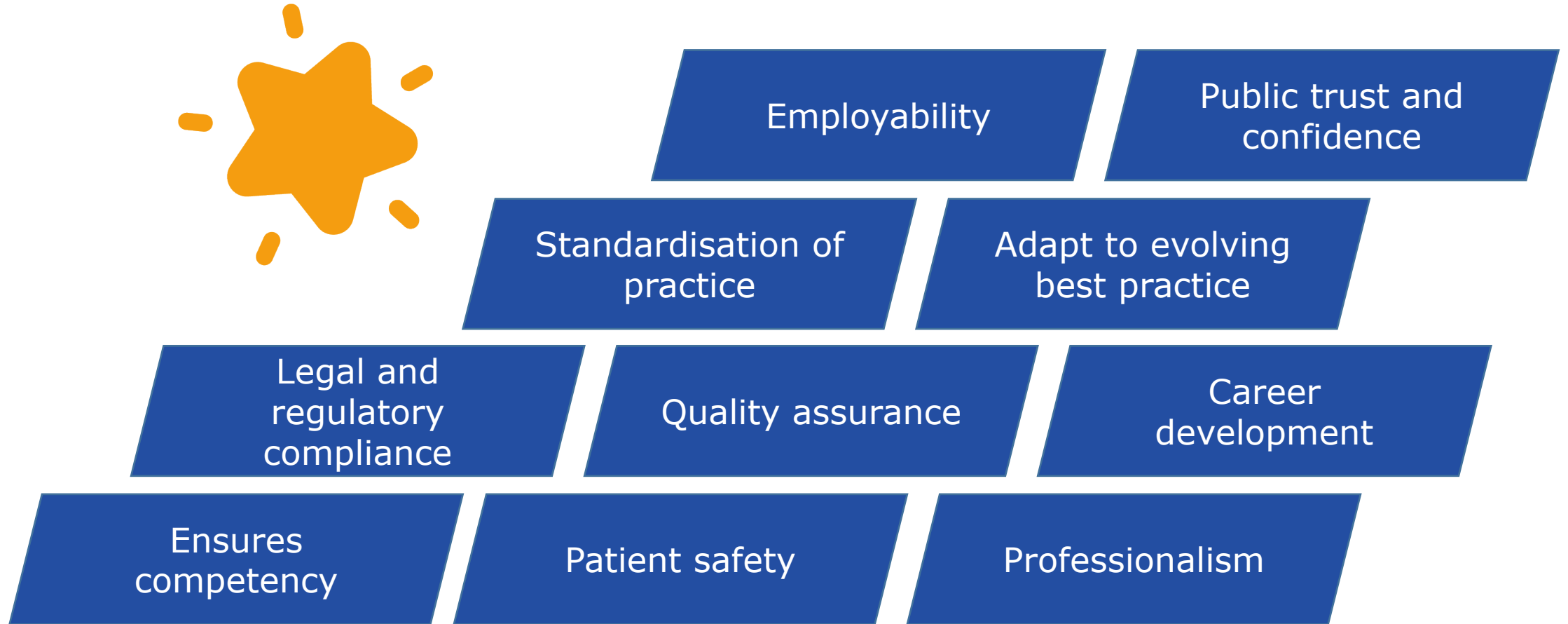


PIC•COLLAGE

Cohort 1



Why is this relevant for our staff and services?



Widening Access

University of
South Wales
Prifysgol
De Cymru

NETWORK 75

- Partnership with USW.
- 5 year programme.
- Combination of work placements and part time study.
- Graduate in 5 years with no debt.
- 7 students currently with us.

JOBS GROWTH WALES +

- Supports young learners aged 16-20 to get first experience of work.
- Funded qualification alongside placements.
- Weekly allowance from training provider.



SUPPORTED INTERNSHIPS (PROJECT SEARCH)

- One year programme for young people with autism and/or a learning difficulty.
- Placements within hospital departments.
- Supported by tutor from local college and job coach from Elite Supported Employment.
- First ever supported apprentice in CTM and NHS Wales.
- 81% employed to date.



Schools, colleges and work experience

2023

- 53 events attended
- 12 schools and colleges from Maesteg to Merthyr
- 7000 young people engaged with
- Joined up work experience approach

2024

- Expanding the programme further
- Pilot experience days in Pharmacy and Dentistry
- CTM-wide experience day in USW simulation centre, summer 2024

Closing thought...

Our pathways enable us to transform the lives and prospects of people within our communities, creating the conditions where our people can thrive.

They also enable us to continuously learn, grow and improve as a Health Board, leading Wales in bringing new qualifications and opportunities to our people.

By bringing an increasingly diverse range of people into our workforce, we are able to find an increasingly diverse way of doing things, bringing innovation and ultimately improvements to the patient experience.

What can you do to support in the continued expansion of this work?



Eitem ar yr agenda

5.3.a

Y PWYLLGOR POBL A DIWYLLIANT

Adroddiad Amlygu o Grŵp Llywio'r Gymraeg
(*Welsh Language Steering Group Highlight Report*)

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
Statws Cyhoeddi / Publication Status	Agored / Cyhoeddus Ddim yn berthnasol
Awdur yr Adroddiad / Report Author	Ben Screen, Rheolwr y Gymraeg
Cyflwynydd yr Adroddiad / Report Presenter	Ben Screen, Rheolwr y Gymraeg
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Cyfarwyddwr Gweithredol dros Bobl

Pwrpas yr Adroddiad / Report Purpose	I'w nodi
---	----------

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. Cyflwyniad

- 1.1 Paratowyd yr adroddiad hwn i roi manylion i'r Pwyllgor Pobl a Diwylliant am y materion allweddol a ystyriwyd gan Grŵp Llywio'r Gymraeg, Grŵp Llywio'r Gymraeg, yn ei gyfarfodydd deufisol rhwng Mawrth 2023 ac Ionawr 2024.
- 1.2 Adroddir ar uchafbwyntiau allweddol y cyfarfod yn adran 3.

2. Pwrpas y Cyfarfod hwn

Pwrpas Grŵp Llywio'r Gymraeg yw:

- Cyngori'r Bwrdd ar bob mater yn ymwneud â'r Gymraeg ar draws y Bwrdd Iechyd; a
- Rhoi cyngor a sicrwydd i'r Bwrdd mewn perthynas â chydymffurfiaeth y sefydliad â'n dyletswyddau statudol Safonau'r Gymraeg, i sicrhau nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg, ac yn bodloni'r rhaglen pum mlynedd "Mwy na Geiriau", Cymraeg Cynllun strategol y Llywodraeth i gryfhau'r ddarpariaeth Gymraeg ym maes iechyd a gofal cymdeithasol.

3. Adroddiadau Crynhoi Cynnydd

RHYBUDDIO / UWCHGYFEIRIO

- Mae meysydd lle mae **Dim Sicrwydd** (dim cydymffurfiaeth â'r gofynion o gwbl, neu gydymffurfiaeth ar adegau prin neu mewn ychydig ffyrdd yn unig) neu Sicrwydd Isel (mae'r sefydliad yn cydymffurfio ar rai adegau neu mewn perthynas â rhai o'r gofynion, ond nid yw'n cydymffurfio'n llawn ac yn gyson) fel a ganlyn (gweler Rhan A y dangosfwrdd yn **Atodiad 1** am ddadansoddiad o ba Safonau):
 - **Teleffoni:** Nid oes unrhyw staff sy'n siarad Cymraeg yn gweithio ar y switsfwrdd ar hyn o bryd;
 - **Arwyddion dros dro** (pob arwydd heb ei osod yn barhaol): Cadarnhaodd archwiliadau arsylwi o RGH, PCH, YCR, MCH, YCC a POWH welliant yn y maes hwn ond nid yw cyfran sylweddol yn ddwyieithog o hyd. Cyfeiriodd AGIC at ddiffyg arwyddion dwyieithog yn ystod arolygiad o Ganolfan Geni Tirion ym mis Rhagfyr 2023, fel enghraifft (gyda chymorth wedi'i roi ers hynny);
 - **Cyfryngau cymdeithasol adrannol:** Mae nifer o gyfrifon adrannol yn dal i bostio yn Saesneg yn unig;
 - **Gwasanaethau derbynfa:** Mae mwyafrif y derbynfeydd yn cael eu staffio gan weithwyr di-Gymraeg;
 - **Hyfforddiant cleifion, cyrsiau ac addysg:** Mae diffyg gweithwyr Cymraeg eu hiaith yn rhwystr i gynnig y darpariaethau hyn yn Gymraeg;
 - **Recriwtio a dethol:** Mae safonau yn ymwneud ag asesu swyddi gwag ar gyfer sgiliau Cymraeg a sicrhau bod hysbysebion swyddi a disgrifiadau swydd yn ddwyieithog wedi bod yn anodd eu gweithredu. Mae angen sgiliau yn y Gymraeg i gydymffurfio â'r Safonau o amgylch y



	<p>switsfwrdd, derbynfeydd ac ati, felly mae'n hanfodol bod cynnydd yn cael ei wneud gyda'r Safonau sy'n ymwneud â recriwtio a dethol er mwyn galluogi staff â sgiliau Cymraeg i gael eu recriwtio;</p> <p>➤ Amlinellir gwaith parhaus i liniaru'r risgiau hyn isod o dan 'Cyngkori'.</p> <p>Oherwydd bod Dim Sicrwydd neu Sicrwydd Isel ar rai Safonau, agorodd Comisiynydd y Gymraeg ymchwiliad i nifer o'r meysydd uchod a chyhoeddodd hysbysiad penderfynu statudol ym mis Tachwedd 2023 (Atodiad 2).</p>
CYNGHORI	<ul style="list-style-type: none">• Roedd yn ofynnol i CTM greu cynllun gweithredu (Atodiad 3) mewn ymateb i'r ymchwiliad y cyfeirir ato uchod ac mae'r Comisiynydd wedi ei gymeradwyo ers hynny. Canmolwyd CTM am ei ddull rhagweithiol, trylwyr a chydweithredol drwy gydol y broses gan y Comisiynydd;• Mae Teclyn Archwilio Gwaelodlin wedi'i greu sydd wedi'i gwblhau ar hyn o bryd gan 73 o reolwyr (yn bwydo i'r Dangosfwrdd yn Atodiad 1). Mae'r offeryn hwn yn galluogi CTM i gasglu gwybodaeth fusnes bellach ar gydymffurfiaeth â Safonau, er mwyn caniatáu ar gyfer cymorth wedi'i dargedu a nodi meysydd risg. Un cam gweithredu yn y cynllun gweithredu uchod yw bod pob maes wedi cwblhau'r archwiliad hwn erbyn mis Mawrth 2024.
SICRHAU	<p>Meysydd cynnydd i'w nodi gan y Pwyllgor:</p> <ul style="list-style-type: none">• Er gwaethaf y meysydd o ddiffyg cydymffurfio a nodir uchod, mae CTM ar hyn o bryd yn adrodd Sicrwydd Uchel (cydymffurfiaeth â'r holl ofynion o dan bob amgylchiad ac eithrio ar adegau prin) neu Sicrwydd Canolig (yn cydymffurfio'n llawn fel arfer, ond mae diffyg cydymffurfio ar rai adegau neu mewn perthynas â rhai agweddau ar y gofynion) mewn perthynas â 73% o Safonau'r Gymraeg (gweler Rhan A o'r dangosfwrdd yn Atodiad 1 am ddadansoddiad o ba Safonau);• Mae'r Gymraeg yn rhan o Gynllun Diwylliannol CTM sy'n datblygu ac yn un o 11 o wasanaethau galluogi. Fel rhan o ymagwedd newid diwylliannol at y Gymraeg:<ul style="list-style-type: none">➤ Mae'r Model Cymhwysedd Arweinyddiaeth yn cynnwys agweddau ar Arwain eich Hun, Arwain Eraill ac Arwain Systemau fel sy'n berthnasol i ddatblygiad y Gymraeg, dan ymbarél 'Cynwysoldeb';➤ Mae'r Tîm Cyfathrebu ac Ymgysylltu wedi creu fframwaith mewno ar gyfer hyrwyddo'r Gymraeg o amgylch 4 thema (Profiad y Claf, Da Iawn, Cefnogi Staff, a Sgiliau a Dysgu a Datblygu). Mae enghreifftiau o fuddugoliaethau bach, cynnydd a ffyrdd o gael cymorth i ddefnyddio'r Gymraeg wedi'u rhannu drwy'r Diweddariad Staff ers mis Tachwedd 2023;➤ Ymgyrch ddiwylliannol 'Hiraeth' wedi'i chynllunio ar gyfer mis Mawrth 2024 mewn cydweithrediad â'r tîm OD&I, gyda



- gweithgaredd wedi'i gynllunio gan gynnwys sesiynau ymgysylltu wyneb yn wyneb ar safleoedd i hyrwyddo Tîm y Gymraeg ac adnoddau, lansiad rhwydwaith staff newydd (Clwb Clonc), digwyddiad i'r holl staff yn archwilio hunaniaeth Gymreig a 'Hiraeth' a ddarperir yn allanol gan y Ganolfan Dysgu Cymraeg Genedlaethol a lansiad tudalen SharePoint newydd i'r Gymraeg yn cynnwys canllawiau ac adnoddau newydd i gefnogi'r defnydd o'r Gymraeg;
- Mae Ymwybyddiaeth o'r Gymraeg yn gwella. Cyfradd cwblhau'r pecyn e-ddysgu Cymraeg yw **69%**, ac mae'r ymatebion i'r Teclyn Archwilio Gwaelodlin (gweler uchod) hyd yn hyn yn awgrymu tuedd o gefnogaeth i'r Gymraeg yn fras, gyda **76%** o reolwyr sydd wedi ei gwblhau yn ymateb gyda 'Cytuno'n Gryf' neu 'Cytuno' i ' Mae gan fy nhîm ddealltwriaeth dda o pam mae angen i ni gynnig gwasanaethau yn Gymraeg a beth all hyn ei olygu i'r claf' ;
 - Mae cynnydd gyda dull Cynnig Rhagweithiol yn glir:
 - Mae e-fyrddau gwyn yn cynnwys yr opsiwn i nodi dewis iaith claf;
 - Mae'r Polisi Cynnig Rhagweithiol i Gleifion Mewnol (fel sy'n ofynnol gan Safon 24) wedi'i ddatblygu ac wedi bod drwy *Grŵp Llywio'r Gymraeg*, ac yn awr mae angen mynd i ymgynghoriad mewnol cyn ei gymeradwyo;
 - Mae dogfennau pediatri trig cleifion mewnol wedi'u diweddarau i sicrhau bod dewis iaith plant a theuluoedd wedi cael ei holi a'i gofnodi;
 - Mae enghreifftiau o'r Cynnig Rhagweithiol ac effaith hyn wedi'u rhannu drwy'r fframwaith cyfathrebu mewnol a grybwyllwyd uchod;
 - Defnyddiwyd data cyfredol ar sgiliau Cymraeg i greu [dangosfwrdd](#) Sgiliau Iaith Gymraeg, yn seiliedig ar ddata sgiliau **86%** o staff, gan ganiatáu cynllunio mwy strategol yn y tymor canolig. Mae cydweithio â'r Tîm Dysgu a Datblygu yn parhau i wella'r data gweithlu a gedwir ar sgiliau iaith Gymraeg;
 - Partneriaeth yn cael ei datblygu gyda Dysgu Cymraeg Morgannwg i gefnogi datblygiad sgiliau Cymraeg yn strategol:
 - Recriwtio ar y gweill ar gyfer swydd tiwtor amser llawn i weithio gyda'r Bwrdd Iechyd yn unig, gyda'r penodiad i'w wneud erbyn mis Mawrth 2024;
 - Nifer y staff sydd wedi cael cymorth i ddysgu Cymraeg drwy'r trefniadau presennol yw 52 ers dechrau'r flwyddyn ariannol.
 - Mae proses newydd bellach yn ei lle i gydymffurfio â'r Safonau Llunio Polisi (sy'n golygu bod asesiadau effaith yn cael eu gwneud i sgrinio am effaith newid busnes a pholisïau ar y Gymraeg, yn debyg i Asesiad o'r Effaith ar Gydraddoldeb);



