People & Culture Committee

Tue 16 May 2023, 09:00 - 12:00

Agenda

09:00 - 09:25
25 min

1. Standing Items

Sara Moseley

1.1. Welcome & Introductions to include:

- Workforce Context

📄 1.1 Workforce Context Report.pdf (9 pages)

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Chairs Actions

09:25 - 09:40
15 min

2. Item for Approval

2.1. Committee Terms of Reference 2023/24 and Committee Work Plan 2023/34

James Quance

📄 2.1 Workforce & Culture Committee – Draft Terms of Reference Cover Paper.pdf (3 pages)
📄 2.1a Draft Terms of Reference P+C.pdf (7 pages)
📄 2.1b Draft P&C Committee Work Plan 2023.24 090523.pdf (1 pages)

09:40 - 10:05
25 min

3. Items for Review & Assurance

3.1. Key Workforce Performance Indicators

Rachel Gidman

📄 3.1 Key Workforce Performance Indicators Report.pdf (7 pages)

3.2. Health & Safety Chairs Report

James Quance

📄 3.2 H&S Chair's Report 18.4.23.pdf (3 pages)

3.3. Board Assurance Framework

James Quance

📄 3.3 BAF Covering Report P&C 090523.pdf (3 pages)
📄 3.3a Board Assurance Framework - March 2023.pdf (59 pages)

10:05 - 10:40
35 min

4. Items for Approval / Ratification

4.1. Clinical Consultation Plan – Welsh Language

Rachel Gidman / Mitchell Jones

📄 4.1 Clinical Consultation Plan - Welsh Language.pdf (3 pages)
📄 4.1a Appendix 1 - Clinical Consultation Plan - Welsh Language.pdf (10 pages)

4.2. CAVUHB Anti-racist Action Plan

Rachel Gidman / Mitchell Jones

📄 4.2 CAVUHB Anti-racist Action Plan Paper.pdf (3 pages)
📄 4.2a Appendix 1 Anti-Racist Action Plan.pdf (3 pages)

10:40 - 10:45
5 min

5. Items for Information & Noting

5.1. Corporate Risk Register

James Quance

📄 5.1 Corporate Risk Register.pdf (3 pages)
📄 5.1a - Appendix A - Corporate Risk Register March 2023 - People and Culture Risks.pdf (2 pages)

10:45 - 10:45
0 min

6. AOB

10:45 - 10:45
0 min

7. Private Agenda Items

Sara Moseley

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

7.2. Fire Prosecution Update – Verbal (except from publication due to confidential nature of legal case)

10:45 - 10:45
0 min

8. Review & Final Closure

Sara Moseley

8.1. Items to be deferred to Board/Committees

8.2. Note the date & time of the next meeting:

Tuesday 11 July 2023 at 9am via MS Teams

10:45 - 10:45
0 min

9. 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"

Report Title:	Workforce Context			Agenda Item no.	1.1	
Meeting:	People & Culture Committee	Public	x	Meeting Date:	16 May 2023	
		Private				
Status *(please tick one only):*	Assurance	x	Approval		Information	x
Lead Executive:	Execuve Director of People & Culture					
Report Author (Title):	Deputy Director of People & Culture					

Main Report
Background and current situation:

Workforce has never been a higher priority for our health and social care system – a high-quality, skilled, compassionate, educated health workforce now and for the future must continue to be our key focus.   The newly formed People and Culture Committee will help strengthen this focus, monitor, deliver and provide assurance to the Board.

Every year, the NHS workforce must evolve to meet the needs of the population, 2023 will be no different. Factors including demographic changes, the political climate, public health and budgetary constraints all have a major impact on the NHS in Wales and its workforce.

We have just been through one of the most challenging periods in history. Post pandemic challenges coupled with winter pressures, increased demand for services/care, high levels of sickness absence, vacancies and turnover, unprecedented industrial action across a number of staff groups – all impacted negatively on the morale and wellbeing of our people.

The pandemic highlighted the inequalities within our communities, including those in health and social care and the workplace. As a society and organisation, we have become more aware of challenges people from minority communities experience on a day-to-day basis, be it when accessing care or trying to further their careers. Building an organisation that is inclusive of everyone, representative of the community it serves, and enables each person to be their authentic selves, will create a Health Board where people feel they belong.

The NHS England Staff Survey published recently confirmed that pay, staffing levels, workloads, quality and safety of patient care were among key issues that emerged. The NHS Wales Staff Survey is due to be launched late summer/early Autumn. Recent engagement surveys have told us that our people are leaving the sector and/or their profession due to stress, burnout, poor working conditions and lack of development opportunities.

