

# People and Culture Committee

Tue 11 July 2023, 09:00 - 12:00

## Agenda

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**09:00 - 09:10    1. Standing Items**

10 min

*Sara Moseley*

**1.1. Welcome & Introductions**

**1.2. Apologies for Absence**

**1.3. Declarations of Interest**

**1.4. Minutes from the previous meeting – 16 May 2023**

 1.4 Draft Public People & Culture Minutes MD SM.pdf (10 pages)

**1.5. Action Log following the previous meeting – 16 May 2023**

 1.5 Draft P+C Public Action Log - MayMD.pdf (2 pages)

**1.6. Chair’s Actions**

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**09:10 - 10:35    2. Items for Review & Assurance**

85 min

**2.1. My Hearing Loss Story (10 Minutes)**

*Rachel Gidman/Daisy Dickinson*

**2.2. Board Assurance Framework Report (10 Minutes)**

*James Quance*

 2.2 BAF Covering Report.pdf (3 pages)

 2.2a Board Assurance Framework.pdf (21 pages)

**2.3. Focus on Census 2021 for Workforce Planning Presentation (15 Minutes)**

*Rachel Gidman/ Clem Price/Lianne Morse*

 2.3 Focus on Census 2021 Presentation.pdf (37 pages)

**2.4. Key Workforce Performance Indicators (10 Minutes)**

*Rachel Gidman*


Including Long term sickness and COVID data

 2.4 Key Workforce Performance Indicators.pdf (6 pages)

**2.5. Value Based Appraisal Update Report (10 Minutes)**

*Rachel Gidman/Claire Whiles*

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 2.5 Values Based Appraisal Update.pdf (24 pages)

## 2.6. Cost of Living Impact Presentation (10 Minutes)


*Rachel Gidman/Daniel Crossland*

 2.6 Cost of Living Impact Slides.pdf (4 pages)

## 2.7. Health and Safety Update (10 Minutes)

*Rachel Gidman/Robert Warren*

Including Health and Safety Risks

 2.7 H&S Risks.pdf (2 pages)


## 2.8. BREAK (10 Minutes)

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### 10:35 - 10:50 3. Items for Approval / Ratification 15 min

#### 3.1. People and Culture Committee Terms of Reference and Work Plan 2022/23 (10 Minutes)

*James Quance*

 3.1 Workforce & Culture Committee – Draft Terms of Reference Cover Paper July 2023.pdf (3 pages)

 3.1a Draft Terms of Reference P+C July 2023.pdf (7 pages)

 3.1b Draft P&C Committee Work Plan 2023.24 July 2023.pdf (1 pages)

#### 3.2. Gender Pay Gap Report 2022 (5 Minutes)

*Rachel Gidman/Mitchell Jones*

 3.2 Gender Pay Gap Report 2022 Cover Paper - July 2023 (001).pdf (3 pages)

 3.2a Gender Pay Gap Report 2022.pdf (5 pages)

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### 10:50 - 10:55 4. Items for Information & Noting 5 min

#### 4.1. Corporate Risk Register (5 Minutes)

*James Quance*

 4.1 Corporate Risk Register.pdf (3 pages)

 4.1a Detailed Corporate Risk Register - People and Culture Linked Risk May 2023.pdf (2 pages)

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### 10:55 - 10:55 5. Any Other Business 0 min

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### 10:55 - 10:55 6. Private Agenda Items 0 min

**6.1. Suspension/ Exclusion Report (exempt from publication due to the confidential nature of the report)**

**6.2. Fire Prosecution Update – Verbal (exempt from publication due to confidential nature of legal case)**

Mohamed Saad  
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10:55 - 10:55  
0 min

## 7. Review & Final Closure

### 7.1. Items to be deferred to Board/Committees

*Sara Moseley*

### 7.2. Date & time of the next meeting

Tuesday 12 September 2023 at 9am via MS Teams

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10:55 - 10:55  
0 min

## 8. Declaration

"To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]"

Mohamed Sarah  
05/07/2023 14:13:22

**Draft Minutes of the People and Culture Committee  
Held On 16 May 2023  
Via MS Teams**

<b>Chair:</b>		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
<b>Present:</b>		
Akmal Hanuk	AH	Independent Member for Community
Ceri Phillips	CP	Vice Chair of the UHB
Rhian Thomas	RT	Independent Member for Capital & Estates
Mike Jones	MJ	Independent Member for Trade Union
Susan Elsmore	SE	Independent Member for Local Authority
<b>In Attendance:</b>		
Rachel Gidman	RG	Executive Director of People & Culture
James Quance	JQ	Interim Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital and Health Intelligence
Mitchell Jones	MJ	Head of Equity and Inclusion
Adam Wright	AW	Head of Service Planning
Richard Skone	RS	Deputy Executive Medical Director
Emma Cooke	EC	Deputy Director of Therapies & Health Science
Rebecca Aylward	RA	Deputy Executive Nurse Director
Robert Warren	RW	Head of Health and Safety
<b>Observers:</b>		
<b>Secretariat</b>		
Sarah Mohamed	SM	Corporate Governance Officer
<b>Apologies:</b>		
Paul Bostock	PB	Chief Operating Officer
Fiona Jenkins	FJ	Executive Director of Therapies

Item No	Agenda Item	Action
<b>P&amp;C 16/05/001</b>	<p><b>Welcome &amp; Introductions to include:</b></p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p> <p><u>Workforce Context</u></p> <p>The Executive Director of People and Culture presented the Workforce Context Paper and highlighted the following:</p> <ul style="list-style-type: none"> <li>Workforce had never been a higher priority for the health and social care system. A high-quality, skilled, compassionate, educated workforce had to be the key focus.</li> <li>The newly formed People and Culture Committee would help to strengthen that focus and monitor, deliver and provide assurance to the Board.</li> </ul>	

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	a) The terms of reference of the Committee, and its role in the workforce context described in this report, were considered.	
<b>P&amp;C</b> <b>16/05/002</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.	
<b>P&amp;C</b> <b>16/05/003</b>	<b>Declarations of Interest</b>  No Declarations of Interest were noted.	
<b>P&amp;C</b> <b>16/05/004</b>	<b>Chair's Action</b>  There were no Chair's Action.	
	<b>Item for Approval</b>	
<b>P&amp;C</b> <b>16/05/005</b>	<p><b>Committee Terms of Reference 2023/24 and Committee Work Plan 2023/34</b></p> <p>The Interim Director of Corporate Governance (IDCG) presented the Committee Terms of Reference 2023/24 and Committee Work Plan 2023/34 and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The discussion emphasised that the Committee's remit was a very important, but also very broad area. That could be a challenge for the workplan.</li> <li>• There have been discussions between the senior leaders about the terms of reference to address key risks and to focus on workforce and planning.</li> <li>• The IDCG had also looked at similar Committees at other Health Boards.</li> </ul> <p>The Executive Director of Public Health (EDPH) requested that the Equity Equality Safety Framework, which was being developed, should be added to the workplan. It was scheduled to go to the Strategic Leadership Board in June and then to a Board Development Session. The Committee would be the best place to "own it" because of the clear overlap with equality.</p> <p>The EDPH also added that the links for statutory requirement should also include the Socio-Economic Duty. The EDPH also added that it was previously agreed that she would be on the Committee, although she was not noted as an attendee in the Terms of Reference.</p> <p>The Director of Digital and Health Intelligence (DDHI) advised that the challenges within digital and data should be reflected in the Terms of Reference. He was also asked to be a member of the Committee but was not listed in the draft Terms of Reference.</p> <p>The EDPC responded that the Equity Equality Safety Framework was complex and would be better suited to the Quality, Experience</p>	

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	<p>and Safety Committee. The EDPG added that they would need to be strict about the Workforce Programme because everything linked in with people.</p> <p>The Independent Member for Community (IMC) advised that whistleblowing was important and should be added to the Terms of Reference.</p> <p>The Deputy Executive Medical Director (DEMD) stated that culture could also be looked at from the quality, safety and clinical incidents aspect. When the culture was good, patient safety was also better.</p> <p>The DEMD added that they could request recurrent or significant themes from the Quality, Experience and Safety Committee rather than reviewing all incidents that may have a 'people aspect'.</p> <p>The IDCG advised that there were seven points in the "Culture and Values" section and the specifics discussed would translate into particular items in the workplan, rather than the Terms of Reference themselves.</p> <p>The IDCG added that he was looking to understand whether the Terms of Reference were broadly fit for purpose.</p> <p>The EDPG responded that they would need to include a point about Organisational Development (OD).</p> <p>It was agreed that the Terms of Reference would be brought to the next meeting before approved.</p> <p><b>The Committee resolved to:</b></p> <ol style="list-style-type: none"> <li>The Terms of Reference and work plan 2023/24 for the P&amp;C Committee were reviewed.</li> <li>The Terms of Reference and work plan 2023/24 for the P&amp;C Committee would be reviewed again, before recommending the Committee's Terms of Reference to the Board for approval.</li> </ol>	<b>IDCG</b>
	<b>Items for Review &amp; Assurance</b>	
<p><b>P&amp;C</b> <b>16/05/006</b></p> <p>Mohamed Sarah 05/07/2023 14:13:22</p>	<p><b>Key Workforce Performance Indicators</b></p> <p>The Deputy Director of People &amp; Culture (DDPC) presented the Key Workforce Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> <li>The Key Workforce Performance Indicators (KPIs) were starting to show an improvement in the workforce position.</li> <li>The KPIs had been worsening since the start of the pandemic. They were now moving back to pre-pandemic levels.</li> </ul>	

<p>Mohamed Sarah 05/07/2023 14:13:23</p>	<ul style="list-style-type: none"> <li>• Operational pressures were still challenging.</li> <li>• The turnover rates had reduced month on month since November last year. The data had improved from April onwards. The aim was to get back to a 10% turnover rate in the next 12 months.</li> <li>• The People and Culture teams were working closely with Clinical Boards and were discussing areas that were challenging to manage.</li> <li>• Statutory and mandatory training had also improved. The April position had shown that the Health Board was up to 79% which was better than pre-pandemic levels.</li> <li>• The Value-Based Appraisals (VBA) had met the target set by the Executive team of 60%. The next step would be to reach 85% by the end of June.</li> </ul> <p>The IMLA queried what feedback had been received from managers regarding the VBA process and how well was it received by staff.</p> <p>The DDPC responded they had moved away from compliance and the VBA process was more about having meaningful conversations. Her team had received feedback that the paperwork was lengthy and therefore the People and Culture team had streamlined it and had put extra guidance in place. There were also feedback from managers regarding the lack of capacity to sit down and complete the VBA.</p> <p>The IMTU stated that it was pleasing to see that the sickness figures had gone down. He queried the total number of staff on long term sickness and what difficulties were being experienced in getting those staff back into the workplace.</p> <p>The DDPC responded that she did not have this data to hand and she would provide it at the next meeting.</p> <p>The DDPC added that the most important point was to support staff on long term sickness and help them make the right decision for them. Overall, the People and Culture team took a compassionate approach. Occupational health reviews were sometimes difficult to complete. There had been investment for Counsellors recently and that had really helped.</p> <p>The IMCE stated that the exit questionnaire rate was very low and queried if there was a way to make exit questionnaires mandatory. She also queried the reasons why 42% felt there was a lack of career progression.</p> <p>The DDPC responded that the People and Culture team was looking at why current systems were not working and how to promote the need for staff to complete the exit questionnaires. The DDPC added that in terms of lack progression, it was seen in Band 5 nurses who often felt that they did not have Band 6 opportunities.</p>	<p><b>DDPC</b></p> <p><b>DDPC</b></p>
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	<p>The EDPC responded that the exit questionnaires were not working. Her team had also begun to do starter questionnaires and had written to the Children and Women's Clinical Board and Emergency Unit. There were common themes about career progression. The team was currently looking at personas and career pathways.</p> <p>The Deputy Executive Nurse Director (DEND) advised that career progression to allow staff to move from Band 5 to Band 6 was very important. The ongoing development of Band 4 staff would give the opportunity to resize Band 5 and Band 6 jobs in Ward establishments.</p> <p>The DEND added that it was great to see the improvement in trajectories. There was a lot of hope present in the teams. International Nurses' Day and Midwife's Day had shown that team spirit had been significant. It was noted that 228 students opted to work for the Health Board which was the highest number for a long time.</p> <p>The DEMD stated that exit questionnaires did not give much feedback because staff were worried that it may affect future appointments.</p> <p>The Deputy Director of Therapies &amp; Health Science (DDTHS) suggested a text reminder for the questionnaires would be useful.</p> <p><b>The Committee resolved that:</b></p> <p>a) The contents of the report were noted and discussed.</p>	
<p><b>P&amp;C</b> <b>16/05/007</b></p> <p>Mohamed Sarah 05/07/2023 14:13:22</p>	<p><b>Health &amp; Safety Chairs Report</b></p> <p>The Head of Health and Safety (HHS) presented the Health &amp; Safety Chairs Report.</p> <p>The EDPC advised that the people safety element needed to be discussed at the Committee.</p> <p>The CC responded that the Health and Safety team would need to draw out the most important health and safety areas.</p> <p>The IDCG responded that it could form part of the risk discussion later in the meeting.</p> <p>It was agreed that there should be an action to consider how to highlight risks which related to people.</p> <p><b>The Committee resolved to:</b></p> <p>a) The contents of this Report were noted.</p>	<p><b>EDPC</b></p>

<b>P&amp;C</b> <b>16/05/008</b>	<b>Board Assurance Framework</b>	
	<p>The IDCG presented the Board Assurance Framework and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There were three risks that would be looked at in more detail in the Committee.</li> <li>• The Committee should be given enough time to look at each of the risks in future deep dives.</li> </ul> <p>The CC queried the pausing of international recruitment and industrial action.</p> <p>The EDPC responded that the Health Board had proposed that it would go out for a second cohort of the internationally educated nurses. That would have cost £2.5m. Following discussions, it was decided to remodel that to include an Assistant Practitioners role at a Band 4. There would be hotspots where the Health Board might need to recruit internationally.</p> <p>The DEND added that this was important because it gave a progression route for the Healthcare Support Workers too. The hope from the Nurse teams also came from the fact that they could see the Health Board were investing and looking at other models of care.</p> <p>The DDPC advised that there had been a meeting between Welsh Government and the Trade Unions in May 2023. Unison had accepted the pay deal, which was pleasing because it was one of the biggest unions for Cardiff and Vale. RCN had rejected the pay offer. There were three possible dates for upcoming strikes which included two dates in June and one in July. The RCN strike was the biggest concern for the Health Board.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The attached risks in relation to Workforce, Sustainable Culture Change and Staff Wellbeing were reviewed.</li> <li>b) The approach to reporting of BAF risks to the Committee on a rolling basis as proposed were agreed.</li> </ul>	
	<b>Items for Approval / Ratification</b>	
<b>P&amp;C</b> <b>16/05/009</b> <div style="transform: rotate(-45deg); font-size: small; margin-top: 10px;"> Mohamed Sarah  05/07/2023 14:13:22 </div>	<b>Clinical Consultation Plan – Welsh Language</b> <p>The Head of Equity and Inclusion (HEI) presented the Clinical Consultation Plan – Welsh Language and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Clinical Consultation Plan looked at how to improve the offer of Welsh Language services in clinical consultations.</li> <li>• As part of the Welsh Language Standards, the Health Board was required to promote and facilitate the use of the Welsh</li> </ul>	

	<p>language, particularly in public services, ensuring that Welsh was treated no less favourably than English.</p> <ul style="list-style-type: none"> <li>• The Welsh language was important in Wales because it allowed patients to communicate in their first language.</li> <li>• There were 94,200 Welsh speakers in Cardiff and 30,000 Welsh speakers in the Vale.</li> <li>• The Plan would go to Senior Leadership Board on Thursday and then to Board at the end of May.</li> </ul> <p>The CC stated that it would be valuable to understand the areas to focus on recruitment for the Welsh language.</p> <p>The EDPC advised that metrics should be added around what was the baseline and ambition.</p> <p>The IMCE expressed concern that there may not be sufficient resources and support to enact the Plan fully. She requested that the item be put on the Board agenda for discussion.</p> <p>The IMCE also added that 1/5 of the population were Welsh speakers. As the Children and Young People Champion for the Board, she would welcome the opportunity to support children and young people with regards to the promotion of the Welsh language.</p> <p><b>The Committee resolved to:</b></p> <p>a) Recommend that the Board approved the Clinical Consultation Plan – Welsh Language 2023-2028.</p>	<b>EDPC</b>
<p><b>P&amp;C</b> <b>16/05/010</b></p> <p style="transform: rotate(-45deg); transform-origin: left bottom;">Mohamed, Sarah 05/07/2023 14:13:22</p>	<p><b>Anti-racist Action Plan</b></p> <p>The HEI presented the Anti-racist Action Plan and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Anti-racist Wales Action Plan was published in June 2022 outlining the vision to create an Anti-racist Wales by 2030.</li> <li>• Included in the plan were specific actions for 'Health' which were set out under five headings: <ul style="list-style-type: none"> <li>– Goal 1: Leadership &amp; Accountability</li> <li>– Goal 2: Workforce</li> <li>– Goal 3: Data</li> <li>– Goal 4: Access to Services</li> <li>– Goal 5: Tackling Health Inequalities</li> </ul> </li> <li>• As an action, the Health Board was required to develop an organisational Anti-Racist Action Plan.</li> <li>• The Health Board's Action Plan would align closely with the all Wales version and would set out how the Health Board would build an anti-racist organisation.</li> <li>• In line with advice from experts in race equality, including Professor Uzo Iwobi and Race Equality First, the Health</li> </ul>	

	<p>Board had co-designed a draft version of its action plan (Appendix 1) alongside colleagues from the One Voice Staff Network and Trade Union partners.</p> <ul style="list-style-type: none"> <li>The Equity &amp; Inclusion Senior Manager and Assistant Director of OD, Wellbeing and Culture had presented the approach to the Welsh Government's steering group which was responsible for the delivery of health actions under the Anti-racist Wales Action Plan. That steering group had been pleased with Health Board's proactive approach.</li> </ul> <p>The CC queried how the staff forums contribution to the Anti-racist Action Plan could be recognised. It would also be useful to hear from them.</p> <p>The HEI responded that the staff forum group had been integral to developing the Plan. The recognition for their time and resources was built into the Plan. Access to senior leaders within the Health Board had also been encouraged.</p> <p>The DEND advised that it was important to listen to staff. She had recently completed a course on anti-racism. There were a huge number of staff who required coaching around experiences of racism and who were not brave enough to have their stories heard. There was a lot of work to do and it required taking the time to listen to them.</p> <p><b>The Committee resolved to:</b></p> <ul style="list-style-type: none"> <li>a) Recommended the Cardiff and Vale UHB Anti-racist action plan to the Board for approval.</li> </ul>	
	<b>Items for Information &amp; Noting</b>	
<b>P&amp;C 16/05/011</b>	<p><b>Corporate Risk Register</b></p> <p>The Corporate Risk Register was presented.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which was progressing with Clinical Boards and Corporate Directorates, were noted.</li> </ul>	
	<b>Any Other Business</b>	
	<b>Private Agenda Items</b>	
<b>P&amp;C 16/05/012</b>	<ul style="list-style-type: none"> <li>i) <i>Suspension/ Exclusion Report (exempt from publication due to the confidential nature of the report)</i></li> <li>ii) <i>Fire Prosecution Update – Verbal (except from publication due to confidential nature of legal case)</i></li> </ul>	

	<b>Review &amp; Final Closure</b>	
<b>P&amp;C</b> <b>16/05/013</b>	Items to be deferred to Board/Committees	
	<b>Date &amp; time of the next meeting:</b>  Tuesday 11 July 2023 at 9am via MS Teams	

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Public Action Log  
Following People and Culture Committee Meeting  
16 May 2023  
(For the Meeting 11 July 2023)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
<b>Completed Actions</b>					
<b>Actions in Progress</b>					
<b>P&amp;C 16/05/001</b>	ONS Data	To bring the ONS data in Wales.	Rachel Gidman	July 2023	Update in July 2023  - Agenda item 2.3
<b>P&amp;C 16/05/001</b>	Workforce planning	Paper detailing workforce planning covering the national aspect.	Rachel Gidman	July 2023	Update in July 2023  - Agenda item 2.3
<b>P&amp;C 16/05/005</b>	Terms of Reference	To be brought back to the Committee.	James Quance	July 2023	Update in July 2023  - Agenda item 3.1
<b>P&amp;C 16/05/006</b>	Staff on long term sickness	To bring back the figures for staff on long term sickness.	Lianne Morse	July 2023	Update in July 2023  - Agenda item 2.4
<b>P&amp;C 16/05/007</b>	Health and Safety	Consider the health and safety risks which related to people.	Rachel Gidman	July 2023	Update in July 2023  - Agenda item 2.7
<b>Actions referred from Board / Committees</b>					
<b>UHB 23/03/013</b>	Gender Pay Gap Report	The Gender Pay Gap is to be considered at the new People and Culture Committee	Rachel Gidman	July 2023	Update in July 2023  - Agenda item 3.2

<b>SLB</b> <b>2023/02/02/012</b>	Cost of Living Impact Assessment	To be presented to People and Culture Committee	Rachel Gidman	July 2023	Update in July 2023 - Agenda item 2.6
<b>Actions referred to Board/Committees</b>					
<b>P&amp;C 16/05/009</b>	Clinical Consultation Plan – Welsh Language	To discuss how the Plan could be fully resourced to ensure support and enactment of the Plan	Rachel Gidman	July 2023	Update to Board in July 2023

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Report Title:	Board Assurance Framework – People & Culture			Agenda Item no.	2.2
Meeting:	People & Culture Committee	Public	x	Meeting Date:	11 <sup>th</sup> July 2023
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				
Main Report					
Background and current situation:					
<p>The Board Assurance Framework (BAF) contains three risks 9. Workforce, 10. Sustainable Culture Change and 11. Staff Wellbeing which fall within the remit of the People &amp; Culture Committee.</p> <p>These risks within the full BAF were last reported to the Board at the end of May 2023 and confirmed to be the risks to our Strategic Objectives. The BAF is in the process of being updated in preparation for the meeting at the end of July.</p> <p>The purpose of discussion at the People &amp; Culture Committee is to provide further assurance to the Board that this risk is being appropriately managed or mitigated, that controls where identified are working and that there are appropriate assurances on the controls. Where there are gaps in either controls or assurances there should be actions in place.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The Board Assurance Framework is presented to each meeting of the Board after discussion with the relevant Executive Director. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.</p> <p>The attached People &amp; Culture risks are key risks to the achievement of the organisation's Strategic Objectives.</p> <p>Due to the wide-ranging nature of each of the risks, it is proposed that one risk is reported to each meeting of the Committee on a rolling basis in order to ensure that it is discussed in sufficient detail. However, for completeness, and as a baseline for the Committee to consider this approach, all three risks are presented to this first meeting of the Committee.</p>					
Recommendation:					
<p>The People &amp; Culture Committee is asked to:</p> <p>(a) Review the attached risks in relation to Workforce, Sustainable Culture Change and Staff Wellbeing</p> <p>(b) Agree the approach to reporting of BAF risks to the Committee on a rolling basis as proposed.</p>					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
Please tick as relevant					
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x		
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn			
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care			



		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

#### Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	
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#### Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

At the Board Meeting held on 26<sup>th</sup> May 2022 the following nine risks were approved for inclusion on the BAF as the key risks to the Health Board delivering its Strategic Objectives:

1. Workforce
2. Patient Safety
3. Leading Sustainable Culture Change
4. Capital Assets
5. Risk of Delivery of IMTP 2022-2025
6. Staff Wellbeing
7. Exacerbation of Health Inequalities
8. Financial Sustainability
9. Urgent and Emergency Care

Further risks were added to the BAF at the Board Meeting held at the end of November 2022. These are:

10. Cancer
11. Critical Care
12. Digital
13. Maternity
14. Stroke
15. Digital Strategy and Road Map

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	25 May 2023

Mohamed Sarah  
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## 1. Workforce – Executive Director of People and Culture (Rachel Gidman)

Across the UK and in Wales there are increasing workforce challenges for healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services due to the impact of the pandemic, immunisation programme, Winter, Social Care workforce challenges and urgent service recovery plans has led for an increasing need in clinical staff. Our workforce capacity is being stretched thinly in an attempt to cover the number of competing and simultaneous operational requirements that could be with us for some years to come.

The size and complexity of the workforce challenge is such that addressing it will require holistic and sustained action across the system on leadership, culture, workforce planning, pay, education, well-being, retention and transforming ways of working (hybrid and flexible working). (See linkage to BAF: Leading Sustainable Culture Change and Employee Well-being).

<b>Risk</b> <b>Date added: 6.5.2021</b>	There is a risk that the organisation will not be able to attract, recruit and retain people to work in our clinical teams to deliver high quality care for the population of Cardiff and the Vale.
<b>Cause</b>	<ul style="list-style-type: none"> <li>• The pandemic, Winter and the Recovery Plan has placed significant pressure on our workforce, due to increased demand on services. Demand for staff has been significantly higher than the supply which has meant that our existing teams have been placed under extreme pressure since March 2020.</li> <li>• The increased demand across the NHS and Social Care has left a shortage of people with the right skills, abilities and experience in many professions/roles which has created a more competitive market.</li> <li>• National shortages in some professions has made it difficult to attract people with the right skills/experience and in the numbers required, for example: <ul style="list-style-type: none"> <li>- Registered Nurses.</li> <li>- Medical staff in certain specialties (e.g., Adult Psychiatry, General &amp; Acute Medicine, Histopathology, Radiology, GP).</li> </ul> </li> <li>• Turnover remains higher than pre-pandemic levels but since November 22 it has reduced slightly month on month, from 13.66% to 12.87%.</li> <li>• Sickness Absence rates remain high; although the rates appear to be falling to more 'normal' levels. The monthly sickness rate for March 2023 was 5.40% and February 2023 was 6.13%, after an all-time high of 8.56% for December 2023. The cumulative rate has fallen over the past 3 months to 6.90% (marginally lower than for March 2022, which was 6.92%). This figure is derived from the total absence since April.</li> <li>• Significant operational pressures across the whole system since March 2020 has impacted negatively on the health and wellbeing of our staff.</li> <li>• The development of our existing workforce has reduced as a direct result of the pandemic and the significant operational pressures, which is impacting negatively on retention.</li> <li>• Attraction, recruitment and retention is also being affected by the negative image that is portrayed that NHS staff do not receive the right remuneration for the work that they do. Some Trade Unions have been campaigning and taking industrial actions over the last few months.</li> <li>• The pause in recruiting International educated registered nurses could potentially exacerbate the high number of vacancies within the UHB.</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Negative impact on our people and our teams, as a result we are experiencing: <ul style="list-style-type: none"> <li>- High levels of sickness absence and lack of management capacity to support staff</li> </ul> </li> </ul>

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- appropriately;
- High levels of turnover;
  - Low morale and poor staff engagement;
  - Increased reliance on temporary workforce e.g. bank, agency, locums, etc;
  - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning.
  - Lack of capacity to upskill and develop our current workforce.
- Negative impact on quality of care provided to the population.
  - Inability to meet on-going demands of post pandemic, Winter and the Recovery plan.
  - A number of Trade Unions have rejected the WG pay offer and have a mandate to take industrial action up to May 2023.

Impact Score: 5

Likelihood Score: 5

Gross Risk Score:

25 (Extreme)

#### Current Controls

- The first meeting of the People and Culture Committee in May 2023 to provide more scrutiny and assurance to Board.
- People and Culture Plan with robust processes to monitor progress against the key deliverables.
- Heads of People & Culture have been reintroduced into the Clinical Boards to provide additional support with strategic priorities, including delivery of P&C Plan, workforce planning, retention, workforce redesign, sustainability, etc.
- Hotspots are identified using our workforce data, plans are coproduced to support with recruitment, retention, staff wellbeing, etc.
- The People Resourcing team continue to improve the way we attract and recruit, they will ensure that any recruitment needed for the remodelling of clinical areas is achieved in a timely manner.
- The Staff Bank are continuing to focus on increasing the supply of HCSW and RN's on the bank which will support the reduction of agency usage and improve quality. No untoward issues have been escalated since the agency HCSW ban was implemented on 1 April 2023. They are also increasing the variety of roles employed by the bank to avoid Agencies which has included Geneticists, pharmacists, Allied Health professions etc.
- A Retention Toolkit has been developed and a number of bespoke action plans have been initiated in some of the hotspot areas to ensure problems are addressed urgently.
- The People Services Team have embedded its operating model, aligned to Clinical Boards, to provide specialist advice and support aligned to the organisation's priorities, e.g. reducing sickness absence, reducing formal ER cases, effective change management, etc.
- Focussed recruitment campaigns to improve the diversity of our workforce and to positively benefit the local community.
- All Wales International Nurse Recruitment Campaign can still be utilised for very specialised roles that are hard to fill through UK recruitment pipeline.
- Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies.
- Medical International recruitment strategies reinforced with BAPIO OSLER and Gateway Europe.
- Medical Training Initiative (MTI) 2-year placement scheme via Royal Colleges.

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<ul style="list-style-type: none"><li>• Medical Workforce Advisory Group (MWAG) progress and monitor employment matters that directly affect our Medical &amp; Dental staff.</li><li>• Central managed Medical and Dental Staff Bank in place to increase the supply of doctors (using temporary workforce), maintain quality and reduce costs. Fill rate is consistently over 95%.</li><li>• E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually.</li><li>• Health &amp; Wellbeing strategy monitored through the strategic Health &amp; Wellbeing Group.</li><li>• Monthly Executive Performance Reviews with a focus on improving our workforce position are now well established.</li><li>• Baseline Workforce Plans have been developed for each Clinical Board initially concentrating on our Nursing workforce, which is the staff group where we have the biggest gap in supply. Workforce Plans are also being developed for our Medical workforce. The aim is to have workforce plans for all our Clinical/Service Boards for all staff groups within the next 12 months.</li><li>• Modernising the ward skill mix with the introduction of Band 4 Assistant Practitioners will partly address the Registered Nurses vacancies that we have within the UHB. It will enable the RNs to do what only RNs can do by providing them with appropriately trained staff that meet the needs of the patients.</li></ul>			
<b>Current Assurances</b>		<ul style="list-style-type: none"><li>• Robust monitoring of People and Culture Plan KPI’s at Strategy and Delivery Committee (going forward People and Culture Committee) and Board. <sup>(1)</sup></li><li>• Regular monitoring of forecasted RN vacancies to identify whether International recruitment would need to be re-considered by the Board.</li><li>• Qtrly IMTP Updates to WG.</li><li>• Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). <sup>(1)</sup></li></ul>	
Impact Score: 5	Likelihood Score: 4	<b>Net Risk Score:</b>	<b>20 (Extreme)</b>
<b>Gap in Controls</b>		Workforce supply affected by National Shortages.	
<b>Gap in Assurances</b>			
<b>Actions</b>		<b>Lead</b>	<b>By when</b>
Impact Score: 5	Likelihood Score:2	<b>Target Risk Score:</b>	<b>10 High)</b>

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## 2. Leading Sustainable Culture Change – Executive Director of People and Culture (Rachel Gidman)

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

<b>Risk</b>	There is a risk that the cultural change required will not be implemented in a sustainable way		
<b>Cause</b>	<ul style="list-style-type: none"> <li>There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust.</li> <li>Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition, also staff overwhelmed with change and ongoing demands as a result of the pandemic.</li> <li>Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.</li> <li>Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.</li> </ul>		
<b>Impact</b>	<ul style="list-style-type: none"> <li>Staff morale may decrease</li> <li>Increase in absenteeism and/or presenteeism</li> <li>Difficulty in retaining and recruiting staff</li> <li>Potential decrease in staff engagement</li> <li>Increase in formal employee relations cases</li> <li>Transformation of services may not happen due to staff reluctance to drive the change through improvement work.</li> <li>Patient experience ultimately affected.</li> <li>UHB credibility as an employer of choice may decrease</li> <li>Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.</li> </ul>		
<b>Impact Score: 4</b>	<b>Likelihood Score: 4</b>	<b>Gross Risk Score:</b>	<b>16 (Extreme)</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>Values and behaviours Framework in place</li> <li>Cardiff and Vale Transformation story and narrative</li> <li>Leadership Development Programmes, e.g. Acceler8 and CLIMB supporting inclusive, compassionate leadership principles</li> <li>Management Programmes offering a blended approach to learning and including development around change and transformation</li> <li>Talent management and succession planning cascaded through the UHB</li> <li>Values based recruitment / appraisal</li> <li>Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale.</li> <li>Involvement in All Wales NHS Staff Engagement Working Group</li> <li>Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH; development of UHB action plans, e.g. Anti-Racist Action Plan</li> <li>Patient experience score cards</li> </ul>		

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	<ul style="list-style-type: none"><li>• CEO and Executive Director of People and Culture sponsors for culture and leadership</li><li>• Raising concerns procedure/Freedom to Speak Up. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales</li><li>• Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020</li><li>• Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team</li><li>• Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language, being cascaded throughout Clinical Boards</li></ul>			
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report <sup>(3)</sup> ; Engagement of staff side through the Local partnership Forum (LPF) <sup>(1)</sup> Matrix of measurement now in place which will be presented in the form of a highlight report to Committee <sup>(1)</sup>			
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)	
Gap in Controls	Agreed and consistent organisational approach to cultural change  Continued high demands impacting on ability to release staff for development / involvement in transformation / development			
Gap in Assurances	VBA rate continues to be low  Capacity to respond to requests for cultural and transformation work  Effective measures of culture / engagement			
Actions		Lead	By when	Update since March 2023
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Leadership Programmes have been developed: (i) Acceler8 (ii) Collabor8 (iii) Climb  Compassionate and inclusive leadership principles will be at the core of all the programmes		Rachel Gidman	June 2023   May-Sept 2023   June-Sept 2023	Acceler8 Senior Leadership Programme Cohort 2 ended in May 2023. Evaluation to take place June 2023.   The Collabor8 Leadership programme, Cohort 1 is continuing.   The review of a CAV Leadership Development Strategy is underway. Leadership development across the UHB is being mapped to identify gaps in provision, areas of duplication, and opportunities for collaboration.

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		Jan-March 2023	Education, Culture and OD Team (previously LED) currently reviewing leadership and management development offer to plan schedule from September 2023.
		July 2023	Enhancement of a coaching and mentoring network continues. Coaches currently supporting Senior Nurses in Phase 1 of development. Access to coaches continues to be challenging. Development of push-far coaching platform to aid network development underway.
		June 2023	Mentoring training has been acquired and the initial training will support the development of the Anti-Racist Action Plan, in supporting Inclusion Ambassadors to hear from colleagues with lived experience. Identification of mentors to take place May/June 2023, including discussions on reverse mentoring.
		June 2023	3 Coaching supervisors have been identified, training delayed to June 2023 due to availability.
		March-June 2023	Simplified VBA process has been communicated and training ongoing to support for both managers and staff. Simplified paperwork agreed and part of communication. All CBs have provided an action plan and trajectory for achieving VBA targets by March 2023 (60%) and June 2023 (85%). VBA training continues to be

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			well attended and compliance is showing an increase.
		May-June 2023	There has been an increase in the number of requests to facilitate cultural programmes/OD work within directorates and teams. ALAS discovery phase has been completed utilising Culture and Leadership Programme and Framework. Analysis and recommendations to be provided to DMT May 2023.
		June 2023	OD support for UHB strategic programmes also requested, SOFH, SOFCS etc and challenges to capacity being discussed.
		June 2023	HEIW has reserved 8 licenses for CAV on the NHSE/I Culture and Leadership Programme Framework to increase capability and understanding of the tool. CAV will also provide NHSE/I with a case study of the existing programme.
		May-June 2023	6-month programme of work developed to support EU, has completed stage 1. Evaluation in progress, People and Culture Team to work with SMT to identify next steps.
		May 2023	Equity and Inclusion Audit has been completed and reasonable assurance obtained. Management response

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			provided and action plan developed to address areas for improvement.
2. Showcase	Rachel Gidman	June 2023	Review of showcase required.
3. Equality, Diversity and Inclusion	Rachel Gidman	July 2023	Equality Strategy Welsh Language Group under review. To be discussed at People and Culture Committee July 2023.
Welsh Language Standard being implemented.		May 2023	Review of group TOR taking place to ensure all CBs are represented and appropriate governance is in place.
Inclusion - Nine protected Characteristics		May-June 2023	A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. Cost effectiveness of SLA currently being reviewed based on costs per word and waiting times. Initial analysis demonstrates savings to be made through increasing in-house translation capacity. To be presented May 2023.
		Ongoing	The UHB continues to receive and respond to inquiries from the Welsh language Commissioner's Office, particularly around recruitment and data. The Welsh language team are supporting prioritised Clinical Boards to further understand their responsibilities and are taking a stepped approach to this due to capacity.
			All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach has also been rolled-out across CBs.