	<ul style="list-style-type: none">○ Mae gwaith gyda Chyfleusterau yn mynd rhagddo yn rhannol mewn ymateb i'r ymchwiliad y cyfeirir ato uchod o dan 'Rhybuddio/Uwchgyfeirio';<ul style="list-style-type: none">➢ Bellach gall meddalwedd ar gyfer bathodynau adnabod argraffu teitlau swyddi dwyieithog ac mae'r ffurflenni wedi'u diwygio i sicrhau bod staff yn gwybod ble i gael cyfieithiad o'u teitl swydd. Gall peiriant hefyd ychwanegu'r symbol oren 'Cymraeg' at fathodynau;➢ Mae arwyddion ac arddangosiadau digidol yn cael eu gwneud yn gynyddol ddwyieithog;➢ Hunaniaeth gorfforaethol ddwyieithog wedi'i rhoi ar y ffreutur (<i>Ein Lle</i>) a'r Uned Gynhyrchu Ganolog (<i>Maeth</i>).• Pencampwyr y Gymraeg mewn sawl maes o'r Bwrdd Iechyd gan gynnwys ar gyfer pob proffesiwn Therapiau a Phediatreg yn ogystal â meysydd unigol eraill;• Mae'r dudalen Gymraeg i'r cyhoedd ar y rhyngwrwyd wedi'i diweddarau, gyda gwybodaeth glir i gleifion am eu hawliau i ddefnyddio'r Gymraeg mewn gofal iechyd wedi'i datblygu;• Mae meysydd i'w nodi'n benodol lle bu mwy o ymgysylltu â'r agenda hon a lle mae gwelliant yn y ddarpariaeth ddwyieithog yn cael ei chynllunio a'i gwella isod. Dylai'r Pwyllgor nodi bod y meysydd hyn ar wahân i'r gwasanaethau y cyfeiriwyd atynt yn Adroddiad Perfformiad Safonau'r Gymraeg a gyflwynwyd i'r Pwyllgor ym mis Awst 2023, a'u bod yn cynrychioli cynnydd pellach ers y cyfarfod hwnnw:<ul style="list-style-type: none">○ Ardaloedd o fewn MH&LD, ble yn fras mae 33% o'r gyfarwyddiaeth wedi cwblhau eu harchwiliad (gweler 'Teclyn Archwilio Gwaelodlin' uchod);○ Pediatreg ac Ymwelwyr Iechyd;○ Radioleg○ Mamolaeth;○ EASC a WSHSC fel cyrff lletyol.
HYSBYSU	<ul style="list-style-type: none">• Mae CTM wedi'i wahodd i fod yn rhan o brosiect cenedlaethol a gychwynnwyd gan Gomisiynydd y Gymraeg, mewn partneriaeth â'r Ganolfan Gwasanaethau Cyhoeddus Digidol, ynghylch arferion gorau wrth ddylunio gwasanaethau dwyieithog;• Mae CTM wedi derbyn cydnabyddiaeth a chanmoliaeth yn Adroddiad Blynnyddol Cynllun Mwy Na Geiriau a gyhoeddwyd yn ddiweddar am ei agwedd at y Gymraeg ar ei e-fyrddau gwyn.



--	--

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
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Aging Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Wales of Vibrant Culture & Thriving Welsh Language
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



Have you undertaken a Quality Impact Assessment Screening?		Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	Yes (Include further detail below)	
	Mae'r adroddiad yn manylu ar gynnydd wrth weithredu Safonau'r Gymraeg sy'n statudol.	
Enw da / Reputational	Yes (Include further detail below)	
	Mae cydymffurfiaeth â safonau'r Gymraeg yn effeithio'n sylweddol ar enw da'r Bwrdd Iechyd.	
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. Argymhelliad

5.1 Gofynnir i aelodau'r Pwyllgor **NODI** cynnwys yr adroddiad hwn.

Atodiad 1:

[Welsh Language Compliance Dashboard REVISED.xlsx](#)

Atodiad 2:

https://nhs.uk/365-my.sharepoint.com/:b:/g/personal/ben_screen_wales_nhs_uk/EeHBPYEktp1FozHfsz9YkywBgdMz1Cwjibmf_JEB_5qnPw?e=pICaII

Atodiad 3:

[Action Plan CS1039 ENGLISH.docx](#)



Agenda Item

5.3b

People & Culture Committee

Highlight Report from Grŵp Llywio'r Gymraeg
(Welsh Language Steering Group)

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Ben Screen, Welsh Language Manager
Cyflwynydd yr Adroddiad / Report Presenter	Ben Screen, Welsh Language Manager
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	



1. INTRODUCTION

- 1.1 This report has been prepared to provide the People & Culture Committee with details of the key issues considered by Grŵp Llywio'r Gymraeg, the Welsh Language Steering Group, at its bimonthly meetings between March 2023 and January 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. PURPOSE OF WELSH LANGUAGE STEERING GROUP

The purpose of Grŵp Llywio'r Gymraeg, The Welsh Language Steering Group, is to:

- Advise the Board on all matters relating to the Welsh language across the Health Board; and
- Provide advice and assurance to the Board 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 meet the five-year "More than Just Words", Welsh Government strategic plan to strengthen Welsh language provision in health and social care.

3. HIGHLIGHT REPORT

ALERT / ESCALATE

- Areas where **No Assurance** (no compliance with the requirements at all, or compliance on rare occasions or in only a few respects) or **Low Assurance** (the organisation complies at some times or in relation to some of the requirements, but does not comply fully and consistently) are as follows (see Part A of dashboard in **Appendix 1** for breakdown of which Standards):
 - **Telephony:** There are no Welsh speaking staff currently working on switchboard;
 - **Temporary signage** (all signs that are not permanently fixed): Observational audits of RGH, PCH, YCR, MCH, YCC and POWH confirmed improvement in this area but still a sizable proportion are not bilingual. HIW referenced lack of bilingual signage during an inspection of Tirion Birth Centre in December 2023, as an example (with support since provided);
 - **Departmental social media:** Several departmental accounts are still posting in English only;
 - **Reception services:** Majority of receptions are staffed by non-Welsh speaking employees;
 - **Patient training, courses and education:** Lack of Welsh-speaking employees is a barrier to offering these provisions in Welsh;



	<ul style="list-style-type: none">➤ Recruitment and selection: Standards relating to assessing vacancies for necessary Welsh skills and ensuring job advertisements and job descriptions are bilingual have proved difficult to implement. Skills in Welsh are needed to reach compliance with Standards around the switchboard, receptions etc. therefore it is essential progress is made with Standards relating to recruitment and selection, to allow staff with skills in Welsh to be actively recruited; and➤ Ongoing work to mitigate these risks is outlined below under 'Advise'. <p>Due to there being No or Low Assurance on some Standards, the Welsh Language Commissioner opened an investigation into several of the areas above and issued a statutory decision notice in November 2023 (Appendix 2).</p>
ADVISE	<ul style="list-style-type: none">• CTM was required to create an action plan (Appendix 3) in response to the investigation referenced above which the Commissioner has since ratified. CTM was praised for its pro-active, thorough and co-operative approach throughout the process by the Commissioner;• A Baseline Audit Tool has been created which has currently been completed by 73 managers (feeding into the Dashboard in Appendix 1). This tool allows CTM to gather further business intelligence on compliance with Standards, to allow for targeted support and identify areas of risk. One action of the above action plan is that all areas have completed this audit by March 2024.
ASSURE	<p>Areas of progress to be noted by the Committee:</p> <ul style="list-style-type: none">• Notwithstanding the areas of non-compliance as noted above, CTM is currently reporting High Assurance (compliance with all requirements under all circumstances except for on rare occasions) or Medium Assurance (usually fully compliant, but there is non-compliance at some times or in relation to some aspects of the requirements) in respect of 73% of Welsh Language Standards (see Part A of dashboard in Appendix 1 for breakdown of which Standards);• Welsh is part of CTM's developing Cultural Plan and is one of 11 enabling services. As part of a cultural change approach to Welsh:<ul style="list-style-type: none">➤ The Leadership Competency Model includes aspects around Leading Self, Leading Others and Leading Systems as relevant to Welsh language development, under the umbrella of 'Inclusivity';➤ Communications & Engagement Team have created an internal framework for promoting Welsh around 4 themes (Patient Experience, Da Iawn, Staff Support, and Skills & Learning & Development). Examples of small wins, progress and ways to get support to use Welsh have been shared via the Staff Update since November 2023;➤ 'Hiraeth' cultural campaign planned for March 2024 in collaboration with the OD&I team, with planned activity



including face-to-face engagement sessions on sites to promote the Welsh Language Team and resources, the launch of a new staff network (Clwb Clonc), an all-staff event exploring Welsh identity and 'Hiraeth' externally provided by the National Centre for Learning Welsh and the launch of a new SharePoint page for Welsh including new guidance and resources to support the use of Welsh;

- Welsh Language Awareness is improving. Rate of completion of the Welsh Language e-learning package is **69%**, and responses to the Baseline Audit Tool (see above) so far suggest a trend of support for Welsh broadly, with **76%** of completing managers responding with 'Strongly Agree' or 'Agree' to 'My team has a good understanding of why we need to offer services in Welsh and what this can mean for the patient';
- Progress with Active Offer approach is clear:
 - E-whiteboards include the option to note a patient's language choice;
 - The In-Patient Active Offer Policy (as required by Standard 24) has been developed and been through *Grŵp Llywio'r Gymraeg*, and now needs to go for internal consultation before ratification;
 - In-patient paediatric documentation has been updated to ensure children and families have had their language preference asked and recorded;
 - Examples of the Active Offer and the impact of this has been shared via the internal communications framework mentioned above;
- Current data on Welsh language skills has been used to create a Welsh Language Skills [dashboard](#), based on skills data of **86%** of staff, allowing more strategic planning in the medium term. Collaboration with the L&D Team is ongoing to improve workforce data held on Welsh language skills;
- Partnership being developed with Learn Welsh Glamorgan to support Welsh language skills development strategically:
 - Recruitment ongoing for full-time tutor post to work exclusively with the Health Board, with appointment to be made by March 2024;
 - Number of staff who have been supported to learn Welsh via current arrangements is 52 since beginning of financial year.
 - A new process is now in place to comply with the Policy Making Standards (meaning impact assessments being made to screen for impact of business change and policies on Welsh, similar to an EQIA);
 - Work with Facilities is ongoing partly in response to the investigation referenced above under '**Alert/Escalate**';
 - Software for ID badges can now print bilingual job titles and the forms have been amended to ensure staff know



	<p>where to get their job title translated. Machine can also add the orange 'Cymraeg' symbol to badges;</p> <ul style="list-style-type: none"> ➤ Signage and digital displays are increasingly being made bilingual; ➤ Bilingual corporate identity given to the canteen (<i>Ein Lle</i>) and the Central Production Unit (<i>Maeth</i>). <ul style="list-style-type: none"> • Welsh Language Champions in several areas of the Health Board including for each Therapies profession and in Paediatrics as well as other individual areas; • The Welsh Language page for the public on the internet has been updated, with clear patient information on their rights to use Welsh in healthcare developed; • Areas of particular note where there has been increased engagement with this agenda and where improvement in bilingual provision is being planned and improved are below. The Committee should note these areas are separate to the services referred to in the Welsh Language Standards Performance Report brought to Committee in August 2023, and represents further progress since that meeting: <ul style="list-style-type: none"> ○ Areas within MH&LD, where approx. 33% of the directorate have completed their audit (see 'Baseline Audit Tool' above); ○ In-patient Paediatrics & Health Visiting; ○ Radiology; ○ Maternity; ○ EASC and WSHSC as hosted bodies.
INFORM	<ul style="list-style-type: none"> • CTM has been invited to be part of a national project initiated by the Welsh Language Commissioner, in partnership with the Centre for Digital Public Services, around best practices in designing bilingual services; • CTM has received recognition and praise in the More Than Just Words Plan Annual Report recently published for its approach to Welsh on its e-whiteboards.

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
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Aging Well Dying Well
	A Wales of Vibrant Culture & Thriving Welsh Language



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	Yes (Include further detail below) This report details progress with meeting statutory Welsh Language Standards.	
Enw da / Reputational	Yes (Include further detail below) Compliance with Welsh Language Standards impacts significantly on the reputation of the Health Board.	
Effaith Adnoddau (Pobl /Ariannol) /	There is no direct impact on resources as a result of the activity outlined in this report.	



Resource Impact
(People / Financial)

5. Recommendation

5.1 Members of the Committee are asked to **NOTE** the report.

Appendix 1:

[Welsh Language Compliance Dashboard REVISED.xlsx](#)

Appendix 2:

https://nhswales365-my.sharepoint.com/:b:/g/personal/ben_screen_wales_nhs_uk/EeHBPYEktP1FozHfsz9YkywBgDMz1Cwjibmf_JEB_5gnPw?e=pICaII

Appendix 3:

[Action Plan CS1039 ENGLISH.docx](#)

Cwm Taf Morgannwg University Health Board (CTMUHB) Culture



Restorative, Just and Learning - Our Focus at CTMUHB

- Ensure this approach links with, and strengthens, our wider work on culture including; leadership, values & behaviours, civility & respect, EDI and Speaking up Safely
- Embed compassionate principles and promote healthier working relationships ensuring our workforce role models civility
- Ensure we have systems and processes that enable this approach to be practised and lived everyday
- Seek to listen, learn and understand concerns and adverse events to enable improvements and preventative action
- Ensure we make time and space to address harm and understand **what** was responsible for things not going to plan
- Accountability will be forward looking, promoting learning and responsibility for future actions



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

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYN CYMRUEDAU
IACHACH GYDA'N GILYDDO



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



SUSTAINING
OUR FUTURE

ctmuhb.nhs.wales

Project Structure – Roles and Responsibilities

Executive Leadership of Change Project

Executive Board with an Executive Sponsor
Executive Sponsor – Executive Director for Therapies & Health Sciences

Project Governance and Oversight

Project Governance – People and Culture Committee

RJLC Steering Group

Including; Heads of People, Governance, Policy & Compliance, L&D, Patient Safety, Strategic workforce planning. Trade unions, Executive Sponsor, People Services and Health & Safety

Project Management Coordination and Project Work Teams

Project Management Including;
Project Lead
Project support
Project Coordination
Project Admin

Data and Cultural Maturity

Project Team Lead
OD&I – Project Support

Policy and Process

Project Team Lead – TBC
Project Support - OD&I

Education & Training

Project Team Lead
Project Support – OD&I

Accountable

Governance

Manage & deliver



GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTM 2030
Ein Hiechyd Ein Dyfodol
DATBLYG CYMRU'DAU
IACHACH GYDA'N GILYDDO



CTM 2030
Our Health Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



ctmuhb.nhs.wales

Understanding Data

What

Work with the project group to create a baseline of data for RJL to understand our current state and experience of staff

How

Collate current metrics available to understand current state. Collect no. different data sources and triangulate

Quantitative – ER data, People and Culture dashboard, WRES data, incident data, NHS staff survey

Qualitative – Exit Interviews, Listening Sessions, Focus Groups

Current Activity

- Qualitative and Quantitative Data sources identified and data framework produced
- Scheduling Listening events with staff to understand where improvements to our approach can be made

Next Steps

- All Data source to be collated by end of **March 24** to ensure baseline for review of progress in year 2
- NHS Staff Survey Results to be added to data set once received

Education and Training

What

Produce an educational offer for the organisation over two phases to introduce a restorative just and learning approach to CTMUHB

How

Phase 1 – Introducing RJL into current offer. i.e. Induction, leadership programme, OD&I Culture Offer and Leading through change programme
Phase 2 – Wider Education programme to support policy change linking with wider leadership development, values and behaviours and EDI activity under the Culture Plan - 1 day/ half day education course for leaders and managers

Current Activity

- Work undertaken to scope our current educational offerings at CTM to embed RJL. Making links within training currently delivered by patient safety, wellbeing, OD&I as well as embedding into the induction and CTM leadership offering
- An accessible Intro to RJL online module being produced to support socialisation of the language and approach

Next Steps

- Phase 1 - due for completion by the end of **March 24** to coincide with Culture Plan socialisation
- Phase 2 – Wider education offering to be scoped out for delivery in **year 2**

Policies and Procedures

What

Review HB policies to ensure approach is restorative and just and promotes learning. Create a plan to adapt and relaunch policies or frameworks to embed the new approach.