In 2023 we must continue to work with partners to create a future workforce that is valued and empowered. Our focus needs to be on creating more supply whilst also changing the shape of our future workforce.   We currently employ in the region of 16,500 people, this equates to approx. 14,500wte, our workforce has grown exponentially over the last 5 years (March 2018 we employed 12,700wte) to meet the increasing demand but still we are struggling with staffing shortages. The NHS Wales workforce currently comprises 90,943 full-time equivalent staff, which is an increase of 25.5% since 2010.

The 2021 census data helps us to understand the reasons for some of the current challenges and pressure on the health and social care system, for example:

- **Population Changes** - The biggest increase in population was in Cardiff and Vale Health Board (+4.6%). Cardiff was the second highest increase in population since 2011 rising by 4.7% (+16,310) to 362,400. The Vale of Glamorgan was next increasing by 4.3% (+5,464) to 131,800.
- **Age profile** - The age profile of the population is notably younger in Cardiff and Vale (65.9% under 50). The same pattern is evident in the age profile of the NHS workforce in those areas, with 67.0% aged under 50 in Cardiff and Vale.
- The **unemployment rate** in Wales is 3.9% for males and 3.7% for females, with a similar position across the UK.
- **Vacancies** - Based on the latest UK data in July 2022, there are currently 221,000 vacancies across health and social care. This is a sharp rise and are now far higher than all others which is indicative of the workforce shortages in health and social care. Many other sectors are struggling to fill vacancies, including 173,000 in hospitality and 101,000 in retail, both of which provide competition for the NHS workforce.
- Generally, following the pandemic, it's a job seekers' market, as there are more job vacancies than people looking to fill them. This represents a significant risk for health and social care, where staff who have been overloaded throughout the pandemic, and are struggling with the current cost of living crisis and below-inflation pay awards, may be attracted by other sectors who are having to offer higher pay to fill gaps in their workforce.

As a Health Board we are aware of the difficulties that many of our staff are facing due to the rising cost of living. Increasing energy prices, inflation, National Insurance contributions and more expensive shopping bills mean that many of us are having to make difficult decisions when it comes to our monthly spending. Trade Unions report increasing numbers of staff referred to food banks and that travel expenses are not covering community work costs. It is a concerning time for our health and wellbeing as the strain of these worries may lead to stress and anxiety, or a feeling of isolation and helplessness. In addition, we have seen:

- Increased requests for 'Long Day' shifts to reduce travel costs which has a potential impact on Quality and Safety
- Resignations from staff wanting to work closer to home
- 9-5 working has become less attractive and is a possible reason for low recruitment for some types of roles
- Recruitment for admin staff and Band 2 and 3 is challenging as we are competing against better paid employers

A task and finish group was established in September 2022 to take forward an agreed action plan to support staff with their financial wellbeing. Working with both internal and external colleagues we have delivered a series of staff support interventions such as financial wellbeing roadshows, dedicated webpages to provide information to colleagues, the provision of on line training for Wellbeing Champions and line managers, and the development of a staff 'Financial Wellbeing' framework. This focused work will continue and currently the group are formulating a 'Financial Wellbeing' policy and looking at how best to embed 'financial wellbeing' conversations into the employees' journey through key points in their career pathway such as during induction, appraisals, maternity leave etc. We will also work closely with our partners in local authorities and the third sector to address these issues.

The NHS's greatest strength is its people, and as demand for healthcare continues to grow, it is essential that our people get the support they need to do their jobs and progress in their careers. Now is the time for real transformation in both health and social care. Whilst there are concerns about funding, staffing, increasing inequalities and pressures from a growing and ageing population

– there is also optimism about the possibilities for continuing medical advance and better outcome of care.

Some of the strategic drivers that will require workforce transformation for delivery are:

- A Healthier Wales
- Workforce Strategy for Health and Social Care
- NHS Workforce Implementation Plan
- Six Goals for Urgent and Emergency Care
- UHB Strategy Refresh
- C&V UHB IMTP
- Strategic Programmes, e.g. SOFCS, SOFH, Regional & Tertiary Services, etc

Our People and Culture Plan was launched in January 2022 and set out our ambition over a three year period, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce.   In 2023-2024 our people must be our top priority, we must focus our efforts on improving recruitment, retention and wellbeing whilst building compassionate, collective and inclusive cultures.

The People and Culture Plan is everyone's responsibility and is built around the 7 themes outlined in the '*Workforce Strategy for Health and Social Care*'. This year there will be an increased emphasis on the following priorities outlined in the '*National Workforce Implementation Plan: Addressing the NHS Wales Workforce Challenges, January 2023*':

As a Health Board we will focus our efforts to:

- ensure we have enough people, with the right skills and experience, so that staff have the time they need to care for patients well;
- ensure our people have rewarding jobs, work in a positive culture, with opportunities to develop their skills and use state of the art equipment, and have support to manage the complex and often stressful nature of delivering healthcare;
- strengthen and support good, compassionate and diverse leadership at all levels – managerial and clinical – to meet the complex practical, financial and cultural challenges a successful workforce transformation plan will demand.