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		May-Sept 2023	<p>An 'Inclusion Ambassador' pack has been circulated that support in understanding and learning.</p> <p>Training has been identified for mentors to support Inclusion Ambassadors at executive level. Step two will be identification / nominations for mentors, followed by training.</p> <p>Existing networks are collaborating to develop the scope and outline of an 'Ally Network'. Work is at an early stage, initial proposal to be taken to the ESWLSG meeting in June 2023. Review of networks in light of 'Employee resource groups' discussions at Board Development with Race Equality First.</p>
		May 2023	<p>The Anti-Racist Wales Action Plan developed by Welsh Government was published in June 2022. Board development continued in May 2023 facilitated by Race Equality First. Anti-Racist Action Plan to be presented at Board May 2023.</p>
		June 2023	<p>The draft proposal for a framework looking at Equality, Health Inequalities and Safety. A collaboration of areas including the E&amp;I Team; ADOD; PH; Patient Experience; Quality and Safety formed a working group to review</p>

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			existing documentation and benchmarking.
4. CAV Convention	Rachel Gidman	TBC	Action under review and date to be confirmed once known.
<b>Impact Score: 4</b>	<b>Likelihood Score: 1</b>	<b>Target Risk Score:</b>	<b>4 (Moderate)</b>

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### 3. Impact of Covid19 Pandemic on Staff Wellbeing – Executive Director of People and Culture (Rachel Gidman)

As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

<b>Risk</b>	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the ongoing pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
<b>Date added:</b>	6 <sup>th</sup> May 2021		
<b>Cause</b>	<ul style="list-style-type: none"> <li>• Redeployment with lack of communication / notice / consultation</li> <li>• Working in areas out of their clinical expertise / experience</li> <li>• Being merged with new colleagues from different areas</li> <li>• Increased working to cover shifts for colleagues / react to increased capacity / high levels of sickness or isolation due to positive Covid test results</li> <li>• Shielding / self-isolating / suffering from / recovering from COVID-19</li> <li>• Build-up of grief / dealing with potentially traumatic experiences</li> <li>• Lack of integration and understanding of importance of wellbeing amongst managers / impact upon manager wellbeing</li> <li>• Conflict between service delivery and staff wellbeing</li> <li>• Continued exposure to psychological impact of covid both at home and in work</li> <li>• Ongoing demands of the pandemic over an extended period of time, minimising ability to take leave / rest / recuperate</li> <li>• Experience of moral injury</li> <li>• Cost of living 'crisis'</li> </ul>		
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Values and behaviours of the UHB will not be displayed and potential for exacerbation of existing poor behaviours</li> <li>• Operating on minimal staff levels in clinical areas</li> <li>• Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated</li> <li>• Clinical errors will increase</li> <li>• Staff morale and productivity will decrease</li> <li>• Job satisfaction and happiness levels will decrease</li> <li>• Increase in sickness levels</li> <li>• Patient experience will decrease</li> <li>• Increased referrals to Occupational Health and Employee Wellbeing Services (EWS)</li> <li>• UHB credibility as an employer of choice may decrease</li> <li>• Potential exacerbation of existing health conditions</li> </ul>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 4</b>	<b>Gross Risk Score:</b>	<b>20 (Extreme)</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>• Self-referral to wellbeing services</li> <li>• Managerial referrals to occupational health</li> </ul>		

	<ul style="list-style-type: none"> <li>• External support</li> <li>• Wellbeing Q&amp;As and drop ins (ad-hoc and upon request)</li> <li>• Wellbeing Support and training for Line managers</li> <li>• Development of range of wellbeing resources for both staff and line managers</li> <li>• GP self-referral</li> <li>• Values Based Appraisals including focus on wellbeing</li> <li>• Chaplaincy ward rounds</li> <li>• Health Intervention Team (HIT) established April 2021-March 2023</li> <li>• Network of Wellbeing champions (training linked with the 'Time to Change Wales Programme')</li> <li>• Health and Wellbeing Strategic group</li> <li>• Development of rapid access to Dermatology</li> <li>• Post traumatic pathway service</li> <li>• Deployment principles to support staff and line managers</li> <li>• Wellbeing walkabouts to signpost resources</li> <li>• Long Covid Peer Support Group</li> <li>• Development of the Employee Wellbeing Support Pathway (based on the CTM pathway)</li> <li>• Implementation of 'Money and Pensions Service (MaPS) training for the wellbeing champions and line managers</li> <li>• Development of the Financial Wellbeing pathway</li> <li>• Establishment of the Cost of Living and Wellbeing webpages on Sharepoint</li> <li>• Dedicated staff benefits, savings and discount web pages</li> <li>• Provision of MaPS presentations on 'pensions' and 'pensions and menopause'</li> </ul>		
<b>Current Assurances</b>	<ul style="list-style-type: none"> <li>• Internal monitoring and KPIs within the OH&amp;EHWS <sup>(1)</sup></li> <li>• Wellbeing champions normalising wellbeing discussions <sup>(1)</sup></li> <li>• VBA focussing on individual wellbeing and development <sup>(1)</sup></li> <li>• Successful retention of the gold (and platinum) Corporate Health Standard awards via the 'Enhanced Status Checks' in March 2023</li> <li>• HIT Team recommendation plan completed following UHB engagement, priority actions to be focus <sup>(1)</sup></li> <li>• Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023</li> <li>• Development of a new and permanent 'Wellbeing' practitioner role</li> <li>• Taking Care of Carers Audit and Action Plan <sup>(3)</sup></li> <li>• Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report <sup>(3)</sup></li> <li>• Trade unions insight and feedback from employees <sup>(2)</sup></li> <li>• Working with HEIW as part of the Financial Wellbeing (FWB) task and finish group to develop a FWB strategy for NHS staff in Wales <sup>(2)</sup></li> </ul>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 3</b>	<b>Net Risk Score:</b>	<b>15 (Extreme)</b>
<b>Gap in Controls</b>  Mohamed Sarah 05/07/2023 14:13:22	<ul style="list-style-type: none"> <li>• Staff shortages leading to movement of staff and high demand for cover</li> <li>• Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working</li> <li>• Continued increase in referrals to Occupational Health and increased PEHD work to support mass-recruitment</li> </ul>		

	<ul style="list-style-type: none"> <li>EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of high risk in the referral</li> </ul>		
<b>Gap in Assurances</b>	<ul style="list-style-type: none"> <li>Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow</li> <li>Awareness and access of employee wellbeing services, particularly for staff without email / internet access</li> <li>Clarity of signposting and support for managers and workforce</li> </ul>		
<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since March 2023</b>
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by the ongoing impact of the COVID pandemic	Nicola Bevan	<p>March 2023</p> <p>April – June 2023</p> <p>March-June 2023</p>	<p>The HI Co-ordinator role continues to support the lead counsellor to deliver bespoke support and development in areas of need. This will end at the end of March 2023 when the Health Charity Funding ends.</p> <p>From April onwards, the role will be developed to incorporate OD, Wellbeing and employee experience. As requests are rarely limited to 'wellbeing' only, and often include relationships, behaviours, team working and conflict, moving to a more commissioning and collaborative approach with broader People and Culture Team.</p> <p>EWS have continued to run a series of People and Culture Roadshows, visiting sites across the UHB focusing on signposting information around the Cost of Living</p>

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			<p>and where to access Wellbeing support.</p> <p>These have been delivered with the support of the Working with the Money and Pensions Service (MaPS). In total 12 roadshows have been held to date with an approximate 600 staff engaging with the roadshow reps. including Cardiff Credit Union, Staff representatives, P&amp;C, EWS, Occupational Health, the chaplaincy service.</p> <p>Surveys completed during the roadshows by staff are helping shape future communications, and information being shared on cost of living.</p> <p>Financial Wellbeing packs have been circulated to key leads in primary care and community for cascading through the teams.</p> <p>On line MaPS presentations on 'pensions' and 'pensions and menopause' sessions have been delivered.</p> <p>'Stop Loan Sharks Wales' providing an online</p>
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		March-April 2023	<p>presentation for staff in May 2023.</p> <p>A staff Financial Wellbeing pathway has been drafted and will be reviewed by the Strategic Wellbeing Group in April 2023.</p> <p>Dedicated staff financial wellbeing and CoL web pages have been established on sharepoint.</p> <p>Ongoing MaPS workshops rolled out across the various network groups, P&amp;C and line managers. Working with ECOD the first training sessions for line managers are taking place and a workshop for the Wellbeing champions ran in Feb 2023.</p>
<p>2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB</p> <p>Mohamed, Sarah 05/07/2023 14:13:22</p>	Nicola Bevan	<p>Interventions proposed implementation April 22 – 2023</p> <p>April 2023</p>	<p>The Health Intervention team Impact Report has been shared with the Strategic Wellbeing Group.</p> <p>Work has commenced on some of the priorities mentioned, including the development of a Wellbeing Strategy. This was presented to the Strategic Wellbeing Group in February 2023, but is currently out for further comment and will be discussed at Workforce</p>

		March-May 2023	Partnership Group in May 2023.
		June 2023	The Health Charity are supporting colleagues at Whitchurch to fund a water station onsite following completion of a SBAR.
		May 2023	Peer support developments – MedTRiM training is partially completed. Meeting with provider scheduled for May 2023.
		May 2023	Sustaining Resilience at Work Pracitioner Training (StRaW) has been undertaken by Children and Women CB supported by P&C Team. An infrastructure that supports the practitioners has been established and is overseen by four StRaW Managers and a StRaW co-ordinator.
3. Enhance communication methods across UHB <ul style="list-style-type: none"> <li>- Social media platform</li> <li>- Regularity and accessibility of information and resources</li> <li>- Improve website navigation and resources</li> </ul>	Nicola Bevan	May 2023	A variety of communication models including Twitter accounts are being utilised to share Wellbeing updates across the UHB.
		June 2023	A 12-month communication plan has been developed to ensure that wellbeing topics are

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<p>Mohamed, Sarah 05/07/2023 14:13:22</p>		March – June 2023	<p>covered throughout the year and will be reviewed and agreed by the Strategic Wellbeing Group in June 2023.</p> <p>Financial Wellbeing Working group continues to review and implement action plan, designing and communicating signposting for all staff.</p>
		May-June 2023	<p>Having delivered on the main actions the Financial Wellbeing task and finish group will be stepped down in May 2023, the remaining actions on the 'Action Plan' will be delivered and progress monitored via the Strategic Wellbeing group.</p>
		May-June 2023	<p>Presentations were given to SLB in February and April 2023 highlighting the proposed benefits of using Wagestream, a platform that supports financial wellbeing and education and also the ability to 'stream' wages linked to additional hours worked on health roster. A discussion with Workforce Partnership Group is scheduled for May 2023. Implementation planned for June 2023.</p>
		May-July 2023	<p>Cost of Living action plan has been developed, reviewed weekly to</p>

		July 2023	<p>ensure information shared and signposting updated.</p> <p>Internal audit highlighted action for SharePoint pages re: inclusion and signposting to wellbeing resources. Work has now been completed all Sharepoint areas are under monthly review.</p> <p>Communication of engagement and wellbeing surveys continue with P&amp;C team attending CB SMTs. Three attended so far, remaining sessions booked in.</p> <p>Communications also being developed to thank staff for participation in surveys / platforms; to communicate key themes and to outline actions being taken / planned. This will follow attendance at all meetings.</p>
<p>4. Training and education of management</p> <ul style="list-style-type: none"> <li>- Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career)</li> <li>- Enhance training and education courses and support for new and existing managers</li> </ul>	Claire Whiles	<p>March – June 2023</p> <p>May – December 2023</p>	<p>Leadership and Management development offerings to support staff health and wellbeing added to existing offerings.</p> <p>Retention toolkit developed to support teams / CBs / managers. Current work planned with Children and Women CB.</p>

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		September 2023	Acceler8 Cohort 2 completed. Current review and evaluation of leadership training. Further cohorts planned for Autumn 2023.
		March – June 2023	EWS working closely with Education, Culture and OD Team (ECOD), and Equity and Inclusion Team to ensure alignment and reduce duplication. OD Commissioning model to be developed to support effective and targeted intervention.
		May 2023	Financial Wellbeing (FWB) lead working with P&C leads to look at embedding FWB into moments that matter such as staff induction.
<p>5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022. Wellbeing Strategy group to shape with feedback from CI Boards.</p> <p>Mohamed, Sarah 05/07/2023 14:13:22</p>	Claire Whiles	March - June 2023	Work on evaluation metrics underway with support from innovation and improvement team and public health. This will ensure effective monitoring, evaluation and planning of all

		May-August 2023	<p>wellbeing services and interventions.</p> <p>Wellbeing Strategy and Framework draft presented to Strategic Wellbeing Group Feb 2023. Further engagement with staff networks, TUs and CBs to follow.</p>
		May-July 2023	<p>Schwartz Round clinical leads identified. Training scheduled for June/July 2023. Steering Group Membership to be presented to SLB. Identification of facilitators to be positioned to ensure representation of workforce population, collaboration with existing networks essential. Change of focus from 'local pilots' to whole UHB – plan being adjusted accordingly, scheduled to be in a position to confidently roll-out from late summer 2023.</p> <p>Risk re Schwartz Round Administrator role – currently not assigned.</p>
		June 2023	<p>Wellbeing Retreat Pilot completed, draft evaluation currently in review.</p>

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		May - June 2023	<p>Cost of Living working group meeting regularly to review actions.</p> <p>UHB Wellbeing Strategy / Framework in draft discussed at Strategic Wellbeing Group Feb 2023 and further consultation and engagement required.</p>
		May 2023	<p>Focus on staff wellbeing to support retention. Culture Assessment Work completed within one directorate, results being presented May 2023, followed by communication / engagement with staff.</p> <p>Collaborative working across P&amp;C Team and CBs, including TU partners.</p> <p>Range of Financial Wellbeing (FWB) resources available to staff via the dedicated FWB webpages with several links to the other recognised resources such as: Money Helper, Cardiff Credit Union, Stop Loan Sharks Wales and many more.</p>
<b>Impact Score: 5</b>	<b>Likelihood Score: 1</b>	<b>Target Risk Score:</b>	<b>5 (Moderate)</b>

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Health Education and  
Improvement Wales (HEIW)

# Census 2021 and Population Trends

## For workforce planning

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## Population changes that influence workforce planning

- How has the population changed since the last census (2011)?
- What does the population look like through a workforce planner's lens?
- What are the projections for the future?

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Improvement Wales (HEIW)

Trawsnewid y gweithlu ar gyfer Cymru iachach  
Transforming the workforce for a healthier Wales

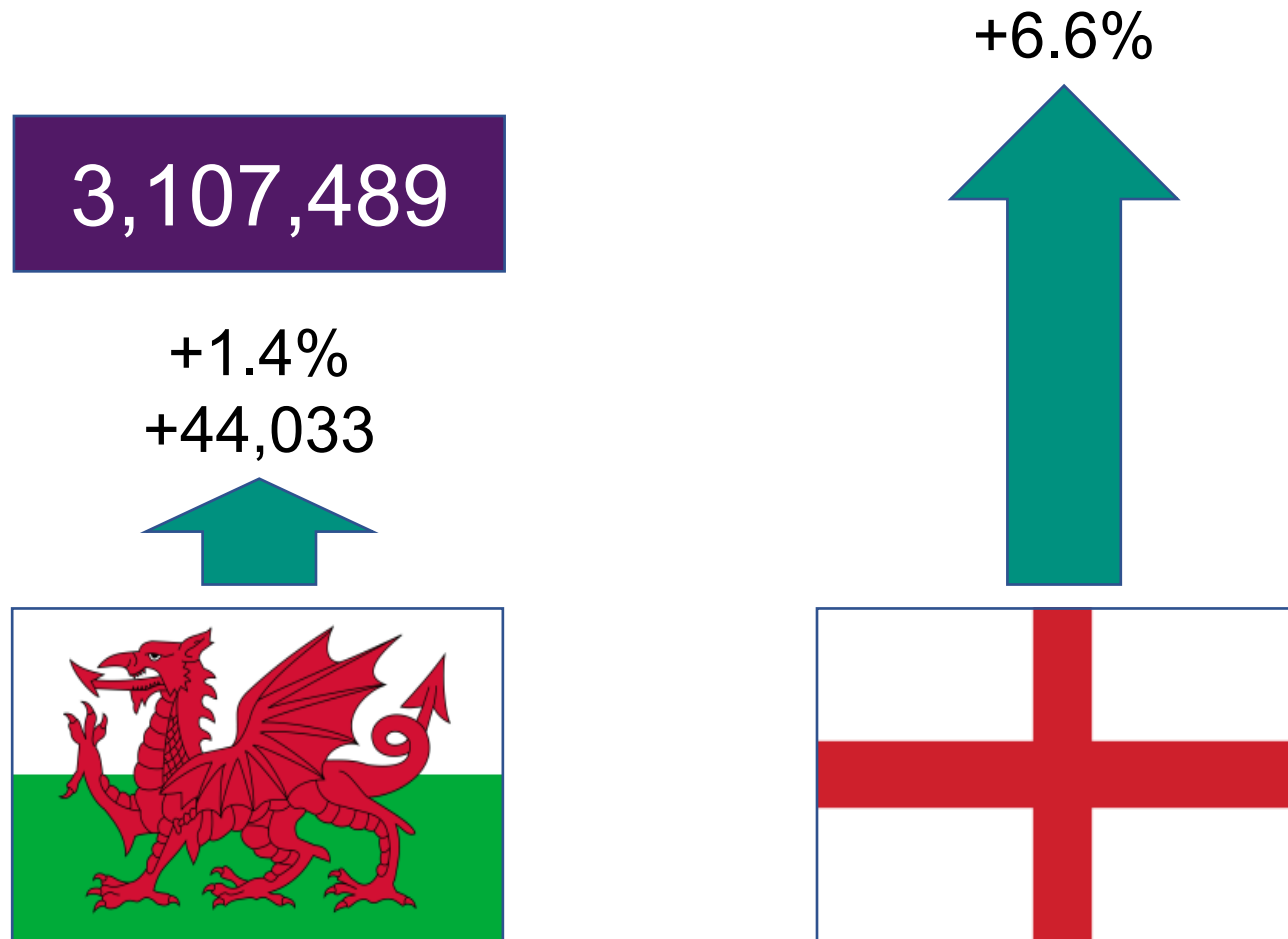


# Population changes and trends Census 2011 to Census 2021



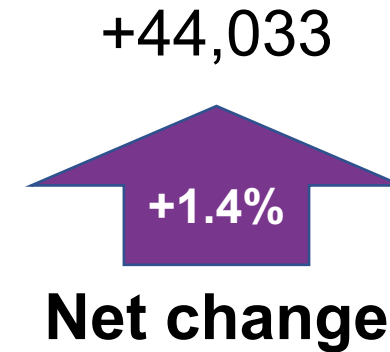
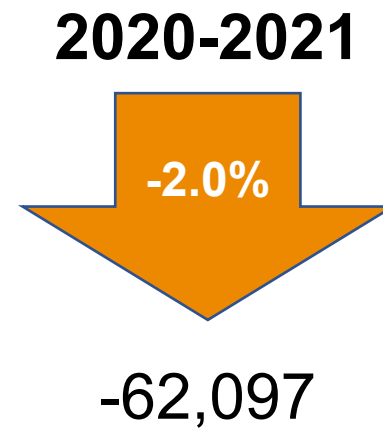
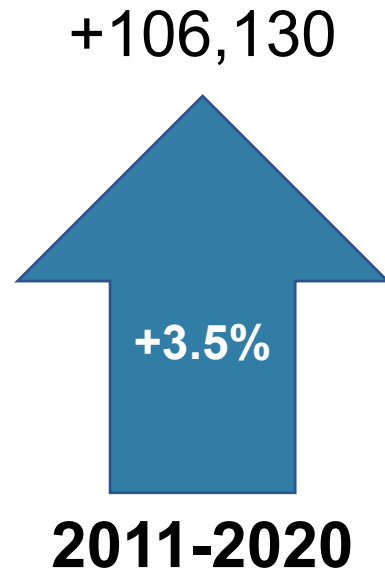
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# Population growth – Census 2011 to Census 2021



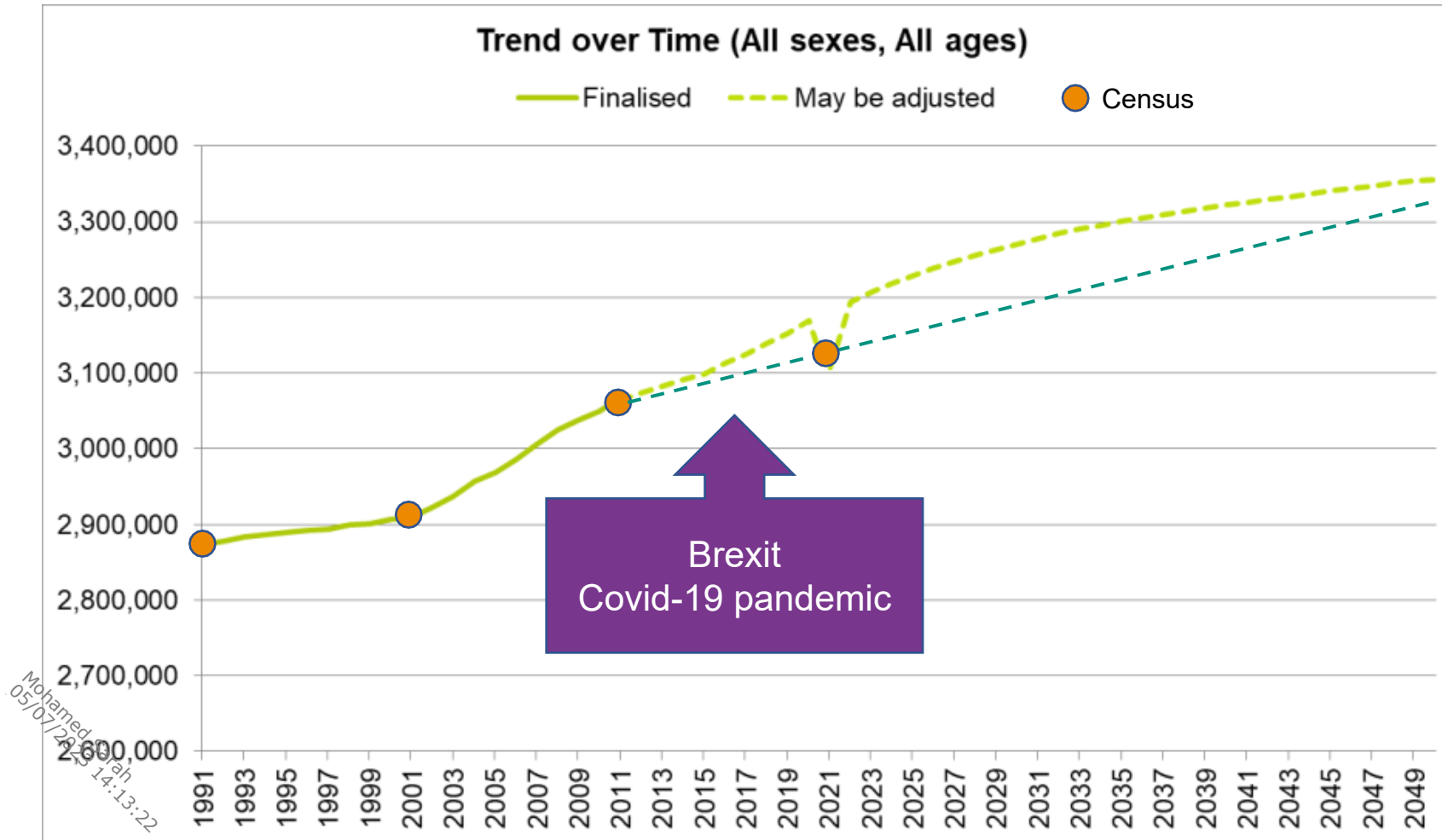
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# Population changes



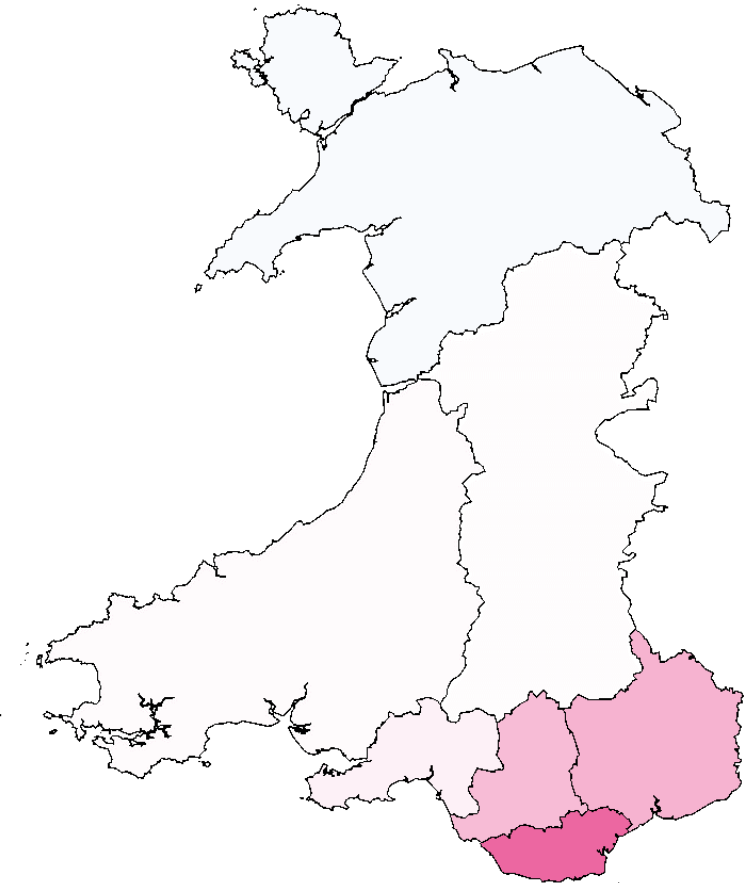
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# Census, estimates and projections



# Population changes – health board areas

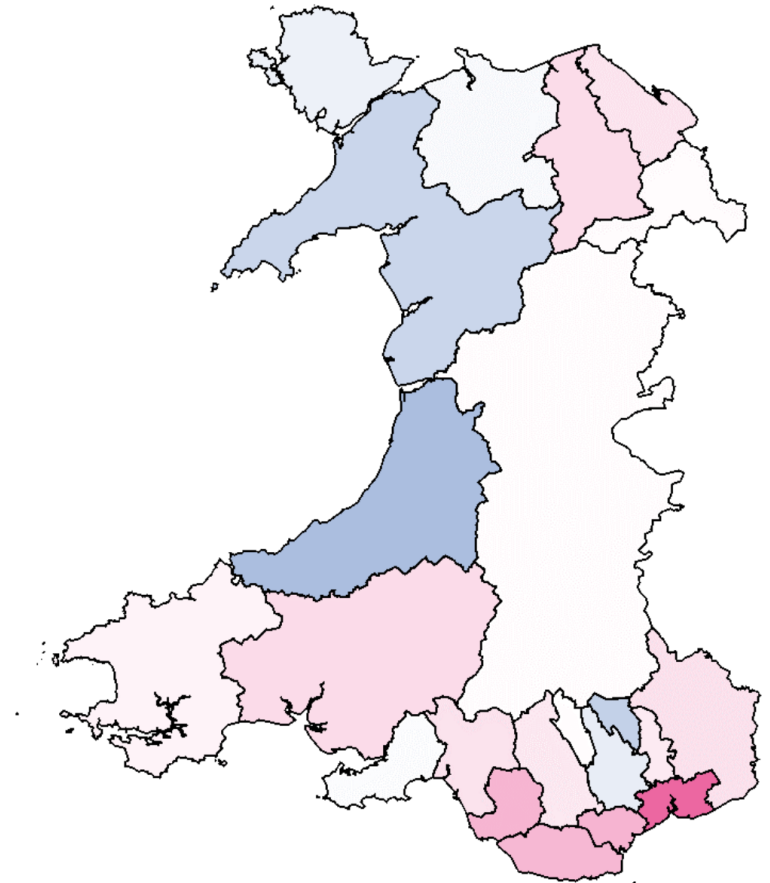
Area	Change	% Change
Cardiff and Vale UHB	+21,833	+4.6%
Cwm Taf Morgannwg UHB	+9,607	+2.2%
Aneurin Bevan UHB	+10,901	+1.9%
<b>WALES</b>	<b>+44,033</b>	<b>+1.4%</b>
Swansea Bay UHB	+1,945	+0.5%
Hywel Dda UHB	+593	+0.2%
Powys THB	+198	+0.1%
Betsi Cadwaladr UHB	-1,044	-0.2%



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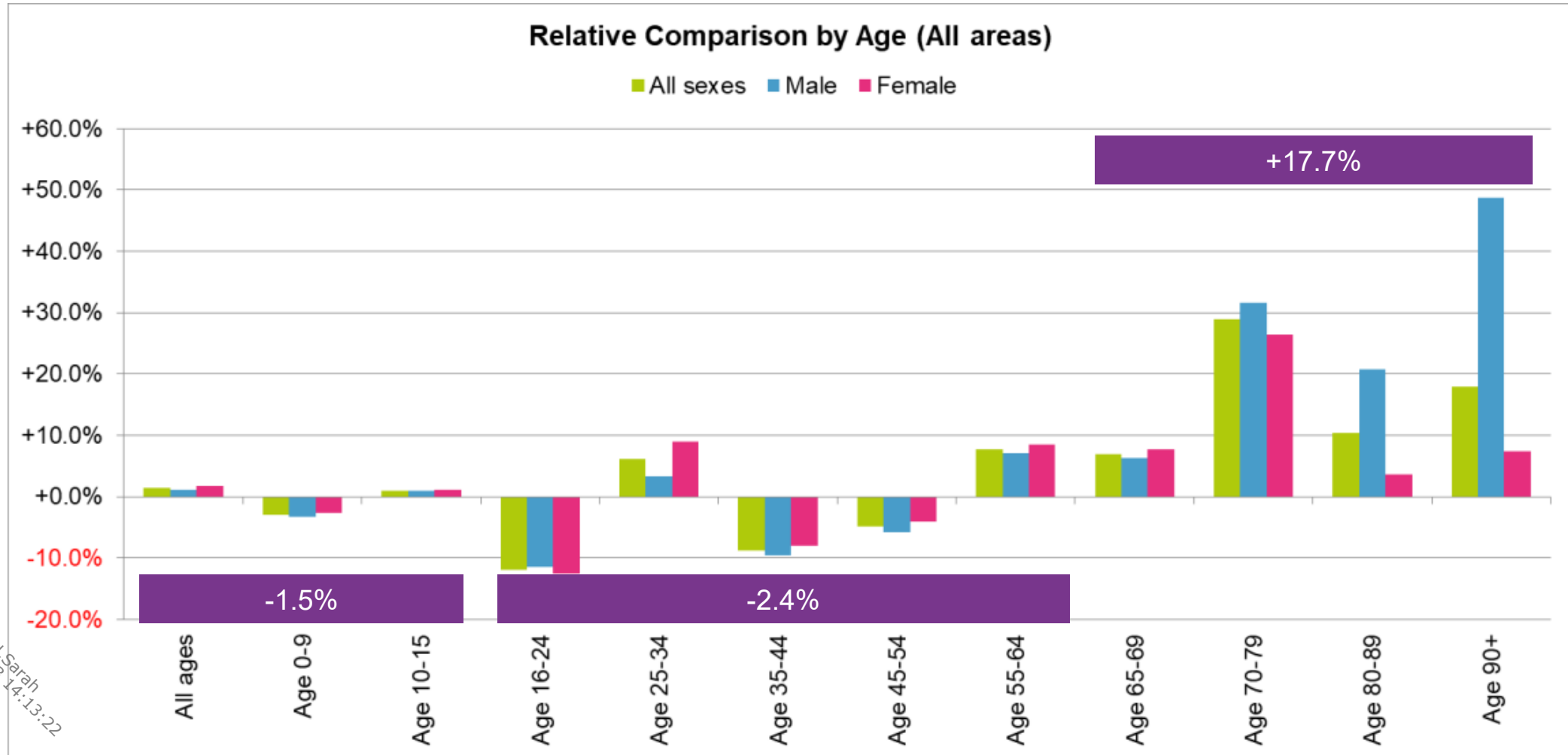
# Population changes – local authority areas

Area	Change	% Change
Newport	+13,851	+9.5%
Cardiff	+16,222	+4.7%
Bridgend	+6,322	+4.5%
Vale of Glamorgan	+5,611	+4.4%
Carmarthenshire	+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%
<b>WALES</b>	<b>+44,033</b>	<b>+1.4%</b>
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%



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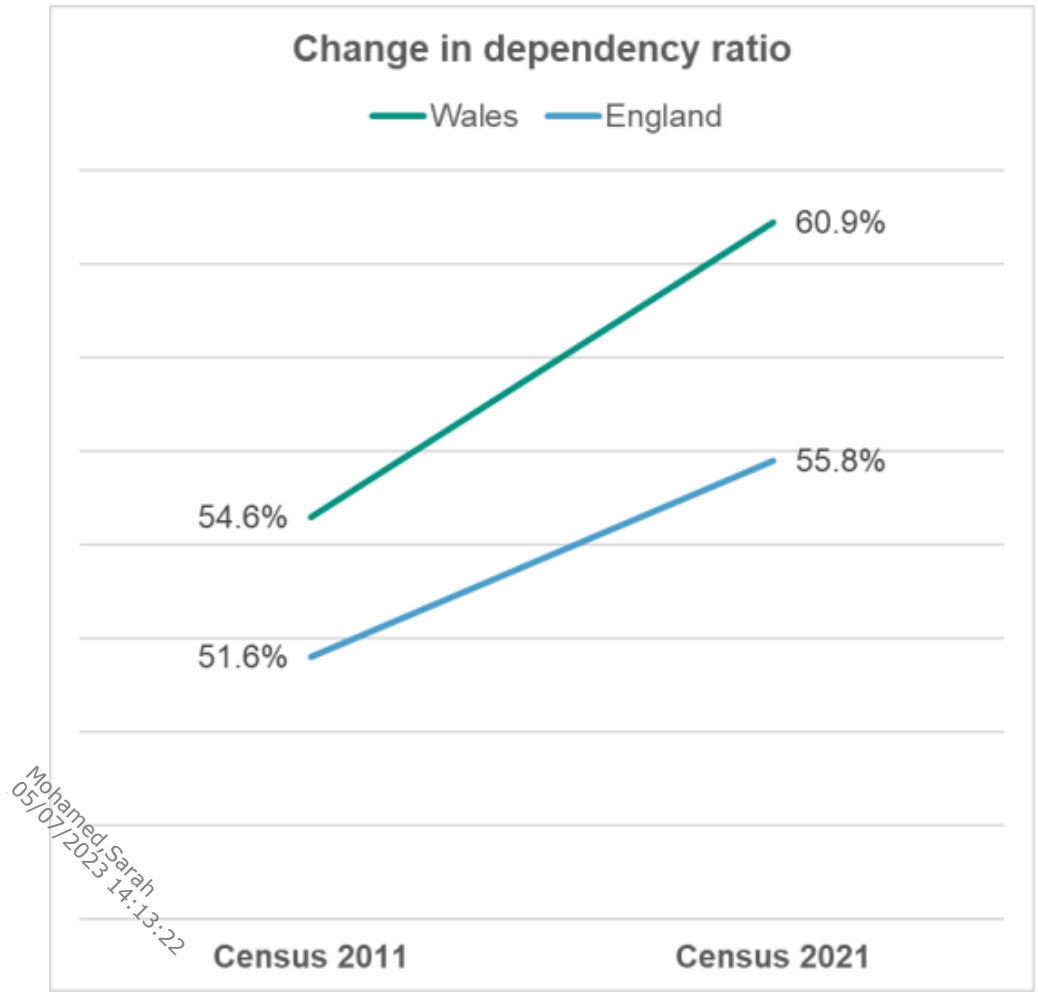
# Population changes – age bands