How

Review of current policy and process/approach to incidents and employee relations. Produce a new framework to ensure focus on reducing harm and promoting learning, accountability and early intervention.

Current Activity

- Scoping Exercise undertaken of current policies and processes – opportunities identified for change within local policies
- Opportunities to influence All Wales Policies explored however challenges identified around ability to influence in the short term
- Draft RJI framework being produced to support & guide the organisation to intervene early to reduce need for formal process

Next Steps

- RJI Framework to be produced by end of **March 24** for consultation, to be launched in Year 2 alongside wider Educational offering
- Identify opportunities in **Year 2** to influence direction of All Wales Policies to ensure an RJI Approach



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYN CYMRUDDAU
IACHACH GYDA'N GILYDD



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



SUSTAINING
OUR FUTURE

ctmuhb.nhs.wales



Agenda Item

5.5

People & Culture Committee

Workforce Metrics Report

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
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	Natalie Price, Assistant Director of Strategic Workforce Planning
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

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

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

Acronyms / Glossary of Terms	
CG	Care Group
FTE	Full Time Equivalent
C.O.O.	Chief Operating Officer Care Group
C&F	Children and Families Care Group
C. & H.C.G.	Corporates and Hosted Care Group
MH&LD C.G.	Mental Health and Learning Disabilities Care Group
PC-C.G.	Planned Care – Care Group
P&C C.G.	Primary and Community Care Group
U.C.G.	Unscheduled Care – Care Group
A4C	Agenda for Change
APST	Additional Professional Scientific and Technical
ACS	Additional Clinical Services

A&C	Administrative and Clerical
AHP	Allied Health Professionals
E&A	Estates and Ancillary
HS	Healthcare Scientists
M&D	Medical and Dental
NMC	Nursing and Midwifery Registered
ST	Students

1. Situation /Background

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

2. Specific Matters for Consideration

2.1 What's gone well

Topic: Staff in post

Narrative: The Health Board's staff in post FTE has increased slightly since the last report – increases in some registered staff groups will be due to newly registered staff commencing having completed their University courses in September/October 2023. There is also an increase in the number of students – this is because of the Internationally Educated Nurses who arrived in quarter 4 and are now transitioning to band 5 registered nurse roles across the services.

Topic: Sickness levels

Narrative: The 12-month rolling average sickness at the end of November 2023 is lower than at the end of August 2023 (6.85% versus 6.91%). The November 2023 absence level is also lower than August 2023 (6.56% versus 6.91%). Following discussions at the last People and Culture Committee, additional data is presented in Appendix 2 around sickness hotspots. The top 5-6 teams in each Care Group have been listed with sickness levels for the last 3 months (where the team's FTE is over 20FTE). These hotspot areas are predominately in patient facing/operational areas.

Options for the creation of reports for managers that are more accessible via the ESR supervisor self-service portal are being explored, alongside the development of a 'How to Guide' for Managers to be disseminated week commencing 22nd January 2024. This will allow managers to understand who is absent within their hierarchy and how this is impacting on their current workforce, supporting them to action targeted interventions where required. The creation of these reports will provide better access to key sickness absence information for managers to advise the employee and coach them back into work. The People Services team also continue to review sickness absence cases and provide advice and coaching to managers as required and have recruited two new People Services Coaches, which will support managers moving forward with sickness management cases. Specific focus will now also be given to areas of concern highlighted within the Sickness Hotspots data.

Topic: Turnover: Nursing and Midwifery Registered Staff Group

Narrative: The rolling turnover level has dipped below 11% (10.67%) for the first time since February 2022. Nurse retention is an area of focus for both the 'People' & Corporate Nursing teams. The risks and challenges are reflective of complex local, national and international issue in regard to the shortage of registered nursing and midwifery professionals. The UHB has been actively involved in the national All Wales HEIW Nurse Retention programme and enacting the *Retaining*

and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan that was launched in September. Our Retention Action Plan covers delivery against both our internal plans and the actions within the HEIW plan. Work-life balance and promotion remain the top two reasons for leaving (based on ESR data) – we are focusing on retention initiatives that will seek to improve these. Our Retention Group gives oversight, direction and engagement on this work. Specific identified areas of short term focus are: improving flexible working, introducing a lateral moves scheme, relaunching our Moving On Questionnaire, the launch of HEIW Nurse Self- Assessment and identifying areas of good practice/ case studies within the UHB. 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: Core learning compliance

Narrative: In line with previous reports, Core Learning compliance figures continue to increase month on month. Compliance for Level 1 training is now 78.09%, with All Levels at 69.36%. This increase is due to a range of activities across the Health Board, with Subject Matter Experts and associated training teams providing an increased number of face to face training sessions. Alongside this, the Learning and Development team continue to run initiatives aimed at raising education and awareness around Core Learning and targeting areas of low compliance. This includes the provision of Core Learning Drop- in Sessions across the Health Board and the development of improved Subject Guides.

Topic: Return to Work

Narrative: The entry of Returns to Work following sickness absence has improved since the last report, increasing from 53.80% (August) to 59.16% (November) following ongoing support for managers from the People Services team to ensure they have the knowledge required to complete both the relevant paperwork and system update for recording purposes.

2.2 Areas for improvement

Topic: Recruitment

Narrative: Whilst the recruitment time to hire (vacancy creation to unconditional offer) has shown slight improvements, two components of the process have recently changed that should help this situation in the coming months. Vacancy authorisation has recently been streamlined by reducing the number of authorisers required (and with additional flexibility in relation to the Health Board wide Scrutiny requirement) and the Occupational Health system has been changed to a new provider that includes an integration to the Trac Recruitment system (which takes the OH information submission away from forms sent via email to a fully online process). Changes to the OH screening are starting to show improvements in the clearance times with further improvement expected.

3. Key Risks / Matters for Escalation

3.1 None.



4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Paper is for the presentation of metrics data only
Cydraddoldeb	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



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

5. Recommendation

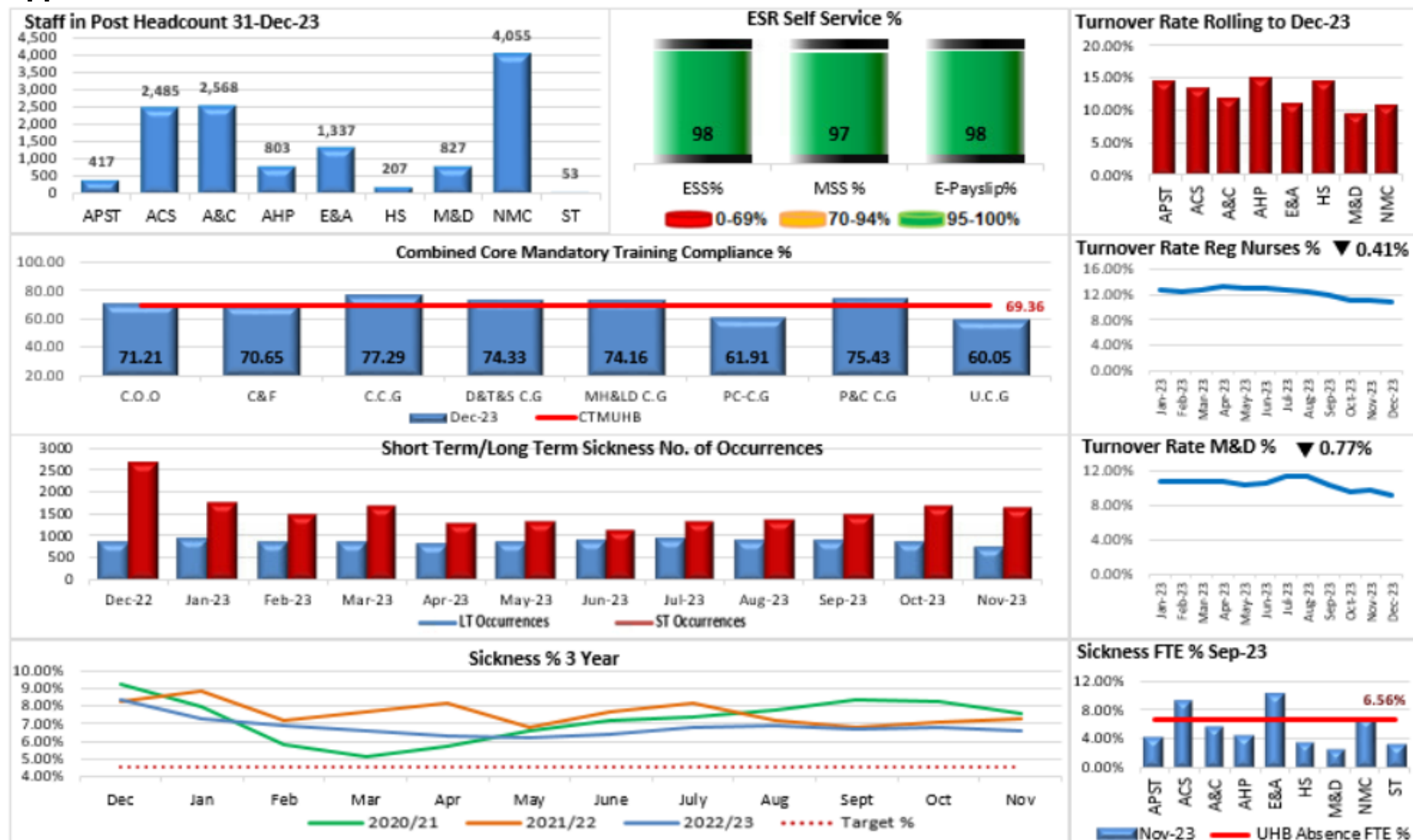
- 5.1 The Committee is asked to discuss the report and associated metrics and report and **NOTE** the detail.

6. Next Steps

- 6.1 None.