In 2023 we will build on what has been achieved in Year 1, focusing on the Health Board priorities, ensuring that quality, improvement and sustainability are at the forefront. We know that we are not providing the quality of services we could or should, so patients and staff don't have the best experience or outcomes.

As an organisation we will aim to deliver excellence in all that we do so that staff, patients and our populations have the best experience and outcomes. Our People and Culture Plan will help us achieve this aim.

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

To meet our population's health and care needs effectively, we need to ensure that we can deliver our services closer to, or at, home.   Attending hospital should only occur when it is not possible to provide care and/or treatment safely anywhere else.   This is dependent on our workforce being creative and innovative to deliver health and care in different ways, putting the person at the heart of all we do.

The People and Culture Plan is a road-map that will help us improve the experience of our people both now and in the future.   Through the implementation of this Plan we will harness the right skills, in the right number, at the right time thereby reducing duplication and waste and avoiding harm wherever possible. We want our workforce to be happy, healthy and supported, so that they can in turn, support the wellbeing of the people in their care.   We will ensure our workforce is treated fairly and everyone is recognised for the contribution they make. We will also use this opportunity to ensure our workforce is reflective of our diverse population through developing an inclusive culture where diversity is welcomed, and by encouraging our people to deliver care using the Welsh language where needed and as part of their working life.

In 2023/2024 our priorities are:

Attract and Recruit

The ability to deliver high quality, compassionate care is dependent on recruiting and retaining individuals with the right skills, abilities, values and experiences.   This has become increasingly difficult following the service pressure and workforce resilience associated with the Covid-19 pandemic.   The current climate has created a shortage of suitable candidates in many professions, and we need to think differently about how we attract and recruit our current and future workforce, including working with social care partners to develop an integrated workforce, and to support a diverse workforce and inclusive culture.

The challenges we face in this area include:

- Large scale vacancies in a number of professions

- High vacancy levels across UK labour market

- Turnover in some staff groups is higher than the national average

- High competition from neighbouring Health Boards and other Health/Care employers

- High reliance on Bank and Agency

- Silo working

In 2023/2024 we will establish ourselves as a strong and recognisable brand and will strive to be the employer of choice for our existing and future workforce. We will find new and innovative ways to attract people into our Health Board, ensuring that our recruitment campaigns are reaching all our communities and work with Social Care colleagues to ensure an integrated approach. We will expand our Apprenticeship Academy recruiting from our local communities and offering a wider range of opportunities. Proactively increase the diversity of our workforce through inclusive recruitment campaigns and continue to build on our approach to inclusive recruitment ensuring that we increase the diversity of our people. As a Health Board we will all commit to reduce the over reliance on Agency workers and build the sustainability of the workforce through a number of key

actions. Research shows that reducing the vacancy gap will improve retention, wellbeing and quality of care.

Retaining our people

We cannot just depend on bringing new people into our workforce; we need to improve how we retain, manage, develop and look after the wellbeing of our existing workforce. Retaining skilled and competent individuals improves patient experience, the overall quality of patient care and employee satisfaction. All organisations require a healthy level of turnover, but the challenge is to find the right balance between turnover and retention by understanding what is going on across the Health Board. Poor retention is having a negative impact across the Health Board and is challenging in certain areas/professions. We must use our data to find solutions, make decisions and devise initiatives to reduce turnover and increase retention.

We will support our managers to understand what options are available to improve retention based on best practice, for example, focusing on treating people fairly, being flexible, paying attention to people's well-being, giving people a voice, investing in career development and progression, etc. Improving retention and achieving a more sustainable position is a key priority for everyone.

Wellbeing

Having healthy and motivated employees will result in improved retention, increased innovation and lower levels of sickness, as well as better patient experiences and outcomes. Our health and wellbeing at work is impacted by ways of working, the working environment, working relationships and behaviours, and role-related aspects such as clarity of role, feedback and recognition, access to development and achievable objectives. Access to wellbeing activities and a health-supporting working environment are is important to maintain and improve the health of the workforce
While promoting and supporting wellbeing has always been at the core of our business. Over the past few years the COVID-19 pandemic has presented challenges to all our people, and our communities, and we have consistently ensured a focus on wellbeing, through the formation of the Strategic Wellbeing Group, to ensure people are supported when needed. Some of this work has been supported short term, during the peaks of the pandemic, and some of this work is longer term.

Our priority for this year is to embed our Wellbeing Strategy and Framework, which will ensure our actions are impactful, and illustrate how wellbeing is everyone's responsibility throughout the Health Board – through our systems, processes, ways of working, networks, relationships, behaviours and environments, embedding wellbeing in our culture and in our leadership.

The responsibility for fostering a culture that enhances wellbeing sits with everyone, from Executives, Senior Managers, Line Managers, People Professionals, Occupational Health to every single individual who works within the Health Board.