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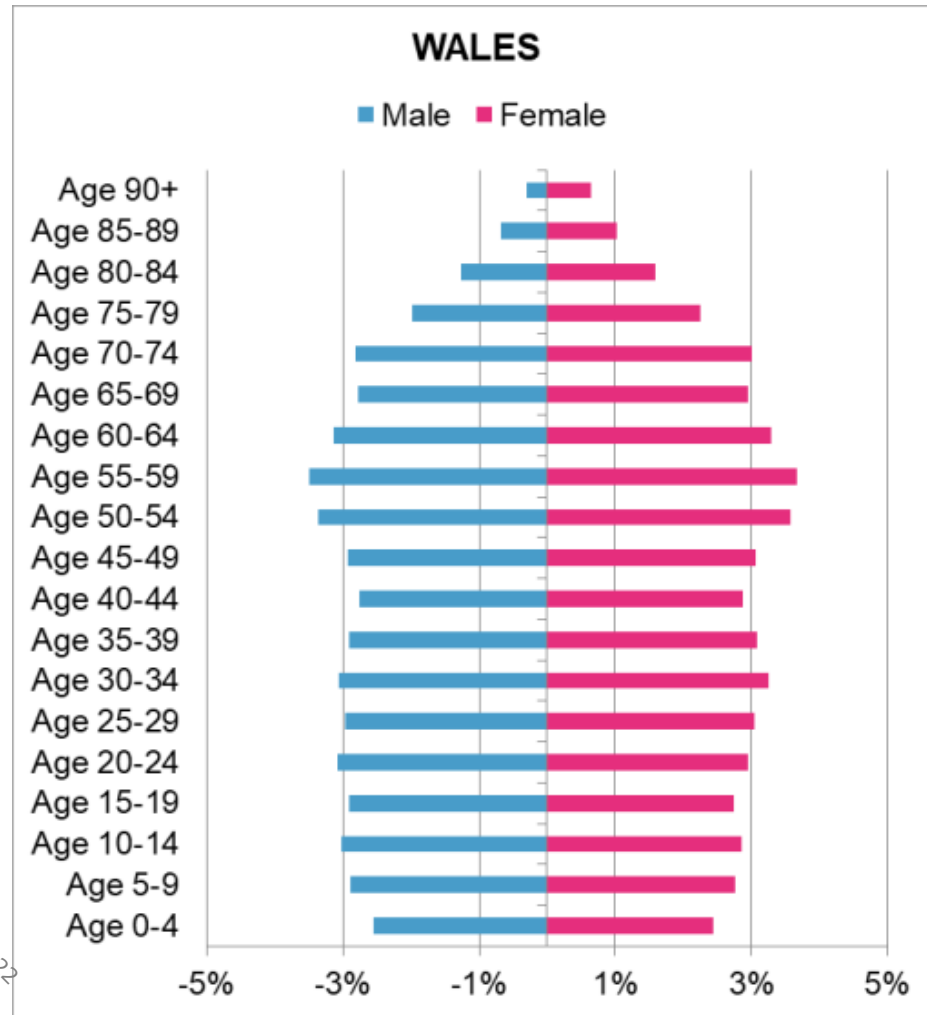
# Dependency Ratio



- Dependency Ratio compares younger and older (dependent) population to working-age population

Area	Census 2021
All areas	60.9%
Aneurin Bevan UHB	60.2%
Betsi Cadwaladr UHB	65.6%
Cardiff and Vale UHB	50.8%
Cwm Taf Morgannwg UHB	58.9%
Hywel Dda UHB	68.3%
Powys THB	73.4%
Swansea Bay UHB	58.5%

# Population age profile – Wales

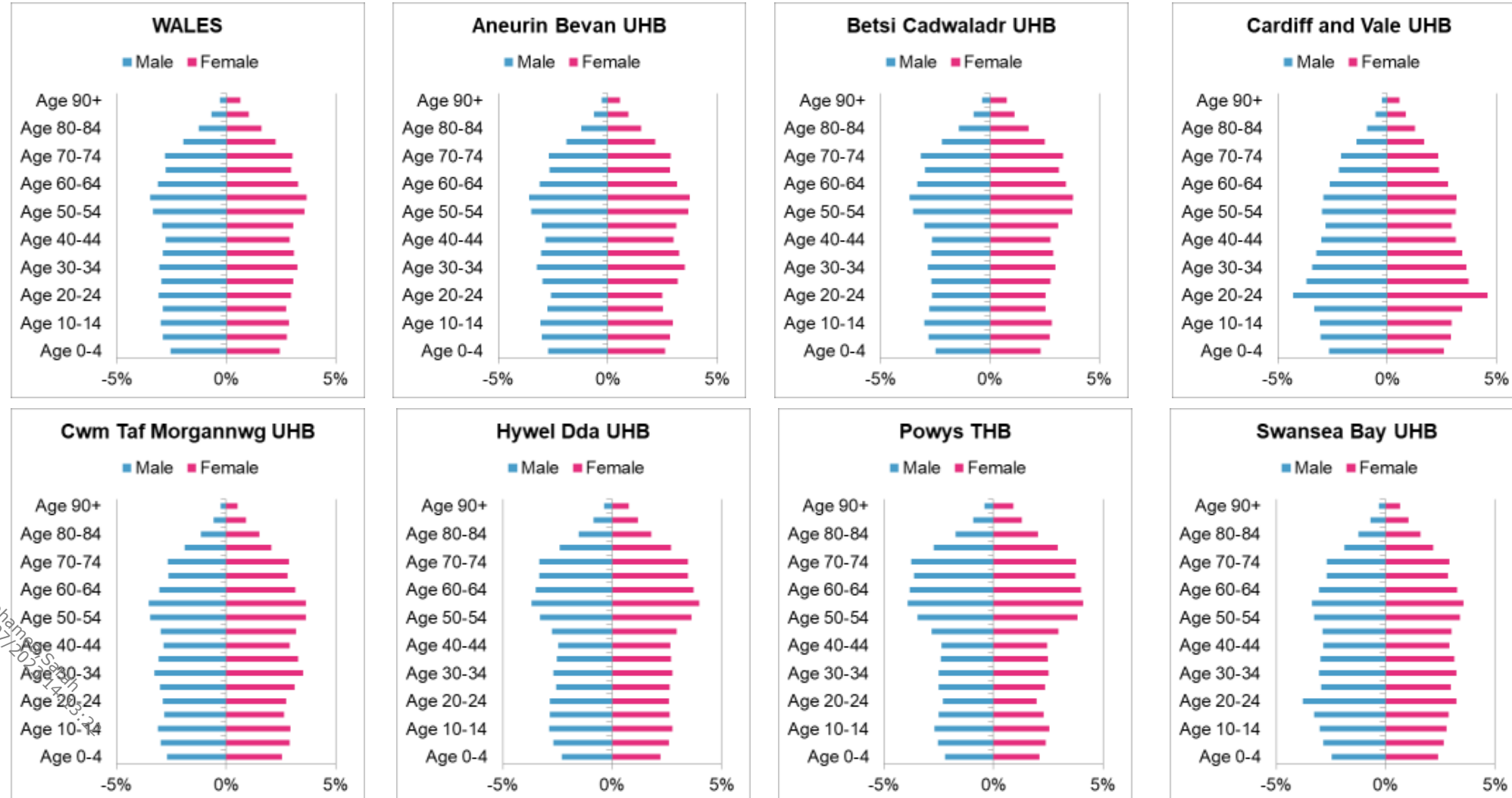


Age 50-74 bulge  
Age 75+ reduces  
Age 0-49 smaller

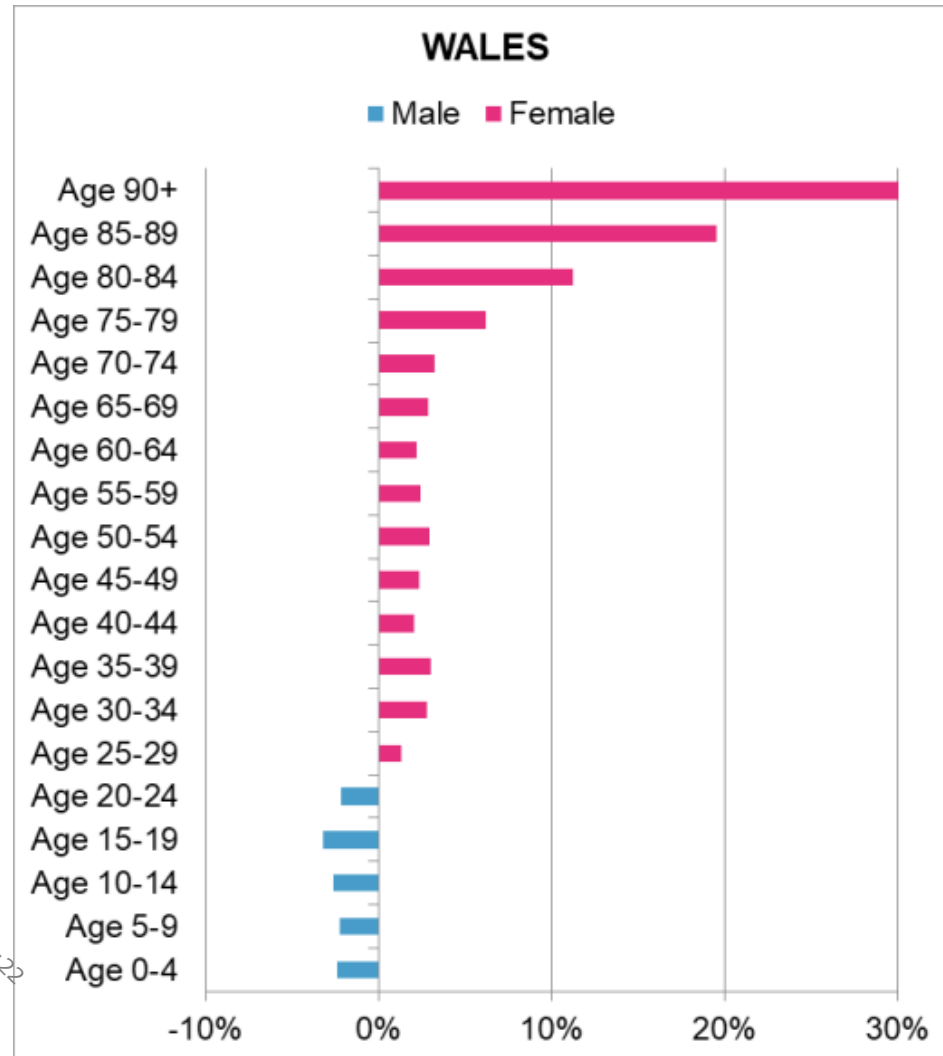
Median age 42  
Up from 41 in 2011  
England 40

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# Population age profiles – health board areas



# Population gender split



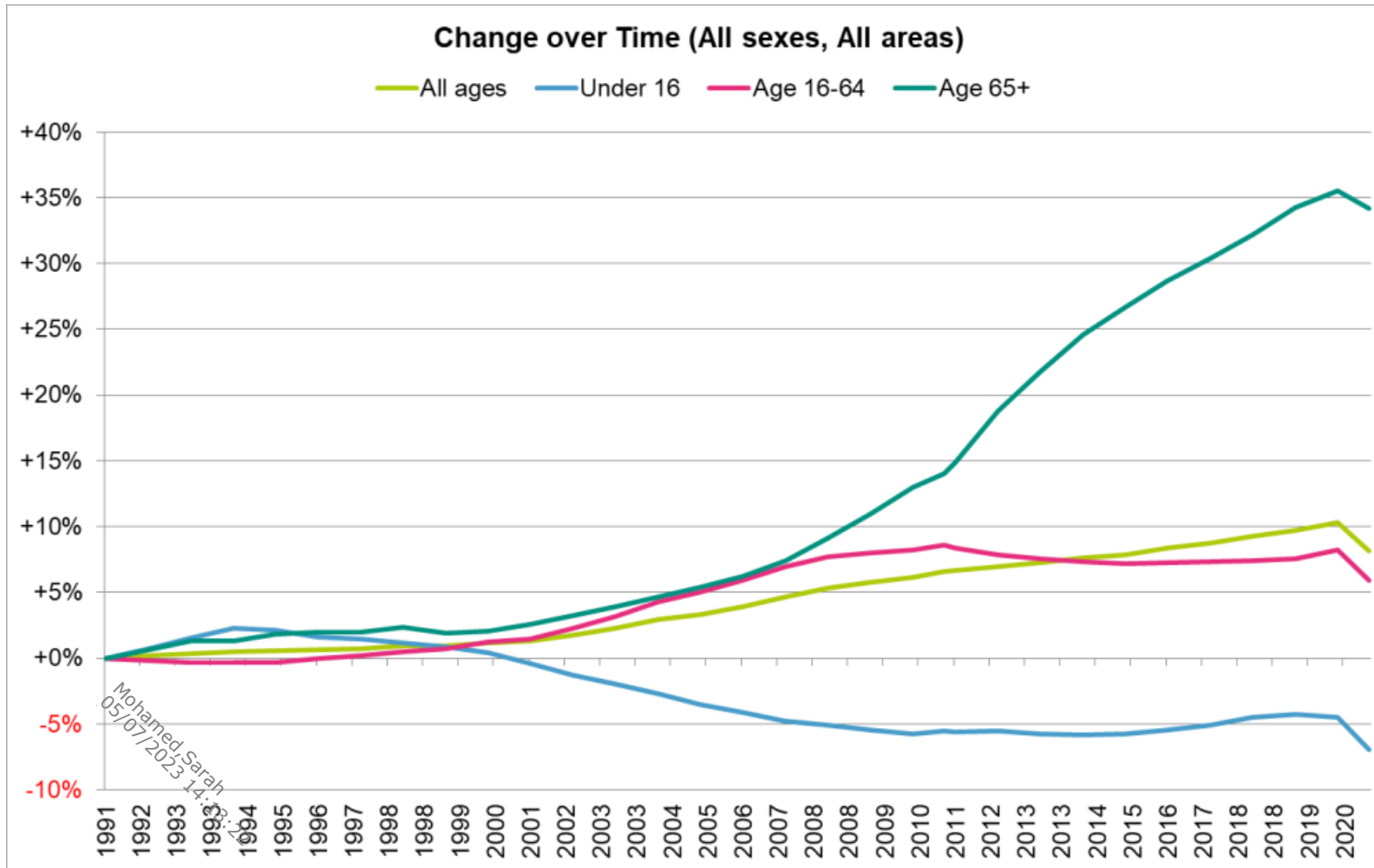
**Female 51.1%, Male 48.9%**

**Males outnumber females in younger ages**

**Females increasingly outnumber males from age 25**

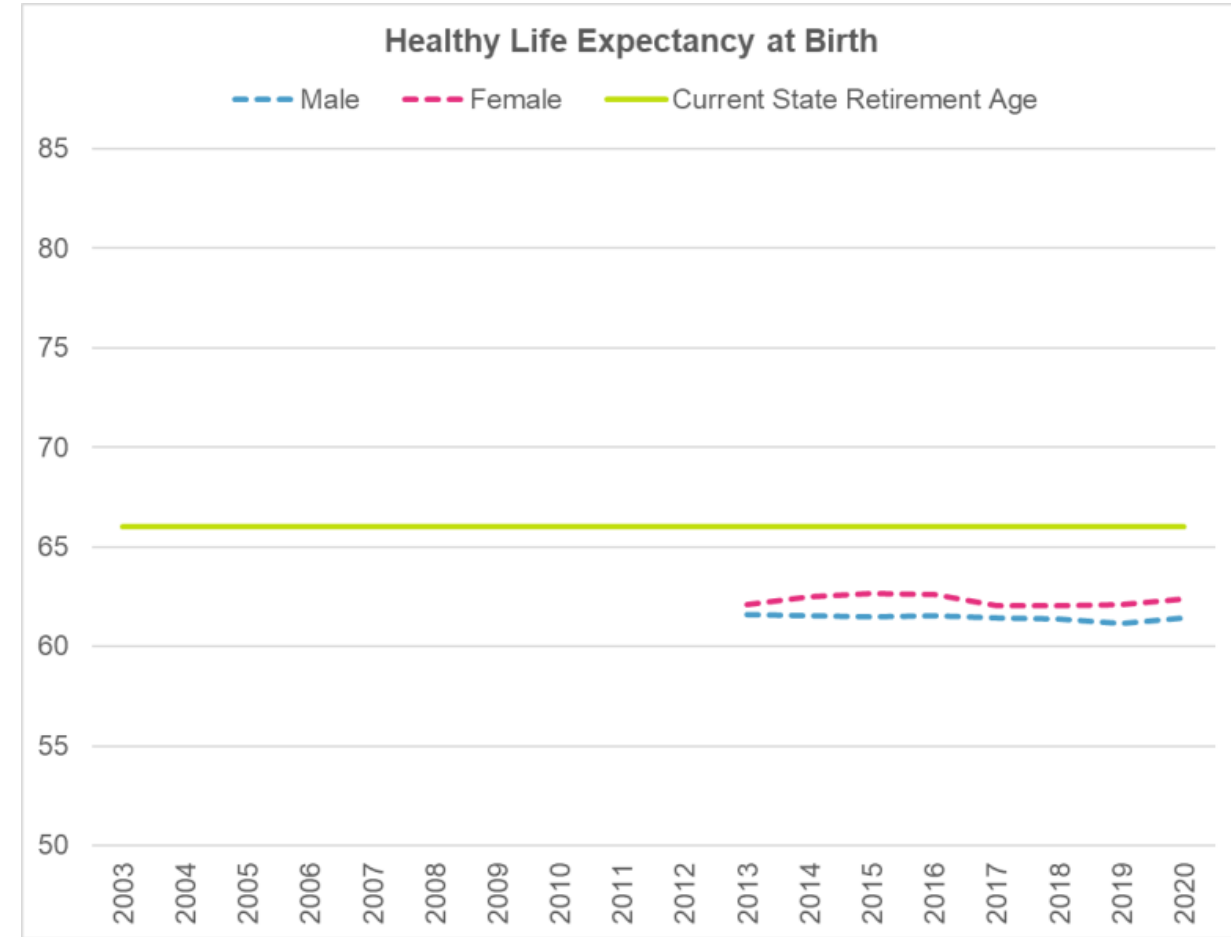
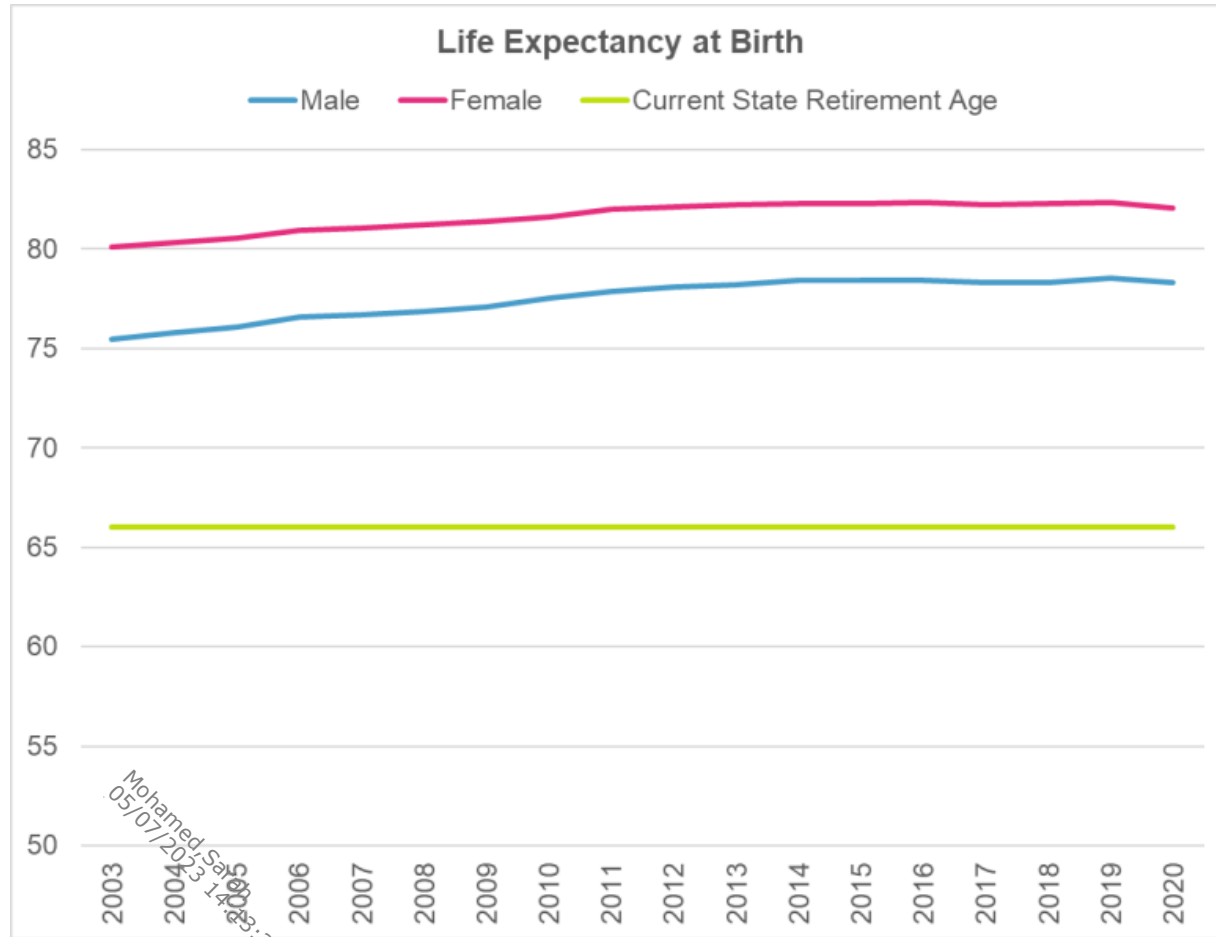
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# Population changes over last 30 years




Age under 16	↓ 7%
Age 16-64	↑ 6%
<b>Age 65+</b>	<b>↑ 34%</b>
Age 80+	↑ 56%
Age 90+	↑ 132%
<b>Total up</b>	<b>↑ 8.1%</b>

# Life expectancy and healthy life expectancy





# Population characteristics Census 2021



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# Characteristics of population

Characteristic	Measure	Area Low	Low	WALES	High	Area High
Sex	Female	Powys THB	50.8%	<b>51.1%</b>	51.4%	Cardiff and Vale UHB
Nationality	British	Cardiff and Vale UHB	91.9%	<b>95.8%</b>	97.5%	Cwm Taf Morgannwg UHB
Ethnicity	White	Cardiff and Vale UHB	83.3%	<b>93.8%</b>	97.7%	Powys THB
Migration	Born in the UK	Cardiff and Vale UHB	86.3%	<b>93.1%</b>	95.8%	Cwm Taf Morgannwg UHB
Main language	English or Welsh	Cardiff and Vale UHB	90.2%	<b>93.9%</b>	95.7%	Powys THB
Welsh language	Speak	Aneurin Bevan UHB	8.3%	<b>17.3%</b>	32.7%	Hywel Dda UHB
Education	Level 4 (degree)	Cwm Taf Morgannwg UHB	22.5%	<b>26.0%</b>	32.1%	Cardiff and Vale UHB
Health	Good	Cwm Taf Morgannwg UHB	76.6%	<b>78.6%</b>	81.6%	Cardiff and Vale UHB
Disability	No condition	Swansea Bay UHB	70.2%	<b>71.8%</b>	73.9%	Cardiff and Vale UHB
Deprivation	Dimensions index	Powys THB	71.2	<b>79.6</b>	87.4	Cwm Taf Morgannwg UHB



# Work characteristics of population

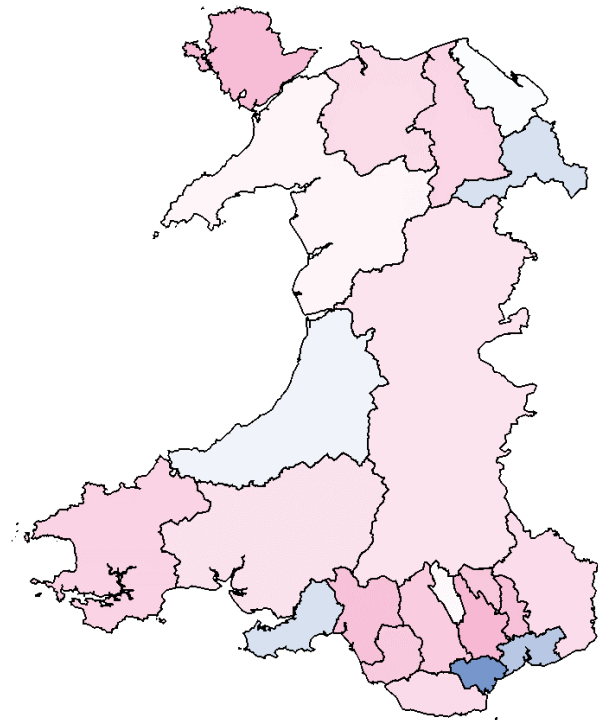
Characteristic	Measure	Area Low	Low	WALES	High	Area High
Econ activity	In employment	Swansea Bay UHB	42.0%	<b>44.0%</b>	46.4%	Powys THB
Econ inactivity	Inactive	Cardiff and Vale UHB	34.0%	<b>35.8%</b>	38.2%	Hywel Dda UHB
Econ inactivity	Student	Powys THB	2.9%	<b>4.7%</b>	8.2%	Cardiff and Vale UHB
Econ inactivity	Family/home	Powys THB	3.0%	<b>3.5%</b>	3.8%	Aneurin Bevan UHB
Econ inactivity	Long-term sick	Powys THB	3.6%	<b>4.9%</b>	6.1%	Cwm Taf Morgannwg UHB
Industry	Human health	Powys THB	3.4%	<b>4.4%</b>	5.0%	Cardiff and Vale UHB
Occupation	Health	Powys THB	2.2%	<b>2.7%</b>	3.5%	Cardiff and Vale UHB
Work hours	Part-time	Cwm Taf Morgannwg UHB	12.2%	<b>13.2%</b>	14.9%	Powys THB
Work hours	Full-time	Swansea Bay UHB	28.9%	<b>30.9%</b>	32.2%	Aneurin Bevan UHB
Work travel	Home/local	Cwm Taf Morgannwg UHB	19.1%	<b>21.7%</b>	27.6%	Cardiff and Vale UHB

# Nationality

Nationality (Census 2021, Percentage of Total)



Area	British
Cwm Taf Morgannwg UHB	97.5%
WALES	95.8%
Cardiff and Vale UHB	91.9%

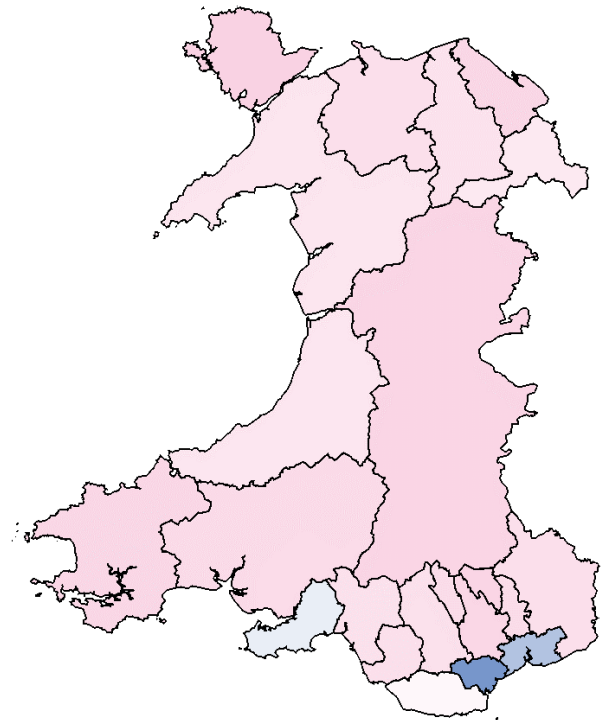


# Ethnicity

Ethnicity (Census 2021, Percentage of Total)



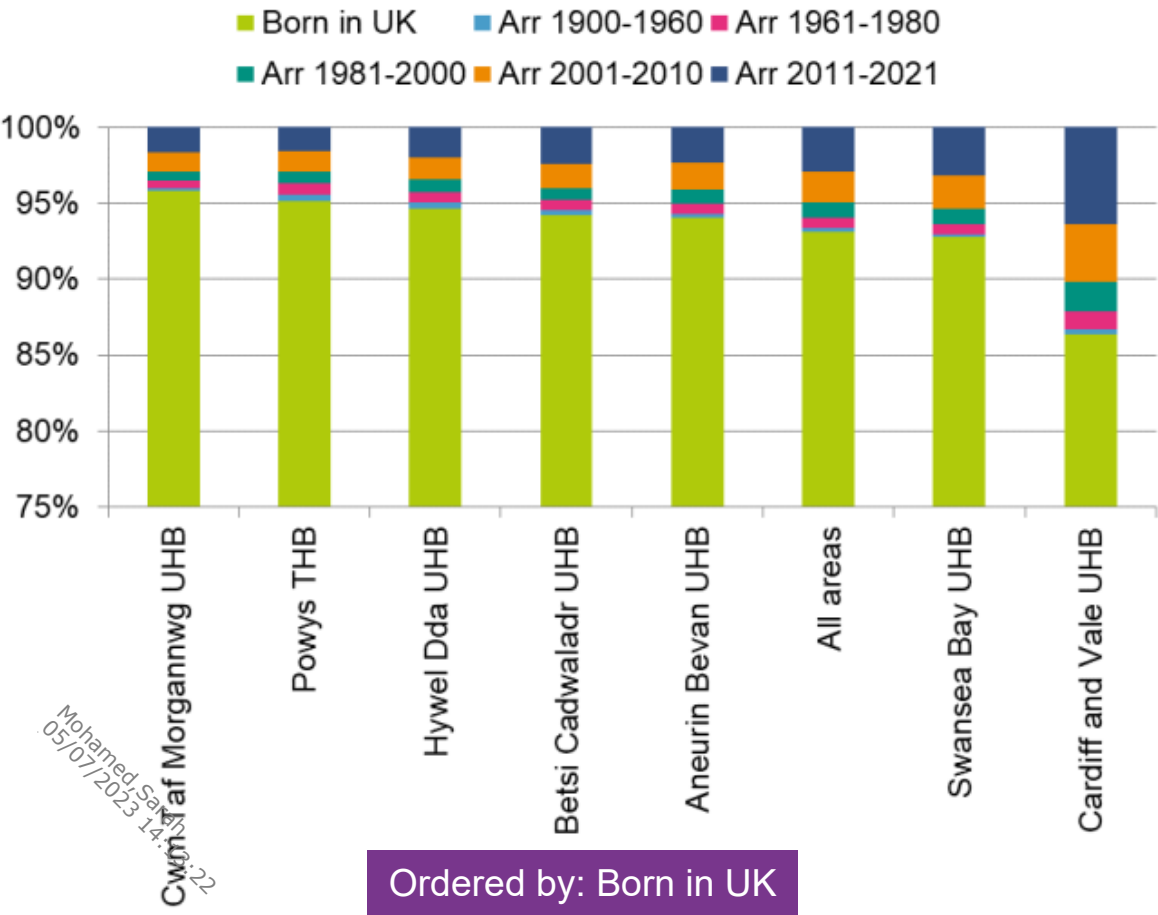
Area	White
Powys THB	97.7%
WALES	93.8%
Cardiff and Vale UHB	83.3%



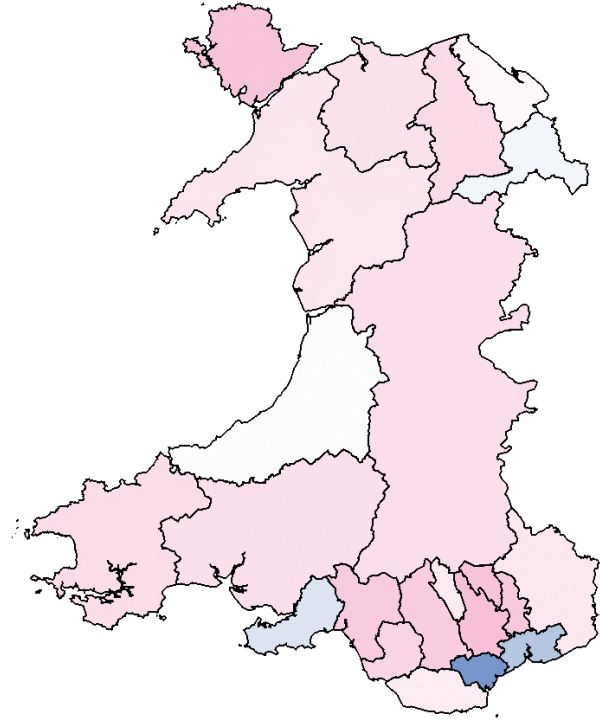
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# Migration

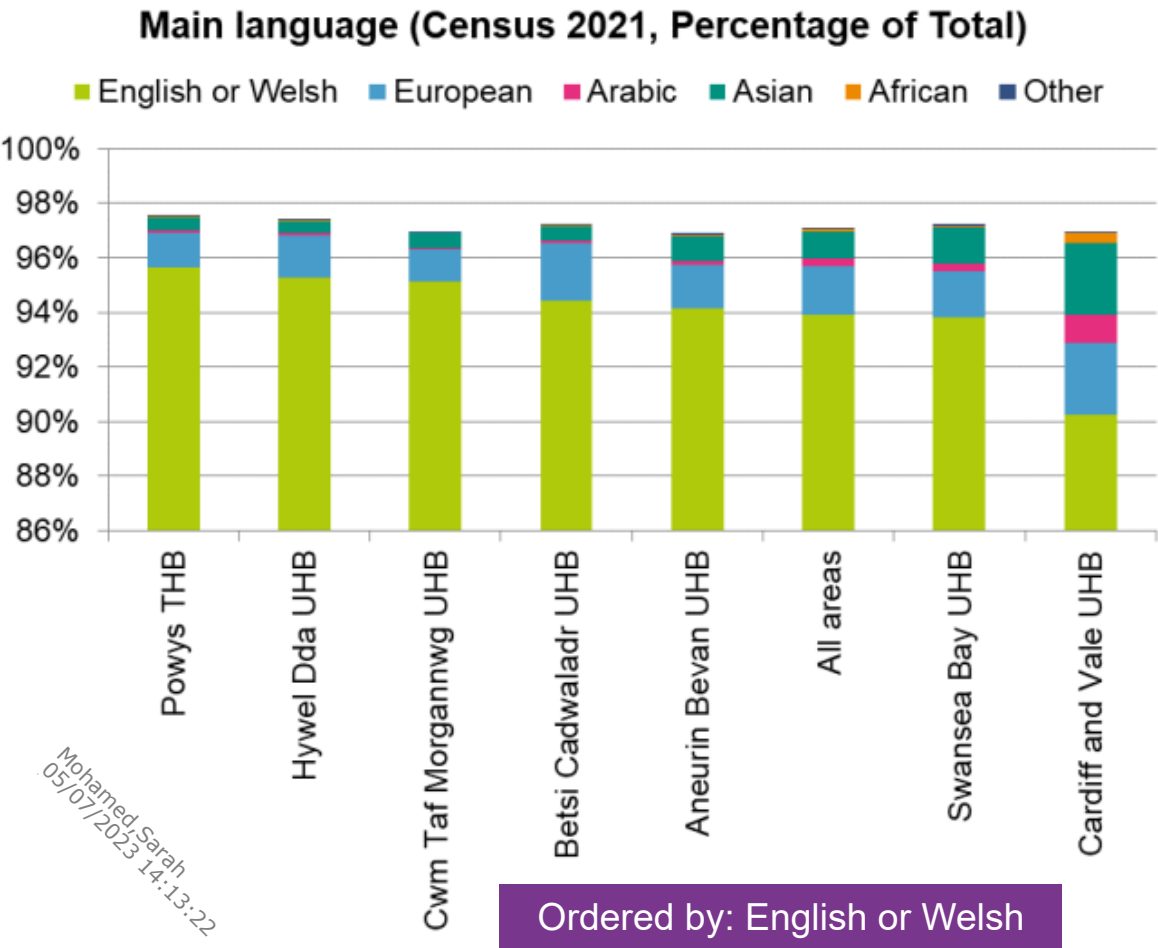
Migration (Census 2021, Percentage of Total)



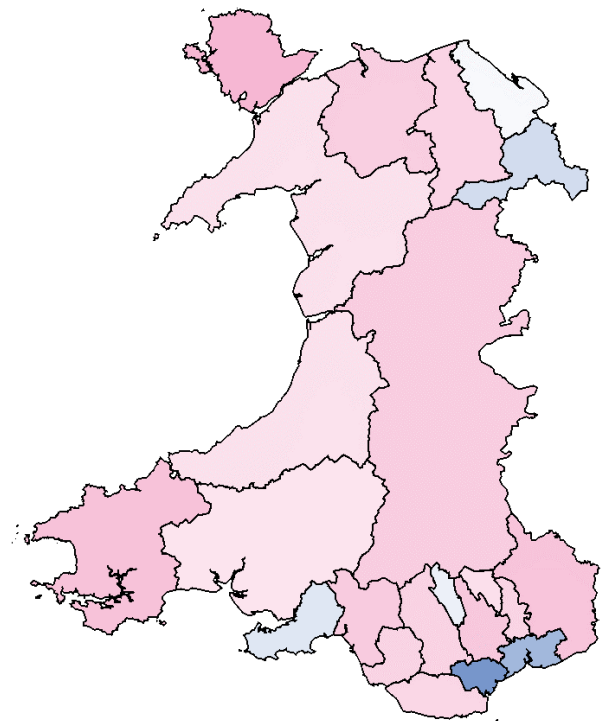
Area	Born in the UK
Cwm Taf Morgannwg UHB	95.8%
WALES	93.1%
Cardiff and Vale UHB	86.3%