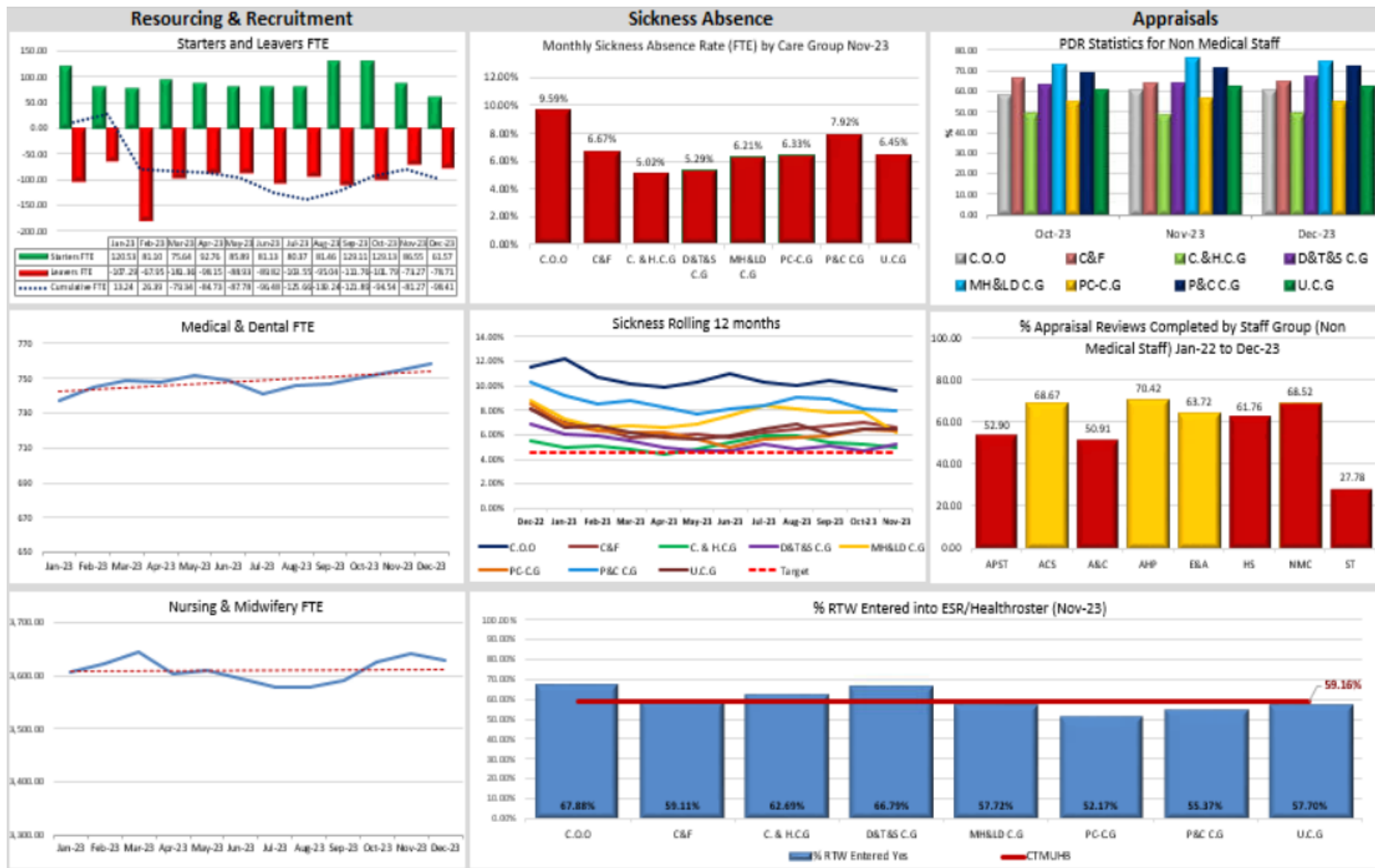
Appendix 1





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board





Efficiency of Recruitment Process

Recruitment Volumes	2018-19 totals	2019-20 totals	2020-21 totals	2021-22 totals	2022-23 totals	Nov-23	2023-24 total YTD	Trac Report Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days	Average 18/19	Average 19/20	Average 20/21	Average 21/22	Average 22/23	Nov-23	Average YTD
Number of Vacancies Raised	1713	2759	2715	2993	5979	564	4730	T0a	5	Manager	Notice Date to authorisation start date	41.0	41.9	42.9	35.8	47.3	44.0	43.6
Number of FTE Raised	2479.97	3905.88	4634.7	4632	8784.1	839.3	6433.1	T1a	10	Org	Time to approve vacancy request	10.6	14.1	14.3	14.1	21.3	25.0	22.9
Number of posts advertised	-	-	-	2982	3907	305	2133	T1b	2	NWSSP	Time to advertise	1.6	1.6	2.5	2.2	1.7	1.9	1.8
Number of FTE advertised	-	-	-	4044.8	5039	377.1	2555.7	T3	Variable	Manager	Duration of advertising	8.3	8.7	8.4	9.2	9.0	9.1	9.2
Number of Conditional Offers Sent	1346	2271	2859	3800	3530	276	2399	T3a	2	NWSSP	Time to move to shortlisting	1.0	1.0	1.0	1.0	1.0	1.0	1.1
Number of ID Checks Completed (Face to face)	1364	2272	2491	3743	2766	135	930	T4	3	Manager	Time to Shortlist (original)	6.8	7.9	9.3	8.2	7.9	8.8	9.7
Number of IDVT Checks Completed	-	-	-	-	722	150	1054	T4	3	Manager	Time to Shortlist (cleansed)	4.7	5.2	6.2	6.1	6.3	7.3	7.6
Number of Occupational Health Clearances Received	1254	2012	2203	3069	3244	395	2229	T5	2	NWSSP	Time to send interview invites	1.0	1.0	1.5	1.0	0.8	0.5	0.6
Number of Sponsorships Requested	0	0	0	18	78	8	41	T5a	Variable	All	Notification given to applicants for interview	8.9	9.2	8.8	8.4	8.5	8.8	9.0
Number of References Received	1278	1998	2213	3284	2453	196	1509	T5b	3	Manager	Time to update interview outcomes	2.5	3.4	2.7	2.4	2.9	2.6	3.9
Number of DBS Checks	812	1372	1925	2926	2689	263	1845	T6	5	NWSSP	Time to send conditional offer	3.8	3.6	3.4	4.1	3.5	3.8	3.7
Number of all checks complete	-	-	-	2977	3091	327	2094	-	-	Candidate	Conditional Offer to Digital ID completed	-	-	-	-	-	7.3	8.7
Number of Start Dates Requested	1222	2082	2271	2971	3183	314	2062	T7	3	Candidate	Conditional Offer to ID appointment booked - face to face	5.9	3.7	5.6	5.0	11.4	14.6	12.7
Number of Contracts Issued	1140	2049	2150	1976	4139	259	1955	T7a	10	Candidate	Conditional Offer to ID appointment attended - face to face	8.6	7.8	8.7	8.6	10.8	7.9	9.9
Number of Ad Hoc DBS Checks	35	42	16	35	175	5	44	T7b	7	Candidate	ID appointment booked to ID appointment attended - face to face	5.1	6.0	5.2	5.7	4.4	2.5	2.9
								T7c	1	Candidate	ID appointment attended to DBS form submitted	3.7	3.3	3.8	11.6	10.3	7.9	10.4
								T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received	4.7	4.7	4.8	6.8	6.9	7.8	6.4
								T8	Variable	Candidate/OH	Conditional offer to OH clearance - pre-OPASG2	-	-	17.3	22.6	20.0	-	12.7
								-	Variable	Candidate/OH	Conditional offer to OH clearance - new reporting method	-	-	-	-	-	18.1	22.7
								T12e	Variable	All	Checks ok to start date	18.9	18.8	20.1	28.1	19.5	14.6	17.2
								T12	2	NWSSP	Checks ok to unconditional offer	1.6	1.7	1.8	5.8	1.9	1.6	1.8
								T13	44	All	Vacancy Creation to conditional offer	40.8	44.6	46.8	46.4	52.7	57.5	58.3
								T10	49	All	Advertising start date to checks ok	-	-	-	76.0	78.8	83.9	81.5
								T11	25	All	Conditional offer letter to Checks OK	-	-	-	47.9	51.6	45.4	45.4
								T14	71	All	Vacancy Creation to unconditional offer	74.7	76.9	80.1	85.4	100.2	93.9	94.1
								T23	27	All	From conditional offer to unconditional offer without outliers	21.6	21.9	21.7	36.3	23.5	18.3	21.6
								T23	27	All	From conditional offer to unconditional offer with outliers	32.7	33.4	33.2	40.9	48.3	33.6	35.5
								T26	Variable	All	Unconditional Offer to start date	19.1	17.6	19.0	19.6	18.0	14.4	16.4



Appendix 2 – Sickness Hotspots by Care Group

Top 5-6 Organisations per Care Group where the total FTE of the Organisation is over 20 FTE.

Green - The Absence FTE has decreased from the previous month

Amber - The Absence FTE has remained the same as the previous month

Red - The Absence FTE has increased from the previous month



110 Chief Operating Officer Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		SIP FTE
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	
110 Facilities Service Group	110 Acute North Housekeeping	13.30%	1.35%	15.14%	1.85%	15.61%	0.47%	90.84
110 Facilities Service Group	110 PCH Patient Catering	14.69%	-0.92%	12.89%	-1.80%	12.60%	-0.29%	32.08
110 Facilities Service Group	110 POW Domestics	14.55%	1.04%	14.67%	0.13%	12.60%	-2.07%	92.05
110 Facilities Service Group	110 RGH Domestic Services	11.48%	-1.60%	12.76%	1.28%	11.46%	-1.30%	81.32
110 Facilities Service Group	110 RGH Patient Catering	12.41%	-1.12%	11.07%	-1.34%	10.43%	-0.64%	48.92
110 Facilities Service Group	110 YCC Domestic	11.90%	1.45%	12.85%	0.96%	13.57%	0.72%	23.57

110 Children & Families Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		SIP FTE
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	
110 Obstetrics, Gynaecology & Sexual Health Service Group	110 Bridgend Community Midwives	5.52%	2.88%	18.30%	12.78%	14.52%	-3.78%	20.71
110 Paediatrics, Acute & Community Service Group	110 Bridgend Flying Start	9.62%	0.40%	8.25%	-1.37%	13.45%	5.20%	22.60
110 Paediatrics, Acute & Community Service Group	110 Bridgend Health Visiting	14.25%	3.45%	16.15%	1.90%	19.01%	2.86%	40.01
110 Paediatrics, Acute & Community Service Group	110 Merthyr Community Childrens Nurse	6.72%	-4.36%	3.82%	-2.90%	7.31%	3.49%	31.14
110 Paediatrics, Acute & Community Service Group	110 Merthyr School Nursing - Merthyr	7.43%	-3.41%	9.95%	2.52%	11.28%	1.32%	39.39
110 Paediatrics, Acute & Community Service Group	110 POW SCBU	21.28%	3.54%	15.56%	-5.72%	6.68%	-8.88%	27.55



110 Corporates and Hosted Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		Nov-23
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	
110 Estates Service Group	110 PCH Acute Maintenance	10.10%	2.37%	13.09%	2.99%	15.81%	2.71%	31.00
110 Estates Service Group	110 POW Engineering	16.67%	1.72%	17.98%	1.31%	13.06%	-4.92%	30.50
110 Estates Service Group	110 RGH Acute Maintenance	16.88%	3.26%	19.67%	2.79%	12.39%	-7.27%	30.00
110 Medical Records Service Group	110 PCH Medical Records	9.60%	-0.61%	6.35%	-3.25%	10.13%	3.79%	31.95
110 Patient Care & Safety Service Group	110 Clinical Governance	7.71%	-4.35%	13.85%	6.14%	11.03%	-2.82%	20.80
110 Workforce & Organisational Development Service Group	110 Operational Health & Safety	2.60%	-2.74%	8.27%	5.67%	15.43%	7.17%	23.03

110 Diagnostics, Therapies & Specialties Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		Nov-23
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	
110 Clinical Support Services Pathology Service Group	110 Cellular Pathology	3.81%	-0.72%	4.48%	0.68%	9.37%	4.89%	33.60
110 Clinical Support Services Pathology Service Group	110 PCH Biochemistry	3.97%	-0.39%	11.12%	7.16%	9.31%	-1.81%	29.17
110 Clinical Support Services Pathology Service Group	110 PCH Clinical Haematology	10.22%	1.66%	8.29%	-1.92%	12.32%	4.03%	21.34
110 Therapies Service Group	110 Occupational Therapy - Acute	13.00%	6.94%	10.91%	-2.10%	16.24%	5.34%	26.68
110 Therapies Service Group	110 Physiotherapy - Acute In Patients	6.85%	-2.40%	7.61%	0.76%	7.87%	0.26%	28.79
110 Therapies Service Group	110 Speech & Language Therapy	5.70%	1.23%	4.67%	-1.03%	8.93%	4.27%	48.59

110 Mental Health & Learning Disabilities Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		Nov-23
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	
110 CAMHS Service Group	110 CAMHS Tier 4 - Nursing	15.19%	3.69%	11.23%	-3.96%	12.60%	1.37%	38.60
110 Mental Health & Learning Disabilities Service Group	110 Adult - Management & Administration	11.76%	-5.42%	15.65%	3.89%	14.69%	-0.95%	27.18
110 Mental Health & Learning Disabilities Service Group	110 Angelton Clinic Ward 1	13.98%	-1.79%	14.70%	0.72%	15.59%	0.89%	23.64
110 Mental Health & Learning Disabilities Service Group	110 Angelton Clinic Ward 2	21.92%	-4.37%	20.00%	-1.92%	10.66%	-9.34%	29.33
110 Mental Health & Learning Disabilities Service Group	110 Pinewood House	16.95%	-1.58%	13.32%	-3.63%	12.60%	-0.72%	25.08
110 Mental Health & Learning Disabilities Service Group	110 YCC Ward 7	20.44%	0.16%	16.96%	-3.48%	7.95%	-9.01%	22.20



110 Planned Care Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		Nov-23
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	SIP FTE
110 Surgery & ACT Service Group	110 PCH CSSD	13.52%	-0.78%	24.16%	10.64%	25.25%	1.09%	21.20
110 Surgery & ACT Service Group	110 PCH Ward 3	15.43%	6.57%	17.52%	2.09%	10.33%	-7.19%	36.36
110 Surgery & ACT Service Group	110 POW Outpatients Admin	9.65%	1.61%	6.86%	-2.79%	10.59%	3.73%	21.80
110 Surgery & ACT Service Group	110 POW Ward 7	7.50%	0.67%	6.63%	-0.87%	13.37%	6.74%	25.16
110 Surgery & ACT Service Group	110 POW Ward 8	13.18%	2.07%	10.66%	-2.52%	10.26%	-0.40%	38.35
110 Surgery & ACT Service Group	110 RGH Ward 2 - Surgery	11.47%	-0.06%	14.58%	3.11%	13.76%	-0.81%	27.36
110 Surgery & ACT Service Group	110 RGH Ward 9 - Surgical	7.71%	1.68%	13.99%	6.28%	16.85%	2.85%	29.12

110 Primary & Community Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		Nov-23
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	SIP FTE
110 Localities Service Group	110 District Nursing East Network	2.40%	-5.75%	5.09%	2.68%	10.76%	5.68%	36.88
110 Localities Service Group	110 YCC Ward 3	12.63%	4.89%	19.17%	6.54%	12.93%	-6.24%	23.50
110 Localities Service Group	110 YCC Ward 4	23.58%	-0.49%	28.67%	5.10%	23.35%	-5.32%	23.04
110 Localities Service Group	110 YCR Ward A1	12.52%	-2.35%	9.74%	-2.78%	10.70%	0.95%	25.88
110 Localities Service Group	110 YCR Ward C3	16.05%	0.73%	14.91%	-1.15%	14.67%	-0.24%	28.44
110 Primary Care Service Group	110 COVID - Vaccination Program	11.84%	-1.31%	8.78%	-3.06%	12.30%	3.52%	40.22



110 Unscheduled Care Care Group

Service Group	Locality	Sep-23		Oct-23		Nov-23		Nov-23
		Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	Absence FTE %	Change From Previous Month	
110 Acute Medicine and A&E Service Group	110 PCH - Medical Staff - Accident & Emerge	14.65%	4.72%	14.64%	-0.01%	13.95%	-0.69%	21.50
110 Acute Medicine and A&E Service Group	110 POW Ward 15	13.32%	4.42%	11.59%	-1.73%	13.99%	2.40%	38.51
110 Acute Medicine and A&E Service Group	110 POW Ward 4	9.50%	-4.65%	11.93%	2.43%	16.05%	4.12%	42.30
110 Acute Medicine and A&E Service Group	110 RGH A&E	6.11%	0.74%	7.37%	1.26%	8.05%	0.68%	95.59
110 Acute Medicine and A&E Service Group	110 RGH CCU - Medicine	4.81%	-6.16%	2.19%	-2.62%	15.15%	12.96%	20.64
110 Acute Medicine and A&E Service Group	110 RGH Ward 12	11.72%	1.44%	13.74%	2.02%	11.56%	-2.18%	40.49
110 Acute Medicine and A&E Service Group	110 RGH Ward 20 - Orthopaedic Rehab	11.09%	1.08%	19.24%	8.15%	16.07%	-3.17%	28.86



Agenda Item

5.6

People & Culture Committee

**JOB PLANNING COMPLIANCE REPORTING ERROR & LESSONS
LEARNT**

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	<ul style="list-style-type: none">Natalie Price, Assistant Director Strategic Workforce PlanningSallie Davies, Deputy Medical DirectorAndrew Stocken, Medical & Dental E-Systems ManagerNicholas Price, Senior Medical Workforce Manager
Cyflwynydd yr Adroddiad / Report Presenter	Hywel Daniel, Executive Director for People
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
Medical Director - verbal update at Audit & Risk Committee Director of People verbal update to PCC	Click or tap to enter a date.	Agreed reported through PCC. Agreed item on next PCC agenda (7/2/2024)

Acronyms / Glossary of Terms

PCC	People & Culture Committee
CTM	Cwm Taf Morgannwg University Health Board
CG	Care Groups

1. Situation /Background

- 1.1 The purpose of this paper is to give the committee an update on an issue that has come to light regarding Job Planning Compliance figures for Consultant and SAS grade doctors at Cwm Taf Morgannwg University Health Board (CTM).
- 1.2 Job Planning compliance figures are one of our key Medical workforce metrics. Compliance figures are reported through a range of formal meetings, including People & Culture Committee, Care Group Performance Reviews and Value & Effectiveness Board (including the Medical Workforce Productivity programme). They are also included in our Business Intelligence Dashboards.
- 1.3 Compliance reported within job planning figures is defined by a job plan that is signed off, and from that point is “live” for 12 months. This data is taken from our Allocate E-Job Planning System through which job plans are captured.
- 1.4 In recent years CTM job planning figures have shown a headline figure of approximately 50%, with a slow but steady ongoing improvement in our position.
- 1.5 In the Medical Workforce Productivity meetings in the latter half of 2023, there had been a request for further detail and scrutiny of job planning compliance figures, for example information to be reported on those who had never had a job plan.
- 1.6 Alongside this the Medical & Dental E-Systems Manager and the Senior Medical Workforce Manager had scrutinised the data as it was not felt that there was sufficient job planning activity to warrant an ongoing improvement in position.
- 1.7 The Medical Workforce team undertook an investigation into the data and it was found that the ‘job plan signed-off’ figures produced by the system included all job plans that have been signed-off, i.e. at any date, not just within the last 12 months. The “live” compliance figure that had previously been reported therefore was incorrect. It has not been possible to establish how far in the past this error began.
- 1.8 The current headline figures for job plan compliance are 28% for Consultants and 18% for SAS doctors - significantly lower than the 50% previously reported.