Equity, Inclusion and Welsh Language

We continue to focus on developing and achieving the priorities as identified in the Strategic Equality Plan, and strive to meet the Socio-Economic Duty by ensuring tackling inequalities is at the heart of everything that we do and every decision that we make. Focused work to date includes the development of our Anti-racist Action Plan, co-designed and developed with representatives from across the Health Board and recruitment campaigns aimed at increasing the diversity of our workforce. Preparation work is underway in readiness for the development of our LGBTQ+ Action Plan following publication of the WG plan.

Working to ensure that equity and inclusion are considered and supporting awareness of inequity, Inclusion Ambassador roles have been developed, starting at Executive Board level, with individuals taking an ambassadorial role in raising awareness and supporting each protected characteristic and Welsh Language. As this approach is cascaded across the Health Board, awareness of tacking inequity and increasing diversity, inclusion and equality will increase which will result in an improved experience for our patients, our communities and our colleagues.

Collaboration, co-production and consultation is fundamental in achieving our priorities around equity, inclusion and Welsh Language and continuing to develop strong working relationships with colleagues, communities, trade union partners, internal departments and external organisations.

Shaping our future workforce

We want to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population. We know that the shortages experienced in some professions and services has a direct impact on service delivery, quality of care and employee experience as well escalating costs. There is a real need for further workforce modernisation, new roles and extended skills, supported by the improvement of workforce intelligence and workforce planning skills. This includes the development of appropriate efficiency and productivity measures that help facilitate benchmarking and demonstrate value as our workforce shape continues to change.

Some of the challenges we may face are:

- Supply - there are significant shortages in some professions, services and skills

- High levels of absence, vacancies and turnover

- A lack of capacity and resources for innovation, modelling, planning etc

- Lack of engagement and collaboration

- A focus on operational planning which meets current challenges but does not provide longer-term people solutions.

Our aim is to move from emergency/short term planning of our workforce into a more strategic/transformational approach to address the current and future workforce gaps and strategic ambitions. We will achieve this by increasing organisational capacity and capabilities in workforce planning through the provision of Strategic Workforce Planning training across a multi-disciplinary workforce, we will develop our baseline plans created for our current nursing, medical and AHPs workforce demography and characteristics into longer term plans, to support the assessment of risks, and priority actions plans to address gaps and influence change.
By assessing the workforce planning implications for our strategic programmes, it will support the delivery of a more integrated and seamless workforce.

Over the next 12 months we also want to continue our journey to create a strong people analytics culture where managers actively use people data to tackle business problems, have management teams that speak about the value and importance of people data and have line managers who seek out people data to make business decisions. Driving quality and efficiencies through systems is also a priority, ensuring we embed effective rostering principles across the Health Board.

Workforce Plan

We have a diverse workforce of approximately 16,500 staff working in many different types of roles, and together with volunteers, colleagues in social care and carers, we have a huge impact on our population.

We must know and understand the shape of our workforce if we are to successfully monitor and revise plans that result in the right workforce at the right time, enabling and empowering the workforce to work to the 'top of their licence' or scope of practice. This means releasing capacity at every level possible to deliver within areas of expertise, while maintaining flexibility to respond to changes as they arise:

- More than 30% of employees are aged 50+
- Most employees are in pay bands 2, 5 & 6
- 76% of our workforce is female
- Nursing and Midwifery consists of 43% of our workforce
- 8% of our workforce have told us they speak some Welsh

Over the next 12 months and beyond our focus will be on continuing to improve quality of care and experience of our staff and patients, whilst making the most efficient use of available resources.

Our aim is to have a whole-population workforce planning approach that will shift focus from siloed, profession-based activities towards a model for the whole health and care economy system.   This will lead to an improvement in workforce planning capabilities through:

- Developing relationships and implementing strategic, integrated workforce planning

- Building capacity and capability in workforce planning

- Designing and profiling the future workforce on a population health basis

- Ensuring plans are in place for each Clinical Board, aligned to our commissioning intentions and taking into account tertiary and specialist services, with cross cutting themes outlining progress towards strategic objectives

- Developing the Welsh language skills of our employees and recruiting bilingual employees to ensure service delivery through the medium of Welsh.

Recommendation:

The Committee are requested to:

Consider the terms of reference of this Committee, and its role, in the workforce context described in this 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		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		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		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	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes

Workforce risks and mitigating actions taken are described throughout this report

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:
P&C Committee	16.05.23

Report Title:	People & Culture Committee – Draft Terms of Reference and Workplan			Agenda Item no.	2.1
Meeting:	People & Culture Committee	Public	x	Meeting Date:	16th May 2023
		Private			
Status (please tick one only):	Assurance		Approval	x	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

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.

As a new Committee from 1 April 2023 this report provides Members of the People & Culture Committee (P&C) with the opportunity to review and approve the first draft Terms of Reference and work plan.