# Main language



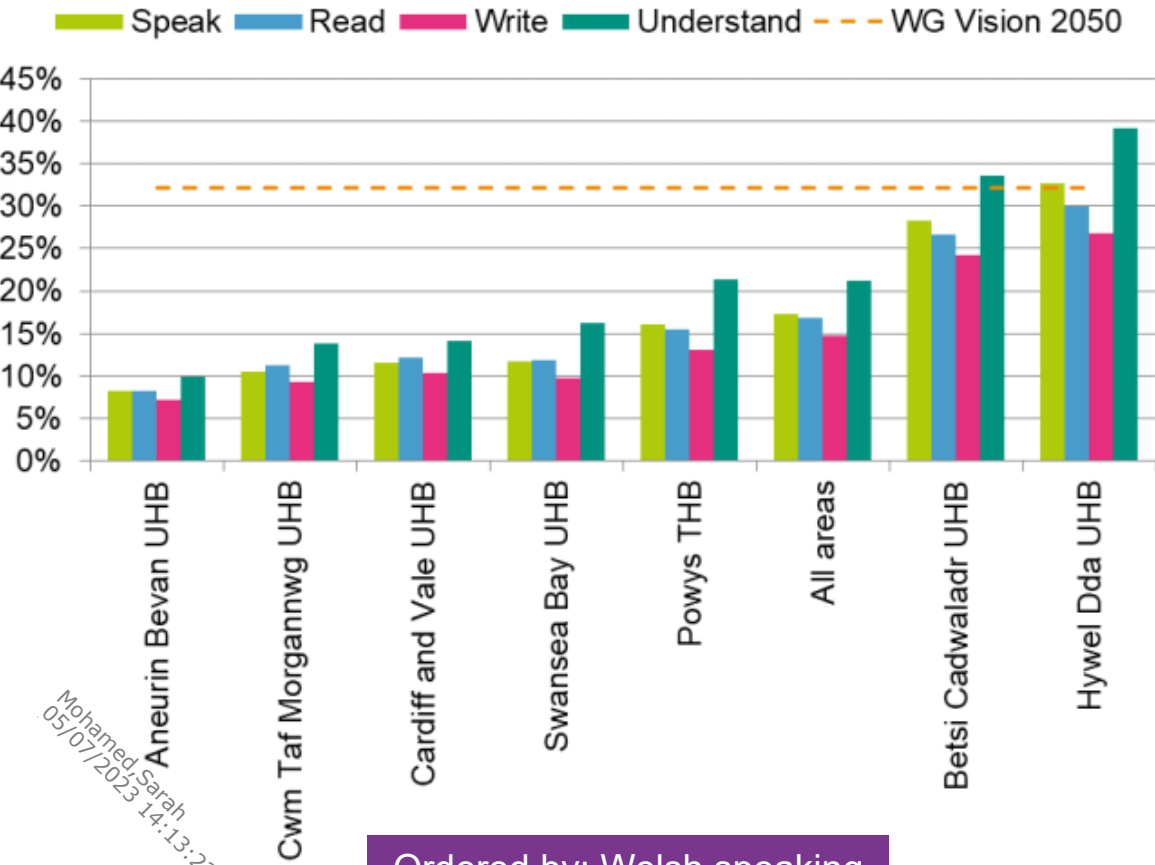
Area	English or Welsh
Powys THB	95.7%
WALES	93.9%
Cardiff and Vale UHB	90.2%



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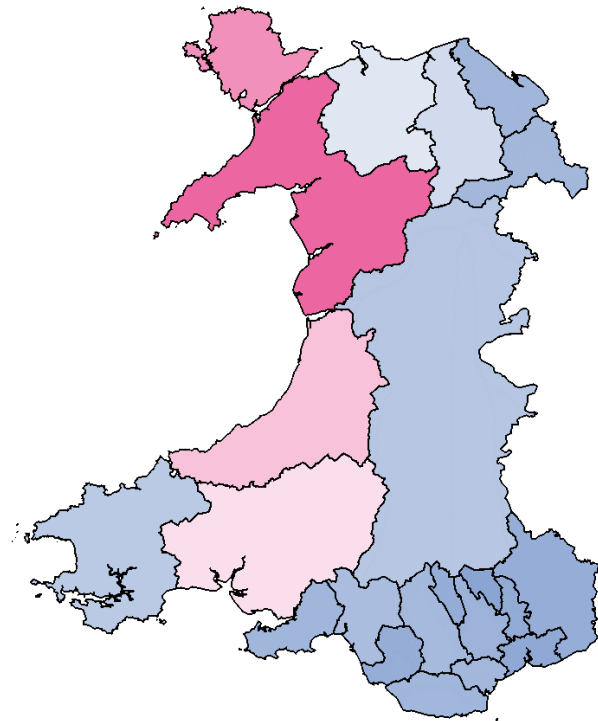
# Welsh language

Welsh Language (Census 2021, Percentage of Total)



Ordered by: Welsh speaking

Area	Welsh speaking
Hywel Dda UHB	32.7%
WALES	17.3%
Aneurin Bevan UHB	8.3%

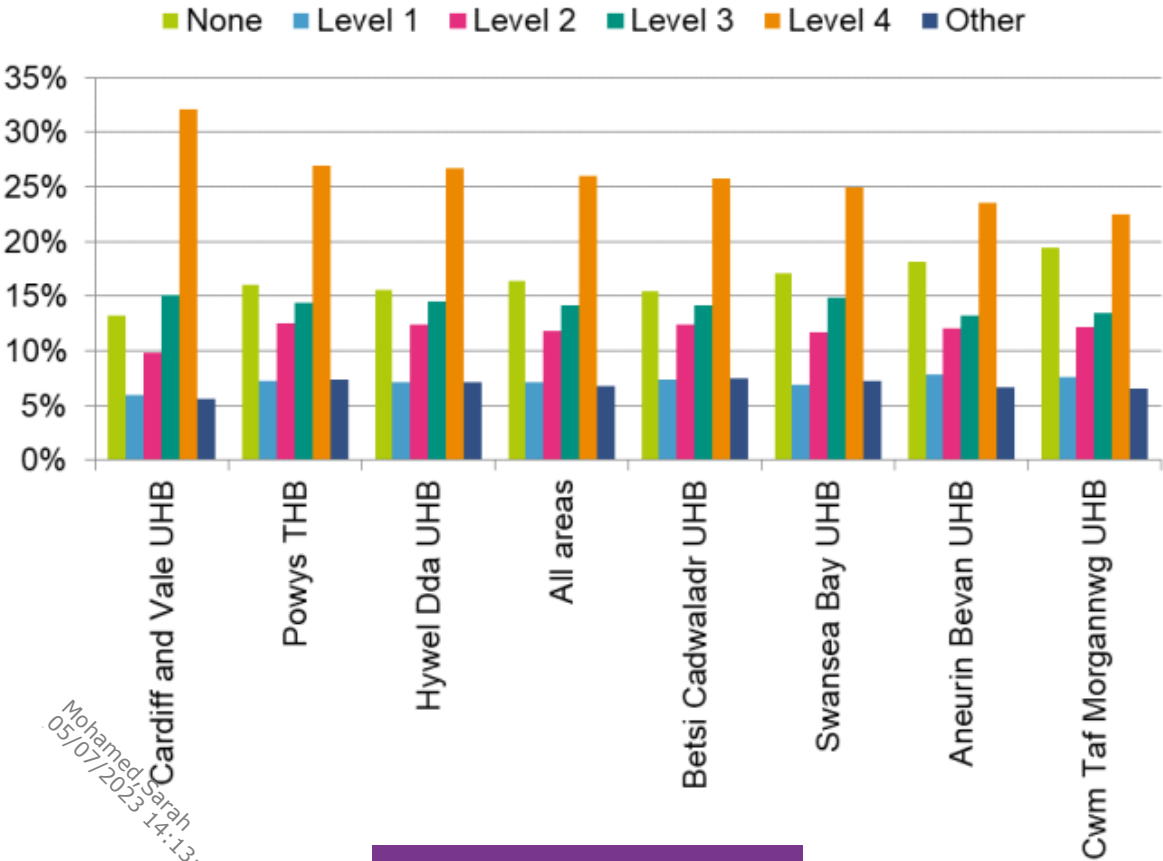


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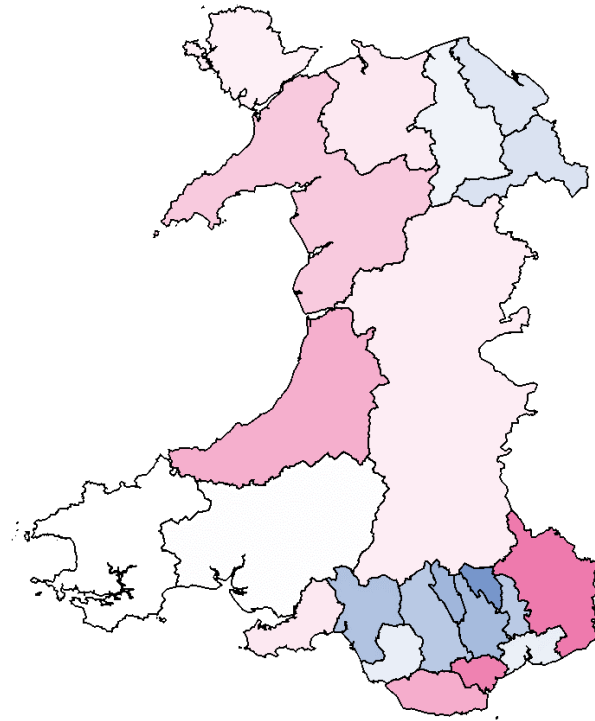
# Education

Education (Census 2021, Percentage of Total)



Ordered by: Level 4

Area	Level 4 (degree)
Cardiff and Vale UHB	32.1%
WALES	26.0%
Cwm Taf Morgannwg UHB	22.5%



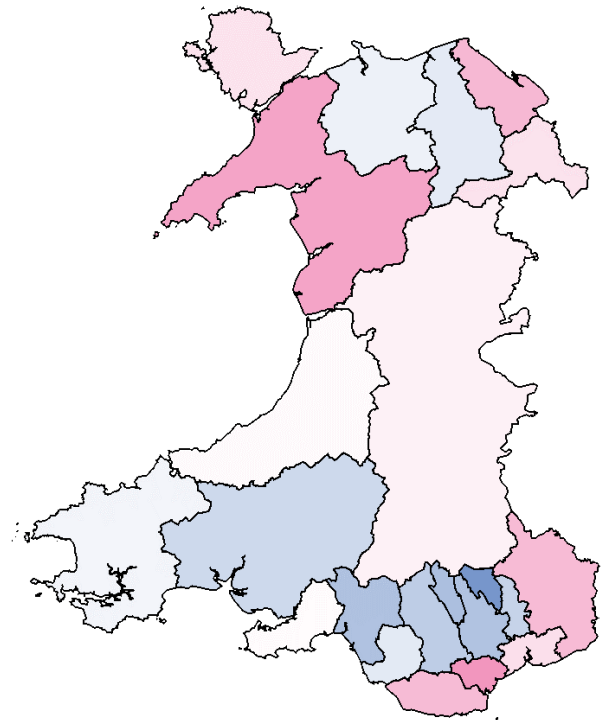
# Health

Health (Census 2021, Percentage of Total)



Ordered by: Very good and good health

Area	Very good or good
Cardiff and Vale UHB	81.6%
WALES	78.6%
Cwm Taf Morgannwg UHB	76.6%

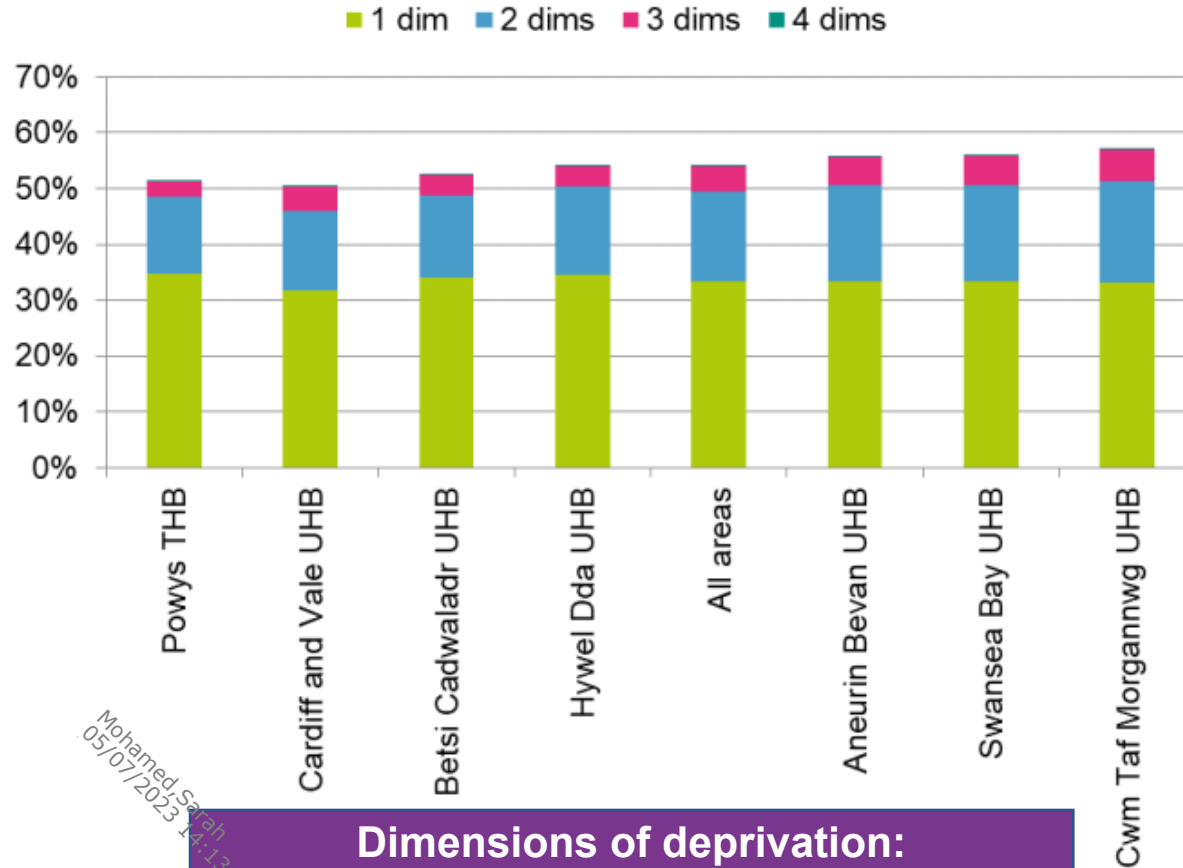


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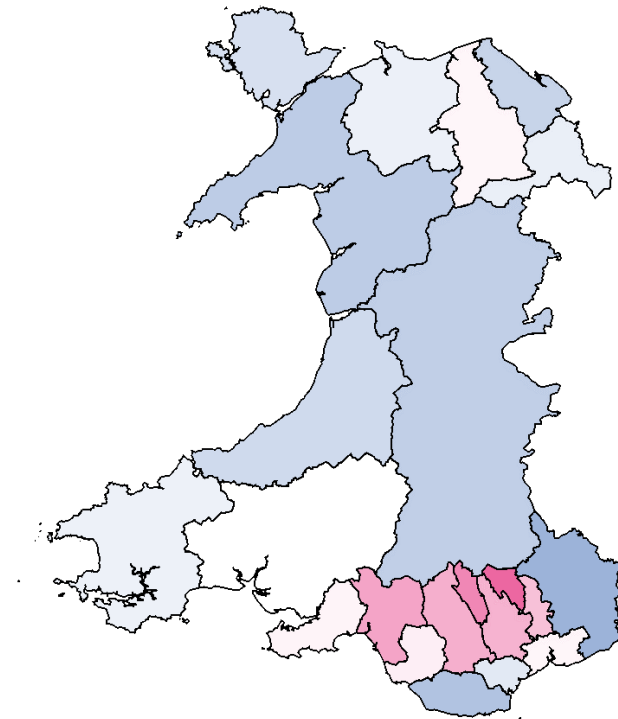
# Deprivation

Deprivation (Census 2021, Percentage of Households)



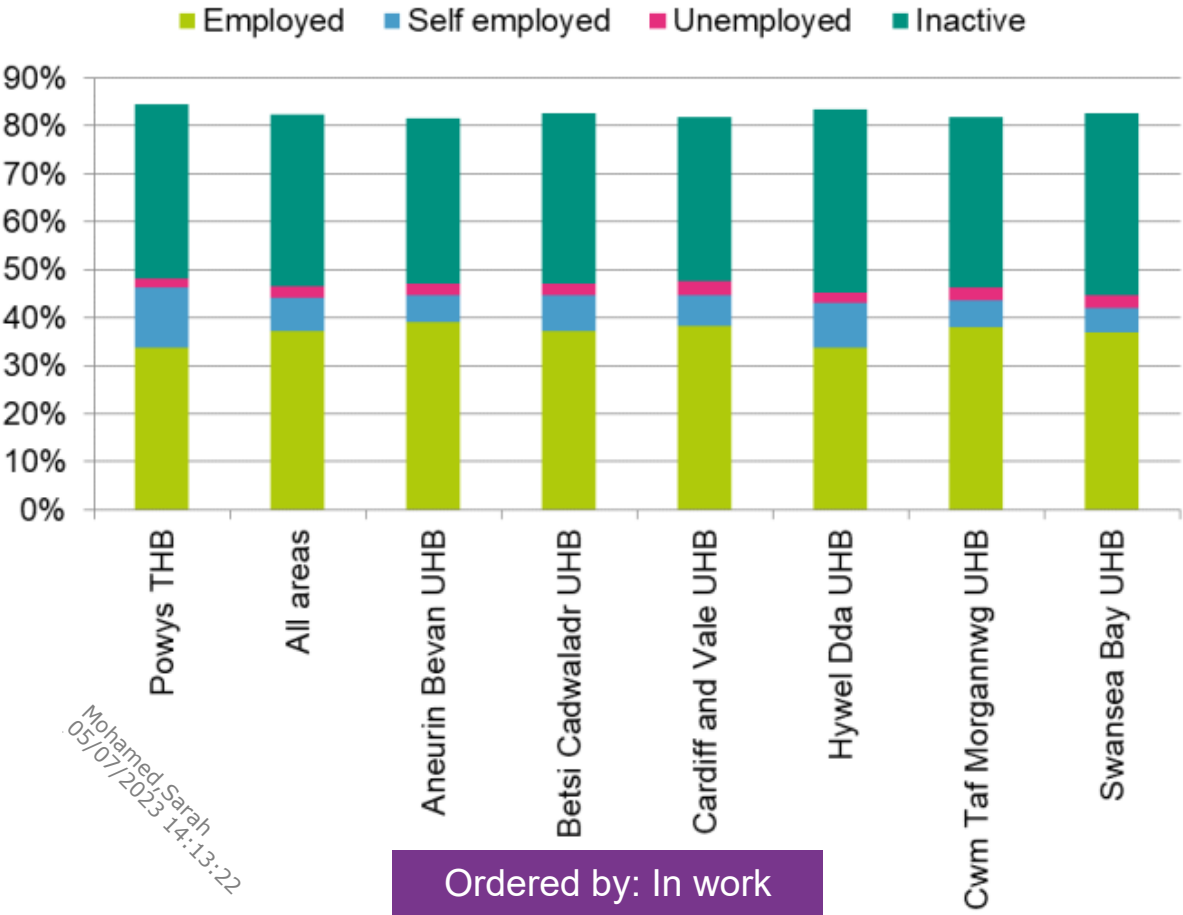
**Dimensions of deprivation:**  
Education, Employment, Health, Housing

Area	Index
Cwm Taf Morgannwg UHB	87.4
WALES	79.6
Powys THB	71.2

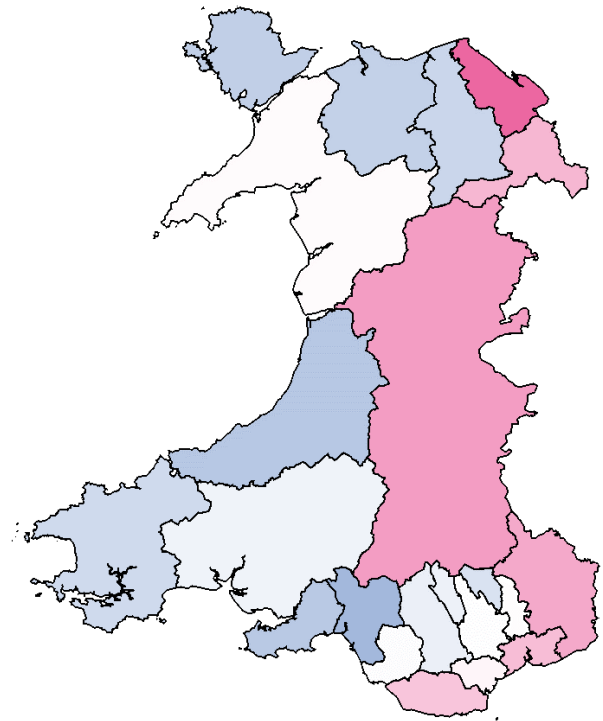


# Economic activity

Economic Activity (Census 2021, Percentage of Total)



Area	In work
Powys THB	46.4%
WALES	44.0%
Swansea Bay UHB	42.0%

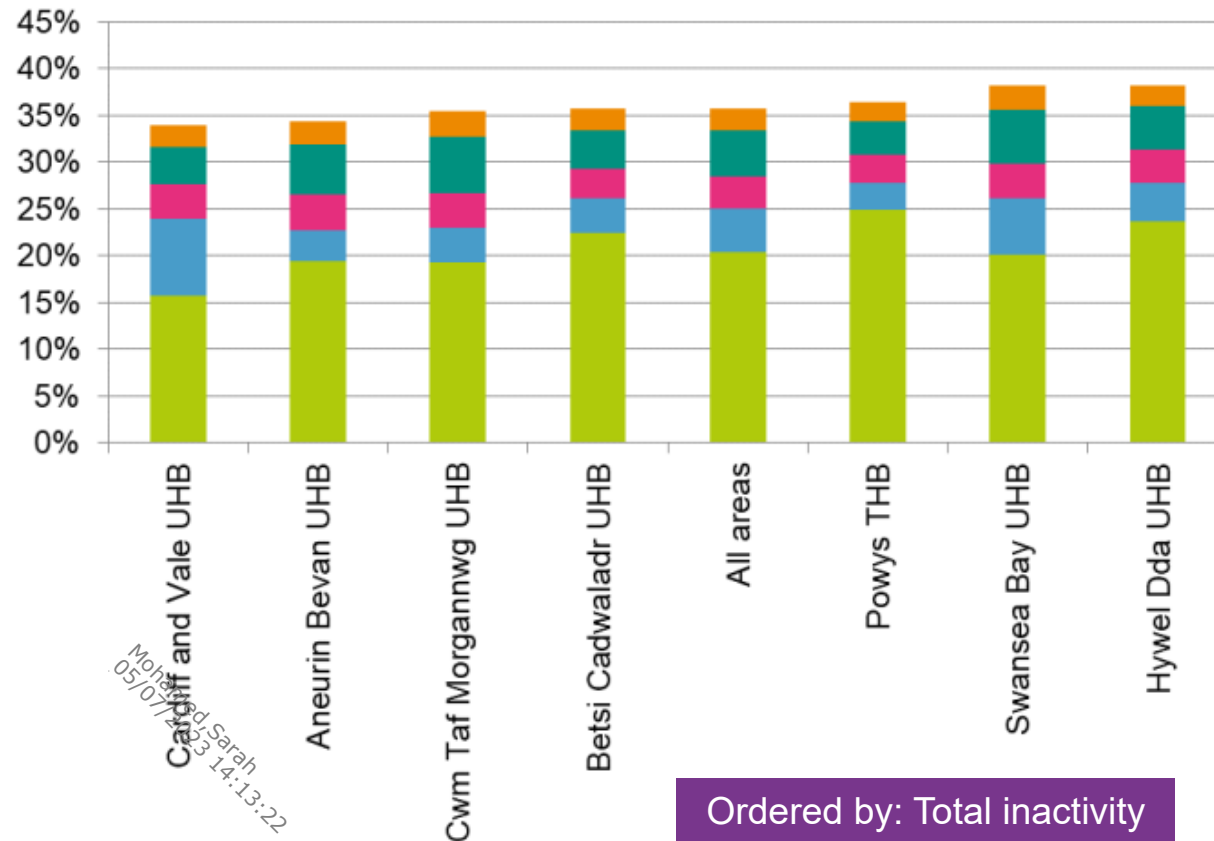


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# Economic inactivity

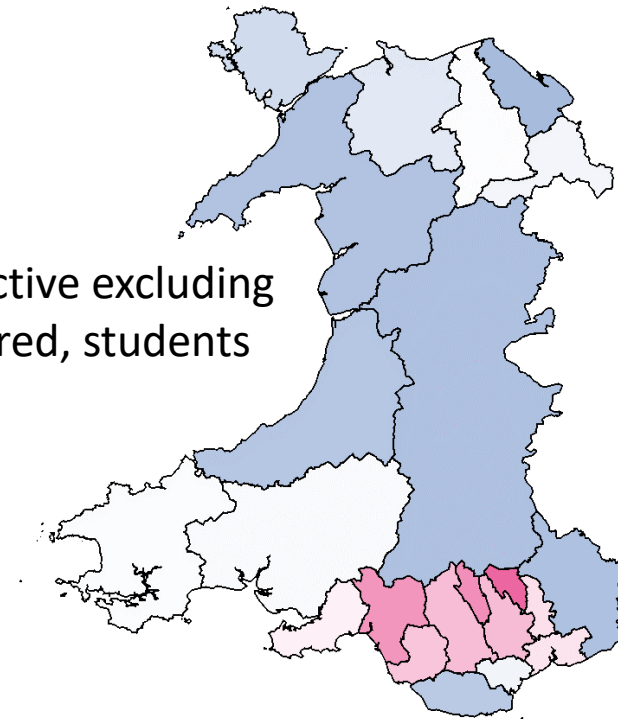
Economic Inactivity (Census 2021, Percentage of Total)

■ Retired ■ Student ■ Family/home ■ Long term sick/disabled ■ Other



Area	Inactive
Hywel Dda UHB	38.2%
WALES	35.8%
Cardiff and Vale UHB	34.0%

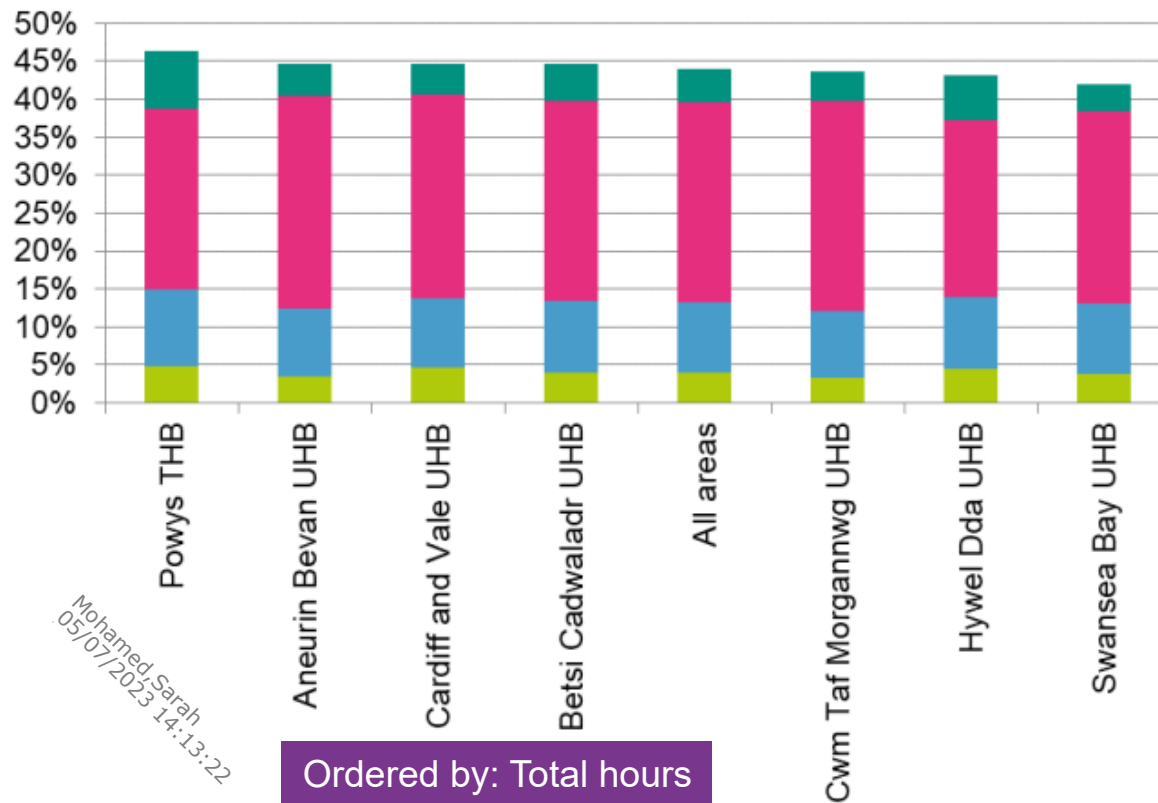
Inactive excluding retired, students



# Work hours

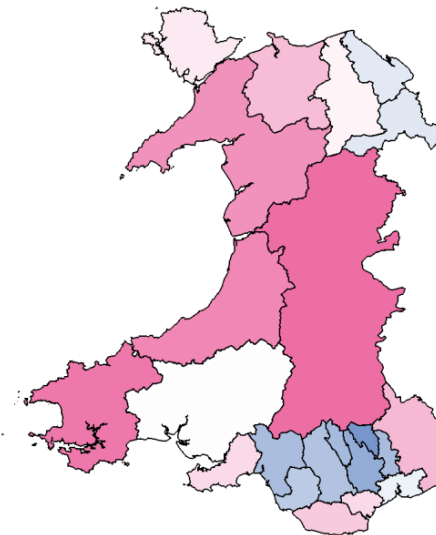
Work Hours (Census 2021, Percentage of Total)

■ Part time: 0-15 hours    ■ Part time: 16-30 hours  
■ Full time: 31-48 hours    ■ Full time: 49+ hours

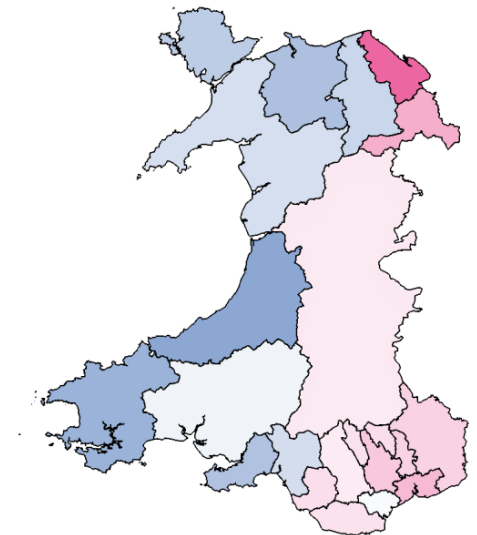


Area	Part-time
Powys THB	14.9%
WALES	13.2%
Cwm Taf Morgannwg UHB	12.2%

Part-time



Full-time



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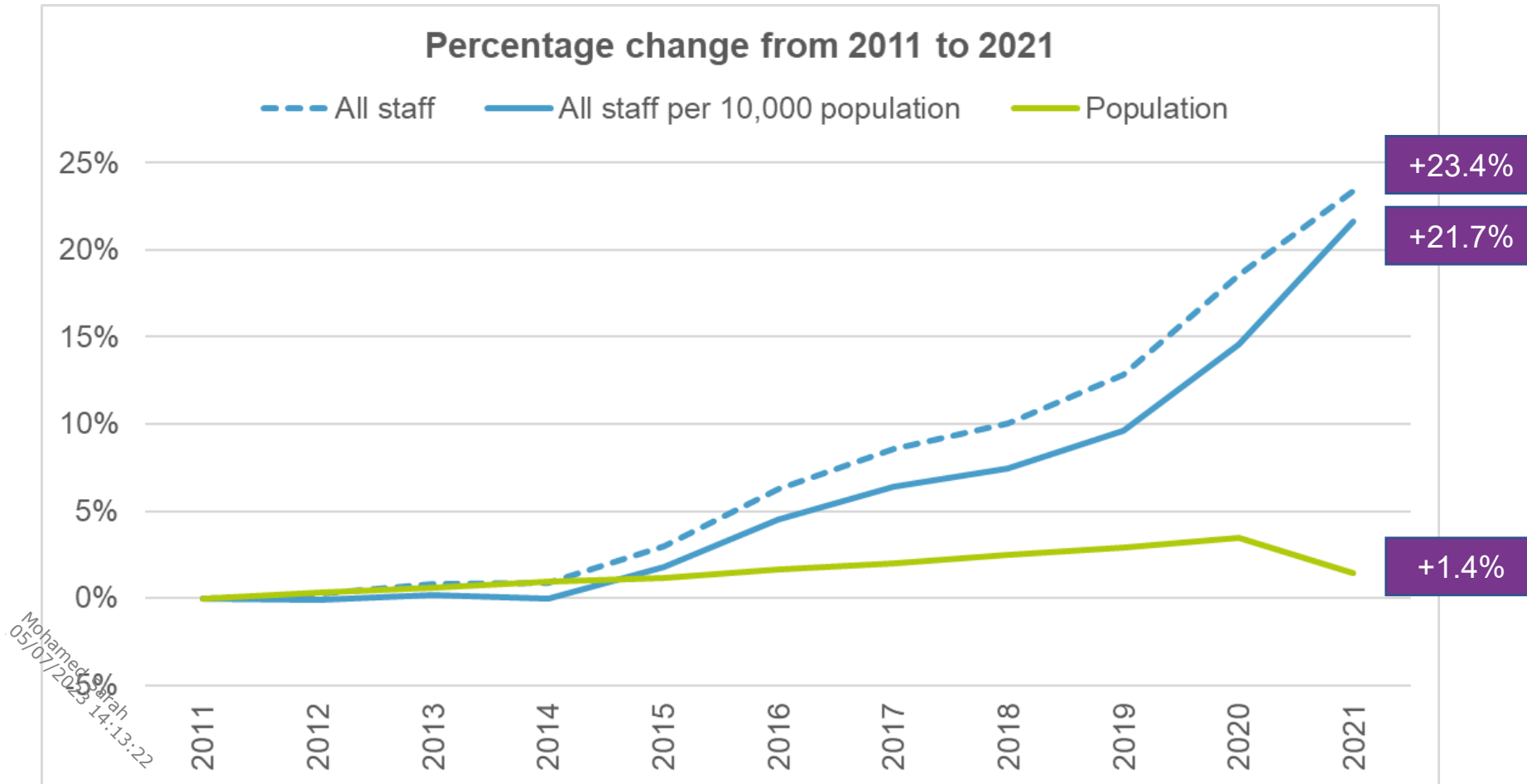


# Population and the NHS Wales workforce

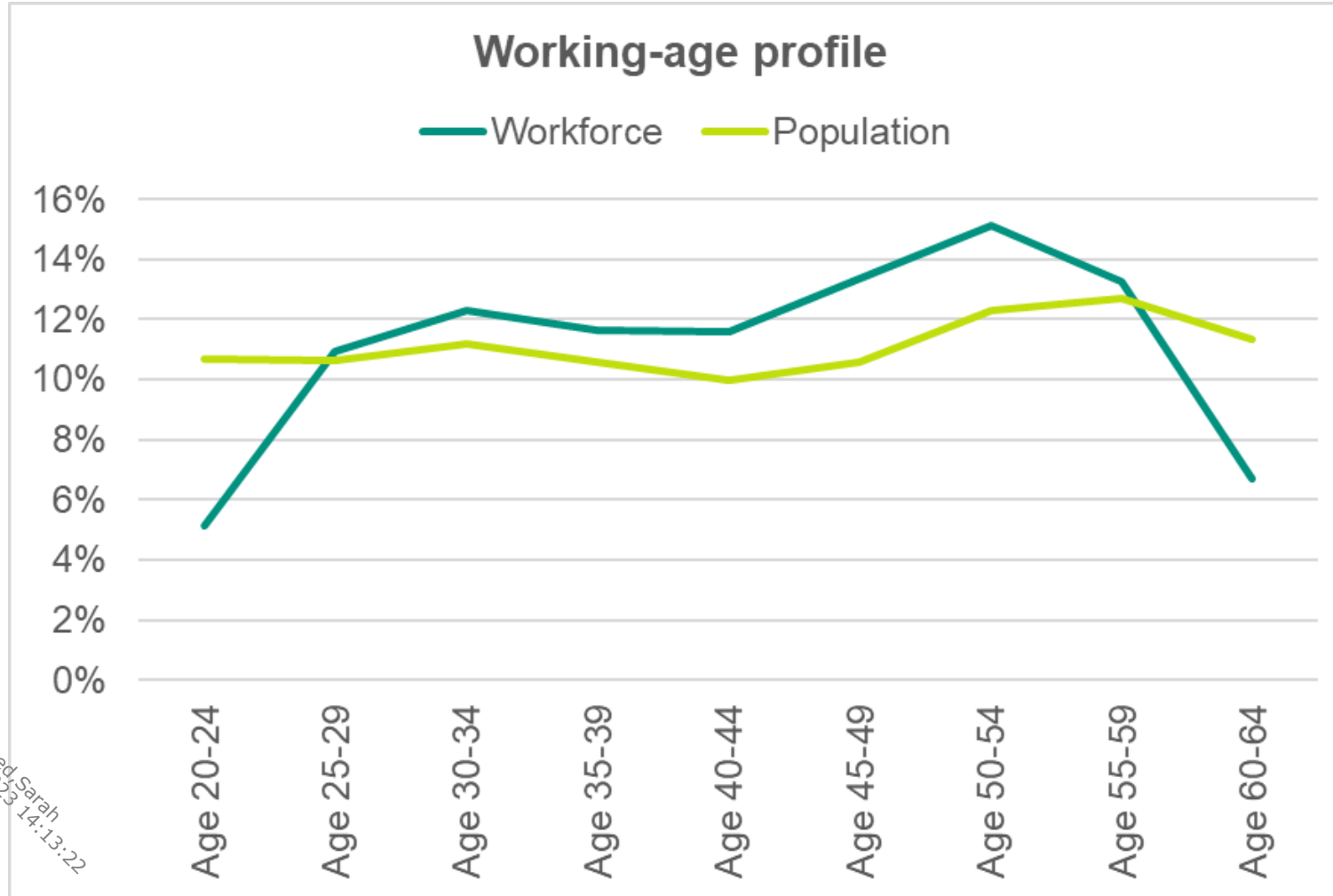


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# Percentage changes in workforce and population