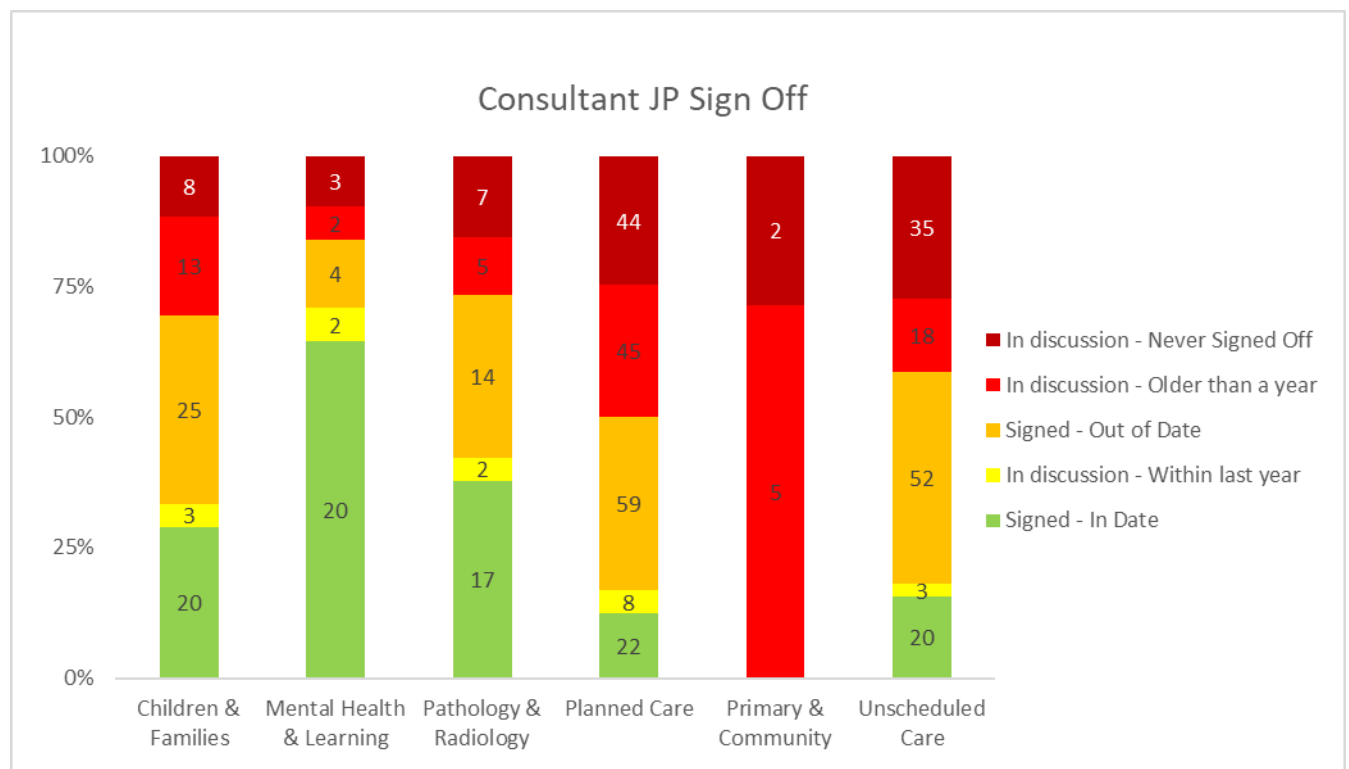
2. Specific Matters for Consideration

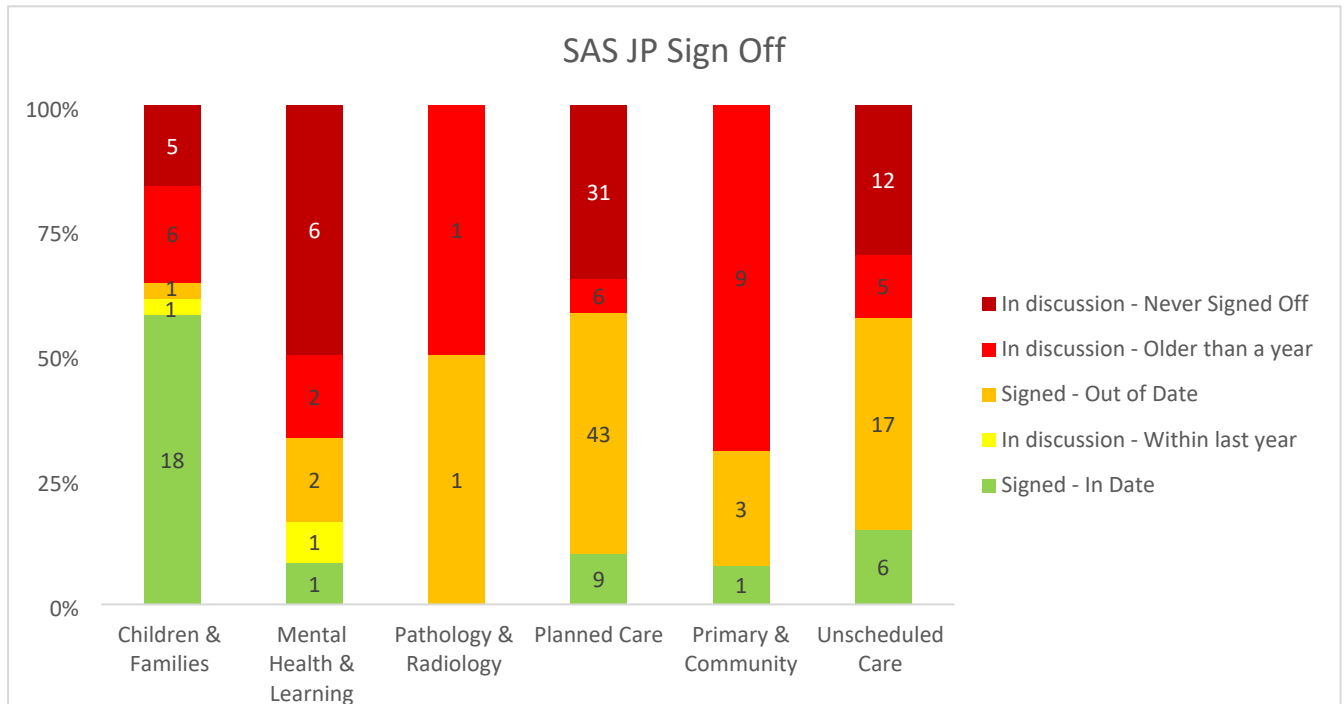
2.1 Plan on reporting on Job Planning Compliance Figures

It is proposed that this information is broken down to show the various states in which "In Discussion" job plans can be.

- "Signed - In Date": This status is when a medic has agreed and signed off their job plan in the last 12 Months.
- "Signed - Out of Date": This status is when a medic has previously agreed and signed off their job plan but their most recent job plan effective from date is more than 12 months.
- "In Discussion": This status is when the most recent job plan has not been signed off. Please note that this means the job plan can be a state from not started up to awaiting sign off from CD (or equivalent).
- "In Discussion - Within last year": This status is when the most recent job plan has not signed off and the previous signed off job plan is less than a year and so is still in date.
- "In Discussion - Older than a year": This status is when the most recent job plan has not signed off and the previous signed off job plan is older than a year and so is out of date.
- "In Discussion - Never Signed Off": This status is when the most recent job plan has been not signed off and there is no previous signed off job plan in the system. This category therefore includes those for whom there has never been a job plan signed off at any point in the past.

2.2 Current detailed Job Planning Compliance Position





2.3 Approach to improving Job Planning Compliance going forward

The Director of People hosted a meeting with the Care Groups on 14th December 2023. The following key actions (relevant to this paper) were agreed in relation to job planning.

- Work is progressing to compile a single job planning guidance document.
- Process of Counter Fraud referral re overpayments was discussed.
- Further breakdown of available job planning data will be developed and shared and will be issued on a monthly basis
- There was agreement to avoid arbitrary targets; instead CGs are to develop challenging but deliverable plans.
- Care Groups must submit plans by mid-February. In January there will be a touch point on progress.
- Delivery against Care Group Plans will be monitored through senior oversight. The Medical Director has scheduled a meeting to scope monitoring and accountability of delivery of the required improvements (1st February 2024).

2.4 Lessons learnt to avoid future data errors

The error was spotted because the data being reported did not 'feel' right to one of the authors of this paper. Whenever data are being reported from a system, it is important that someone who understands the data considers the rounded picture in which the data sit.



Secondly, it is important that data definitions are understood, i.e. 'signed-off' job plan in eJob Planning means signed-off at any date; 'signed-off' job plan in UHB reports means signed-off within the last 12 months.

3. Key Risks / Matters for Escalation

- 3.1 Incorrect job planning compliance figures have been reported through Board and externally for a number of years leading to false assurance in performance in this area

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: This is a report about data to a Board committee.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality <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 a report about data to a Board committee.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) Incorrect job planning compliance data has been reported for some years.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee is requested to **NOTE** the contents of the report and **SUPPORT** the approach outlined within.

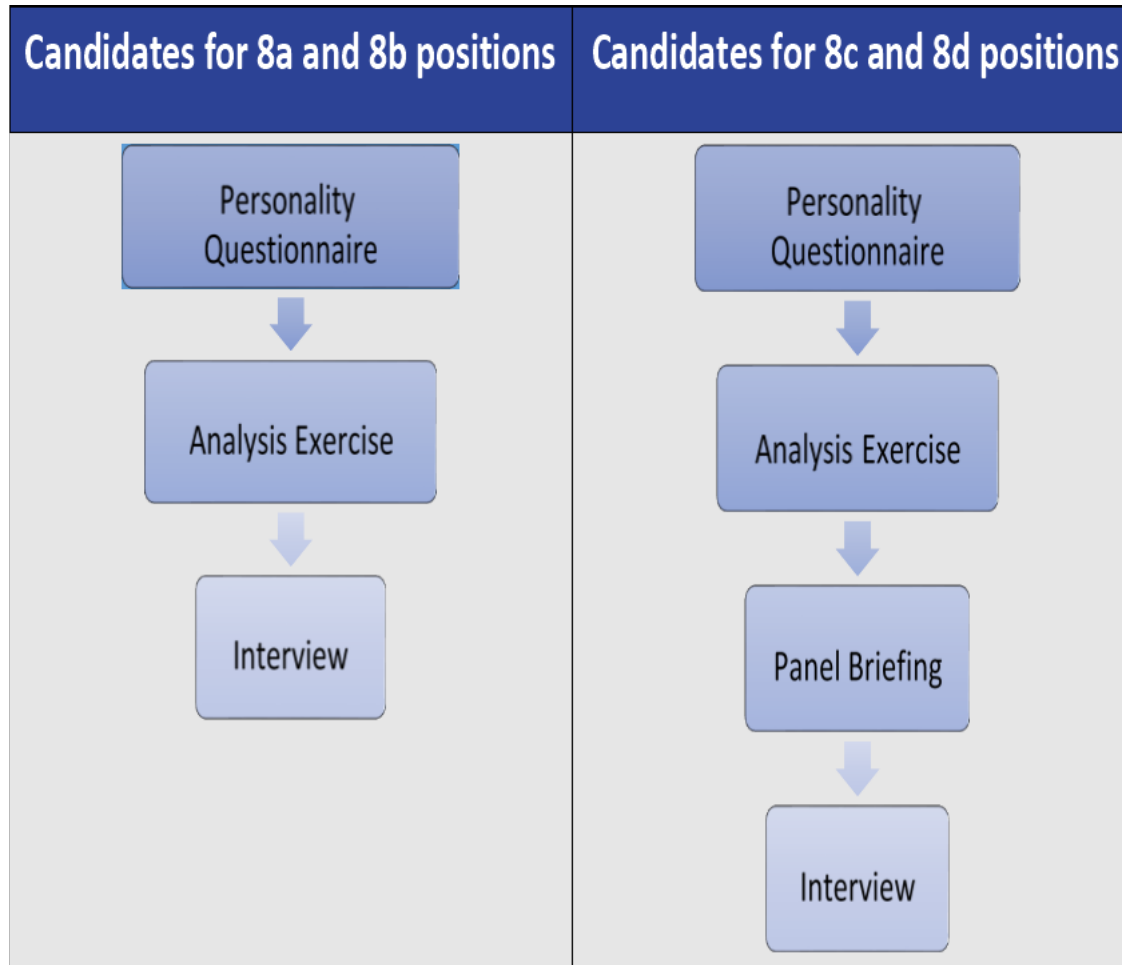


(Agenda Item) 5.7		7 February 2024	People and Culture Committee	Phase 2 New Leadership & Management Structures
FOI Status:	Please select: Open (Public) Or Closed (Private)	Impact Assessment: Indicate the Quality / Safety / Patient Experience Implications: n/a Related Health and Care Standard Has an EQIA been undertaken? Yes (include date) No (Explain why) Are there any Legal Implications /Impact. Yes or No Are there any resource (Capital/Revenue/Workforce Implications / Impact? Yes or No If Yes please include brief detail. Link to Strategic Goals Please Select: Inspiring People		
If closed please indicate reason:	Open			
Prepared By:	Helen Watkins			
Presented By:	Helen Watkins			
Approving Executive Sponsor:	Hywel Daniel			
Report Purpose	Please Select: For Noting			
Engagement undertaken to date:				
		Leadership & Accountability		

Context

- Phase Two sought to build on the foundations laid by Phase One, which saw the organisation transition from Integrated Locality Groups (ILGs) to Care Groups.
- The rationale for Phase Two was to further develop the Care Group leadership and management structures.
- The process by which appointments were made was in accordance with the All Wales Organisational Change Policy and in partnership with Trade Union colleagues.
- The aim was to ensure that CTM has a leadership and management structure that:
 - delivers **integrated care** and maintains a focus on **pan-CTM service delivery** within the Health Board;
 - ensures that our busy clinical hospital sites are **fully supported** by a clear model of leadership and there is **local ownership** to ensure a high quality of service is delivered;
 - has **consistent role titles** across the Health Board and standard role profiles; and
 - demonstrates **clear lines** of management responsibility and professional accountability.
- The new structure will become operational on 1st April 2024.
- The delivery has required significant input and collaboration from across the organisation involving the People Team, Nursing Leadership, Chief Executive's office, COO's Leadership Team and Care Group leaders.

Assessment Process



Assessment Centre Elements

The **Personality Questionnaire** (PQ) measured elements of the candidate's personality in work that are key to success in leadership roles. On completion candidates received 1-1 feedback with a qualified test administrator (internal) to explore leadership preferences and approaches to take in the workplace.

This element **was not** scored.

The **Analysis Exercise** (AE): candidates were presented with various sources of information relating to a leadership role in the NHS and asked to analyse the detail presented and provide a written response outlining the implications of the information for your role as a Senior Leader within CTM UHB.

The **Panel Briefing** (PB): Candidate were asked to present the briefing prepared in the Analysis Exercise to a panel of assessors role playing lead Care Group roles

Structured panel interview to test experience and ability across the key elements of the roles

All activities were underpinned by the **CTM Leadership competencies** and will inform leadership development requirements moving forward.

Assessment Numbers

Total number of candidates (Nursing and General Management)	140	Interviews that have taken place	97
External applicants for management roles (8A – 8D)	76	External applicants for the 8C Directorate Manager role	48
Completed personality questionnaires	99	Hours of feedback	83
Panel Briefings	38	Hours of administrative support	144

Next steps

- Recruit to remaining vacancies and conclude individual processes.
- Undertake Clinical Director assessment process (w/c February 19th 2024).
- Consider how selection approaches are embedded into best recruitment practice across the organisation, e.g. the use of Personality Questionnaires. To note, Head of Recruitment commences on March 4th 2024, who will lead this work.
- Design and implement Leadership and Team development activities to support new Care Group and Directorate Leadership Teams.

Recommendation:

The Board or Committee are asked to:

Example:

The Committee are asked to:

- Review the risks escalated to the Organisational Risk Register at Appendix 1.
- Review the Strategic Risk 6 included on the Board Assurance Framework at Appendix 2.
- Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.



(Agenda Item) 6.1		7 February 2024	People and Culture Committee	People Plan Update	
Report Details:		Impact Assessment:			
FOI Status:	Please select: Open (Public) Or Closed (Private)	Indicate the Quality / Safety / Patient Experience Implications:		There is a proven link between improved patient experience and that of our people	
If closed please indicate reason:		Related Health and Care Standard		Leadership & Accountability	
Prepared By:	Helen Watkins	Has an EQIA been undertaken?		Yes (include date) No (Explain why) To be undertaken at the next stage of the plan development	
Presented By:	Helen Watkins	Are there any Legal Implications /Impact.		Yes or No	
Approving Executive Sponsor:	Hywel Daniel	Are there any resource (capital/Revenue/Workforce Implications / Impact?		Yes or No If Yes please include brief detail.	
Report Purpose	Please Select For Noting	Link to Strategic Goals		Inspiring People Sustaining our Future Creating Health Improving Care	
Engagement undertaken to date:	This document builds on previous enagement on the development of the People Plan at LPF and People and Culture Committee				

People Plan Development



Our Current Position (examples)

The Health Board currently employs 11,081.74 whole-time equivalent (WTE) staff as of 1 November 2023, with a headcount of 12,703.

78% of our workforce live within the Health Board's footprint

A gender split of 81% female: 19% male.