Both documents are for the Committee to shape in order to ensure that they are content prior to recommending to the Board for approval.

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

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.

Recommendation:

The Committee is requested to:

(a) Review the Terms of Reference and work plan 2023/24 for the P&C Committee;
(b) Ratify the Terms of Reference and work plan 2023/24 for the P&C Committee; and
(c) Recommend the changes to the Board for approval on 25th May 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	
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	

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 to 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 undertaking 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.
Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board (NHS. Wales)](#)
(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: ~~Yes~~/No

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.
(If this has been addressed in the main body of the report, please confirm)

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Board	25 May 2023

TERMS OF REFERENCE FOR THE PEOPLE AND CULTURE COMMITTEE

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

2023/24

Reviewed by People and Culture Committee: 16th May 2023

Approved by the Board: 25th May 2023

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 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.

Mohamed Sarah
10/05/2023 10:46:34

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 investigate or have investigated any activity within its terms of reference.

- 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.
- 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, including shaping and setting direction, monitoring progress and promoting understanding inside and outside of the Health Board and compliance with legislative requirements.
- Seek assurance regarding the Health Board's approach to promoting staff engagement and partnership working and that a consultation and engagement plan is in place and is being delivered effectively.
- Seek assurance that the organisation adopts 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.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

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.
- 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:
  - o the NHS Planning Framework;
  - o Ministerial Priorities; and
  - o 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 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.
- Provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all significant service change* proposals (see Welsh Government guidance on engagement and consultation) and that full consideration is given to the Health Board's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.
- Refer people and culture matters which impact on quality and safety 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.

4.4 **Statutory Compliance**

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

- o Equality and Diversity Legislation;
- o Welsh Language Standards;
- o Wellbeing of Future Generations Act (where relevant to the Committee)
- o Consultation on Organisational Change; and
- o 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

<u>In attendance:</u>

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

- Chief Executive
- Executive Director of People and Culture (Lead 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 Communications, Arts, Health Charity and Engagement

<u>By Invitation:</u>

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

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.

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.

People & Culture Committee Work Plan 2023-24				
App. - Approval Ass.- Assurance Inf. Information and noting	**Exec Lead**	**16-May**	**11-Jul**	**12-Sep**
Agenda Item				
Standing Items				
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	RG	Ass.	Ass.	Ass.
Items for Assurance				
Workforce Plan	RG		Ass.	
Staff Engagement and Communication Plan	RG/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.
Statutory and Mandatory Requirements				
Clinical Consultation Plan - Welsh Language	RG	App.		
Welsh Language Annual Report	RG			App.
Anti-racist Wales Action Plan	RG	Ass.		
Strategic Equality Plan Annual Report	RG			
Workforce Annual Equality Report & Gender, Ethnicity, Diversity and Disability Pay Gap Reports	RG			
Job Planning Update	MJ			Ass.
Nurse Revalidation Assurance Report	JR			
Medical Revalidation Assuance Report	MJ			
Sub-committee Reporting				
Health and Safety Committee Chairs Report	RG	Ass.	Ass.	Ass.
Annual Report of the Health and Safety Committee	RG			
People & Culture Committee Governance				
Annual Work Plan	JQ	App.		
Self assessment of effectiveness	JQ			
Approve Terms of Reference	JQ	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.

Mohamed, Sarah
10/05/2023 10:46:34

Report Title:	Key Workforce Performance Indicators			Agenda Item no.	3.1
Meeting:	People & Culture Committee	Public	X	Meeting Date:	16 May 2023
		Private			
Status *(please tick one only):*	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 regular 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 Apr-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to 12.87% in Mar-23 UHB wide.   This is a net 0.79% decrease, which equates roughly to 109 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.
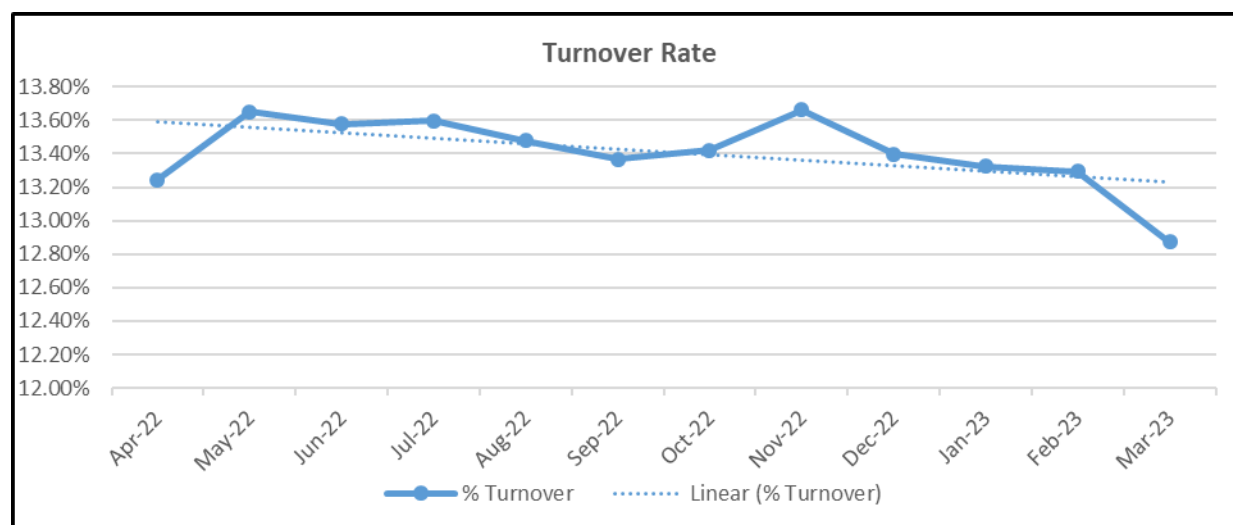
- **Sickness Absence** rates remain high; although the rates appear to be the falling to more 'normal' levels. The monthly sickness rate for March 2023 was 5.40% and February 2023 was 6.13%, after an all-time high of 8.56% for December 2023. The cumulative rate has fallen over the past 3 months to 6.90% (marginally lower than for March 2022, which was 6.92%). This figure is derived from the total absence since April.