# Workforce and population age profiles



Overall, the NHS Wales workforce is 4.6% of the working-age population (age 18-64)

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# Workforce and population characteristics

Characteristic	Category	Workforce	Population	Difference
Sex	Male	23.5%	48.9%	-25.4%
	Female	76.5%	51.1%	+25.4%
Nationality	UK	78.9%	95.8%	-16.9%
	EU/EEA	2.0%	2.2%	-0.2%
	Non-EU/EEA	4.4%	2.0%	+2.4%
	Unknown	14.7%	0.0%	+14.7%
Ethnicity	White	80.3%	93.8%	-13.5%
	Asian	4.0%	2.9%	+1.1%
	Black	1.1%	0.9%	+0.2%
	Mixed	0.9%	1.6%	-0.7%
	Other	1.3%	0.9%	+0.4%
	Unknown	12.4%	0.0%	+12.4%
Disability	Not disabled	71.1%	78.4%	-7.3%
	Disabled	3.7%	21.6%	-17.9%
	Unknown	25.2%	0.0%	+25.2%

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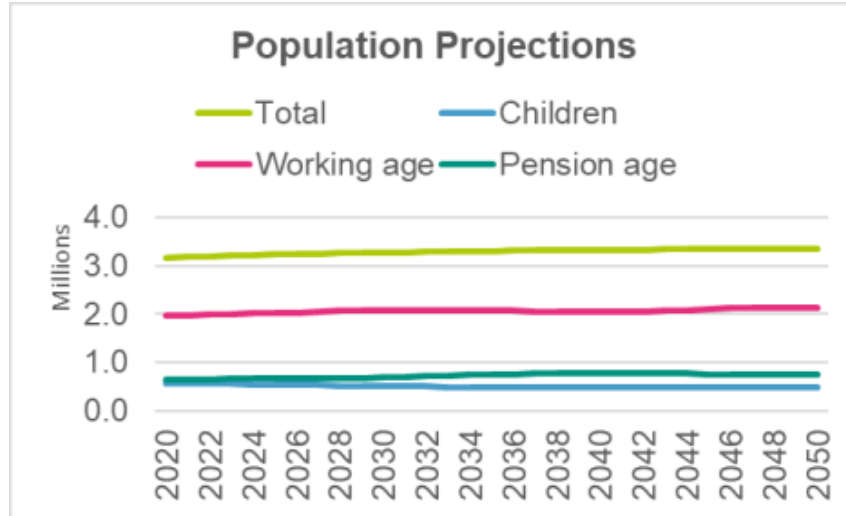




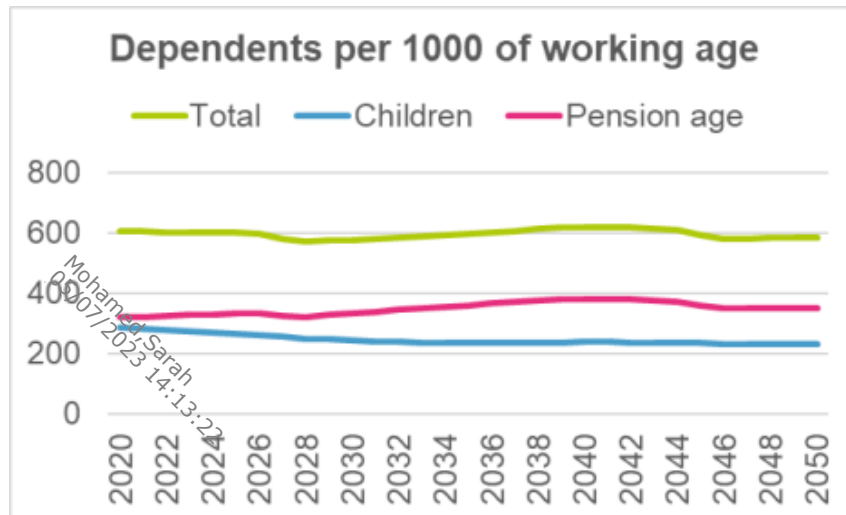
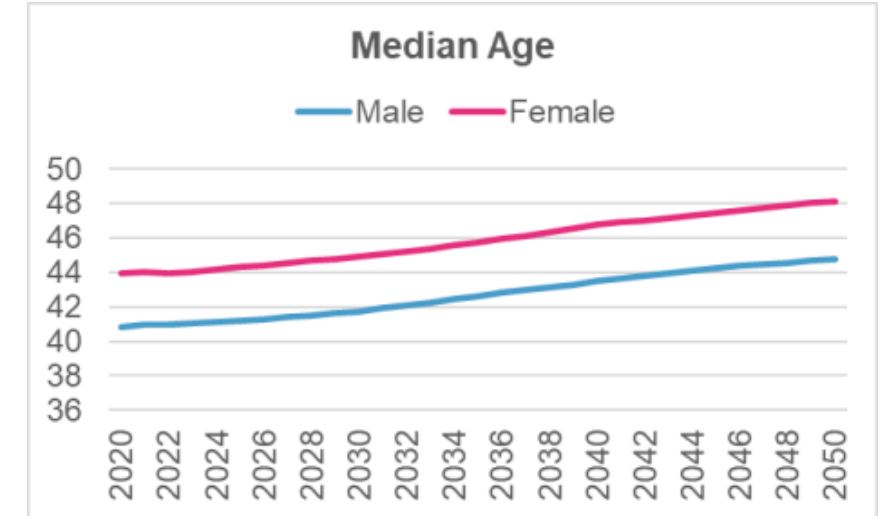
# Future projections

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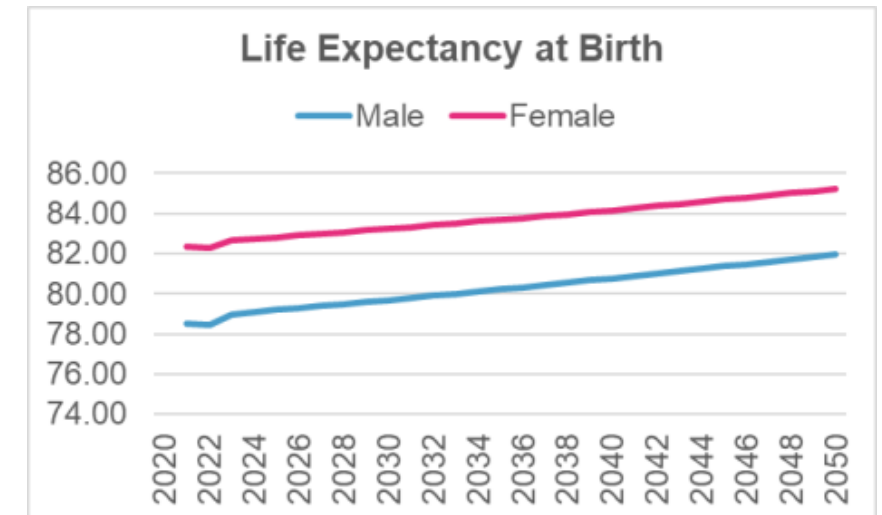
# Future projections to 2050



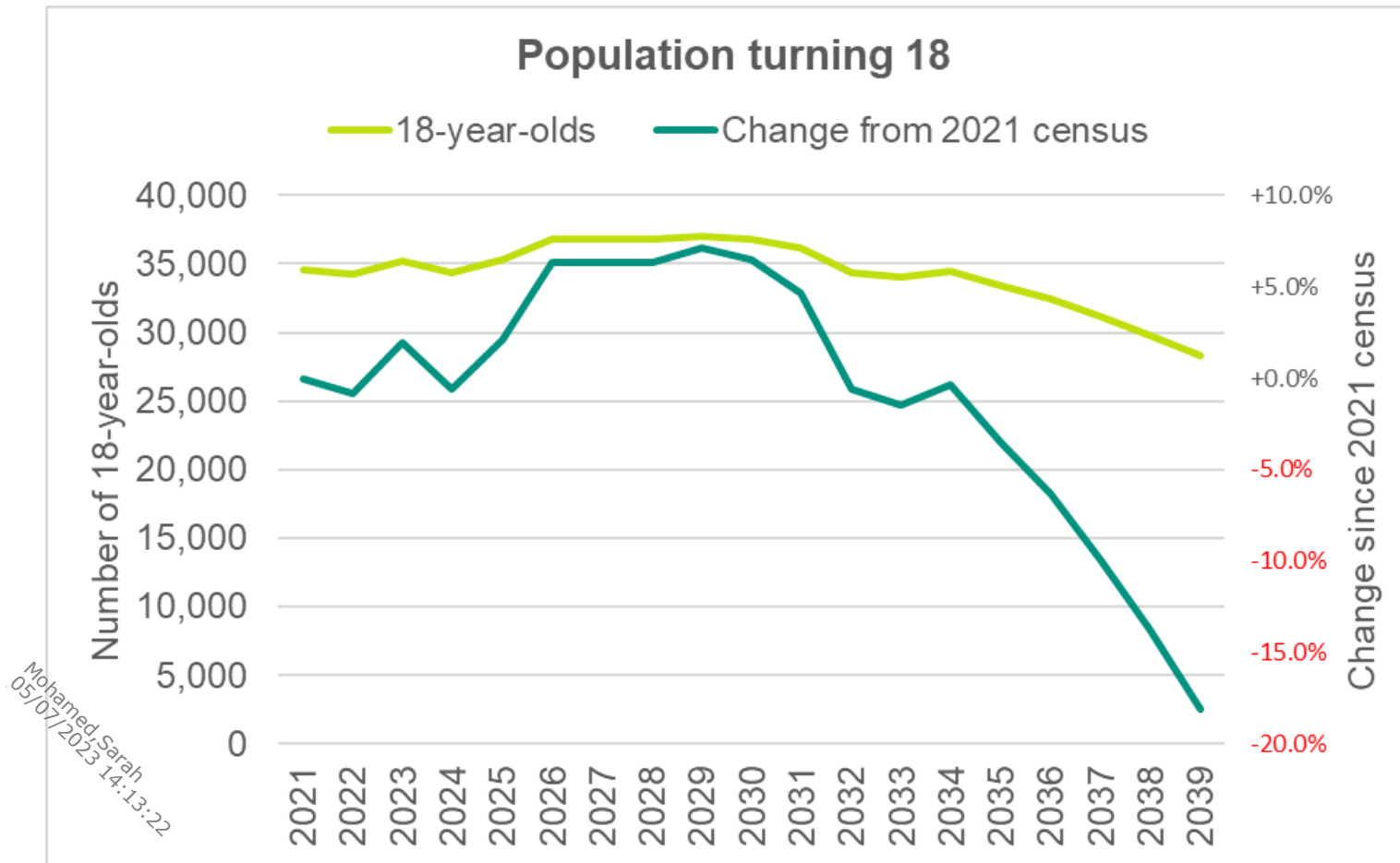
Total	↑	5.9%
Children	↓	12.8%
Working age	↑	7.5%
Pension age	↑	17.4%



Total	↓	4.0%
Children	↓	18.9%
Pension age	↑	9.3%



# Next generation workforce

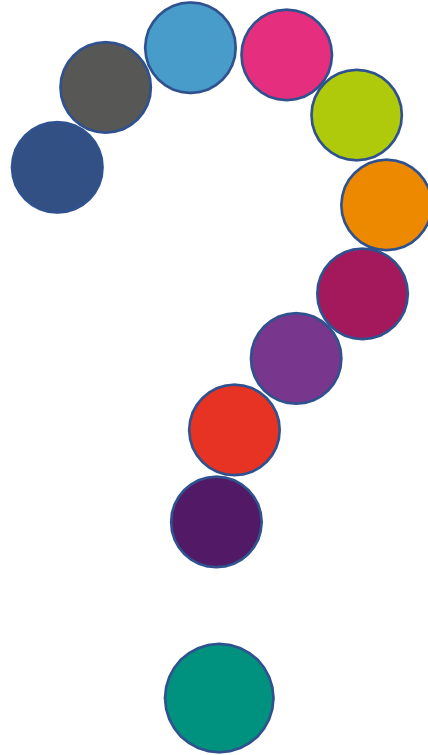


Based on population up to  
age 18 at 2021 census  
when they turn 18

Excludes deaths and  
migration

Peak in 2029 implies drop  
in birth rate from 2011

# What does this information tell you?



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Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

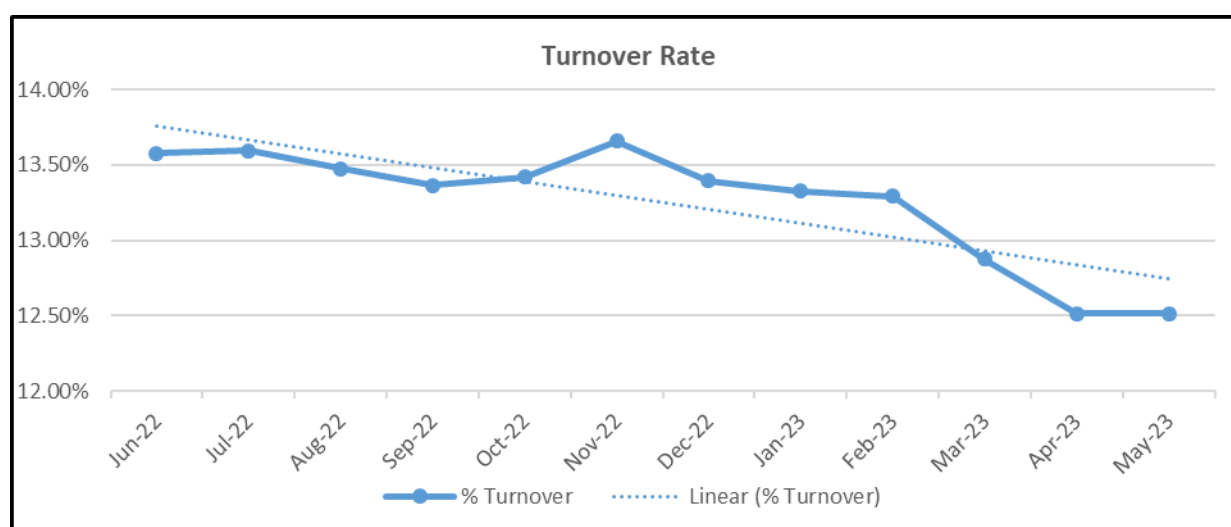
Trawsnewid y gweithlu ar gyfer Cymru iachach  
Transforming the workforce for a healthier Wales

Report Title:	Key Workforce Performance Indicators				Agenda Item no.	2.4
Meeting:	People & Culture Committee		Public	X	Meeting Date:	11 <sup>h</sup> July 2023
			Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics					

## Main Report

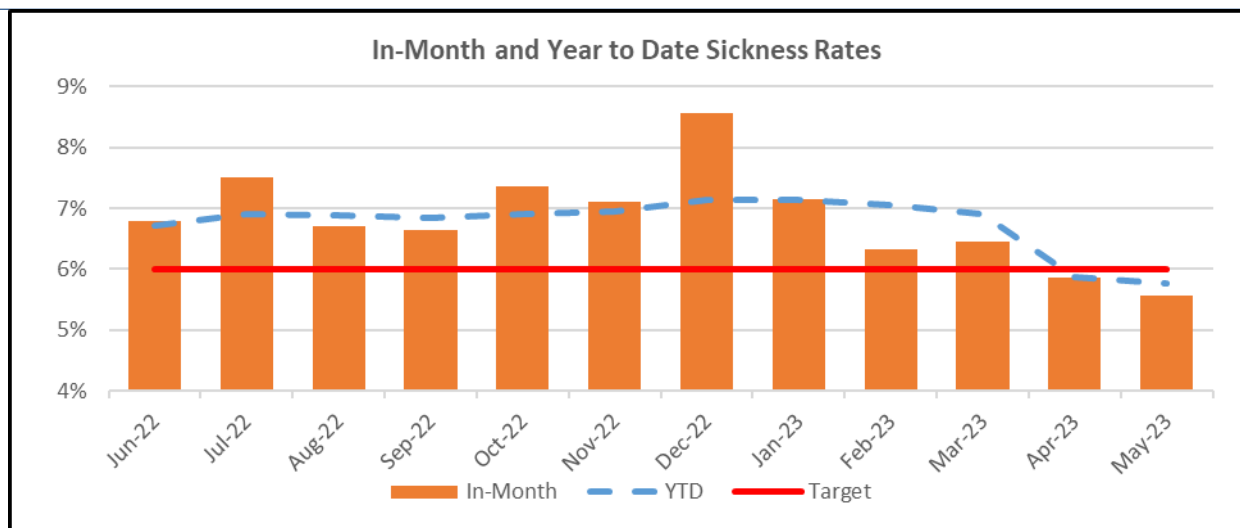
### Background and current situation:

The Executive Director of People and Culture provides bi-monthly workforce metrics updates to the Board and an overview report demonstrating progress with the People & Culture Plan.



- The overall trend of **Turnover** rate is downwards since Jun-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to 12.51% in May-23 UHB wide. This is a net 1.15% decrease, which equates roughly to 158 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Voluntary Resignation – Work Life Balance. The People Resourcing team are working with managers to encourage greater accuracy when recording the reason for leaving, so that 'Voluntary Resignation - Other/Not Known' is used only where appropriate.

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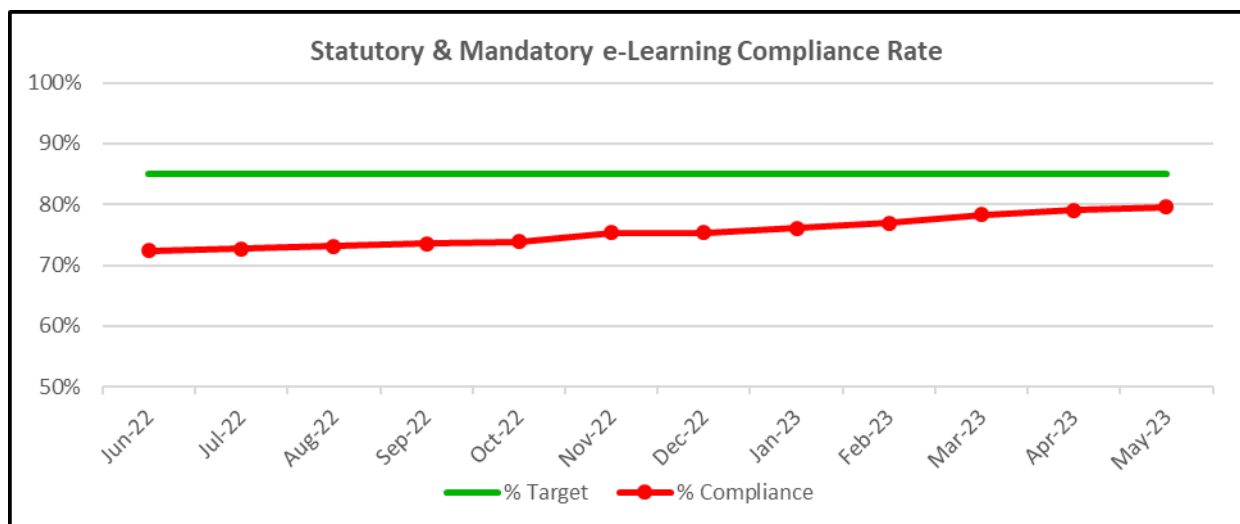


- The **Sickness Absence** rates now appear to be falling to more 'normal' levels. The monthly sickness rate for May 2023 was 5.57% and April 2023 was 5.87%, after an all-time high of 8.57% for December 2023. The 12-month cumulative rate has fallen over the past 4 months to 6.84% (by comparison with May 2022, which was 7.14%).

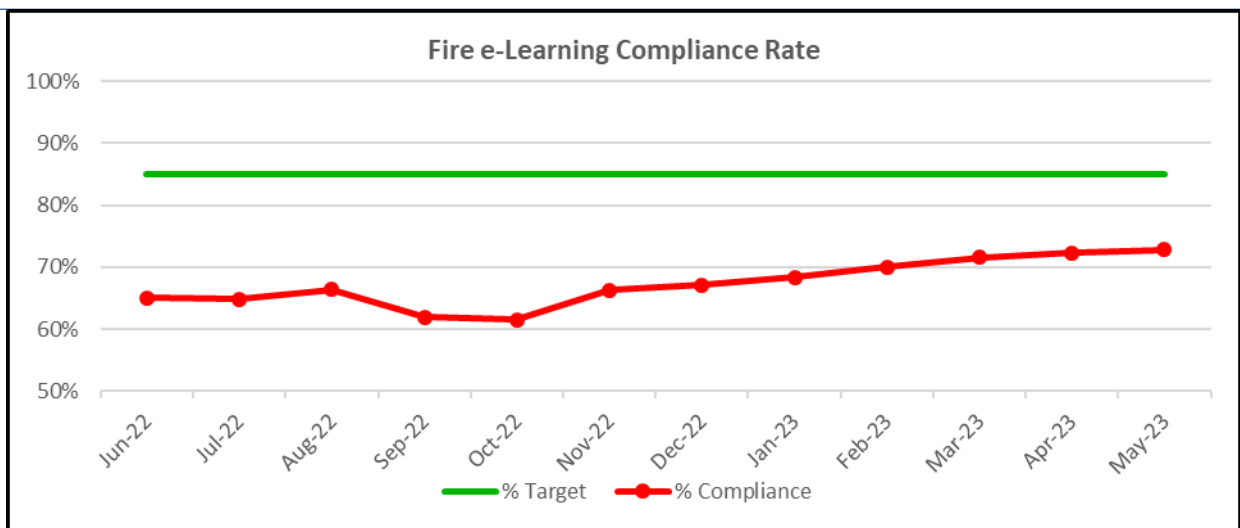
The top 5 reasons for absence for the past 12 months are; 'S10 Anxiety/stress/depression/other psychiatric illnesses'; 'S13 Cold, Cough, Flu – Influenza'; 'S15 Chest & respiratory problems'; 'S12 Other musculoskeletal problems' and 'S25 Gastrointestinal problems'

The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has fallen. On 31/03/22 there was 284 and as at 30/04/23 there were 232 (a decrease of 52 – 18.31%).

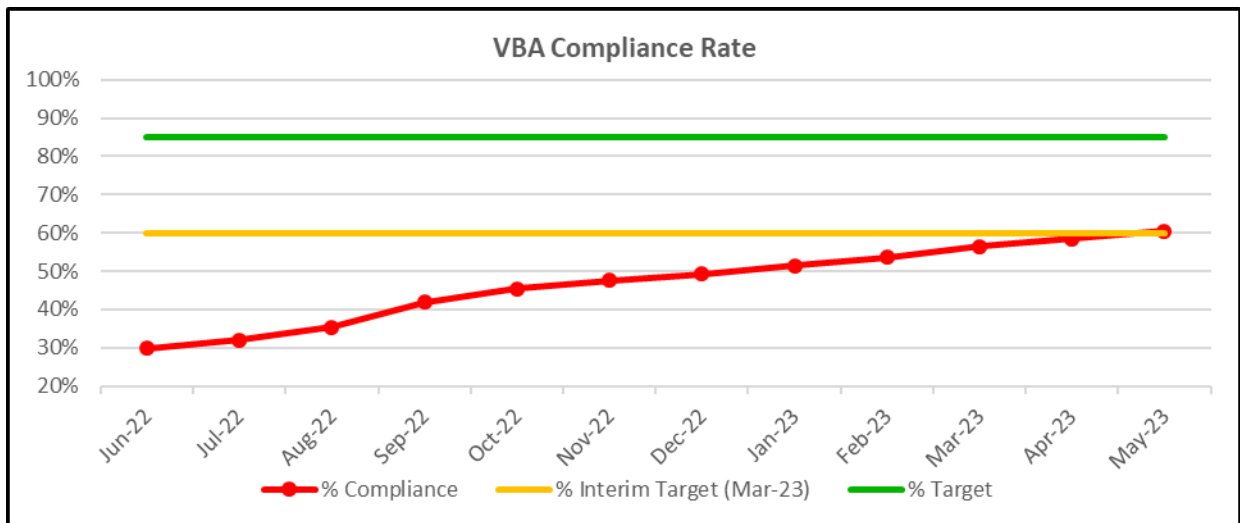
There are 45 staff on long term absence where Covid-19 has been identified as a Related Reason. There are currently 25 staff off work with Long Covid, a reduction from 70 cases in 2022.



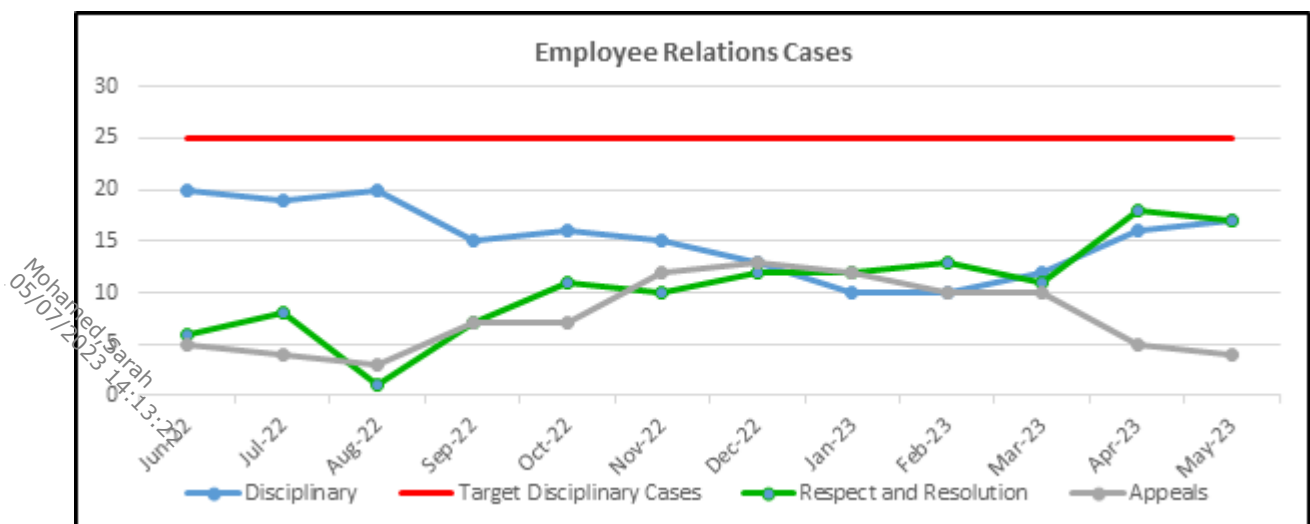
- The **Statutory and Mandatory** training compliance rate has risen, to 79.60% for May, 5.40% below the overall target. The compliance for the All-Wales Genomics Services is 93.57% and Capital, Estates & Facilities is 89.50% (i.e. above the 85% target), and Clinical Diagnostics & Therapeutics, PCIC, Corporate Executives and Children & Women's are above 80% compliance.



- Compliance with **Fire** training has also risen during May, to 72.80%. Again, the All-Wales Genomics Services and Capital, Estates & Facilities have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.



- The trend of the rate of compliance with **Values Based Appraisal** has doubled over the last year; the compliance at May 2023 was 60.50%. Clinical Boards had been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (86.44%) Clinical Diagnostics & Therapeutics (69.13%), PCIC (64.33%), Surgical Services (62.14%), Children & Women's (61.45%) and All-Wales Genomics Service (60.81%) are now above the 60% transitory target.



- The number of employee relations cases within the UHB has risen in the past three months but remains below the UHB Target. There were 18 Formal Disciplinary/UPSW Cases ongoing in May 2023. Further work is being undertaken to embed the Just Culture principles within the UHB and a Just Culture Toolkit is being developed. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.
- The Respect and Resolution Policy replaced the UHB's previous Dignity at Work Policy and Grievance Policy in 2021. The Policy seeks to establish ways of working which focus on early intervention and the prevention of workplace issues through building healthier working relationships and workplaces. The Policy is supported by a toolkit and an internal Mediation service as well as the All Wales Mediation Network to help resolve issues quickly and informally whenever possible.
- The formal stages of the Respect and Resolution Policy constitute a Formal Grievance. An impartial Chair is appointed to decide on the outcome/resolution, which may include an investigation. In May 2023 there were 17 ongoing Formal Requests for Resolution, 4 of these were requests received in May and the others are ongoing from previous months. The UHB has received a total of 34 formal requests for resolution in 2023. Appeals against Formal Resolution outcomes are low with less than 5 being received per year since the Policy was implemented.
- In addition to the ability for staff to raise concerns via the All Wales Respect and Resolution process colleagues are also able to raise concerns confidentially via the Health Board's Freedom to Speak Up ("F2SU") Process. Between January 2023 and June 2023, a total of two new F2SU referrals have been processed, one of which remains under review by the People Services team and the Executive Director of Nursing. In addition to those concerns that have been formally processed via the F2SU, colleagues within the process continue to provide support to staff members by providing advice and guidance on appropriate methods to escalate concerns, which does include referrals to the Respect and Resolution process.

#### Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The table below, and the following charts, show a **benchmarking** comparison of sickness and turnover rates, and stat & mand and appraisal compliance rates for the Health Boards in Wales and similarly-sized Trusts in England.

The data presented is as at 28<sup>th</sup> February 2023, which is the most recent published position for the NHS England organisations.

	Feb-23				
	WTE SIP	12-Month Cumulative Sickness	Turnover	Stat & Mand	Appraisal
Hywel Oda UHB	10,052	6.58%	9.10%	85.58%	73.14%
Cwm Taf Morgannwg UHB	11,174	7.47%	13.00%	75.29%	59.24%
Swansea Bay UHB	12,085	7.71%	10.40%	85.03%	68.46%
Aneurin Bevan UHB	12,599	6.83%	10.80%	81.86%	66.96%



King's College Hospital NHS Foundation Trust	13,103	4.44%	15.00%	87.23%	92.46%
University Hospitals Sussex NHS Foundation Trust	14,318	4.88%	12.61%	88.65%	85.15%
University Hospitals of Leicester NHS Trust	14,712	4.90%	12.16%	92.00%	79.39%
Sheffield Teaching Hospitals NHS Foundation Trust	15,257	5.62%	10.16%	90.00%	90.00%
Nottingham University Hospitals NHS Trust	16,237	5.38%	9.95%	82.00%	81.00%
Barts Health NHS Trust	16,699	4.35%	13.53%	85.10%	67.95%
Betsi Cadwaladr UHB	17,512	6.41%	10.30%	87.38%	75.32%
Leeds Teaching Hospitals NHS Trust	17,764	5.83%	11.62%	N/A	N/A
Northern Care Alliance NHS Foundation Trust	17,821	6.17%	13.06%	86.20%	67.56%
University Hospitals Birmingham NHS Foundation Trust	19,895	5.82%	12.20%	80.00%	N/A

## Recommendation:

The People & Culture Committee is requested to:

- **Note and discuss** the contents of the report

## Link to Strategic Objectives of Shaping our Future Wellbeing:

*Please tick as relevant*

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

## Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant*

Prevention	Long term	Integration	Collaboration	Involvement
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## Impact Assessment:

*Please state yes or no for each category. If yes please provide further details.*

Risk: Yes/No No

Safety: Yes/No No

Financial: Yes/No    No	
Workforce: Yes/No Yes	
Workforce risks and mitigating actions taken are described throughout this report	
Legal: Yes/No    No	
Reputational: Yes/No    No	
Socio Economic: Yes/No    No	
Equality and Health: Yes/No    No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

Mohamed, Sarah  
05/07/2023 14:13:22

Report Title:	Values Based Appraisal Update			Agenda Item no.	2.5
Meeting:	People and Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	11 July 2023
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture Senior Education, Culture and OD Manager				

Main Report

Background and current situation:

Background

Values Based Appraisal

As a values-based organisation, Cardiff and Vale UHB has developed the annual staff appraisal around our values, recognising the importance of behaviours in the workplace, ensuring we focus not only on what is being done, but also how it is being done.

An organisation is nothing without its people, and at the UHB we want to develop and nurture everyone to have the skills and confidence to live up to our values every day while achieving their potential and requirements within their role.

Conversations about values, behaviours, wellbeing and performance are important and should happen regularly between managers and staff, both formally and informally. The annual Values Based Appraisal is designed to reflect upon those more frequent conversations and spend focused time reviewing past performance and setting objectives to move forward.

Good quality, effective appraisals are also integral as part of the ongoing management processes in affecting motivation, morale, innovation, engagement, team spirit, and outcomes. The quality of these conversations and interactions will have an impact on staff retention, UHB reputation as an employer of choice and patient outcomes.

Welsh Government Targets and Monitoring

The UHB have targets set by Welsh Government related to VBA completion, which are;

- VBA Compliance 85%

To help areas plan to achieve the 85% target, in November 2022, the UHB took a stepped approach, providing all Clinical and Service Boards an incremental target of:

- 60% March 2023
- 85% June 2023

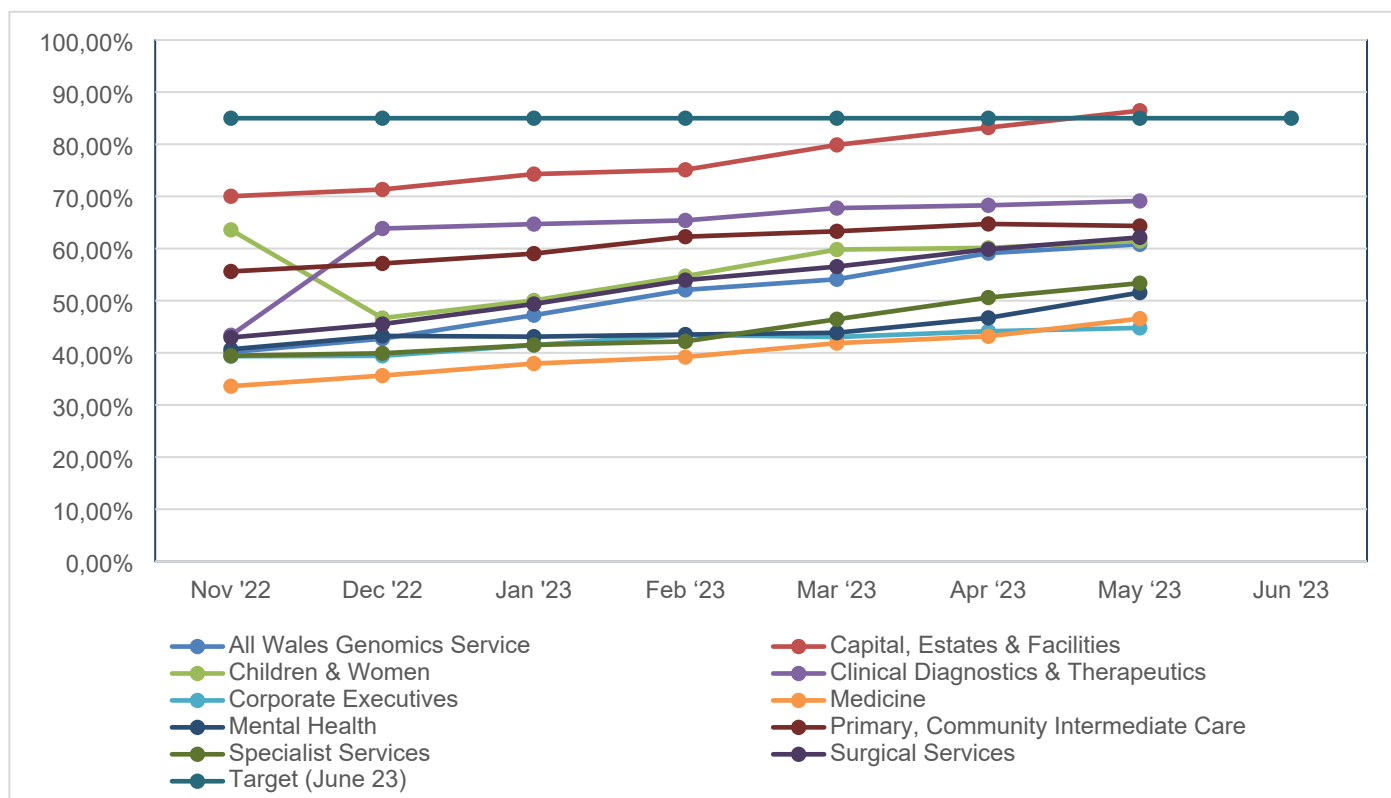
The Strategy and Delivery Paper (Appendix 1), outlines the position as of November 2022, and approaches being taken to achieve the targets.