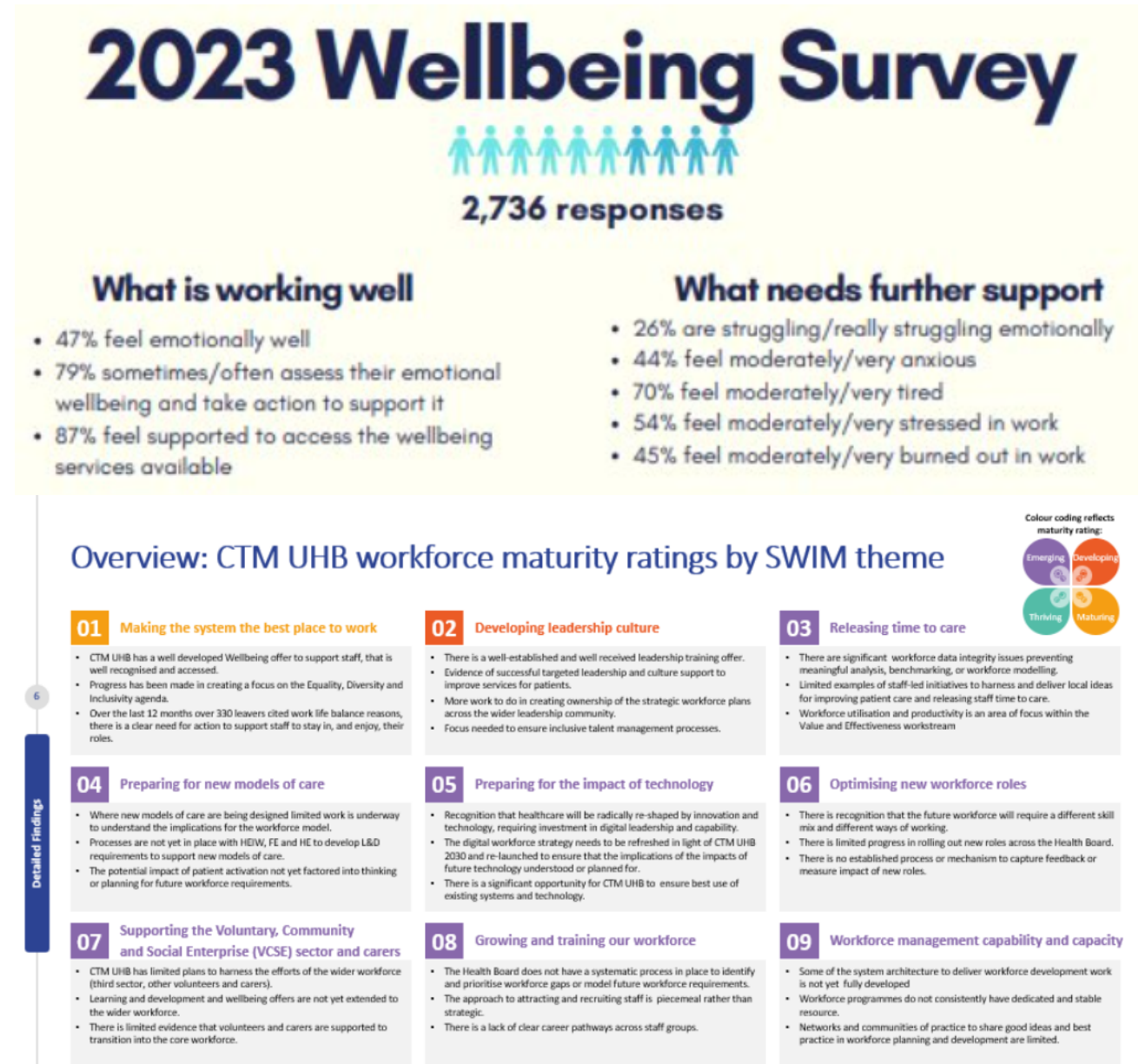
40% of our workforce works part-time.

Of the total female workforce, 46% work part time compared with 16% of the male workforce

Turnover – 12.11 (Oct23) and 1,465 staff left CTM in past 12m

38.5% of workforce is over 50%. 820 wte are aged over 60

Recruitment Challenges across all professions

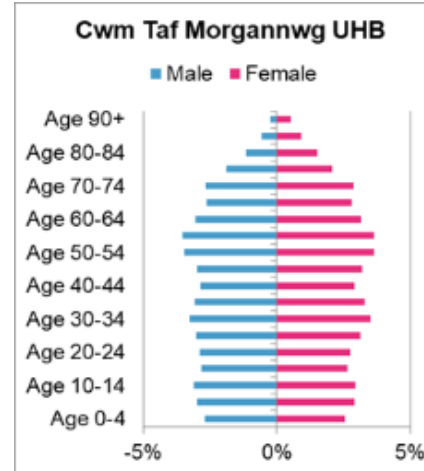
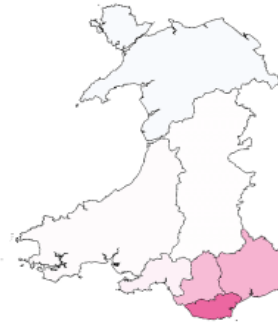


Population Changes

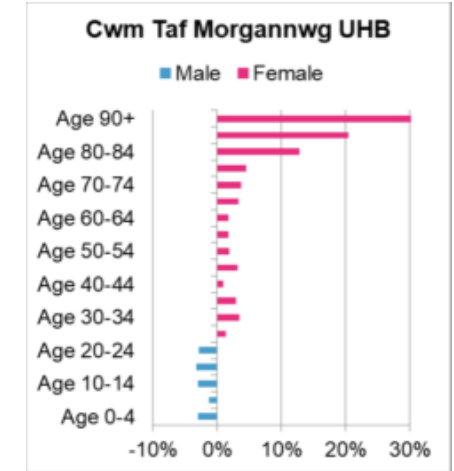
Census 2021 Data Highlights

Population changes by Health Board

Area	Change	% Change
Cardiff and Vale UHB	+21,833	+4.6%
Cwm Taf Morgannwg UHB	+9,607	+2.2%
Aneurin Bevan UHB	+10,901	+1.9%
WALES	+44,033	+1.4%
Swansea Bay UHB	+1,945	+0.5%
Hywel Dda UHB	+593	+0.2%
Powys THB	+198	+0.1%
Betsi Cadwaladr UHB	-1,044	-0.2%

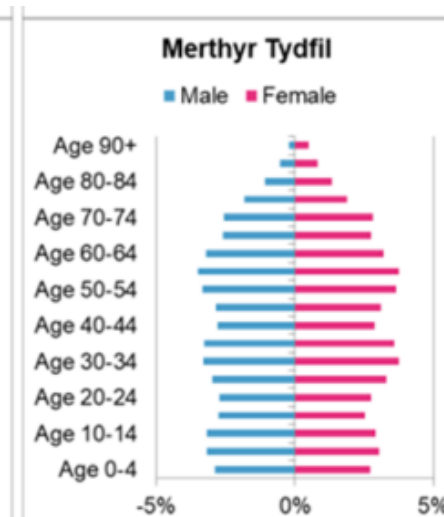
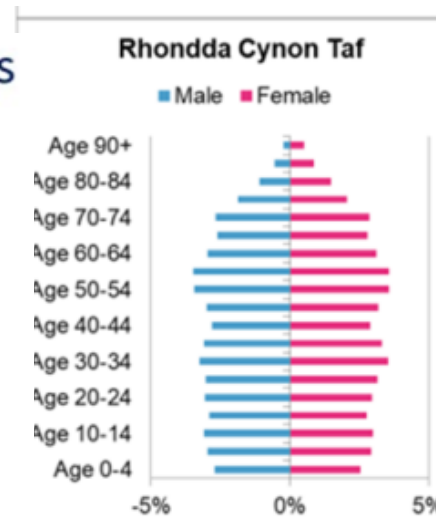


Age 50-74 bulge
Age 75+ reduces
Age 0-49 smaller



Population changes by Local Authority areas

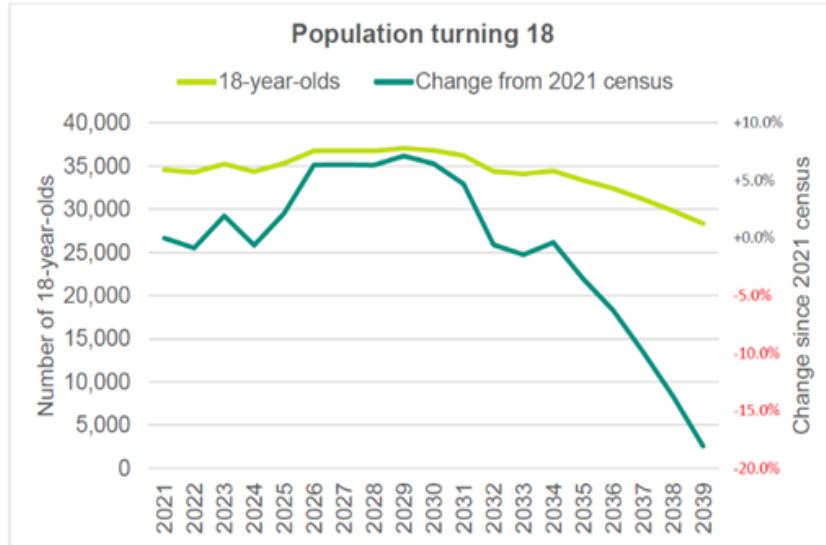
Area	Change	% Change
Newport	+13,851	+6.5%
Cardiff	+16,222	+4.7%
Bridgend	+6,322	+4.5%
Vale of Glamorgan	+5,811	+4.4%
Cardiffshire	+4,119	+2.2%
Denbighshire	+2,080	+2.2%
Monmouthshire	+1,635	+1.8%
Neath Port Talbot	+2,479	+1.8%
Flintshire	+2,450	+1.6%
WALES	+44,033	+1.4%
Rhondda Cynon Taf	+3,248	+1.4%
Torfaen	+1,188	+1.3%
Pembrokeshire	+915	+0.7%
Wrexham	+268	+0.2%
Powys	+198	+0.1%
Merthyr Tydfil	+37	+0.1%
Swansea	-534	-0.2%
Conwy	-487	-0.4%
Isle of Anglesey	-874	-1.3%
Caerphilly	-2,858	-1.6%
Gwynedd	-4,481	-3.7%
Blaenau Gwent	-2,915	-4.2%
Ceredigion	-4,441	-5.8%



Census 2021 – Highlights cont.

All Wales Forecasting

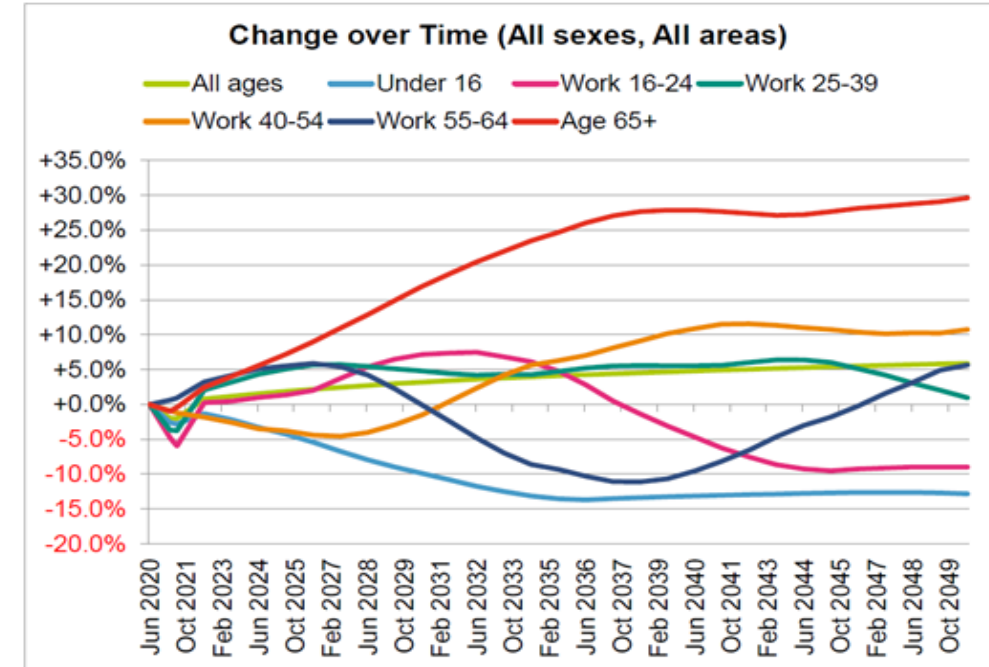
Forecasting forwards to 2049



Population Projections changes in age bands from 2020 to 2050

Age Band	Change from 2020 to 2050
All ages	+5.9%
Age 0-9	-12.5%
Age 10-19	-10.4%
Age 20-29	-12.4%
Age 30-39	+8.9%
Age 40-49	+15.9%
Age 50-59	+2.3%
Age 60-69	+9.3%
Age 70-79	+8.4%
Age 80-89	+80.8%
Age 90+	+121.4%

The most significant growth is in the over 80s, which contrasts with the fall in the under 30s.



This graph 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.

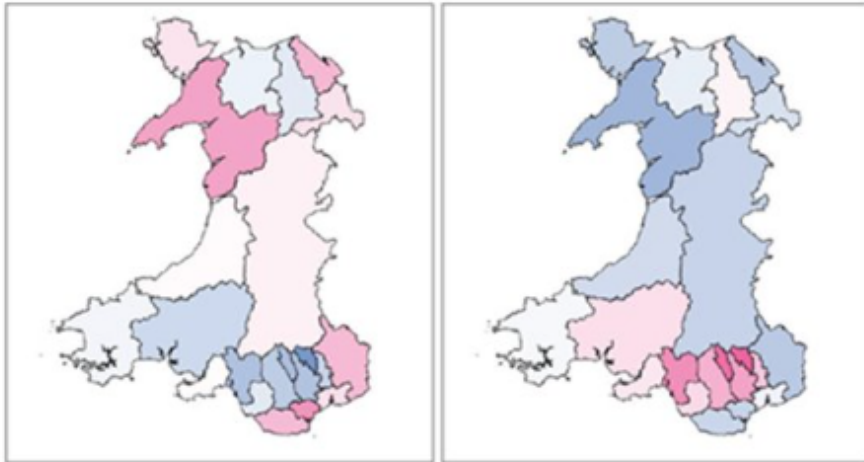
Census 2021 – Health and Dependency

Area	Good	Fair	Bad
All areas	78.6%	14.5%	6.9%
Aneurin Bevan UHB	77.5%	14.9%	7.6%
Betsi Cadwaladr UHB	79.6%	14.3%	6.0%
Cardiff and Vale UHB	81.6%	12.5%	5.9%
Cwm Taf Morgannwg UHB	76.6%	15.2%	8.2%
Hywel Dda UHB	77.6%	15.4%	7.0%
Powys THB	79.0%	15.1%	5.9%
Swansea Bay UHB	77.6%	14.5%	7.9%

Area	Census 2011	Census 2021	Change
All areas	54.6%	60.9%	+6.3%
Aneurin Bevan UHB	54.8%	60.2%	+5.4%
Betsi Cadwaladr UHB	58.3%	65.6%	+7.3%
Cardiff and Vale UHB	46.4%	50.8%	+4.4%
Cwm Taf Morgannwg (CTM) UHB	53.2%	58.9%	+5.7%
Hywel Dda UHB	59.3%	68.3%	+9.1%
Powys THB	63.0%	73.4%	+10.4%
Swansea Bay UHB	52.6%	58.5%	+5.9%