In-Month and Year to Date Sickness Rates
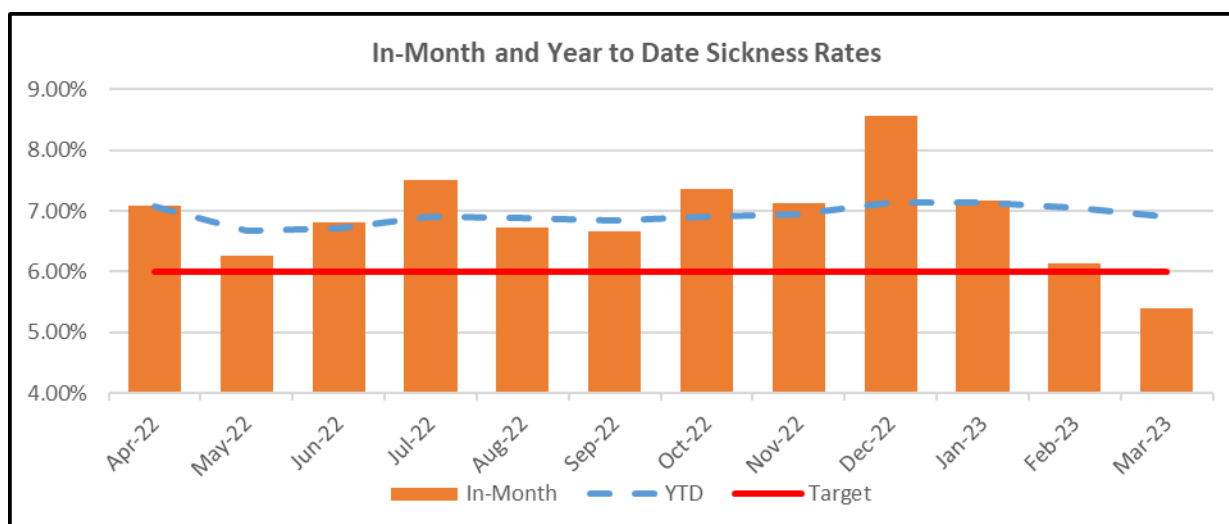
The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Cold, Cough, Flu – Influenza', 'Chest & respiratory problems', 'Other musculoskeletal problems' and 'Gastrointestinal Problems'

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 risen slightly. On 31/03/22 there was 284 and as at 31/03/23 there were 295 (an increase of 11 – 3.87%). There are 89 staff on long term absence where Covid-19 has been identified as a Related Reason.

The trend of sickness over the past 7 years is attached as **Appendix 1**. As can be seen the COVID-19 pandemic and its aftermath has had a significant adverse impact on sickness absence rates. Before April 2020 the annual range of sickness was from a low of 4.5% - 5.0% to a winter high of 5.5% - 6.0%. Since the end of the first wave of COVID-19, when absence rates fell back to 5.0% (Aug-2020) monthly sickness absence has been consistently 1.0% - 2.0% above previous rates, to an all-time high of 8.56% for the month of December 2022. It is hoped that falling rates since then indicate a return towards pre-COVID-19 absence levels.

- The **Statutory and Mandatory** training compliance rate has risen, to 78.26% for March, 6.72% below the overall target. The compliance for the All-Wales Genomics Services is 90.77% (i.e. above the 85% target), and Capital, Estates & Facilities, Children & Women's, Clinical Diagnostics & Therapeutics and Corporate Executives are above 80% compliance.