Current Situation

The following information shows the progress made since November 2022 for each Clinical and Service Board:

## CAV UHB Values Based Appraisal Compliance, November 2022 – June 2023

### Non-Medical VBA Compliance

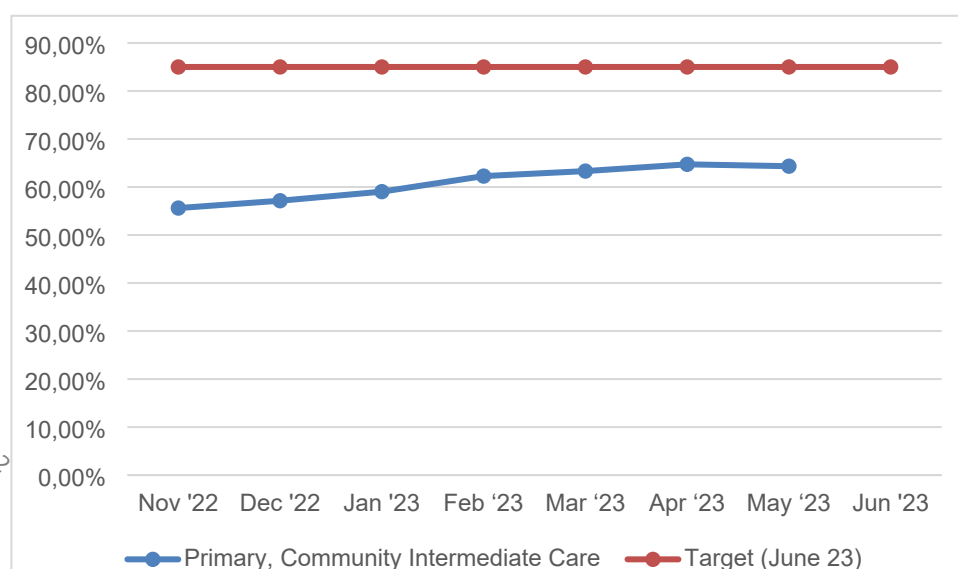


This graph illustrates the picture across the UHB and demonstrates improvement starting to be made in many areas. The VBA process has been developed to promote accessibility through provision of a shortened form and additional VBA workshops have been made available. The ECOD team have worked with key stakeholders to develop simplified guidance to assist staff and managers in uploading their VBA onto ESR.

### Current VBA Situation by Clinical and Service Boards

#### Primary, Community, Intermediate Care (PCIC)

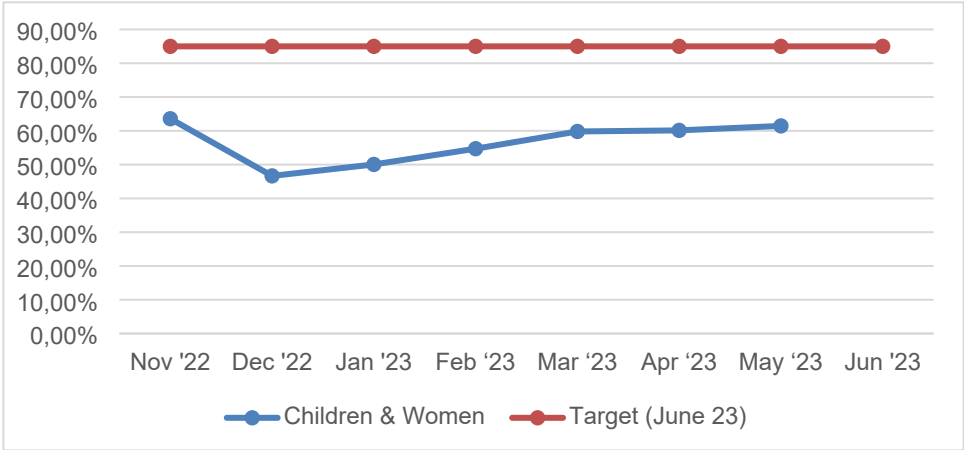
#### Primary, Community, Intermediate Care (PCIC) VBA Compliance November 2022 – June 2023



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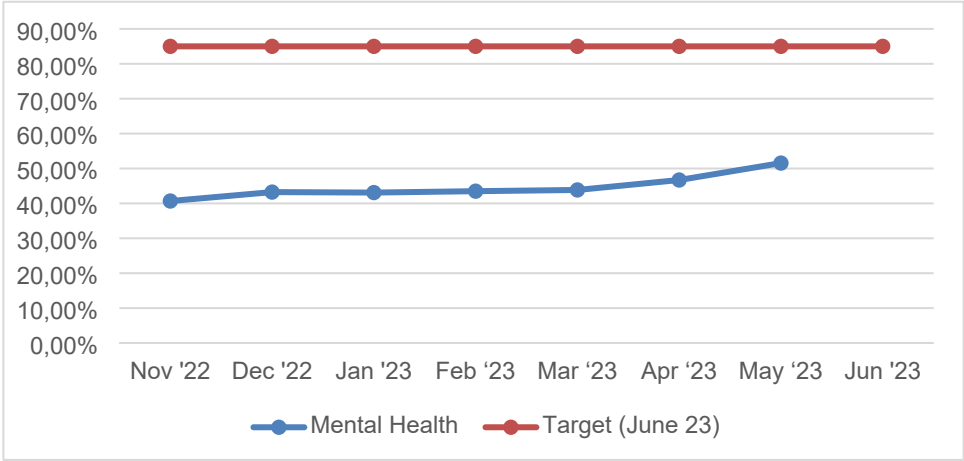
# Children and Women’s Clinical Board

## Children and Women’s VBA Compliance November 2022 – June 2023



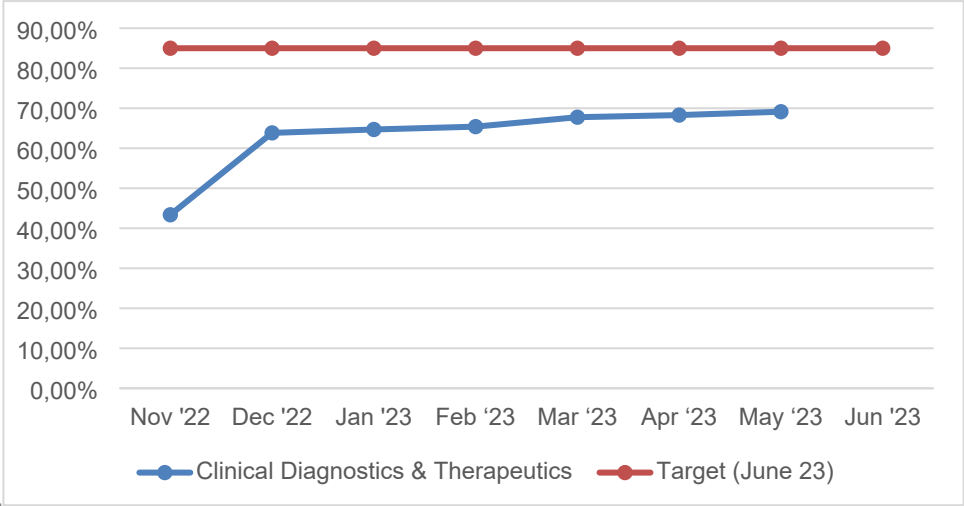
# Mental Health Clinical Board

## Mental Health VBA Compliance November 2022 – June 2023



# Clinical Diagnostics and Therapeutics (CD&T) Clinical Board

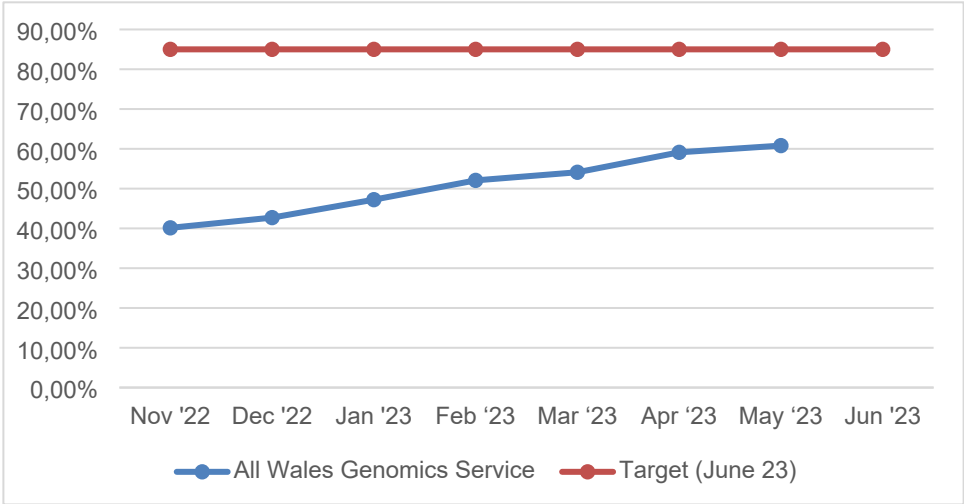
## CD&T VBA Compliance November 2022 – June 2023



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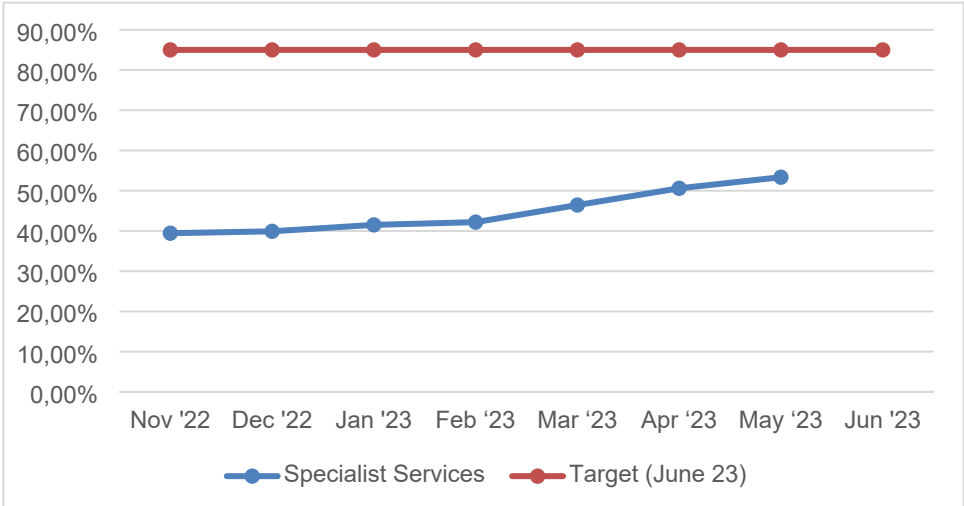
# All Wales Medical Genomics Service (AWMGS)

## AWMGS VBA Compliance November 2022 – June 2023



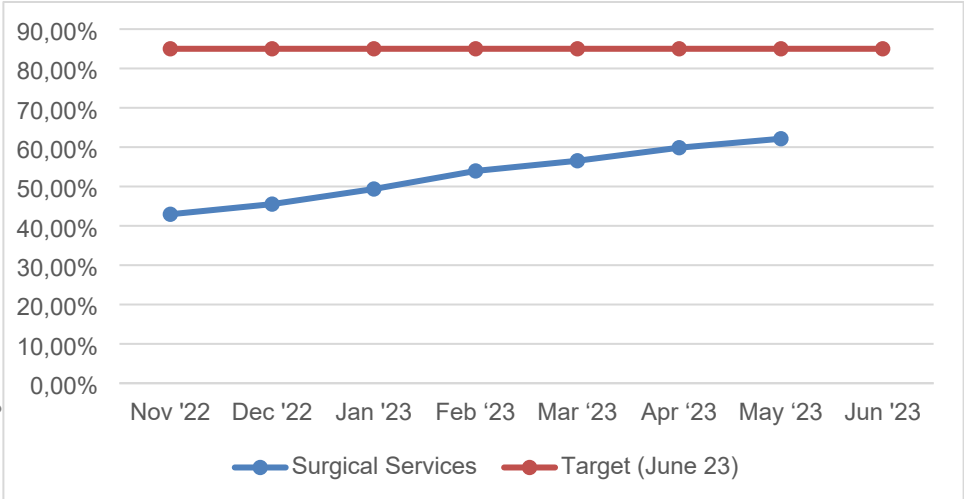
# Specialist Services Clinical Board

## Specialist Services CB VBA Compliance November 2022 – June 2023



# Surgical Services Clinical Board

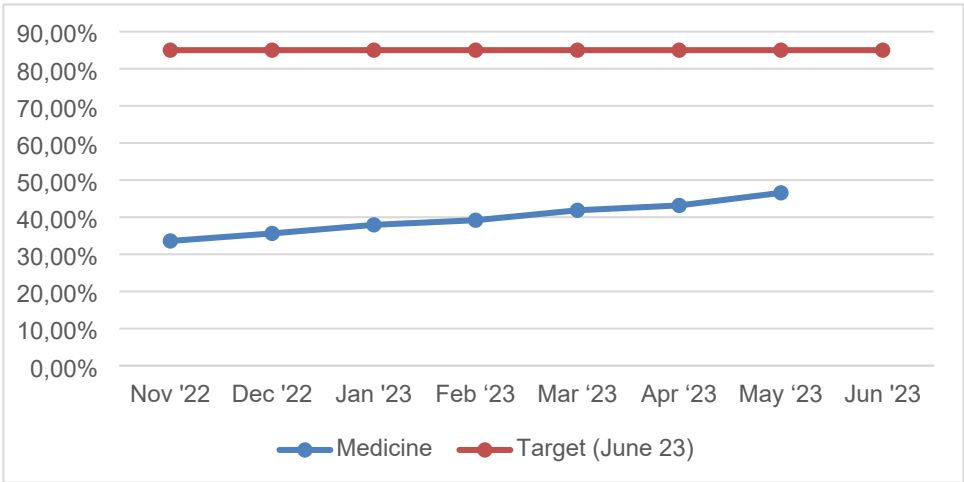
## Surgical Services CB VBA Compliance November 2022 – June 2023



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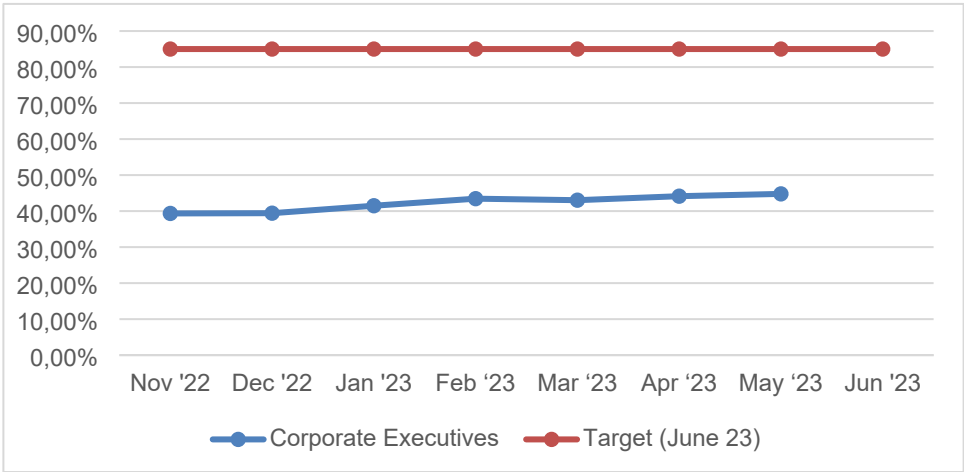
# Medicine Clinical Board

## Medicine CB VBA Compliance November 2022 – June 2023



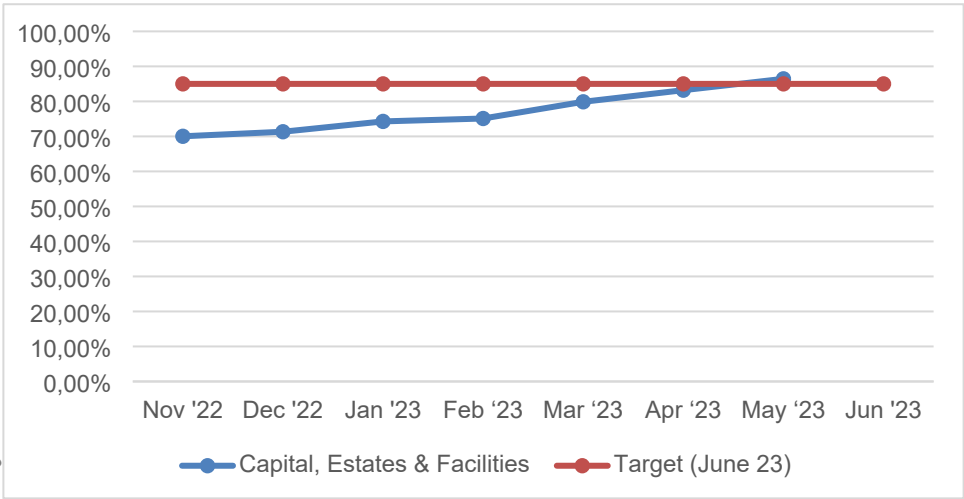
# Corporate Executives

## Corporate Executives VBA Compliance November 2022 – June 2023



# Capital Estates Facilities (CEF)

## Capital Estates Facilities VBA Compliance November 2022 – June 2023



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**Overview**

The key strategic objective within the Shaping Our Future Wellbeing Strategy is for Cardiff and Vale UHB to be a great place to work and learn. To achieve this in such challenging times requires commitment to ensuring all staff have an effective, quality and supportive Values Based Appraisal.

**Executive Clinical Board Reviews**

The Executive Clinical Board Reviews continue to provide an opportunity for every Clinical Board and Directorate to outline the challenges they have faced in enabling their people to access a Values Based Appraisal. The reviews have also explored the actions now in place to ensure VBA targets are communicated, planned and achieved, including identification of barriers and support required, with each area committing to a planned approach and monitoring processes.

The information provided monthly via the People Analytics Sharepoint Data supports effective monitoring, while the Education, Culture and OD Team continues to provide support, training and guidance where needed.

**Next Steps**

Progression and improvement can be seen in some areas, although the outlook remains challenging as people balance time to hold effective conversations against service demands. Areas are also reporting higher compliance than reported in the figures, with a number of VBAs awaiting upload onto ESR. The ECOD team are supporting those areas.

The People and Culture Team are supporting Clinical Boards in developing creative ways to both hold VBAs and improve compliance, and monitor effectiveness. An example of this includes the next steps for the EU team who will incorporate questions re quality of the VBA on the Tendable audit system.

The Clinical Boards will continue to monitor progression towards achieving the targets that have been set, through local performance meetings, and the Education, Culture and OD Team will respond to support areas who may require more creative approaches to ensure all staff can attend an effective appraisal with their manager.

Progression of the People and Culture Plan will continue to ensure focused actions and objectives to support CBs and the workforce via all seven themes.

A review of progression towards targets is recommended in November 2023.

**Recommendation:**

The Committee is requested to:

- a) note the contents of the report and the current VBA position across the UHB by Clinical and Service Board, note the local actions being taken to improve compliance, and approve the recommendation that a further update be brought to Committee in November 2023.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care	x



		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

#### Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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#### Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/~~No~~

Retention of Staff; Statutory Requirements re Training Modules; Health and Wellbeing, Sickness Absence; Performance

Safety: Yes/~~No~~

Statutory Requirements re Training Modules; Mandatory Training

Financial: Yes/~~No~~

Retention; Attraction; Sickness Absence

Workforce: Yes/~~No~~

Retention; Attraction; Health and Wellbeing; Performance

Legal: Yes/~~No~~

Statutory Requirements re Training Modules

Reputational: Yes/~~No~~

Staff Experience; Retention; Quality of Care

Socio Economic: Yes/~~No~~

Quality of Care and Service Delivery

Equality and Health: Yes/~~No~~

Access to Mandatory Training to inform awareness on 'Treating People Fairly'; VBA opportunity to discuss performance, wellbeing and identify further support needed

Decarbonisation: Yes/~~No~~

VBA opportunity to discuss objectives, may include sustainability.

#### Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Mohamed, Sarah  
05/07/2023 14:13:22

# Appendix 1

Mohamed Sarah  
05/07/2023 14:13:22

Report Title:	<b>Values Based Appraisal and Statutory and Mandatory Training</b>			Agenda Item no.	2.1.2
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	15 <sup>th</sup> November 2022
Status <i>(please tick one only):</i>	Assurance	Approval		Information	x
Lead Executive:	<b>Executive Director of People and Culture</b>				
Report Author (Title):	<b>Assistant Director of OD, Wellbeing and Culture</b>				
Main Report					
Background and current situation:					
<p><b>Background</b></p> <p><b>Values Based Appraisal</b></p> <p>As a values-based organisation, Cardiff and Vale UHB has developed the annual staff appraisal around our values, recognising the importance of behaviours in the workplace, ensuring we focus not only on what is being done, but also how it is being done.</p> <p>An organisation is nothing without its people, and at the UHB we want to develop and nurture everyone to have the skills and confidence to live up to our values every day while achieving their potential and requirements within their role. Supporting and encouraging our staff to explore their career potential is also important and enables us to develop a workforce that is sustainable and fit for the future as the way we deliver care develops and changes. It's all about the right people, in the right roles, with the right values doing the right things.</p> <p>Conversations about values, behaviours, wellbeing and performance are important and should happen regularly between managers and staff, both formally and informally. The annual Values Based Appraisal is designed to reflect upon those more frequent conversations and spend focused time reviewing past performance and setting objectives to move forward.</p> <p>Good quality, effective appraisals are also integral as part of the ongoing management processes in affecting motivation, morale, innovation, engagement, team spirit, and outcomes. The quality of these conversations and interactions will have an impact on staff retention, UHB reputation as an employer of choice and patient outcomes.</p> <p><i>"Evidence from research linking patient deaths with key HR practices: Appraisal has the strongest link with overall patient mortality. A hospital which trains approx 20% more appraisers &amp; appraises approx 20% more staff &amp; is likely to have 1,090 fewer deaths per 100,000 admissions."</i></p> <p>Source: <u>Effective Human Resource Management &amp; Lower Patient Mortality, Carol Borrill &amp; Michael West, Aston University</u></p> <p><b>Statutory and Mandatory Training</b></p> <p>There is a legal responsibility within Cardiff and Vale UHB (and NHS Wales) to ensure that staff receive training to develop the knowledge and skills to ensure a safe and healthy workplace. Along with a legal requirement, the UHB is required to adhere with nationally agreed frameworks. The UK wide Core Skills Training Framework (CSTF), approved by the Health Minister, has been adopted by all Health Boards and NHS Trusts within Wales. The Framework enables UHBs to standardise the focus and the delivery of key statutory and mandatory training skills.</p> <p>The terms Statutory can be described as a 'legislative act passed by a legislative body' (Anon: 2010) and training for all staff that is required by law, or where a statutory body has instructed the UHB to provide training on the basis of legislation. The term Mandatory is defined as 'required or</p>					

commanded by authority' (Anon: 2010). These training requirements have been determined by the UHB and are concerned with minimising risk, supporting the implementation of policies and ensuring the UHB meets external standards.

As well as adhering to the CSTF, the UHB has identified a range of Mandatory training requirements which are to be met, to ensure all staff are appropriately skilled and that risks are reduced in all areas of their work.

A blended learning approach is utilised within the UHB to deliver its mandatory training requirements; this includes e-learning and traditional tutor led methods of delivery. This enables staff to comply with the legislative and policy requirements. Access to these modules are as follows:

- e-learning modules are accessible via ESR
- Details regarding the tutor led modules are available on the LED pages on CAVweb. During specific months of the year, a full suite of mandatory training modules are provided. These are advertised widely.
- Departmental tutor led sessions can be arranged by contacting the relevant subject matter experts.

The Health and Safety at Work Act is an Act of Parliament and is the main piece of UK health and safety legislation. It places a duty on all employers 'to ensure, so far as is reasonably practicable, the health, safety and welfare at work' of all their staff. All staff have a duty of care to ensure they are up to date with mandatory training

### **Welsh Government Targets and Monitoring**

The UHB have targets set by Welsh Government related to both VBA completion and Statutory and Mandatory Training Completion. The targets set by Welsh Government are:

- VBA Compliance 85%
- Statutory and Mandatory Training Compliance 85%

### **Current Situation**

During and following the COVID19 pandemic the UHB has adapted and responded to tremendous challenges impacting directly upon ways of working, service delivery and the health and wellbeing of our people. Over this period, rates of compliance in both VBAs and Statutory and Mandatory Training has declined.

Recent Executive Performance Reviews with all Clinical Board areas have discussed the recovery situation in depth and the revised targets have been established. Each CB area has provided assurance that focus will be given to improving staff experience through effective VBAs and access to Statutory and Mandatory Training, which will serve to increase the compliance figures. It is important to note that challenges around achieving the targets have also been discussed.

To inform this report each Clinical Board were asked to submit their current situation and trajectories to reaching the following targets:

### **VBA Rate**

- 60% March 2023
- 85% June 2023

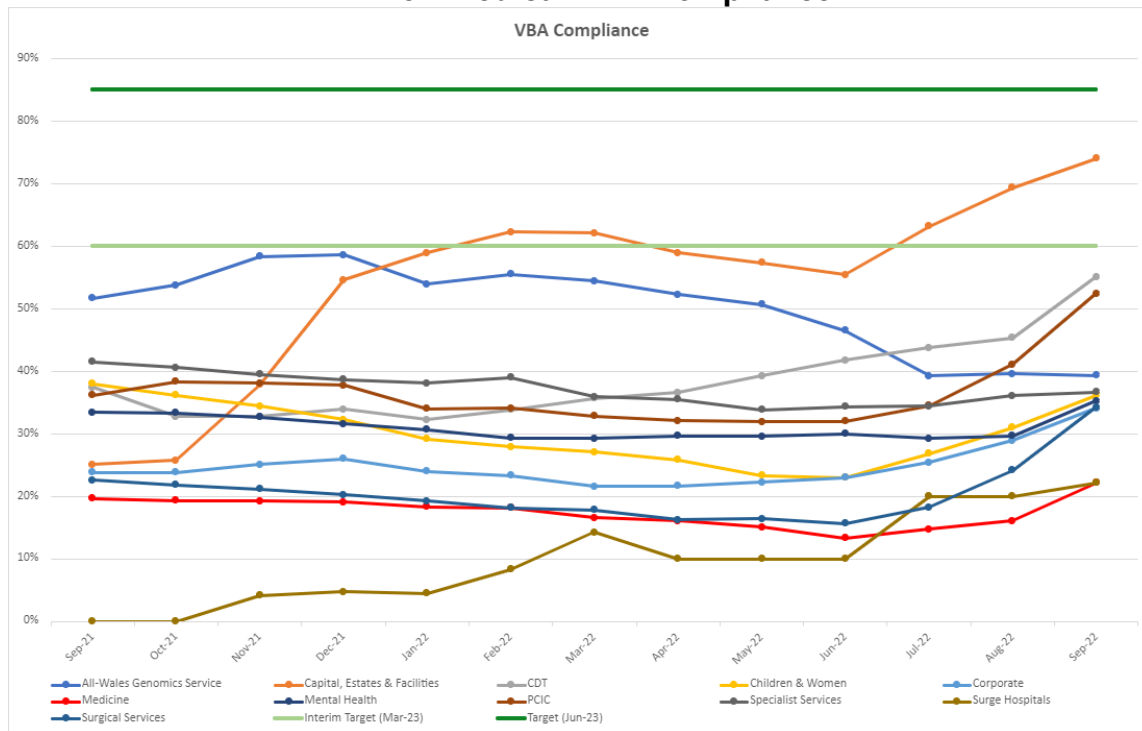
### **Statutory and Mandatory Training**

- 85% March 2023

***The report includes information from each Clinical Board where a response was received.***

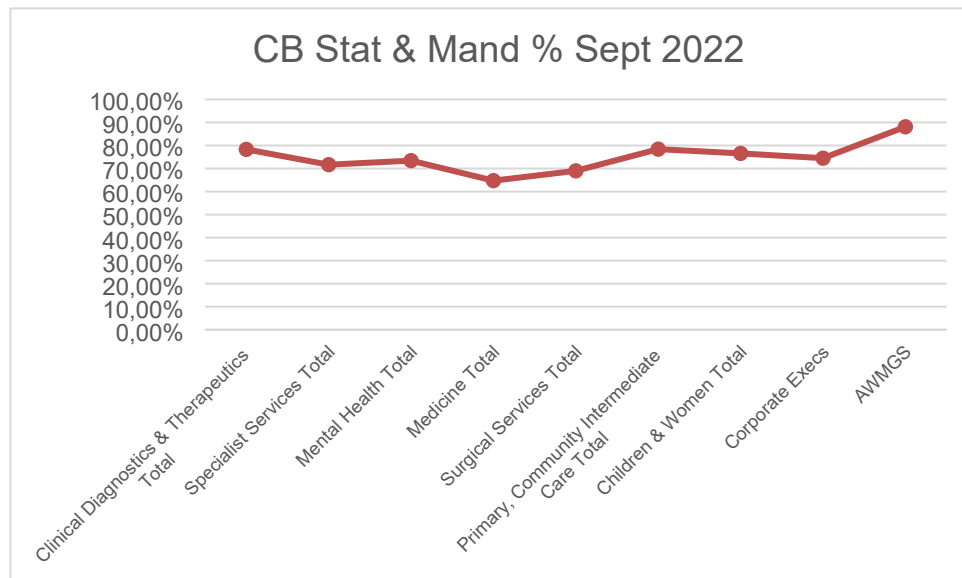
## CAV UHB Values Based Appraisal Compliance, Sept 2021 – Sept 2022

### Non-Medical VBA Compliance



This graph illustrates the picture across the UHB and demonstrates improvement starting to be made in many areas following a period of decline. Over the past 6 months, the VBA process has been developed to promote accessibility, additional VBA workshops have been made available, and simplified guidance regarding uploading onto ESR has also been developed and communicated, including guidance for the staff member to update their VBA completion on ESR.

### CAV UHB Statutory and Mandatory Compliance Overview Sept 2022 by Clinical Board



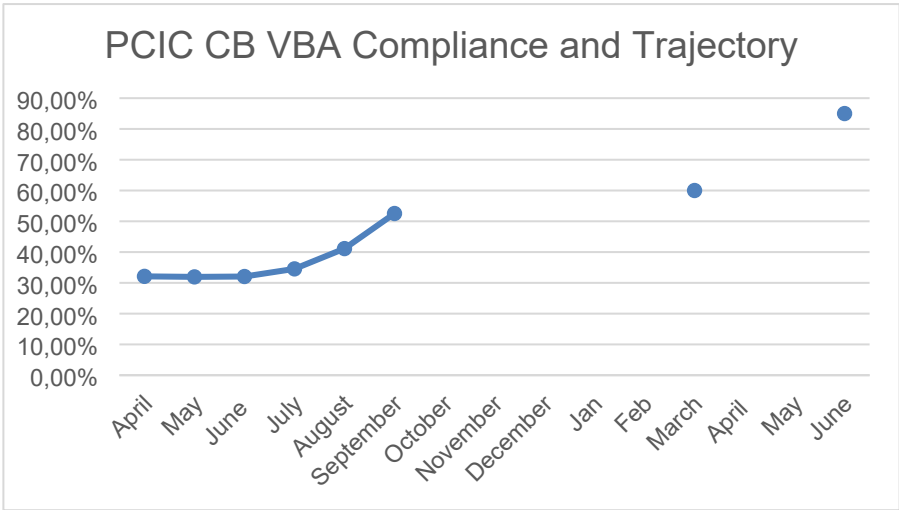
The UHB continues to support completion of Statutory and Mandatory Training through awareness months and classroom sessions to improve compliance of statutory requirements. An example of this is Fire Safety Week run in October, this resulted in over 2,300 people completing their Fire Safety Training. This will be followed by Mandatory November, promoting completion of training across the UHB through a blended learning approach.

A focus on VBAs will also support the monitoring and promotion of completing Statutory and Mandatory Training.