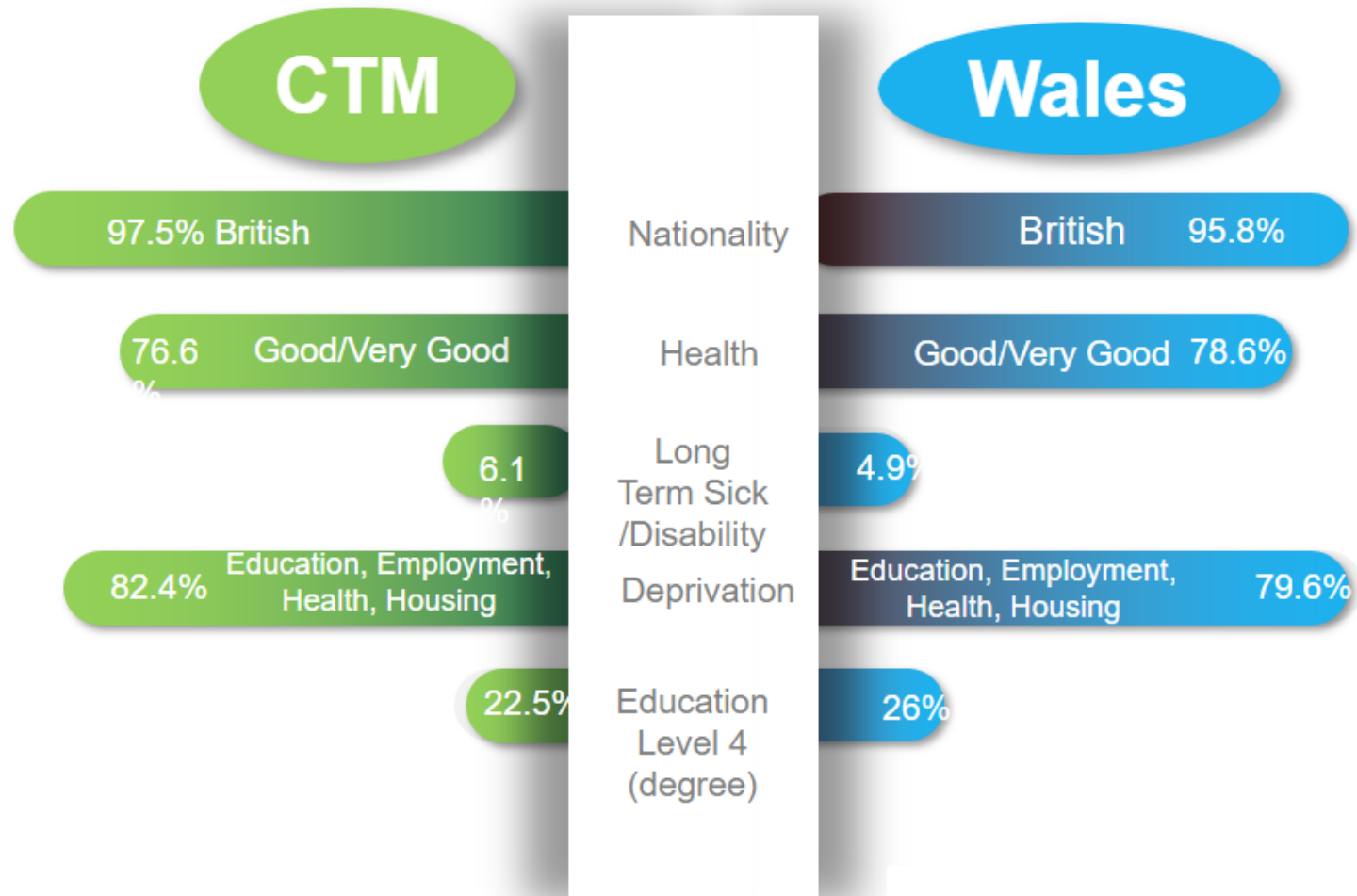
Good health

Bad health



- 4.9% are long-term sick/disabled (highest 6.1% in Cwm Taf Morgannwg UHB)
- Only 76.6% of the Cwm Taf Morgannwg population have very good or good health which is lower than the Wales position of 78.6%,
- with deprivation at 87.4% of the households (the highest across Wales)
- 6.1% of the Cwm Taf Morgannwg population are economically inactive due to long term sickness

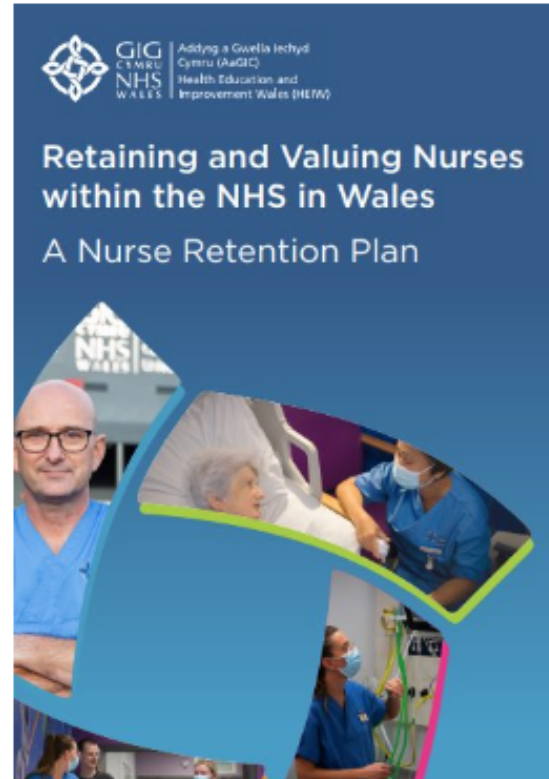
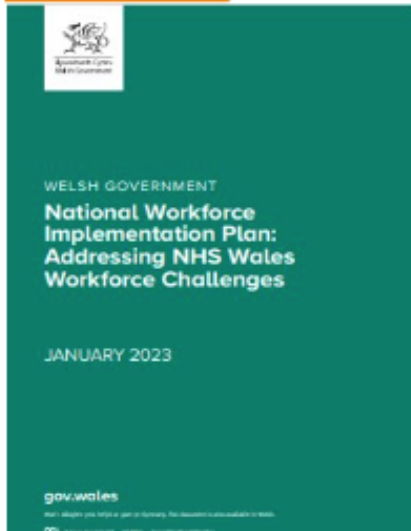
Census Comparison



Key Influences and Drivers

A HEALTHIER WALES:

OUR WORKFORCE STRATEGY FOR HEALTH AND SOCIAL CARE



Inspiration must be at the heart of our delivery. Through CTM203 we will improve our capability to empower staff and patients by improving the levers and mechanisms required achieve the art of the impossible.

- ❖ Visible and inspiring leadership
- ❖ Promoting diversity and inclusion
- ❖ Embedding our values and behaviours
- ❖ Encouraging local employment



Strategic Workforce Plan for Primary Care



Our Priorities to get to 2030

1. **Support and improve** the physical, emotional and financial **well-being** and **safety** of our people.
2. **Improve** what it is like to work at CTM through positive **employee experience**.
3. **Create** a culture that is **inclusive**, recognises and celebrates difference, and is **anti-racist**.
4. **Improve our culture** across the Health Board to ensure CTM can be at its best.
5. **Enhance our leadership and management capability**, creating compassionate and collective leadership.
6. Support workforce and service **change** within the Health Board to **deliver our four goals** and clinical strategy ambitions.
7. Develop and **deliver strategic workforce plans** which fill our gaps, as well as modernising our workforce now and for the future.
8. Create a **thriving Welsh language** culture and identity, improving skills and awareness.
9. Create **pathways to employment** for our local communities, linked to workforce plans, as an anchor institution.
10. Improve the **quality of our workforce data** and use this to drive intelligence and improved performance.

Each People Priority will be:

- Supported by a strategic ambition that sets the direction and describes how it will look and feel in 2030 and brings the priority statement to life, and a people pledge that makes it relatable and understood across the organisation.
- Underpinned by a clear set of actions which confirms what needs to happen to deliver the priority.
- Cross-referenced to external and internal plans including, for example, Health and Social Care People Strategy, Welsh Government Workforce Implementation Plan and the CTM KPMG Strategic Workforce Planning report.
- Underpinned by research and best practice to ensure activity is evidence-based.

Priority 1 (example): Support and improve the physical, emotional and financial well-being and safety of our people

Ambition: Health, Safety and Well-being of CTM people is a cultural lens through which every decision in the organisation is made.

KPMG Theme 1 – Whole System as the best place to work

Creating a positive employee experience incorporating an engaging culture with equality, diversity and inclusion, ensuring employment policies and processes enable flexibility and provide well-being support, and providing access to support for development and progression.

CIPD: Growing the Health and Well-being agenda: From First steps to Full Potential

CIPD research explains that 'Wellbeing is more than an avoidance of becoming physically sick. It represents a broader bio-psychosocial construct that includes physical, mental and social health. Well employees are physically and mentally able, willing to contribute in the workplace and likely to be more engaged at work.'. This paper recognises that while progress has been made there is more to do. **"Well-being is not just about initiatives; it's about aspiring to position employee well-being as a continuous thread that runs through every operational decision, a cultural lens that guides everything we do and how we do it – in business terms, a systems approach.** As well as benefiting employees, an integrated approach to health and well-being can nurture heightened levels of employee engagement, and foster a workforce where people are committed to achieving organisational success.

More information

[cipd-health-wellbeing-agenda.pdf](#)

IPPO NHS Staff Wellbeing Report

The pandemic has demanded an extraordinary response from NHS staff resulting in increased strain and workload intensity while highlighting their vital role as key workers. It has emphasised the issue of staff wellbeing and created an opportunity for meaningful change. Poor mental health and wellbeing, staff shortages and high vacancy rates across the NHS pre-date the pandemic. The service is now in a state of genuine crisis with long waiting lists and ambulance response times, as well as large numbers of staff resignations. Staff wellbeing seems to have been regarded as secondary to the operational goals of the NHS rather than of central importance.

This report sets out the business case for investment **We need to spend money to save money**

Sustained, ring-fenced investment at scale is required to reduce costs in the long term.

Money saved should be spent on more staff to help reduce the burden of poor wellbeing on the NHS.

More research is needed into which interventions work at scale in healthcare settings in the UK.

The research base on the cost-benefits of what works also needs to be developed.

More information

[IPPO NHS Staff Wellbeing report_LO1108](#)

Priority 9 (example): Create pathways to employment for our local communities, linked to workforce plans, as an anchor institution

Ambition: CTM will have create pathways to employment aligned to workforce plans with the needs and aspirations of local communities with quality jobs and training opportunities within CTM.

Theme 8 – Growing and training our workforce

Growing training places, ensuring a better balance of case and skills mix together with geographical need, while working to develop and retain current staff. Exploring solutions to current vacancies and supply routes into healthcare (especially for identified gaps) and staff retention are all important factors in the long-term system workforce picture. (KPMG)

Reflections:

- Need to define pathways or widening access, what is included? – scale of the ambition linked to WFP
- The organisational readiness for pathways/widening access
- What knowledge, communication & ability, turning opportunities/placements into employment, key part of workforce planning
- Use the stories to scale up. How do we integrate and make it part of what we think of when recruiting
- Anchor Institution – biggest driver of economic health, link to local population needs
- Link to universities (enable & maximise the relationship)
- Use the consensus and the healthy Wales agenda to inform present & future plans
- Need for robust measures & evaluation, what is the intelligence & data? (build meaningful data around the pathways people are progressing through)
- Branding & Attraction linked to a clear recruitment & retention plan, with WFP
- Address the behavioural aspect, education & awareness of opportunities (a substantive multi-skilled/professional workforce - we need agility and flexibility)
- Employer of Choice, what's great about CTM (train, work, live & TCW)
- lots of training possibilities in clinical space – need to work closely together with clinical education to match career pathways from all levels of entry into CTM
- Silos- need a multi professional approach to WFP, linked to our purpose
- KMPG – build on accurate reflection of what is happening right now, where next? (challenges, realistic priorities, key areas and plans for hard to fill posts)
- Cultural piece – shift mindsets, using stories to show the impact for people, patients & communities
- Are we being really ambitious about where do we want to be by 2030 that makes the current workforce feel positive and excited about where we are going?

Priority 9 (example): Create pathways to employment for our local communities, linked to workforce plans, as an anchor institution

Evidence and Best Practice:

The Well-being of Future Generations Act

Provides the ambition, permission and legal obligation to improve our social, cultural, environmental and economic well-being. The Well-being of Future Generations Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. The Act is unique to Wales attracting interest from countries across the world as it offers a huge opportunity to make a long-lasting, positive change to current and future generations.

For more information:

[S.20-Maturity-Matrix-English.pdf \(futuregenerations.wales\)](#)

Labour market value of higher and further education qualifications

This research suggests that, on average, studying a qualification in both higher education (HE) or further education (FE) is associated with positive earnings returns. The paper attempts to improve the information available to young people about the labour market value of qualifications. This is with a view to better their employment prospects.

For more information:

[Labour_market_value_of_higher_and_further_education_qualifications.pdf \(publishing.service.gov.uk\)](#)

The NHS as an anchor institution

Anchor institutions are place-based, mission-driven entities such as hospitals, universities, and government agencies that leverage their economic power alongside their human and intellectual resources to improve the long-term health and social welfare of their communities.

For more information:

[The NHS as an anchor institution \(health.org.uk\)](#)

[Anchor institutions and how they can affect people's health | The King's Fund \(kingsfund.org.uk\)](#)

NHS Long Term Workforce Plan

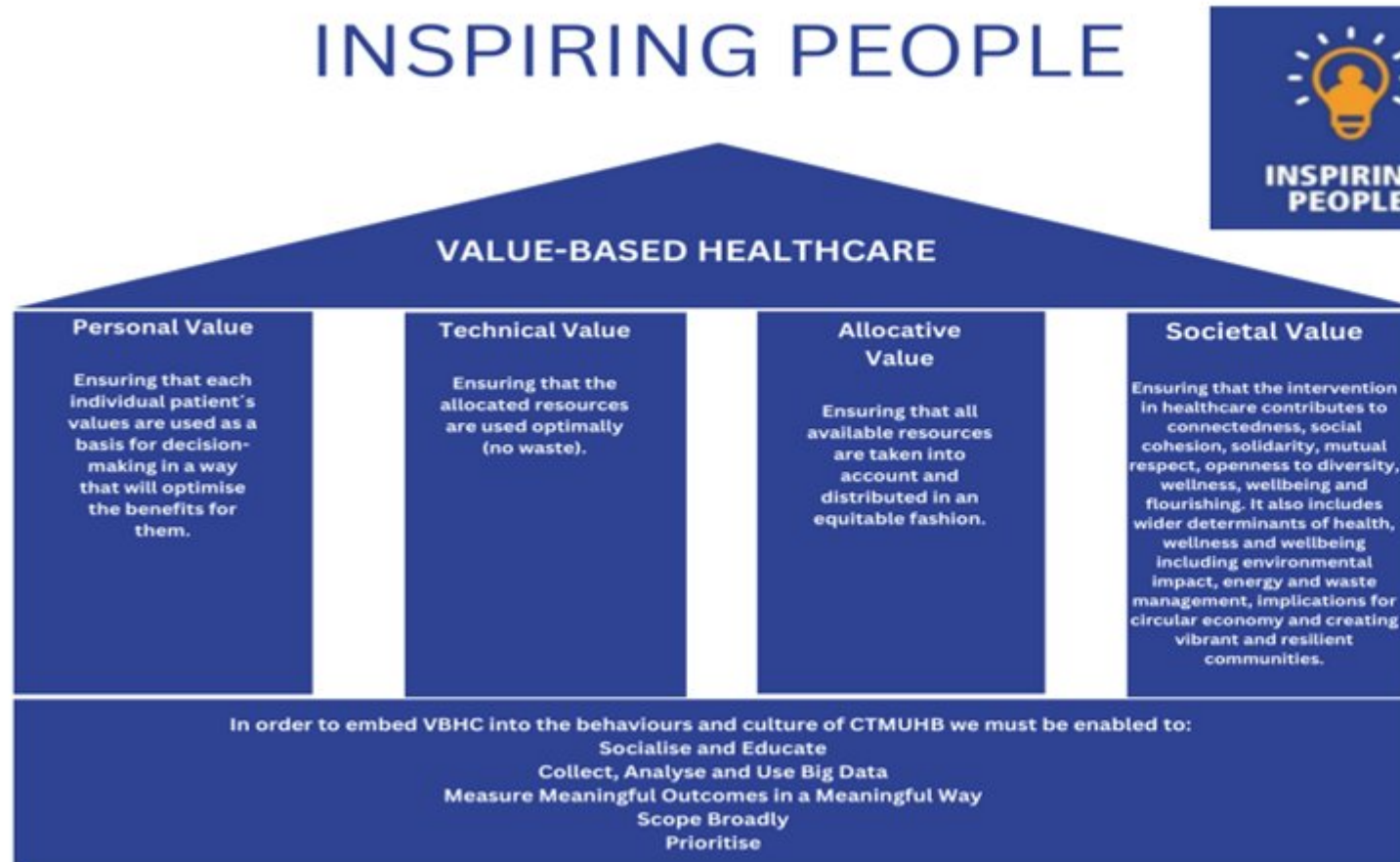
The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

For more information:

[NHS England » NHS Long Term](#)

Approaches to Evaluation

How will we know if we have been successful?