Statutory & Mandatory e-Learning Compliance Rate
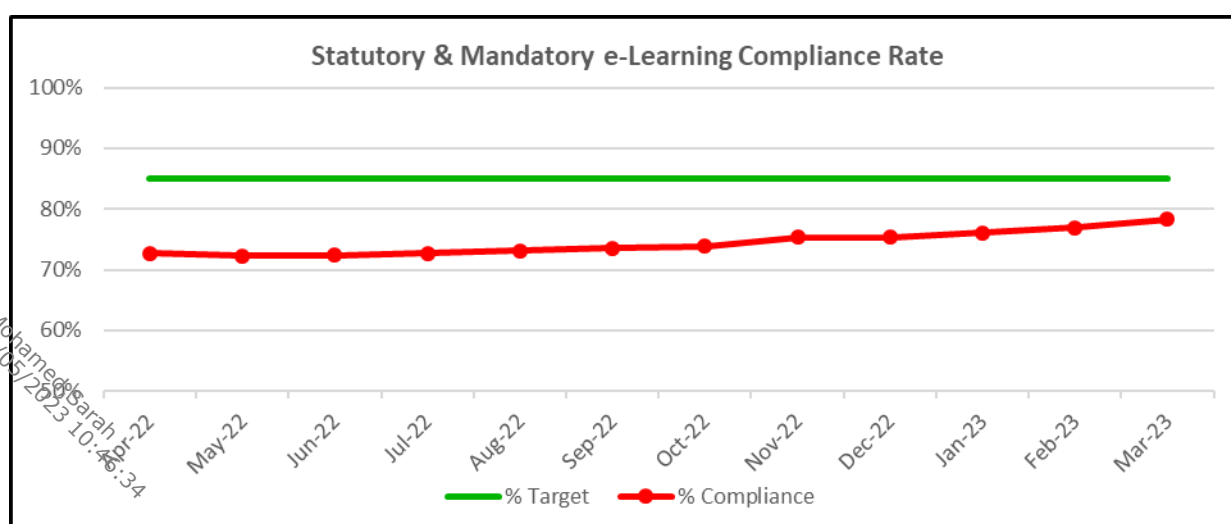
- Compliance with **Fire** training has also risen during March, to 71.53%. Again, the All-Wales Genomics Services has exceeded the 85% compliance target, and Capital, Estates & Facilities is above 80%
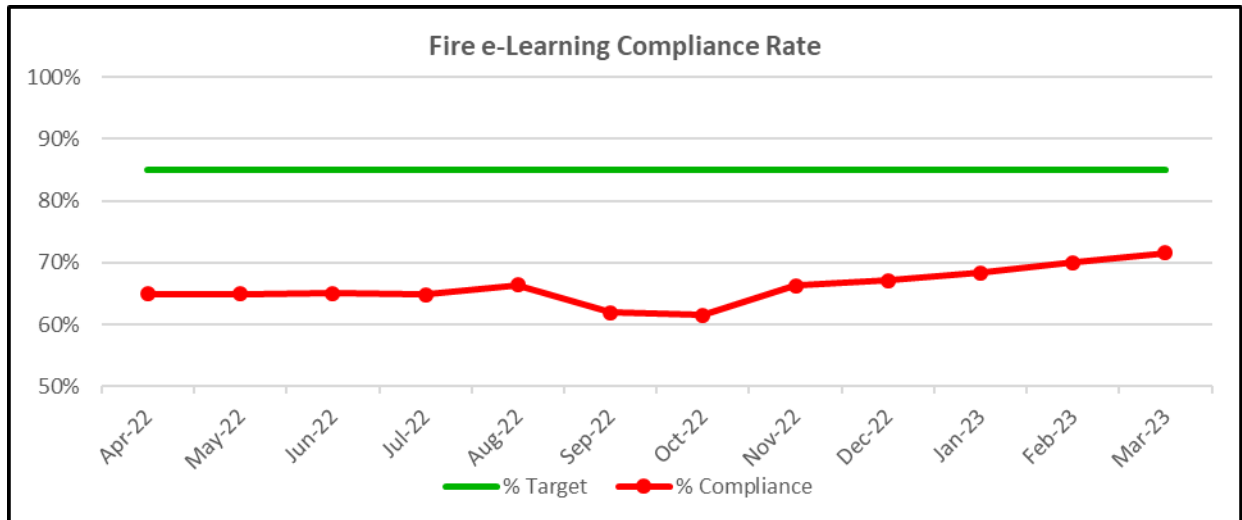