Current Situation and Trajectories – Information Provided by Clinical Boards

Primary, Community, Intermediate Care (PCIC)

Primary, Community, Intermediate Care (PCIC) VBA Compliance and Trajectory

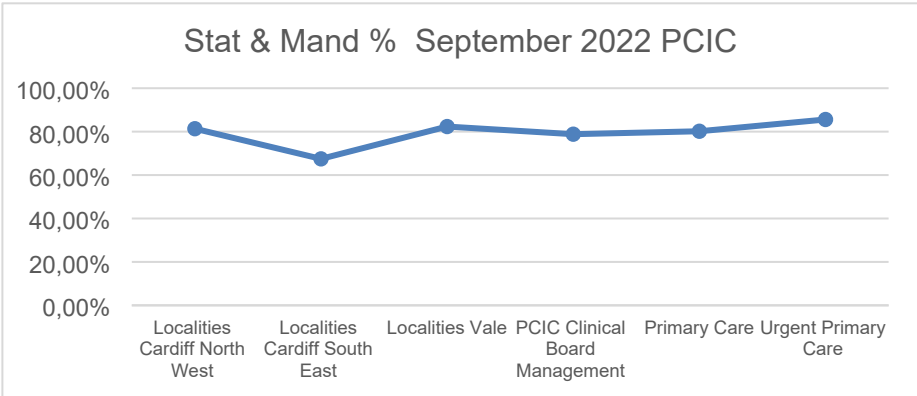


VBA Trajectory				Mar-23	Jul-23
Primary, Community Intermediate Care	H/C	Number Completed	Current Compliance (%)	No. to achieve 60%	No. to achieve 85%
Localities Cardiff North West	248	132	53.23	16	79
Localities Cardiff South East	208	110	52.88	14	67
Localities Vale	195	95	48.72	22	71
PCIC Clinical Board Management	244	134	54.92%	12	73
Primary Care (OOH)	130	64	49.23%	15	47
Urgent Primary Care	83	47	56.63%	3	24
Totals				82	361

PCIC Actions to Achieve Target:

- The targets have been set for Business Units to achieve in both March and July (see table)
- The monthly Performance Meetings will be utilised with each of the Business Units to track progress and the CB will implement measures to support as needed
- Trajectory updates to be provided as part of Board review

Primary, Community, Intermediate Care (PCIC) Statutory and Mandatory Compliance



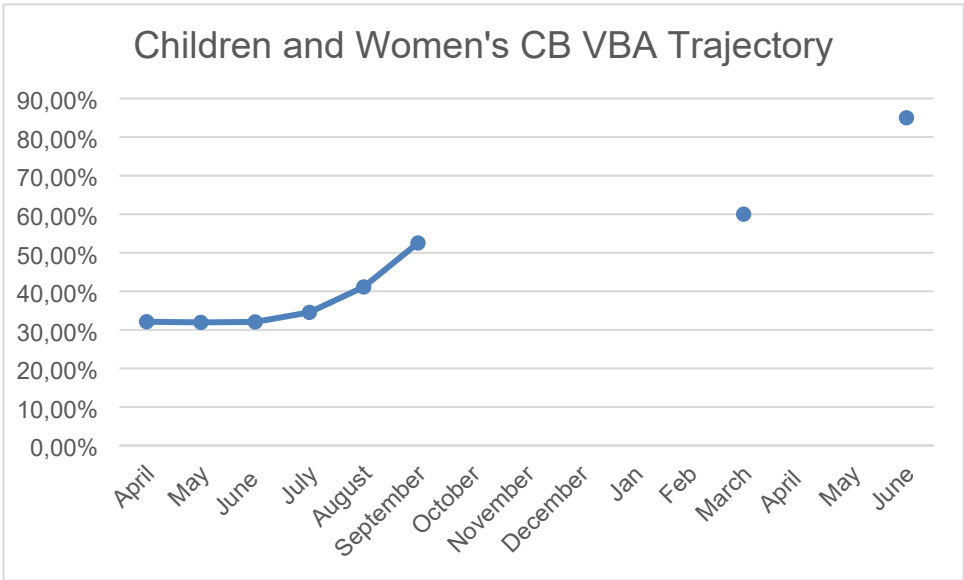
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**PCIC Actions to Achieve Target:**

- Promotion of Mandatory November to all Business Units and staff
- Use the monthly Performance Meetings with each Business Units to track progress and implement measures to support as needed
- Trajectory updates to be provided as part of Board review
- PCIC are expected to achieve 85% by March 2023

**Children and Women’s Clinical Board**

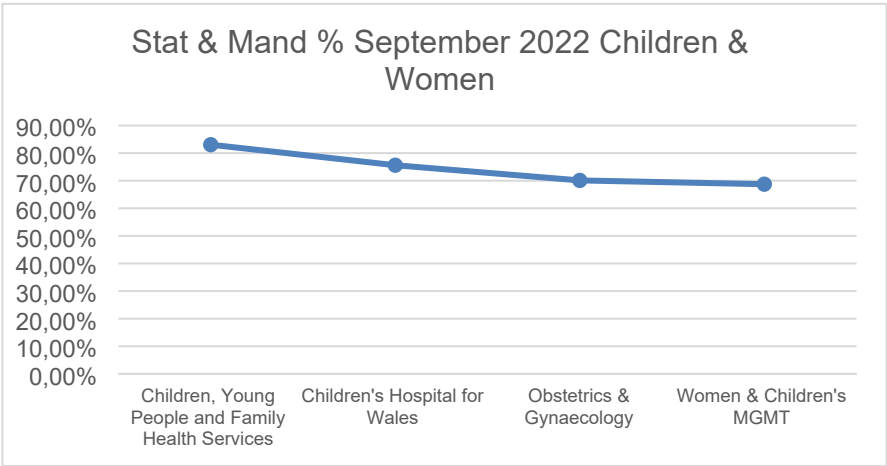
**Children and Women’s VBA Compliance and Trajectory**



**Children and Women’s CB Actions to Achieve Target:**

- Since August 2022 Children and Women’s CB have sought to push VBA completion
- As a CB Team there has been a commitment in undertaking VBA's with direct reports to role model and cascade good practice with VBAs completed in September and October
- Aug 22 medical appraisals were 74.17% in C&W CB and non-medical staff were 31.08%
- In September the Medical staff dipped to 72.48% (staff rotations) whilst non-medical staff rose to 36.25%
- Confident that these figures will have risen further in October
- Clearly communicated our commitment to have non-medical appraisals at a minimum of 65% by end of March 2023 and to at least 85% by end of July 2023

**Children and Women’s CB Statutory and Mandatory Compliance**



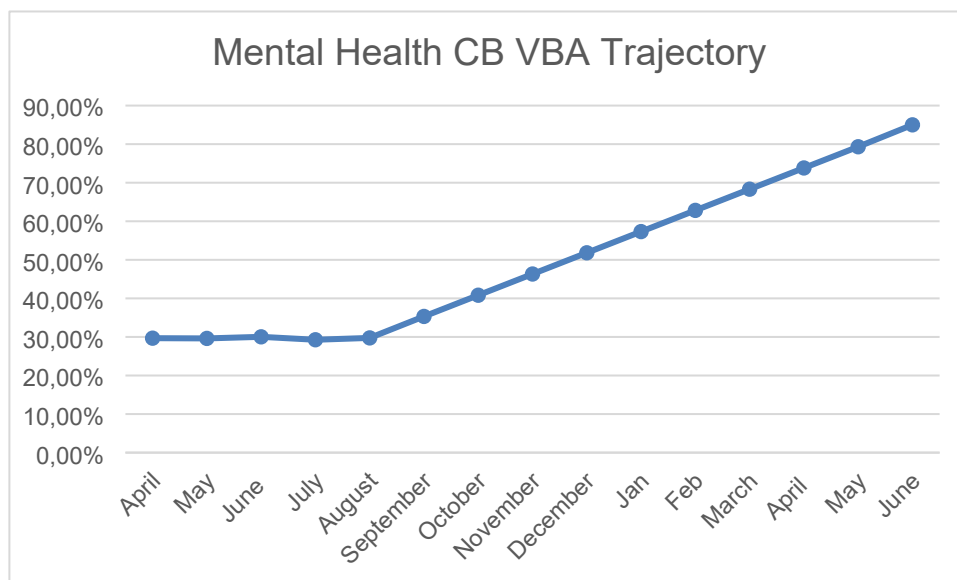
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### Children and Women's Actions to Achieve Target:

- Children and Women's have seen an increase in S&M compliance despite significant workforce pressures and currently compliance is at 76.57%.
- Continued work is underway to bring all areas up to, and sustaining 75% by the end of March 2023.

## Mental Health Clinical Board

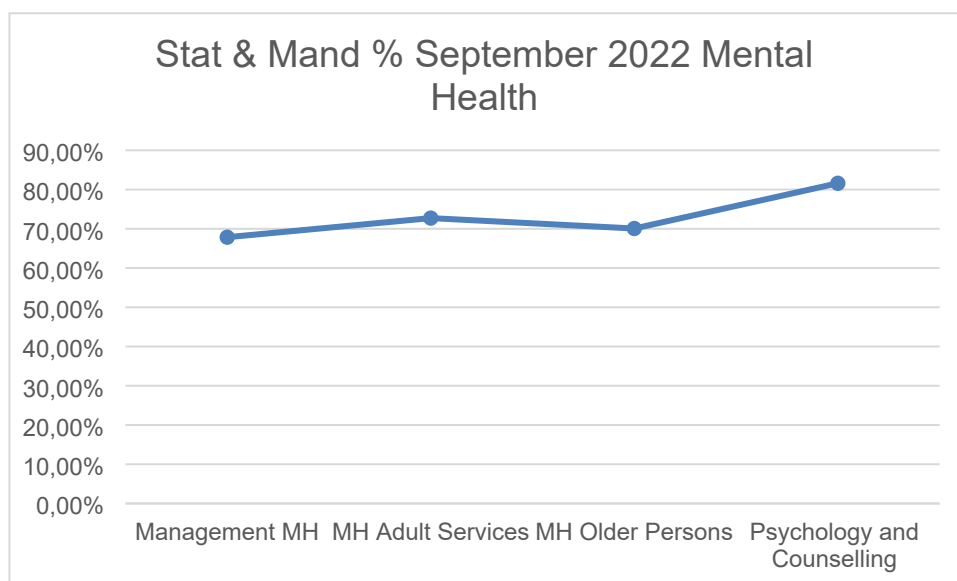
### Mental Health VBA Compliance and Trajectory



### MH Clinical Board Actions to Achieve Target:

- Targeting particular areas where VBAs are low. This level of improvement should allow for a margin of error, the 85% will need to see some acceleration to achieve target but for assurance we will monitor on a monthly basis to maintain trajectory.

### Mental Health CB Statutory and Mandatory Compliance



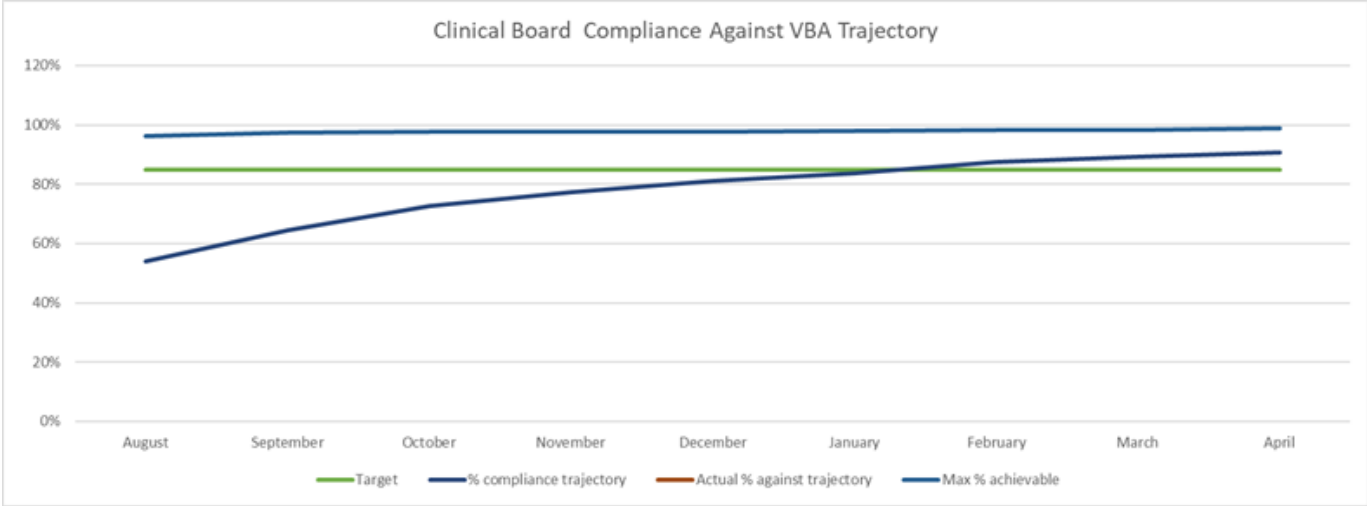
### MH Clinical Board Actions to Achieve Target:

- For Mandatory training, improvement is expected as staff complete training to support the VBA process, monthly checks will monitor this.



# Clinical Diagnostics and Therapies (CD&T) Clinical Board

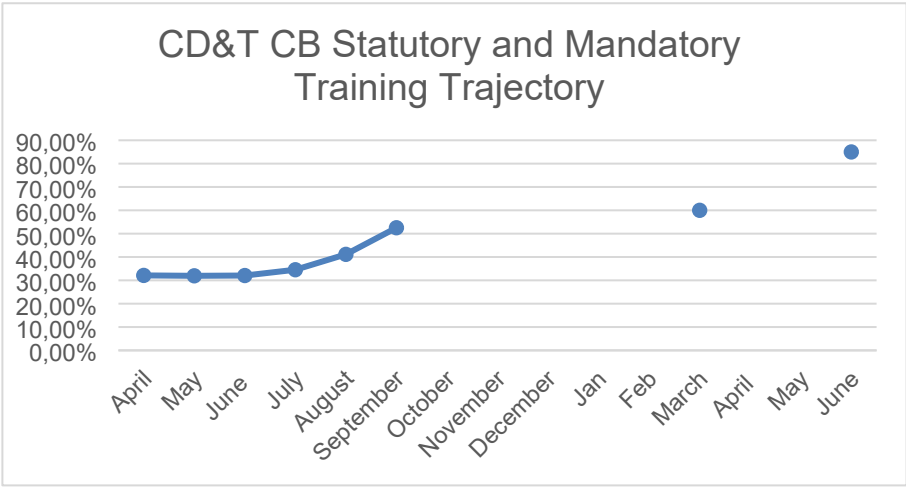
## CD&T VBA Compliance and Trajectory



### CD&T Clinical Board Actions to Achieve Target:

- Managing the VBA through the performance review structures for the directorates.
- Each individual directorate has compiled a trajectory with the actions associated which delivers a clinical board trajectory as above.

## CD&T CB Statutory and Mandatory Compliance & Trajectory



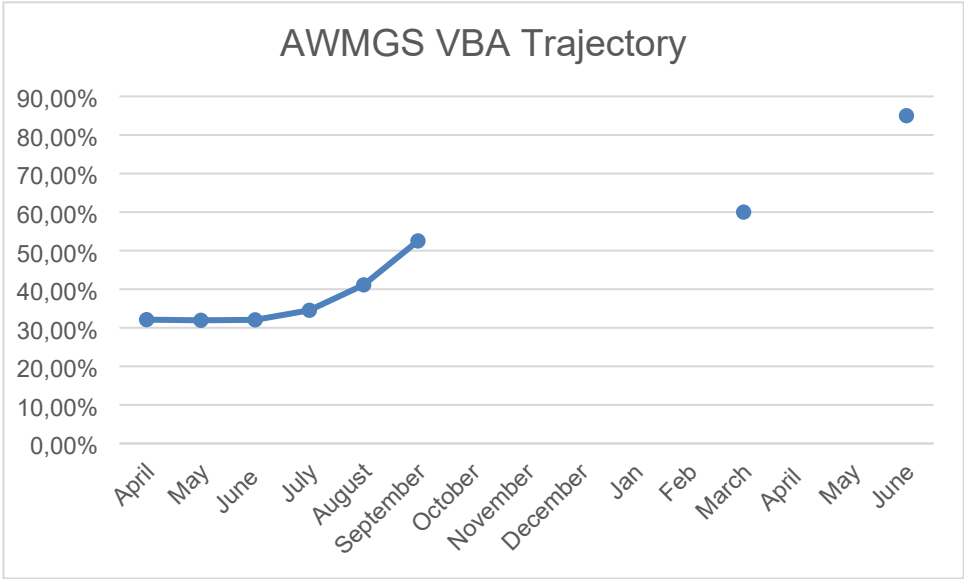
### CD&T Clinical Board Actions to Achieve Target:

- Statutory and Mandatory training will be managed on a monthly basis through performance reviews and expected to remain on track
- Achievement and sustainability of targets is caveated by the workforce challenges the organisation has and the need ot prioritise clinical work as appropriate to support the emergency stream

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# All Wales Medical Genomics Service (AWMGS)

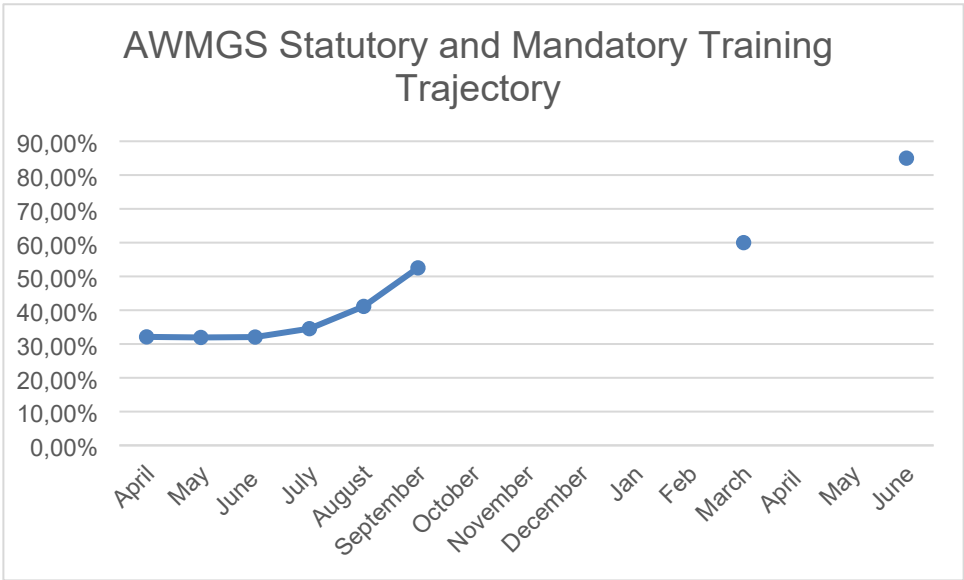
## AWMGS VBA Compliance and Trajectory



### AWMGS Actions to Achieve Target:

- VBAs are being mapped in for staff between September and March.
- Provision of support to line managers in uploading VBAs onto ESR.
- Established expectation on line managers to upload objectives and VBA into ESR for new starters.

## AWMGS Statutory and Mandatory Compliance & Trajectory



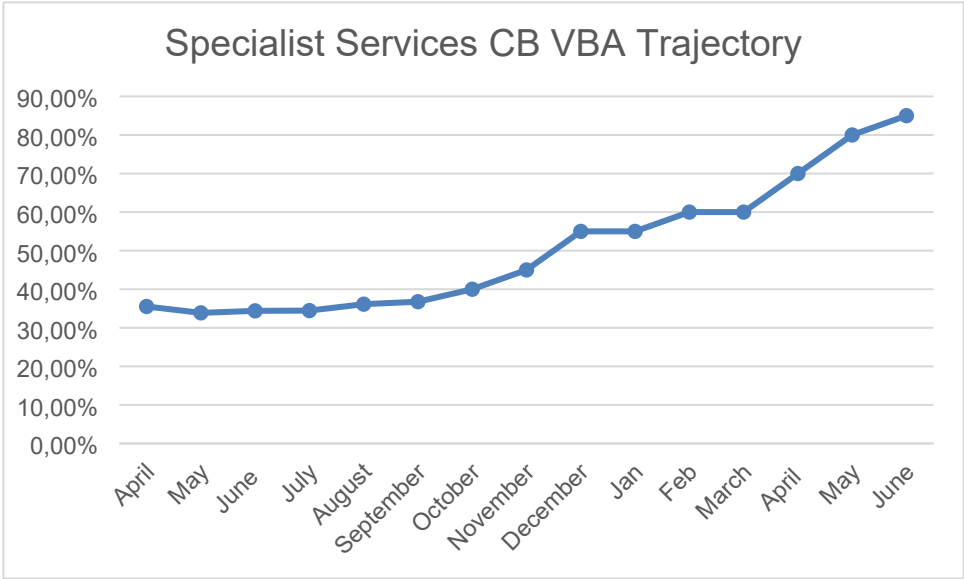
### AWMGS Actions to Achieve Target:

- Continue to monitor and review Statutory and Mandatory training to sustain targets
- Promote through effective VBAs

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# Specialist Services Clinical Board

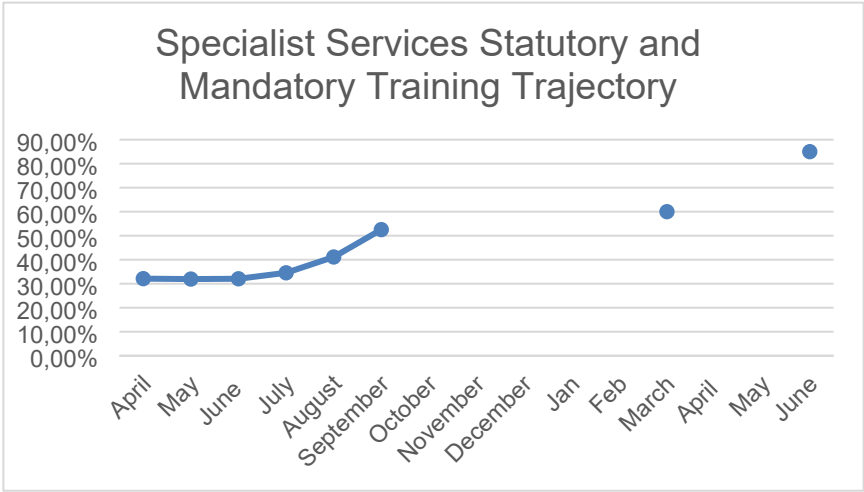
## Specialist Services CB VBA Compliance and Trajectory



### Specialist Services CB Actions to Achieve Target:

- Oversight of the position and directorate trajectories at directorate performance reviews
- Focus on nurses in development programmes – in specialist services there are a number of nursing development programmes which overlap with the VBA discussion. Focus on aligning the development programme milestones with the VBA discussions. It is anticipated that this will result in an increase in VBAs on ESR for the RN workforce.
- Lead by example – all DMTs appraisals to be completed by year end.
- Recognition that achieving the target will be challenging in some areas and would seek to learn from good practice in other CBs.

## Specialist Services CB Statutory and Mandatory Compliance & Trajectory

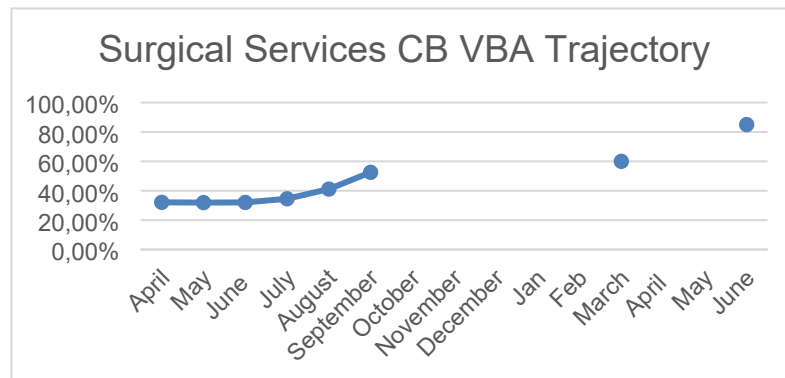


### Specialist Services CB Actions to Achieve Target:

- Have confirmed aiming to meet targets set through maintaining oversight of the position and directorate trajectories at directorate performance reviews

## Surgical Services Clinical Board

### Surgical Services CB VBA Compliance and Trajectory



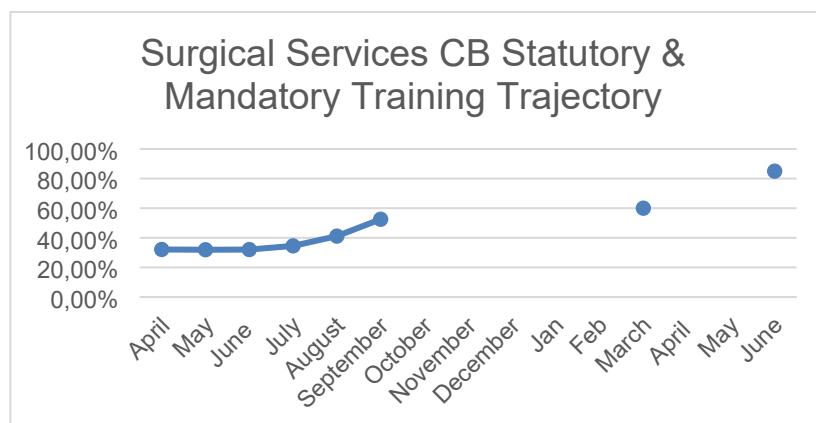
#### Surgical Services CB Actions to Achieve Target:

- Aiming to meet targets set through maintaining oversight of the position and directorate trajectories at directorate performance reviews (see table below). Please note TBA column is area of focus to ensure figures improve.
- Introduced monthly monitoring of departments via live spreadsheet to assess VBAs completed, VBAs booked in by month, outstanding VBAs to be booked
- Learning from areas of good practice to improve areas with lower compliance

#### Oversight VBA Monitoring Surgical Services, work in progress

Dept	Completed	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Jun-23	Jul-23	Aug-23	TBA	Grand Total	% Completed or booked
ENT & Dental Hospital	97		30	29	40	16							200	412	51%
General Surgery			1	1	8								4	14	71%
Ophthalmology	18	2	11	11	9	2	2	5	3				22	85	74%
Surgery Management	8	2		1									4	15	73%
Theatres, Anaesthetics, SSU & Sterilisation Services	105	9	27	21	26	39	29	24	1	2	2	1	404	690	41%
Trauma and Orthopaedics		3	42	48	55	45							288	481	40%
Urology	21	1											28	50	44%
POAC	17		17										6	40	85%
Grand Total	266	17	42	11	21	26	26	9	4	2	2	1	956	1787	47%

### Surgical Services CB Statutory and Mandatory Compliance & Trajectory

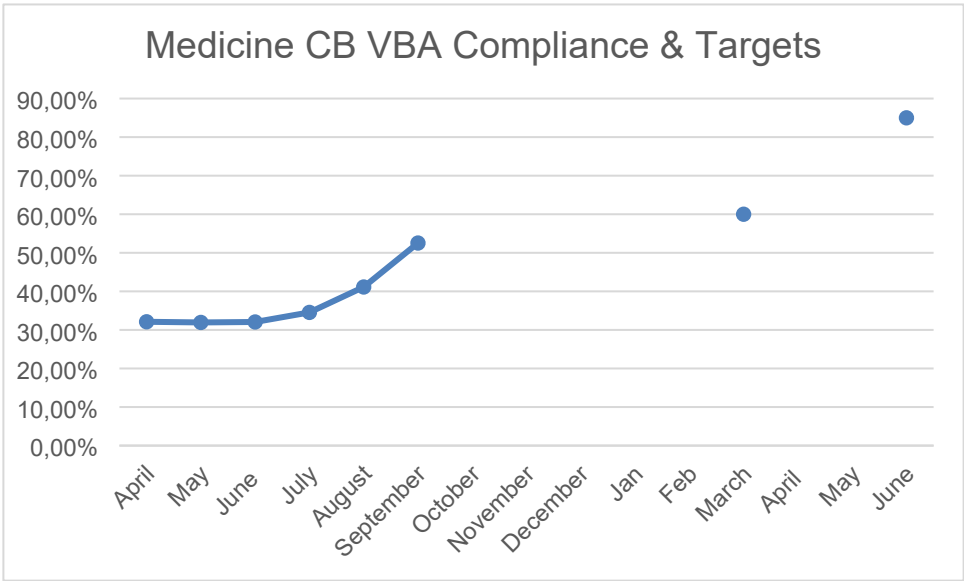


#### Surgical Services CB Actions to Achieve Target:

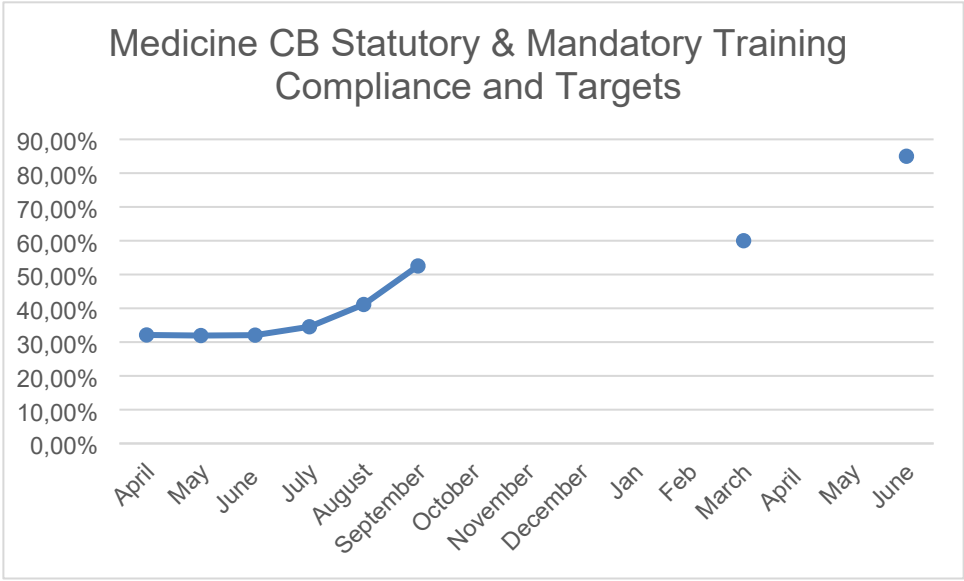
- Recognition that Statutory & Mandatory Training rate is steady but improvement needed
- Focused work with departments to identify constraints to complete
- Monthly monitoring meetings

# Medicine Clinical Board

## Medicine CB VBA Compliance



## Medicine CB Statutory and Mandatory Compliance & Trajectory



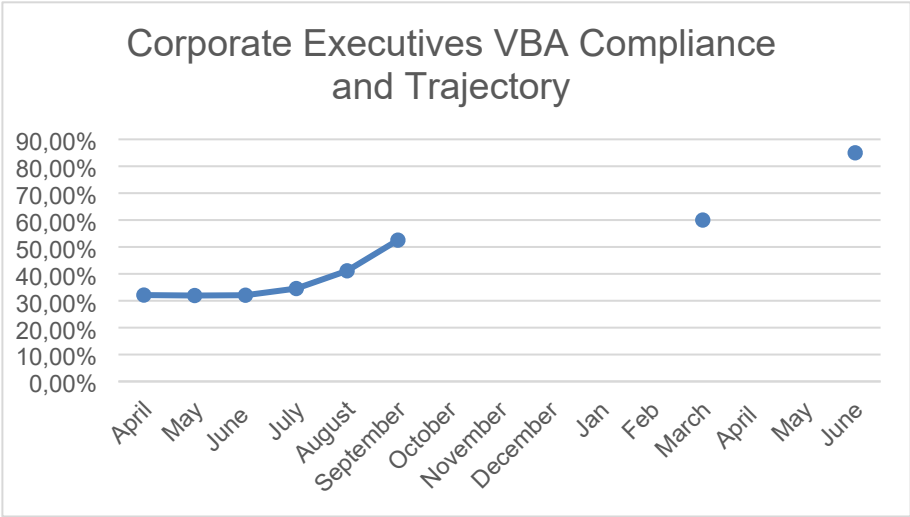
### Medicine Clinical Board note on actions:

- Medicine CB has discussed the compliance data and actions for improvement for VBAs and S&M Training as part of the Executive Performance Reviews, October 2022.
- At the time of submitting this report that data had not been received. An update will be added as an addendum to this report prior to the Committee Meeting of the information is received.

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# Corporate Executives

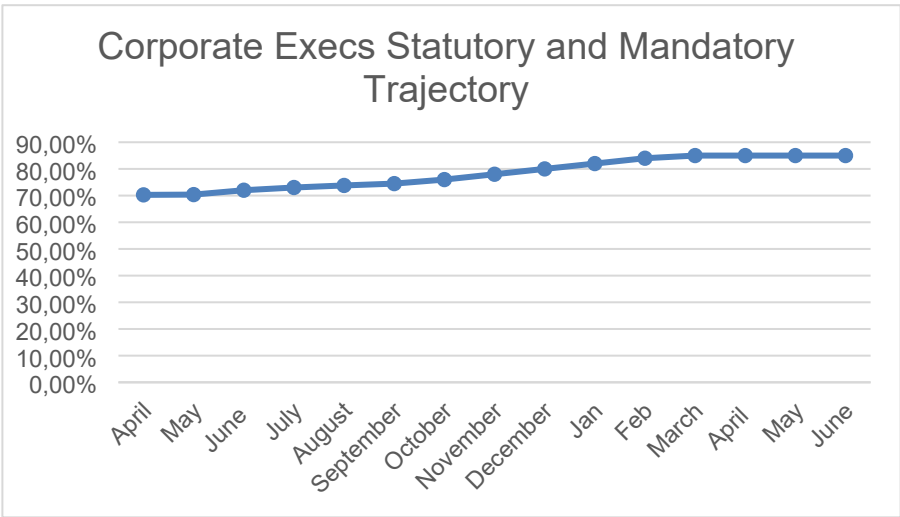
## Corporate Executives VBA Compliance and Trajectory



### Corporate Executives Actions to Achieve Target:

- Updates received across Corporate Executives to highlight that a number of VBAs have been recently completed but data not yet added onto ESR, this will significantly improve figures for October/November, areas reporting this include Therapies, Planning, Patient Experience, Governance and People & Culture
- P&C Team supporting managers with guidance on uploading information and marking VBAs as complete, also supporting where issues with ESR
- Overarching response across Corporate Executives was a commitment from all areas to focus on achieving the targets for March and June 2023, some areas estimating 100% compliance by March

## Corporate Executives Statutory and Mandatory Compliance & Trajectory



### Corporate Executives Actions to Achieve Target:

- Continued promotion of importance and requirement of completing Statutory and Mandatory training as part of VBA discussions and manager conversations
- Monthly monitoring of compliance data available via People Analytics Sharepoint
- Exploration of building in Statutory and Mandatory Training time into rotas where appropriate / applicable
- Aim to meet and sustain target of 85% by March 2023, with some areas predicting 100% compliance.

## Additional Actions Received from Corporate Executives to Note:

### Patient Experience

- Set to achieve 85% across both VBA's and Mandatory training by end of March 23
- Recently review of hierarchy and 12 VBA's to add to ESR
- All senior team completed VBA's since June 2022, will be a significant increase in compliance figures when data added to ESR
- Taking a cascade approach with all senior staff having allocated groups
- Statutory and Mandatory training continues to be challenging for some areas due to challenging workload, to alleviate this the senior team are discussing adding protected training time within the rota, particularly over the Christmas period to improve compliance

### Public Health

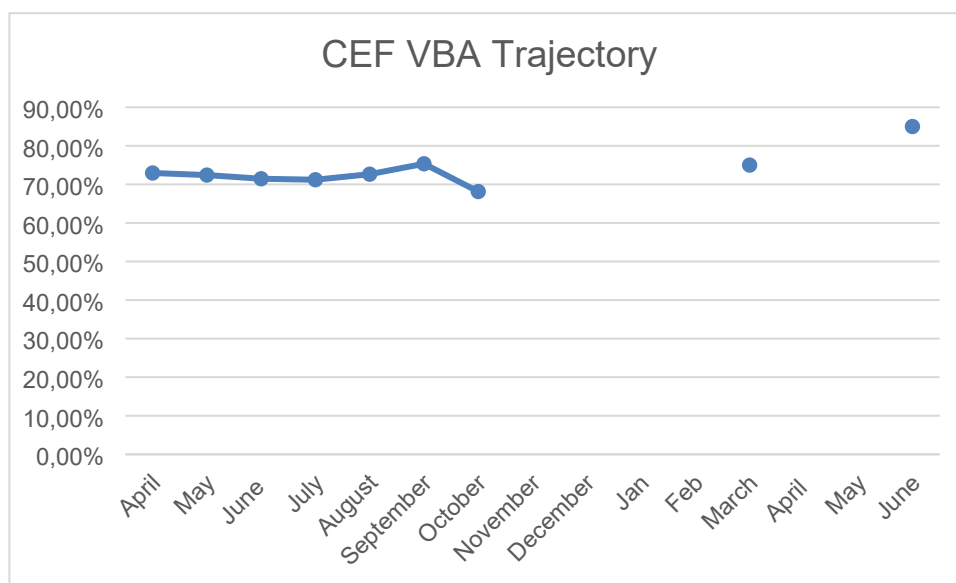
- As of 30 September 2022 (pre-transfer to C&V UHB) the Local Public Health Team were 91% compliant with staff appraisals. The team will move to VBAs in Spring 2023
- Figures for Statutory and Mandatory training currently unavailable as the transfer of records from PHW to CAVUHB has seen the compliance of individuals resetting to 0% - this will be rectified over coming weeks

### People and Culture

- All Senior Team VBAs have been completed and a cascade approach is being taken
- Teams are being supported to complete any outstanding VBAs with signposting to training and guidance
- Monthly monitoring by the Senior Team of compliance data to identify areas requiring specific support to achieve and sustain targets
- There is a regular push on completing Statutory and Mandatory Training and teams are encouraged to build the training time into work schedules – a recent campaign around Fire Safety Compliance will see figures improve for October / November 2022

## Capital Estates Facilities (CEF)

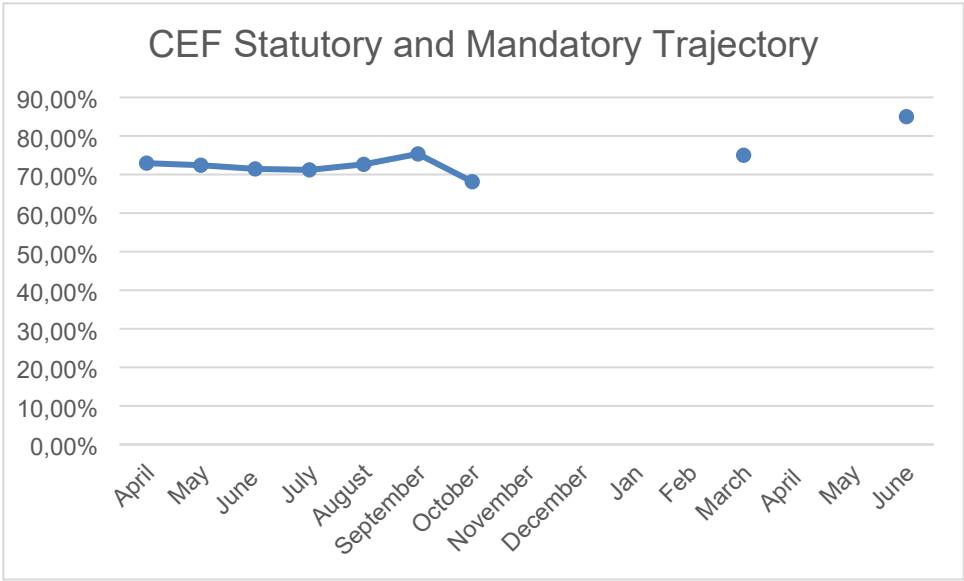
### Capital Estates Facilities VBA Compliance and Trajectory



### CEF Actions to Achieve Target:

- Currently achieving 75% VBA compliance, aim is to achieve the targets set by the given deadlines
- Please note that challenges including sickness levels, turnover and new starters have and will continue to hinder the process

Capital Estates Facilities Statutory and Mandatory Compliance and Trajectory



CEF Actions to Achieve Target:

- Aiming to achieve the Statutory and Mandatory targets, but proving to be challenging due to being time intensive and often require access to PC’s or classroom based.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Overview

A key strategic objective within the Shaping Our Future Wellbeing Strategy is for Cardiff and Vale UHB to be a great place to work and learn. We aim to be an organisation that, through compassionate and inclusive leadership, enables and empowers our people to perform at their best, be supported and developed to deliver excellent quality services and care, and to provide an environment where innovation thrives while also supporting the health and wellbeing of our staff. To achieve this in such challenging times requires commitment to ensuring all staff have an effective, quality and supportive Values Based Appraisal, and are supported to maintain their Statutory and Mandatory Training compliance.