Taking a value-based healthcare approach to a measurement strategy for our people priorities will enable us to take a different lens on value in a workforce context where measurement is reviewed across the four different pillars: Personal Value; Technical value; Allocative Value; Societal value.

Next Steps

- Finalise the ambition statements and engage on them to enable the development of our people pledges.
- Develop the high-level actions against each priority.
- Check alignment with CTM 2030 Building Healthier Communities Together and Clinical Services Plan.
- Engage with key stakeholders and reference groups on the plan.

Recommendation:

The Board or Committee are asked to:

- Example:*
The Committee are asked to:
- *Note the progress made and*
 - *Support the next steps to completion including the opportunities to engage widely across the Health Board*



Agenda Item

6.2

People & Culture Committee

EMPLOYMENT RELATIONS UPDATE

Dyddiad y Cyfarfod / Date of Meeting	07/02/2024
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	
ER	Employee Relations
ET	Employment Tribunal
HCPC	Health Care professional Council
NMC	Nursing and Midwifery Council
GMC	General Medical Council

1. Situation /Background

- 1.1 Employee relations (ER) is about how the employer engages with its workforce, to foster good workplace relations, which enhances the psychological contract between them. The term psychological contract refers to a staff member's expectations, beliefs, ambitions and obligations, as perceived by them and their employer.
- 1.2 To develop and maintain good ER in the workplace, the employer and staff members, including trade union colleagues must engage constructively with each other, to resolve such matters. The management of the engagement is via the range of People Policies and Procedures.
- 1.3 These People policies and procedures are developed to: -
- inform staff of their responsibilities and the organisation's expectations;
 - provide guidance to managers and staff on how a range of people issues will be managed by the organisation;
 - provide structure, control, consistence, fairness and reasonableness of approach and action, within the workplace; and
 - comply with employment legislation.
- 1.4 Where a staff member fails to meet their workplace role and/or responsibilities or is involved in an act or display of conduct etc. that is outside of the organisation's expectations, this may result in the matter being addressed and managed in accordance with the appropriate formal People Policy and Procedure.
- 1.5 An ER case is an employment related issue, managed in accordance with an appropriate People Policy and Procedure.
- 1.6 It is considered best practice for organisations to record and monitor ER activity as it provides a mechanism to review and examine current processes, to learn lessons and continually improve efficiency in the organisation's ER caseload. For example, quicker completion times, reduced associated costs (suspensions / exclusions, sickness absence, reduced Employment Tribunal Claims etc.).

2. Specific Matters for Consideration


- 2.1 This report provides a formal update in respect of ongoing ER cases and trends within the Health Board. The activity figures relate to quarter 3 (1 October 2023 – 31 December 2023) and makes reference to quarters 1 and 2 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 3


3.1 Upholding Professional Standards Wales Cases and Hearings

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

At the end of quarter 3 there was a decrease in the number of UPSW cases. The current case is at the formal investigation stage of the process.

Legal and Risk Services will be running Upholding Professional Standard Policy training for new CTM People function staff and medical and dental managers during February 2024.


3.2 Fast Track Disciplinary Hearings

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23
7	1	10	14 

Quarter 3 saw another significant increase in the number of fast track disciplinary cases, rising from 10 to 14 during this period. This data indicates a continued upward trend in disciplinary activity, albeit in respect of minor misconduct cases which will either result in a verbal or first written warning being issued.




3.3 Formal Disciplinary Cases and Hearings

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23
21	9	14	11 

At the end of quarter 3 the number of formal disciplinary cases and hearings had reduced to 11. Four of these cases were at the investigation stage, four investigations had been completed with the Investigating Officers currently writing up their reports and 2 reports had been handed over to the Disciplining Officer. It is confirmed that 1 staff member under investigation resigned and has since left the employment of the Health Board.


The People Services Team is currently arranging to put on a Disciplinary Investigation Officer training session in March 2024, to increase the Health Board's pool of trained Investigating Officers. This relies on managers and staff coming forward to volunteer to train to undertake this role. Additional Investigating Officers will help to speed up the disciplinary investigation process. As these are transferable skills, it will also assist managers to undertake effective investigations in accordance with the All Wales Respect and Resolution Policy.

3.4 Staff Suspensions and Exclusions from Work

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

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

3.5 Formal Respect and Resolution Cases and Meetings


No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23
5	10	14	23 



At the end of quarter 3 the Health Board had 23 live cases which included a number of case which were not concluded in quarter 2, due to ongoing investigations which need to be completed before the process could conclude. During early January 2024, 8 of the 23 live cases were concluded, leaving 15 live cases at the beginning of quarter 4.

Due to the increase in the number of respect and resolution cases in quarter 1 and 2, the People Services Team ran a training session for managers in January 2024, with a further session being held in February 2004. This training will encourage managers to proactively discuss and explore the informal approaches with staff, to avoid formal meetings and investigations.


3.6 Police and Safeguarding Cases

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

The Health Board continues to see an increase in the number of police and safeguarding cases being brought to our attention. Noting of the 14 cases, there were only 5 new cases, with the others ongoing from quarter 2.


Such cases often require the Health Board to undertake our own concurrent internal investigation or to investigate after any legal proceedings end.

3.7 Counter Fraud Cases

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

The Health Board had one new counter fraud case in quarter 3.

3.8 Employment Tribunal Cases

No. End Quarter 4 31/3/23	No. End Quarter 1 30/06/23	No. End Quarter 2 30/09/23	No. End Quarter 3 31/12/23
3	5	4	6 

The Health Board continues to experience a small increase in the number of Employment Tribunal (ET) claims. This is in keeping with national trends with the Government reporting Employment Tribunal claim levels being at

their highest since 2013. Noting only those cases which are being progress to an ET hearing are recorded in this data. Those cases which are lodged and subsequently withdrawn by the claimant are not included in the above figures.

Two of the above cases are at the response stage, while the other 4 are either at the preliminary or final hearing stage of the process.

3.9 Professional Registration Fitness to Practice Referrals











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

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

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

Set out below is the referral activity to professional bodies and case management during quarter 3 with comparison data for quarters 1 and 2.

General Medical Council (GMC)

No. of Active / Closed Cases	No. End of Quarter 1 30/06/23	No. End of Quarter 2 30/09/23	No. End of Quarter 3 31/12/23
No. of Active Cases	3	5 	4 
No. Current Staff	0	5 	3 
No. Ex-Staff	2	2 	1 
No. Agency Workers	1	0 	0 
Cases Closed	0	2 	4 

Employment Relations
Update

Page 6 of 10

People & Culture
Committee
07/02/2024



Closed Case Outcomes	Reported last quarter	Reported last quarter	1 closed license withdrawn 3 closed – no action

Health and Care Professions Council (HCPC)

No. of Active / Closed Cases	No. End of Quarter 1 30/06/23	No. End of Quarter 2 30/09/23	No. End of Quarter 3 31/12/23
No. of Active Cases	1	1	2
No. Current Staff	0	0	1
No. Ex-Staff	1	1	1
No. Agency Workers	0	0	0
Cases Closed	3	3	0
Closed Case Outcomes	Reported last quarter	Reported last quarter	N/A

Nursing and Midwifery Council (NMC)

No. of Active / Closed Cases	No. End of Quarter 1 30/06/23	No. End of Quarter 2 30/09/23	No. End of Quarter 3 31/12/23
No. of Active Cases	15	31 This includes referrals that are open for CTM that we have referred from nurse bank and agencies where we were the	34 This includes referrals that are open for CTM that we have referred from nurse bank and agencies where we were the



		referring Health Board	referring Health Board
No. Current Staff	9	16	18
No. Ex-Staff	1	7	16
No. Bank / Agency Workers	5	8	9
Cases Closed since October 2022	5	9	4
Closed Case Outcomes	Reported last quarter	Reported last quarter	3 closed at screening 1 No further action

3.10 Summary

The following is a summary of all ER activity at the end of quarter 3:

- The number of formal Disciplinary and Upholding Professional Standard cases has decreased.
- There has been a significant increase in the number of Disciplinary Fast Track, Respect and Resolution, Police and Safeguarding cases. However these figures are comparable with the 2022/2023 data.
- The number of ER cases across the Health Board remains relatively low in a workforce of over 12,500 staff.
- There is an upward trend in the number of NMC Professional Registration Fitness to Practice Referrals, while there is a downward trend in GMC referrals. Activity in HCPC referrals has remained almost static this quarter.

3.11 Actions to reduce ER Activity

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

- Upholding Professional Standards in Wales Policy will be provided to new People Services Team staff and medical managers during February 2024.
- Two Respect and Resolution Training sessions will be provided by the People Services Team in quarter 4. The sessions are being offered to all CTM Managers and new People Service Team staff.
- An Investigating Officer training session will be run by the People Services Team in March 2024. Managers and staff will be invited to volunteer to become trained Investigating Officers. The People Services Team is seeking to recruit and train between 8 and 12 new Investigating Officers.



4. Key Risks / Matters for Escalation

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

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below: Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:
Impact Assessment	
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <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? /</i> Equality <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: Not required
Cyfreithiol / Legal	Yes (Include further detail below)	
	Potential for Employment Tribunal cases if not managed appropriately.	
Enw da / Reputational	Yes (Include further detail below)	
	Potential for reputational damage if these cases are not managed in a timely and appropriate manner.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Management and People Services Team resources and time to effectively manage these cases.	

6. Recommendation

- 6.1 The People and Culture Committee is asked to **NOTE** the current areas of activity where they are either an increase or decrease in ER activity across the Health Board.
- 6.2 The People and Culture Committee is asked to **NOTE** the training sessions being offered by the People Function to provide managers with the appropriate knowledge and skills to effectively manage ER cases to an appropriate and timely conclusion.
- 6.3 The People and Culture Committee is asked to **NOTE** the professional fitness to practice referral activity across the Health Board and the progress being made to manage new and close old cases.

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
Committee Referral from Quality & Safety Committee January 24	Additional Item	Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation training across the organisation.	Deputy Director of Nursing, Midwifery & Patient Care	7 February 2024
Deferred from November 23 meeting	Deferred Item	People's Priorities	Deputy Director of People	7 February 2024
Agreed at Agenda Planning Meeting October 23	Additional Item	Equality Diversity & Inclusion - To receive a report in the medium of Welsh Language with simultaneous translation.	Assistant Director of OD and Wellbeing/Welsh Language Officer	7 February 2024
Annual Cycle of Business 2023-24	Annual Item	Committee Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	7 February 2024
Annual Cycle of Business 2023-24	Six monthly report	Disclosure and Barring Service Checks	Assistant Director of Governance, Policy & Risk	7 February 2024
Deferred from February 24 Meeting	Additional Item	Revalidating Quality Review Report	Medical Director	15 April 2024
Deferred from February 24 meeting	Deferred Item	Policies for Approval: <ul style="list-style-type: none"> • Retirement Policy • Fixed Term Contract Policy • Personal Relationships at Work Policy • Disclosure & Barring Policy 	Assistant Director of Governance, Policy & Risk	15 April 2024

Annual Cycle of Business 2024-25	Annual Item	Welsh Language Annual Report 2023-24	Assistant Director of OD & Wellbeing	15 April 2024
Request received via email	Annual Item	Strategic Equality Plan	Assistant Director of OD and Wellbeing	15 April 2024
Request received via email	Annual Item	Annual Equality Plan	Assistant Director of OD and Wellbeing	15 April 2024
Request received via email	Annual Item	Gender Pay Gap Report	Assistant Director of OD and Wellbeing	15 April 2024
Annual Cycle of Business 2024-25	Annual Item	Staff Survey Results	Assistant Director of OD & Wellbeing	15 April 2024
Deferred from February 2024 meeting	As required report	Disclosure and Barring Service Checks	Assistant Director of Governance, Policy and Risk	15 April 2024
Deferred from February 2024 meeting	Additional item	Peoples Priorities	Deputy Director for People	15 April 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	7 August 2024
Annual Cycle of Business 2024-25	Annual Item	Review of the Committee Terms of Reference	Director of Governance/Board Secretary	7 August 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	6 November 2024

Completed Activity from the Forward Work Programme

Agreed at Agenda Planning meeting October 23	Additional Item	Speaking Up Safely Progress Report (to include Speaking Up Safely Self-Assessment Against Section 6 Submission to Welsh Government)	Director of Governance/Board Secretary	8 November 2023 - Completed
Follow up from August 2023 Meeting	Additional Annual Item	Amendment to the Standing Orders – Revised Terms of Reference	Director of Governance/Board Secretary	8 November 2023 - Completed
Agreed following Agenda Planning Meeting October 23	Additional Item	Domestic Abuse Policy	Assistant Director of Policy, Governance & Risk	8 November 2023 - Completed
Requested via Email following IM Catch Up	Additional Item	Listening and Learning Story – Staff Experience – HCSW Maternity	Head of Midwifery/Healthcare Support Worker	8 November 2023
Follow Up from August 2023 meeting	Additional (Annual) Item	Outcome of the Committee Self-Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	8 November 2023
Requested at agenda planning for May 23 meeting now deferred to August 2023	Deferred Item	Staff Recognition Programme	Senior Communications Advisor	9 August 2023 – Completed
Requested via Email following IM Catch Up	Additional Item	Listening and Learning Story – Pharmacy - Collective Leadership	Chief Pharmacist	9 August 2023 – Completed

Requested at agenda planning for February 23 meeting.	Additional item	Overview and Ambitions for the Strategic Equality Plan – Deep Dive	Assistant Director of OD and Wellbeing	10 May 2023 - Completed
Deferred from November 2022 meeting.	Additional Item	Employee Wellbeing Policy	Assistant Director of Policy, Governance & Compliance	8 February 2023 - Completed
Requested at agenda planning for November meeting to add to forward plan	Additional item	Equality Annual Report	Assistant Director of Policy, Governance & Compliance	8 February 2023 - Completed
Requested at agenda planning for November meeting to add to forward plan	Additional item	Gender Equality Report	Assistant Director of Policy, Governance & Compliance	8 February 2023 - Completed
Requested at agenda planning for November meeting to add to forward plan	Additional Item	Outcome of the Staff Wellbeing Survey	Assistant Director of OD and Wellbeing	8 February 2023 - Completed
Requested at agenda planning for November meeting to	Additional Item	PCH: Progress on Cultural Transformation & Improvement Work	Deputy Director of Nursing, Midwifery & Patient Care	8 February 2023 - Completed

add to forward plan				
Requested at agenda planning for November meeting to add to forward plan	Additional item	Maternity & Neonates: Progress on Cultural Transformation & Improvement Work	To be confirmed	8 February 2023 – Completed
Requested at agenda planning for February 23 meeting.	Additional Item	Overview and Ambitions for the Strategic Equality Plan	Assistant Director of OD and Wellbeing	8 February 2023 – Completed
Requested at agenda planning for November 22 meeting	Additional Item	Ratification of Chairs Action – Nursing & Midwifery Rostering Policy	Assistant Director of Policy, Compliance & Governance	9 November 2022 - Completed
Requested at agenda planning for November 22 meeting	Additional Item	Industrial Injury Policy	Assistant Director of Policy, Compliance & Governance	9 November 2022 - Completed
Requested via email	Additional Item	Alternative Pension Payment Contributions for Medical and Dental Staff	Assistant Director of Policy, Compliance & Governance	9 November 2022 - Completed
Action arising from August 22 meeting	Additional Item	Outcome of Committee Self Effectiveness Survey	Director of Corporate Governance	9 November 2022 - Completed
Requested at agenda planning for November 22 meeting	Additional item	Pathology: Cultural transformation & Improvement Work	Clinical Service Group Manager, pathology	9 November 2022 - Completed

Requested at agenda planning for November 22 meeting	Additional Item	Maternity & Neonates; Cultural Transformation & Improvement Work	Care Group Nurse Director	9 November 2022 - Completed
Requested at agenda planning for November 22 meeting	Additional Item	Nursing Workforce Update	Deputy Director for People	9 November 2022 - Completed
Requested at agenda planning for August 22 meeting deferred to November 22	Deferred item	Medical Staffing Value & Efficiency Progress Report	Medical Director	9 November 2022 - Completed