Executive Performance Reviews

The Executive Performance Reviews have provided an opportunity for every Clinical Board and Directorate to outline the challenges they have faced in enabling their people to access a Values Based Appraisal and complete Statutory and Mandatory Training. The reviews have also explored the actions now in place to ensure VBAs and S&M Training targets are communicated, planned and achieved, including identification of barriers and support required, with each area committing to a planned approach and monitoring processes.

The information provided monthly via the People Analytics Sharepoint Data supports effective monitoring, while the Education, Culture and OD Team continues to provide support, training and guidance where needed.

Next Steps

As the UHB approaches a challenging Winter period, the focus for the organisation is meeting service demands and providing high quality, compassionate care. This can only be achieved through the effective retention of staff, supporting their development and health and wellbeing in the workplace, and attraction of new staff as and where there are gaps and vacancies.

The Clinical Boards will continue to monitor progression towards achieving the targets that have been set, through local performance meetings, and will respond to support areas who may require



more creative approaches to ensure all staff can attend an effective appraisal with their manager, and access their Statutory and Mandatory Training.

Progression of the People and Culture Plan will continue to ensure focused actions and objectives to support CBs and the workforce via all seven themes.

A review of progression towards targets is recommended in March 2023.

### Recommendation:

The Board / Committee are requested to:

Note the current position of the UHB and the steps outlined to achieve targets in both Values Based Appraisals and Statutory and Mandatory Training.

### Link to Strategic Objectives of Shaping our Future Wellbeing:

*Please tick as relevant*

3. Reduce health inequalities	x	9. Have a planned care system where demand and capacity are in balance	
4. Deliver outcomes that matter to people	x	10. Be a great place to work and learn	x
6. All take responsibility for improving our health and wellbeing	x	11. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
7. Offer services that deliver the population health our citizens are entitled to expect	x	11. Reduce harm, waste and variation sustainably making best use of the resources available to us	
8. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		12. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant*

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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### Impact Assessment:

*Please state yes or no for each category. If yes please provide further details.*

Risk: Yes/~~No~~

Retention of Staff; Statutory Requirements re Training Modules; Health and Wellbeing, Sickness Absence; Performance

Safety: Yes/~~No~~

Statutory Requirements re Training Modules; Mandatory Training

Financial: Yes/~~No~~

Retention; Attraction; Sickness Absence

Workforce: Yes/~~No~~

Retention; Attraction; Health and Wellbeing; Performance

Legal: Yes/~~No~~

Statutory Requirements re Training Modules

Reputational: Yes/~~No~~

Staff Experience; Retention; Quality of Care	
Socio Economic: Yes/ <del>No</del>	
Quality of Care and Service Delivery	
Equality and Health: Yes/ <del>No</del>	
Access to Mandatory Training to inform awareness on 'Treating People Fairly'; VBA opportunity to discuss performance, wellbeing and identify further support needed	
Decarbonisation: Yes/ <del>No</del>	
VBA opportunity to discuss objectives, may include sustainability.	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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# Cost of living impact: Mental Health Services

- ‘Polycrises’ being reported by Part 1- multiple complex issues- impact on readiness for Rx
- Increasing referrals to food banks and signposting to financial support by MH Teams
- Increasing calls about housing, rent, eviction, ‘warm bank’ access, drug usage
- **Example:** “I had a lady on Friday who had not eaten for 4 days and had no money until ESA is paid on 13/01/2023. Severe anxiety about leaving the house with low mood. Was hospitalised 2/52 following collapse after not eating for 6 days. No family support. Socially isolated. Paying the bills instead of eating.”
- Difficulty discharging individuals from inpatients due to lack of housing (see slide 4)
- Mental Health Community teams report people in “increasingly socially fragile situations” translating into higher admissions and increased use of crisis services.

## Homelessness impact on all services:

[Cost of living crisis: “Understanding brain injury in homeless people could help us do much more” - NR Times](#)

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# Cost of living impact: Mental Health Service Staff Impact

- Unions report increasing numbers of staff referred to food banks
- Unions report travel expenses not covering community work costs
- Increased requests for 'Long Day' shifts to reduce travel costs (this has an impact on Q&S, however other UHBs are offering 3x Long Days)
- Resignations for staff wanting to work closer to home
- 9-5 working less attractive- possible reason for low recruitment in CMHTs
- Admin staff and B2&3 staff recruitment challenging against better paid employers

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# Cost of living impact: Third Sector

## Diverse Cymru

- Report increased foodbank use and requests for winter clothing from service users
- Home Office 'Aspen card' amounts not increased in line with cost of living
- Report increase in service users expressing desire to end life [Cost of living crisis sees some people considering suicide - BBC News](#)

## MIND

- Increasing access to guided self-help, longer sessions
- Outcome measures show interventions more focused on financial difficulties
- Housing issues causing impact on individuals in addition to MH issues

## Riverside Advice

- Significant pressures due to increase in need for debt and benefit advice
- Increase in people with MH problems previously accessing general advice

## Day Service Providers (Adferiad, Platfform, 4 Winds)

- Report increased volumes of service users attending buildings and services to stay warm and have access to food and drink
- Increased running costs for providers

**All services report difficulties accessing food bank vouchers.**

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# Cost of living impact: Local Authority partners

- There has been a **191% increase** in cases presenting with a **Section 21 “no fault notice”** from their landlord (*increase compared Jan - Sept 2022 against the same period in pre-pandemic 2018*).
- There are currently **501** families and **796** single people in temporary accommodation. All units are at capacity.
- The number of people who require homeless services has increased significantly in recent months. Central library Hub saw **496** presentations in October- more than the first four months of the year combined.
- Demand for temporary accommodation has increased significantly and waiting lists for all Gateways (families, single and young persons) combined are up **435%**, since July 2021, with **332** households waiting in total.

Mohamed, Sarah  
05/07/2023 14:11:22



Report Title:	Health & Safety Update			Agenda Item no.	2.7
Meeting:	People & Culture Committee	Public	X	Meeting Date:	11.07.23
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of Health and Safety				
Main Report					
Background and current situation:					
<p>The Health Board is committed to ensuring that suitable arrangements are in place in line with statutory requirements to minimise the risk of any hazards that could lead to a safety related incident to one of its patients, visitors, employees, contractors or other stakeholders.</p> <p>Going forward this paper will serve to inform the People &amp; Culture Committee of the highest UHB Health and Safety related concerns brought out of the H&amp;S Committee and Risk Register. This element has recently been added as a standing item to that agenda, the next meeting being 18<sup>th</sup> July 2023.</p> <p>Currently there is an increased risk in the UHW tunnels due to the build up of waste and storage in the area.</p> <p>A detailed inspection was conducted by the H&amp;S department on 28<sup>th</sup> April 2023 which systematically identified specific risks in the area.</p> <p>The Head of Health and Safety has reformed the Tunnel Safety Group and membership has been deliberately limited to roles which are enablers and specific department heads who are able to effect change. Other individuals will be co-opted in to the group as required.</p> <p>An ongoing action log is in place and being worked through, the next meeting is 28<sup>th</sup> June 2023.</p> <p>There have been significant challenges in obtaining suitable fire safety resource since the autumn of 2022, this has resulted in a slight reduction in the Fire Safety Risk Assessment programme, it has reduced from 98% to 92% over the last three months. A risk-based approach has been applied in prioritising areas. Despite the resource issues, overall UHB fire safety training compliance has improved from 64% to 74%.</p> <p>The UHB have employed three new Fire Safety Advisors who are all joining the team on 3<sup>rd</sup> July and the Head of Health and Safety is still actively looking to fill the Assistant Head of Health and Safety role. There will be a necessary period of familiarisation but going forward there will be an opportunity to progress the fire element of the Health and Safety Culture Plan.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
To note that the highest risk Health and Safety issues across the UHB will feed into the People and Culture meeting.					
Recommendation:					
The Committee is requested to: Note the findings of this report.					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
Please tick as relevant					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			



2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

#### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant*

Prevention	X	Long term		Integration		Collaboration		Involvement	
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#### Impact Assessment:

*Please state yes or no for each category. If yes please provide further details.*

Risk: Yes/No

Yes: The highest risk issues are brought to this committee via the H&S Risk Register and Health and Safety Committee.

Safety: Yes/No

Yes: The highest risk issues are brought to this committee via the H&S Risk Register and Health and Safety Committee.

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

#### Approval/Scrutiny Route:

Committee/Group/Exec	Date:
People and Culture Committee	11 <sup>th</sup> July 2023

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05/07/2023 14:13:22



Report Title:	People & Culture Committee – Draft Terms of Reference and Workplan			Agenda Item no.	3.1
Meeting:	People & Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	11 <sup>th</sup> July 2023
Status (please tick one only):	Assurance	Private	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				
Main Report					
Background and current situation:					
<p>In line with the UHB's Standing Orders, Terms of Reference and Work Plans for Committees of the Board, should be reviewed on an annual basis to ensure they are up to date and comply with any new requirements either statutory or from Welsh Government. The People and Culture Committee is a new Committee of the Board from 1 April 2023 and its Terms of Reference and Work Plan are being established.</p> <p>The initial draft of the Terms of Reference and 2023-24 Work Plan were presented to the first meeting of the Committee in May 2023 for the Committee to shape in order to ensure that it is content with them prior to recommending to the Board for approval. The discussion was extremely useful in enabling the Committee and attendees to work through the key requirements expected of the Committee by the Board and how it would discharge its responsibilities.</p> <p>A number of proposed amendments arose from that discussion and have been reflected in the revised Terms of Reference and 2023-24 Work Plan which are appended to this report.</p> <p>This report provides Members of the People &amp; Culture Committee (P&amp;C) with the opportunity to review and approve the revised draft Terms of Reference and Work Plan.</p> <p>Both documents are for the Committee to review and approve and to recommend to the Board for approval at its meeting on 27 July 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>This is the first draft Terms of Reference and work plan for this new Committee of the Board. The Committee is required to establish its Terms of Reference and work plan, recognising that both are likely to be refined over time.</p>					
Recommendation:					
<p>The Committee is requested to:</p> <p>(a) <b>Review</b> the Terms of Reference and work plan 2023/24 for the P&amp;C Committee;  (b) <b>Ratify</b> the Terms of Reference and work plan 2023/24 for the P&amp;C Committee; and  (c) <b>Recommend</b> the changes to the Board for approval on 27 July 2023.</p>					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
Please tick as relevant					
1. Reduce health inequalities	<input checked="" type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance	<input type="checkbox"/>		
2. Deliver outcomes that matter to people	<input checked="" type="checkbox"/>	7. Be a great place to work and learn	<input type="checkbox"/>		

3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered  
Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:  
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No  
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No  
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No  
Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No  
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No  
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No  
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No  
The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.  
  
Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)  
(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No  
Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.

<i>Useful guidance on the completion of an EHIA can be found at the following link: <a href="#">EHIA toolkit - Cardiff and Vale University Health Board (NHS. Wales)</a></i> <i>(If this has been addressed in the main body of the report, please confirm)</i>	
<b>Decarbonisation: Yes/No</b>	
<i>If appropriate, has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made.</i> <i>(If this has been addressed in the main body of the report, please confirm)</i>	
<b>Approval/Scrutiny Route:</b>	
<b>Committee/Group/Exec</b>	<b>Date:</b>
Board	27 July 2023

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# **TERMS OF REFERENCE FOR THE PEOPLE AND CULTURE COMMITTEE**

## **CARDIFF AND VALE UNIVERSITY HEALTH BOARD 2023/24**

**Reviewed by People and Culture Committee: 11<sup>th</sup> July 2023**

**Approved by the Board: 27<sup>th</sup> July 2023**

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# PEOPLE AND CULTURE COMMITTEE TERMS OF REFERENCE

## 1. INTRODUCTION

- 1.1 The University Health Board (UHB) Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with Standing Orders 3.4.1 and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

## 2. PURPOSE

- 2.1 The role and purpose of the People and Culture Committee is to:
- Advise and assure the Board on:
    - development, monitoring and delivery of the organisation’s People and Culture Plan in the context of the national strategic workforce plan;
    - the Health Board’s values and behaviours are fully applied and adopted;
    - whether there is effective leadership development at all levels;
    - staff wellbeing; and
    - the delivery of the desired culture throughout the Health Board to deliver safe and continuously improving healthcare.
  - Provide assurance to the Board in relation to the direction and delivery of the milestones and key performance indicators identified within the People and Culture Plan.
  - Perform certain, specific functions delegated to the Committee on behalf of the Board in line with the Health Boards Standing Orders, Standing Financial Instructions and its Scheme of Delegation.

## 3. DELEGATED POWERS AND AUTHORITY

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

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### 3.2 Authority

The Committee is authorised by the Board to investigate or have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. Specifically:

- it may seek relevant information from any employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and any other Committee, or group set up by the Board to assist in the delivery of its functions;
- it may obtain external legal or other independent professional advice and to secure the attendance of external advisors with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements; and
- it may approve policies relevant to the business of the Committee as delegated by the Board.

### 3.3 Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out specific aspects of Committee business on its behalf.

## 4. SCOPE AND DUTIES

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

### 4.1 Culture and Values:

- Seek assurance that the Health Board has a credible process for assessing, measuring and reporting on the culture of the organisation on a consistent basis over time.
- Scrutinise the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Seek assurance on the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity within the Health Board, including shaping and setting direction, monitoring progress and promoting understanding inside and outside of the Health Board and compliance with legislative requirements applicable to equality and diversity.
- Seek assurance regarding the Health Board's approach to promoting staff engagement and partnership working and that a staff engagement and communication plans are in place and are being delivered effectively.
- Seek assurance that the organisation has a working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed. Seek assurance that any organisational learning from trends in concerns or incidents are acted upon.

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- Seek assurance that collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators are effective and contribute to the delivering the Health Board's strategy.

#### 4.2 Organisational Development and Capacity

- Ensure the workforce systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
  - strategic approach to growing the capacity of the workforce;
  - analysis and use of sound workforce, employment and demographic intelligence;
  - the planning of current and future workforce capacity;
  - effective recruitment and retention;
  - new models of care and roles;
  - agile working;
  - continuous development of personal and professional skills; and
  - talent management.
- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning.
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

#### 4.3 Performance and Assurance

- Scrutinise workforce and organisational development performance issues and key performance indicators linked to:
  - the NHS Planning Framework;
  - Ministerial Priorities; and
  - the IMTP/Annual Plan.
- Seek assurances that workforce governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legally compliant and safe workforce practices, processes and procedures.
- Scrutinise risks on the Corporate Risk Register and Board Assurance Framework that fall within the remit of the Committee, including Health and Safety and working environment risks and provide assurance to the Board that controls and assurances are operating effectively.
- Monitor and scrutinise relevant internal and external audit reports and management responses to recommendations.
- Consider and ratify relevant Workforce and Organisational Development policies, procedures and initiatives prior to implementation across the Health Board with the support of the Employment Policy Sub-Group and Local Partnership Forum including the adoption of all-Wales policies.
- Refer people and culture matters which impact on other Board sub-committees to them. Specifically, referring quality and safety concerns to the Quality, Safety & Experience Committee, and vice versa including people and culture related findings and actions from inspections, audits and other forms of scrutiny.

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#### 4.4 Statutory Compliance

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

- Health and Safety Legislation (via the Health and Safety sub-committee);
- Equality and Diversity Legislation;
- Welsh Language Standards;
- Wellbeing of Future Generations Act (where relevant to the Committee)
- Consultation on Organisational Change; and
- Mandatory and statutory training.

### 5. MEMBERSHIP

#### 5.1 Members

A minimum of five members, comprising:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	A minimum of three other independent members of the Board, one of which should, if possible, be the Independent Member - Trade Union
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

#### 5.2 Attendees

##### In attendance:

The following Executive Directors of the Board will be regular attendees:

- Executive Director of People and Culture (Lead Executive)
- Chief Executive
- Executive Director of Nursing
- Medical Director
- Executive Director of Therapies and Health Science
- Chief Operating Officer
- Executive Director of Finance
- Director of Corporate Governance
- Director of Digital and Health Intelligence
- Director of Communications, Arts, Health Charity and Engagement

##### By Invitation:

The Committee Chair may extend invitations to attend committee meetings as required.

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### **5.3 Secretariat**

Secretariat: As determined by the Director of Corporate Governance

### **5.4 Member Appointments**

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

## **6. COMMITTEE MEETINGS**

### **6.1 Quorum**

Two members must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

### **6.2 Frequency of Meetings**

Meetings shall be held no less than quarterly. The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the Health Board's annual plan of Board business.

### **6.3 Withdrawal of Individuals in Attendance**

The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

## **7. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the joint planning and co-ordination of Board and Committee business and sharing of appropriate information. In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

7.3 The Board and the Committee may establish sub-committees or working/task and finish groups to carry out specific aspects of Committee business on its behalf. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf.

The Sub-Committee established by the Board reporting to this Committee is the Health and Safety Sub-Committee.

The management group feeding into this Committee is the Strategic Equality and Welsh Language Standards Group.

The Employment Policy Sub-Group reports to the Local Partnership Forum with delegated authority to review policies and approve procedures and guidelines.

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- 7.4 The Committee shall embed the Health Board values, corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

## **8. REPORTING AND ASSURANCE ARRANGEMENTS**

- 8.1 The Committee Chair shall:

- report formally and on a timely basis to the Board on the Committee's activities, in a manner agreed by the Board;
- bring to the Board's specific attention any significant matter under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Board, UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

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

- 8.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established.

## **9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 9.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference);
- notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law); and
- notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

## **10. REVIEW**

- 10.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

<b>People &amp; Culture Committee Work Plan 2023-24</b>				
App. - Approval Ass.- Assurance Inf. Information and noting	<b>Exec Lead</b>	<b>16-mai</b>	<b>11-jul</b>	<b>12-sep</b>
<b>Agenda Item</b>				
<b>Standing Items</b>				
Staff/People Story			Inf.	Inf.
Corporate and Employment Policies (as required)	RG	App.	App.	App.
Internal Audit Reviews	JQ/RG	Ass.	Ass.	Ass.
WAO Reviews	JQ/RG	Ass.	Ass.	Ass.
Other external reviews	JQ/RG	Ass.	Ass.	Ass.
Corporate Risk Register	JQ	Ass.	Ass.	Ass.
Key Workforce Performance Indicators (Clinical Board focus)	RG	Ass.	Ass.	Ass.
<b>Committee Learning and Development</b>				
Workforce Context Report	RG	Inf.		
Focus on Census 2021 for Workforce Planning	RG		Inf.	
Cost of Living Impact	PB		Inf.	
Overview of Legislation and Statutory Requirements applicable to the Committee	RG			Inf.
Workforce & Culture - Refreshed Health Board Strategy	RG			Inf.
<b>Items for Assurance</b>				
People & Culture Plan	RG			Ass.
Staff Engagement Plan	RG			App.
Communication and Engagement Plan	JB			
Overarching Culture Report (tbc)	RG			
Taking Care of the Carers Update Report	RG			Ass.
Value Based Appraisal Update Report	RG		Ass.	
Mandatory Training Performance	RG			
NHS Wales Staff Survey - Results and Action Plan (every 3 years)	RG			Ass.
<b>Statutory and Mandatory Requirements</b>				
Clinical Consultation Plan - Welsh Language	RG	App.		
Welsh Language Progress Report	RG			
Welsh Language Annual Report	RG			App.
Anti-racist Wales Action Plan	RG	Ass.		
Assurance on Compliance with the Equality Act 2010	RG			
Strategic Equality Plan Annual Report	RG			App.
Workforce Annual Equality Report & Gender, Ethnicity, Diversity and Disability Pay Gap Reports	RG			
Job Planning Assurance Report	MJ			Ass.
Nurse Revalidation Assurance Report	JR			
Medical Revalidation Assurance Report	MJ			
<b>Sub-committee Reporting</b>				
Health and Safety Committee Chairs Report	RG	Ass.	Ass.	Ass.
Health and Safety Update Report	RG	Ass.	Ass.	Ass.
Annual Report of the Health and Safety Committee	RG			
<b>People &amp; Culture Committee Governance</b>				
Annual Work Plan	JQ	App.		
Self assessment of effectiveness	JQ			
Approve Terms of Reference	JQ	App.	App.	
Review Terms of Reference	JQ			
People and Culture Committee Annual Report	JQ			
Minutes of People & Culture Committee Meeting	JQ	App.	App.	App.
Action log of People & Culture Committee Meeting	JQ	Ass.	Ass.	Ass.

Report Title:	Gender Pay Gap Report 2022			Agenda Item no.	3.2
Meeting:	People & Culture Committee	Public	X	Meeting Date:	11 July 2023
Status (please tick one only):	Assurance	Private		Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Equity & Inclusion Senior Manager				

## Main Report

### Background and current situation:

The gender pay gap is the difference between the average pay of men and women in an organisation.

Any employer with 250 or more employees on a specific date each year must report their gender pay gap data.

Cardiff & Vale UHB publish our gender pay gap annually by the 31<sup>st</sup> March. The Gender Pay Gap Report 2022 (GPGR) covers the period between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022.

An initial version of the GPGR was published on our website prior to the deadline following approval at the Strategy and Delivery Committee. Unfortunately, it was later noted that the information contained within the GPGR was inaccurate and the Health Board had reported a considerably wider pay gap for the reporting period than was in fact the case.

The difference in the figures is noted below:

2022	Average (Mean)	Median
Figures reported in the initial GPGR	32.65%	33.33%
Figures reported in the updated version	17.49%	-0.26%

The correct figures were swiftly reported through the governmental portal to ensure the appropriate information had been published.

The Health Board has since updated the content of the GPGR to reflect the correct figures and the report has been published via our website. Appropriate approval was given via a Committee Chair's Action of the People & Culture Committee.

### Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Following publication, the amended GPGR is required to go through the appropriate governance processes to gain ratification.

The report has therefore been brought to the People & Culture Committee for retrospective ratification.

### Recommendation:

The People & Culture Committee is requested to:

- **Ratify** the contents of the report

### Link to Strategic Objectives of Shaping our Future Wellbeing:

*Please tick as relevant*

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant*

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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### Impact Assessment:

*Please state yes or no for each category. If yes please provide further details.*

Risk: Yes

Safety: No

Financial: Yes

Potentially through claims for discrimination.

Workforce: Yes

Attracting and retaining a diverse workforce

Legal: Yes

There is a legal requirement as part of the Public Sector Equality Duty under the Equality Act 2010 to report annually against the organisation's strategic equality objectives.

Reputational: Yes

CAVUHB viewed as an organisation that does not pay those with different genders fairly.

Socio Economic: No

Equality and Health: Yes	
Health inequalities and inequities within our communities are exacerbated.	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
People and Culture Committee	

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# **Cardiff and Vale University Health Board**

## **Gender Pay Gap Report 2022**

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## Introduction

Cardiff and Vale University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development.

Gender Pay Gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility for all employers of 250 or more, provides a useful mechanism with which we can measure our progress toward gender pay equality.

At 31<sup>st</sup> March 2022 we employed 16,687 staff as defined by the gender pay reporting guidelines<sup>[1]</sup>, of which 76.27% were female and 23.73% male. These staff are engaged in a wide variety of activities, and cover a number of different grades and pay scales. Female employees make up the majority of staff on bands 1 to 8, with 1 more male employee in a band 9 role, and more male employees in Medical & Dental roles.

Pay Band	Female	%	Male	%	Total	%
Band 1	37	0.22%	34	0.20%	71	0.43%
Band 2	2395	14.35%	985	5.90%	3380	20.26%
Band 3	1393	8.35%	452	2.71%	1845	11.06%
Band 4	1041	6.24%	216	1.29%	1257	7.53%
Band 5	2620	15.70%	463	2.77%	3083	18.48%
Band 6	2574	15.43%	477	2.86%	3051	18.28%
Band 7	1382	8.28%	346	2.07%	1728	10.36%
Band 8a	403	2.42%	122	0.73%	525	3.15%
Band 8b	171	1.02%	67	0.40%	238	1.43%
Band 8c	71	0.43%	35	0.21%	106	0.64%
Band 8d	32	0.19%	23	0.14%	55	0.33%
Band 9	15	0.09%	16	0.10%	31	0.19%
Medical & Dental	550	3.30%	681	4.08%	1231	7.38%
Other	43	0.26%	43	0.26%	86	0.52%
<b>Grand Total</b>	<b>12727</b>	<b>76.27%</b>	<b>3960</b>	<b>23.73%</b>	<b>16687</b>	<b>100.00%</b>

<sup>[1]</sup> We have decided to publish our numbers in line with the gender pay gap reporting guidelines. Although this is not a legal requirement in Wales, this is an important aspect of our commitment to transparency about pay. We are serious about, and committed to, identifying the causes of the pay gap and work to find solutions to address this.

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### What is the gender pay gap?

The Gender Pay Gap shows the difference in the average pay between men and women in the workforce.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6<sup>th</sup> April 2017, which requires employers with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

### What is our pay gap?

The Gender Pay Gap in hourly pay in Cardiff and Vale University Health Board can be found in this table.

Gender	Avg. Pay	Median Pay
Male	13,101.51	10,002.00
Female	8,824.34	6,668.02
Difference	4,277.17	3,333.98
Pay Gap %	17.49	- 0.26

### Yearly Comparison of our Mean Pay Gap

We first started reporting our Gender Pay Gap in 2017. Initially there was an increase in the Gender Pay Gap up to and including 2019; however, since 2020 the gap has steadily decreased and this year we are reporting the lowest figure to date, with our mean pay gap being 17.49%. In 2022, we have seen a decrease of 2.1% in comparison with 2021. We will continue to monitor and work on reducing our pay gap further over the coming year.

Year	Mean Pay Gap
2017	20.16%
2018	21.34%
2019	22.60%
2020	20.12%
2021	19.59%
2022	17.49%

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## What is the difference between the mean pay gap and the median pay gap?

The mean pay gap is the difference between the average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

## Understanding the pay gap

In Cardiff and Vale University Health Board, one of the primary reasons the Gender Pay Gap exists is as a result of the makeup of our workforce; although there are more women than men in senior roles, there is also a higher proportion of women relative to men in the lower graded roles.

The proportion of men and women in each quartile of our pay structure is shown in this table:

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	2968.00	1055.00	73.78	26.22
2	3136.00	893.00	77.84	22.16
3	3327.00	702.00	82.58	17.42
4	2798.00	1231.00	69.45	30.55

The reasons behind the Gender Pay Gap are complex and overlapping. The Health Board will continue to review the available data to better understand the reasons behind the gap and to continue on our trajectory towards eliminating the Gender Pay Gap within the organisation.

## Understanding the bonus pay gap

Bonus pay is defined as remuneration relating to profit sharing, productivity, performance, incentive or commission for the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Awards of Commitment Awards. The figures given in table below show recipients of these awards as a percentage of the whole Health Board workforce. The gender split is 36% female and 64% male. This is an improvement on last year's split of 24% female and 76% male. Further work is needed to understand the implications of this and to continue these improvements.

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Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	136.00	14428.00	0.94%
Male	242.00	4692.00	5.16%

### Working to close the gender pay gap in CAVUHB

Cardiff and Vale University Health Board is committed to addressing workplace barriers to equality, supporting diversity and creating an open and inclusive community. This is underpinned by our values of being kind, caring and respectful whilst demonstrating trust, integrity and personal responsibility.

Some of the work we have undertaken included the following:

- Continued discussions about agile working within the organisation
- Monitored job adverts for inclusive language through sampling
- Promoted our work in schools, avoiding the use of stereotypes
- Reducing the Gender Pay Gap is a Strategic Equality Plan Objective

The impact of these actions will not be seen immediately and a positive impact is likely to show in future Gender Pay Gap figures.

As our journey continues, we have identified the following actions:

- Executive Board sponsor (Inclusion Ambassador) for the gender 'protected characteristic' to work with the Equality Manager to plan further actions around the gender pay implications.
- To promote and encourage agile/flexible working
- Monitor the number of male and female applicants for jobs, including part time workers
- Continue to raise awareness through speakers, factsheets and staff training

### Declaration

This data has been calculated according to the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

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Report Title:	Corporate Risk Register			Agenda Item no.	4.1
Meeting:	People and Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	11.07.2023
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				
Main Report					
Background and current situation:					
<p>The Corporate Risk Register ('the Register') has been developed to enable the Board to have an overview of the key operational risks from the Health Board's Clinical Boards and Corporate Directorates. The Register records Extreme risks scoring 20 and above.</p> <p>Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the People and Culture Committee ('the Committee') and reported to Board on the 25<sup>th</sup> May 2023 are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The Risk and Regulation Team continue to work with clinical and corporate colleagues to refine risk descriptors, controls and actions within Risk Registers. Since May's Board meeting the Risk and Regulation Team have continued to implement a 'Check and Challenge Process' with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register are correctly recorded in line with the Risk Scoring Matrix detailed within the Health Board's Risk Management and Board Assurance Framework Policy ('the Policy').</p> <p>This ensures that the Board and its Committees can take assurance that the risks detailed in the Register are consistent with agreed procedures and are a true reflection of the operational risks that the Health Board continues to manage.</p> <p>Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board. In advance of each Board Meeting, the Head of Risk and Regulation continues to meet with Risk Leads within Clinical Board Triumvirates and Corporate Directorates to provide additional support and guidance in advance of submission of updated risk registers. The Director of Corporate Governance also attends monthly Executive Clinical Board Reviews, at which all Clinical Board risks scoring 15/20 or higher are reviewed and scrutinised so that appropriate action is taken to mitigate prevailing risks.</p>					

At the Health Board’s May 2023 Board meeting a total of 8 (from a total of 29 risks scoring 20 or above) Extreme Risks reported to the Board were linked to the People and Culture Committee for assurance purposes.

Details of those risks are attached at Appendix A but can be summarised as follows:

Risk Score (1 to 25) - Clinical Board	20/25	25/25
CD&T		
Medicine	3	
PCIC		
Specialist Services	2	
Surgery		
Digital Health		
Children and Women	3	
Mental Health		
Capital Estates and Facilities		
Workforce and OD		
Total:	8	

An updated Register will be shared with the Board at its July 2023 meeting. It should also be noted that each Clinical Board shares the detail of their Extreme Risks with Executive and Operational colleagues monthly at Clinical Board Operational Meetings to ensure that they are continually monitored and proactively managed.

**ASSURANCE** is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The ongoing education and training that continues to be delivered by the Risk and Regulation Team to ensure that the Health Board’s Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.

**Recommendation:**

The Committee is requested to:

- a) **NOTE** the Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which is now progressing with Clinical Boards and Corporate Directorates.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**  
*Please tick as relevant*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x

3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

#### Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	x
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#### Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

The paper relates to the Health Boards management of extreme risks in line with the Health Board's Risk Management and Board Assurance Framework Policy

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

#### Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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05/07/2023 14:13:22

CORPORATE RISK REGISTER MAY 2023 (People and Culture Committee Entries)

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
						Consequence		Likelihood	Total	Consequence		Likelihood	Total	Consequence			
Medicine Clinical Board	6	08/2022	There is a risk of physical and emotional harm to patients and staff due to the number of nursing vacancies across the Clinical Board. Secondary to this is the risk of failure to comply with regulatory staffing requirements (Nurse Staffing Levels (Wales) Act 2016).	5	5	25	Posts advertised in a timely manner. Authorisation of vacancies reviewed efficiently. Maximisation of medical ward float staff. Dedicated recruitment officer in post. Bimonthly recruitment events held. Engagement with Project 95, overseas recruitment, adaptation programmes, student streamlining and staff return to practice. Risk staff framework completed daily by the Clinical Board and shared at daily OPAT UHB meetings	5	4	20	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionnaires and engagement with established staff to protect establishment.	5	3	15	Jun-23	People and Culture Committee Quality, Safety and Experience Committee	Workforce Patient Safety Staff Wellbeing Urgent and Emergency Care
	9	01/01/2021	There is a risk of patient and staff harm due to an inability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment, resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	25	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	20	Medical staffing reviewed as part of the daily OPAT meeting with ongoing planning to ensure safe staffing. Work ongoing with Medi Team and Locums to support the Emergency footprint. Ongoing recruitment into F3 posts	5	2	10	Jun-23	Quality, Safety & Experience Committee People and Culture Committee	Patient Safety Staff Wellbeing Workforce
	12		Due to workforce and capacity constraints across Gastroenterology & Endoscopy the ability to deliver a robust Gastroenterology service to meet competing demands of the speciality and service i.e. emergency/acute gastroenterology; Endoscopy activity to meet cancer diagnostic/therapeutics/surveillance as well as planned care within speciality components of gastroenterology , there is a risk of patient harm due to delayed diagnosis and treatments of cancer and benign diseases; a risk of not fulfilling commissioned activity and income generation and an inability to fulfill training needs for trainees in line with HEIW junior doctor training;  Impact; patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	5	5	25	Locum cover for the Medical Workforce gaps and progressing active recruitment Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses Work with NEP on recruitment strategy #BeVital Weekend insourcing to increase capacity Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms Business Case and Endoscopy expansion Implementation of FIT stool testing as part of patient risk stratification/management	5	4	20	7.02.23 - HR to support the Agenda for Change process to adopt the all Wales Clinical Endoscopist JD to be able to assimilate staff across	5	2	10	Jun-23	People and Culture Committee Quality, Safety and Experience Committee	Patient Safety Cancer Workforce Planned Care
Children and Women	17	08	Vacancies (3 x Qualified Psychologist vacancies and a Lead Psychologist due on Maternity Leave) within Child and Adolescent Learning Disability Services (CALDS) will lead to no Qualified Psychologist being in post within the service. Unqualified staff are not able to hold duty of care and require supervision to work with referrals. This results in an inability to deliver the service for children with a Learning Disability presenting with challenging behaviour resulting in a risk of physical harm to child and those around them as well as quality of life harms such as breakdown of placements, reduced community access etc.	4	5	20	CALDS Psychology not accepting new referrals. Consultation only service offered.	4	5	20	Lead CALDS Psychologist developing a limited plan for managing risk and supporting staff. Emails already sent to halt any new referrals. Recruitment to permanent Band 7 posts to happen in January but newly qualified post so not able to start until October. Potential of recruiting a band 8a Psychologist for 1 day a week to review requests for support and provide supervision. Plan being made to support junior members of staff.	4	2	8	Jun-23	People and Culture Committee Quality, Safety and Experience Committee	Patient Safety Workforce
	18	03/2022	Due to staffing levels and service capacity within Children Looked After Services there is an inability to deliver health assessments which is a statutory requirement. This presents a risk of failure to comply with regulatory requirements and patient harm due to delays in assessment.	4	4	16	Focus on initial assessments rather than follow up. Risk assess requirements for face to face. Introduce clinic and virtual consultation where possible.	4	5	20	Regular review of Risk. Continuation of child development grant funding.  Recruit to vacancy in service.	4	2	8	Jun-23	People and Culture Committee Quality, Safety and Experience Committee	Patient Safety Workforce
	19	01.05.22	Due to staffing levels within Maternity services there is a risk that:  - there will be delay and interruption to induction of labour and the potential risk of poor patient experience and poor outcomes for mothers and babies.	5	5	25	1.Undertaking an in depth review of our staffing to ensure that there is continued assurance that sickness is being managed according to the policy. 2. Introduced a bi-weekly planning meeting to review staffing levels for each shift for the upcoming week 3. Midwives offered bank / additional hours and overtime. Enhanced overtime approved. 4. Appointment of induction of induction of labour lead midwife who will review induction of labour policies and increased outpatient inductions. 5. From 17.12.21 IOL for non-medical reasons and Large babies (unless diabetic or part of Big Baby study) not to continue . 6.Daily 10am neonatal and labour ward safety huddles	5	4	20	1. Ongoing recruitment of band 6 midwives. 2. Improved sickness review in place. 3. Staffing planning meetings to continue. 4. Weekly internal escalation regarding staffing levels. 5. Enhanced overtime to continue to be offered to midwives and nurses. 6. Communication to women regarding possible delays.	5	2	10	Jun-23	Quality, Safety and Experience Committee People and Culture Committee	Patient Safety Workforce Maternity

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Specialist Services Clinical Board	22	Sep - 21	<b>Critical Care - Nursing Workforce</b> There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	25	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	20	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	10	Jun-23	Quality, Safety and Experience Committee and People and Culture Committee	Patient Safety Staff Wellbeing Workforce Critical Care
	25	Jan - 2010	<b>Haematology and Immunology - Clinical Environment</b> There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	25	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green).  HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.  A number of options for the relocation of the service have been explored over the past 10 years but have not been successfully adopted. The directorate and Clinical Board are currently working with Estates and Operational Colleagues as part of the Health Board's Acute Sites Master Plan work to develop plans for relocation to the current Outpatient site at UHW.	5	4	20	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	5	Jun-23	Quality, Safety and Experience Committee and Finance and Delivery Committee	Patient Safety Capital Assets