- The trend of the rate of compliance with **Values Based Appraisal** has almost doubled over the last 9 months; the compliance at March 2023 was 56.40%. Clinical Boards had been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (79.88%) Clinical Diagnostics & Therapeutics (67.76%) and PCIC (63.31%) exceeded the 60% transitory target, and Children & Women's reached 59.81%.
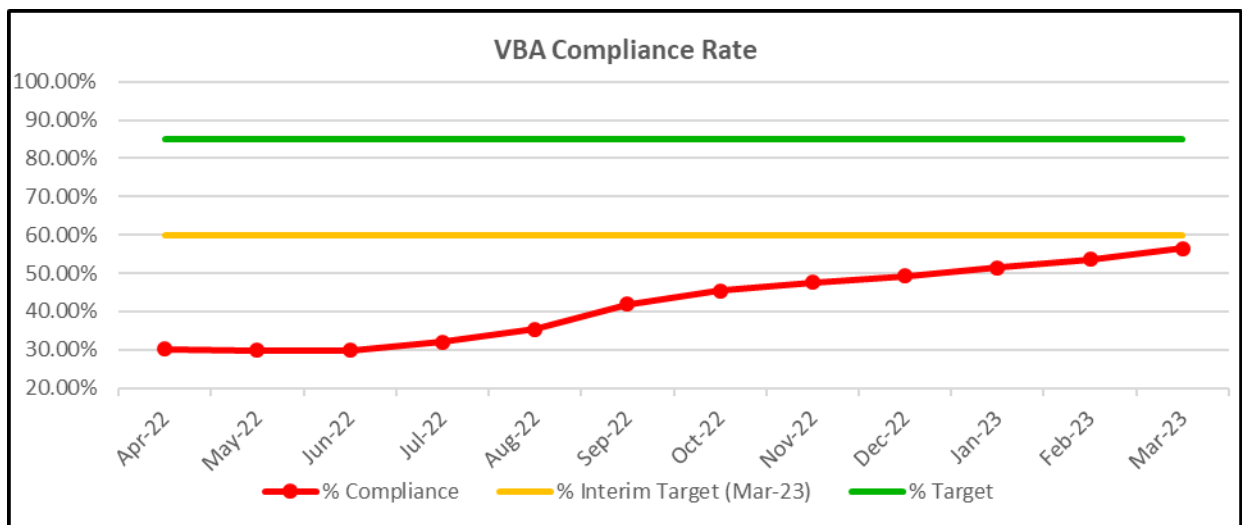
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

In Theme 7 of the People & Culture Plan, Workforce Shape and Supply, one of the stated aims was for the People & Culture function to "*strive to become a Centre of Excellence for workforce intelligence and analytics, with high quality, standardised reports and sophisticated modelling techniques to support workforce planning, development, efficiency and productivity*".

As a part of working towards meeting this objective a range of **People Analytics** metrics have been made widely available via SharePoint, at People Analytics and Planning - Home (sharepoint.com). These include monthly updates for compliance with appraisal and statutory & mandatory training, sickness and maternity absence rates, turnover and vacancy rates as well as a staffing profile and a series of trend analyses. These are accessible to all managers and staff who are employed by the Health Board, which provides many benefits, including: -

- Transparency of data
- Local validation of data
- Consistency in reporting
- Time-effectiveness; there is a reduction in the need for managers to run their own reports

The availability of these metrics will enable managers to quickly produce local-level workforce key performance reports, as well as informing workforce planning activity.

The SharePoint site has been active since approximately June 2022. To date all of the metrics are in Excel format. The metrics can be interrogated to show analyses by the Health Board organisation structure, or by Staff Group or Pay Band, but each analysis has to be modified individually. It is intended to develop an overlay dashboard so that a summary of each of the analyses can be viewed 'on a page' with an overarching filter option.

The Public Sector Equality Duty requires public bodies with 150 employees or more to demonstrate that they have considered how their activities affect people who share different protected characteristics. **Equality monitoring** helps us to establish whether we are recruiting an inclusive workforce that is representative of our diverse local community. It can also help to identify underlying causes of discrimination and aid us in removing any unfairness or disadvantage. At March 23, 26.26% of staff have recorded all of their equality data in ESR. A range of actions are being pursued to improve the rate of provision of data.

Between April-22 and March-23, 337 **exit questionnaires** were completed, from 2,330 leavers, which represents a 14.46% participation rate. For the responses received the proportion with indicated 'Strongly Agree' or 'Agree' is as follows: -

Opportunities to Show Initiative	72.62%
Able to Make Suggestions	71.43%
Able to Make Improvements Happen	57.44%
Looking Forward to Going to Work	50.60%
Enthusiastic About Job	70.24%
Passage of Time	65.48%
Health and Wellbeing	52.08%
Career Progression	41.96%
Flexible Working	58.04%
Contribution Valued	63.99%

The paper produced for the next People & Culture Committee meeting will include **benchmarking** data with other Health Boards and Trust in Wales, as well as similar-sized Trusts in England.

Recommendation:

The People and 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	

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:

Appendix 1

uHB Monthly Sickness Absence Trend
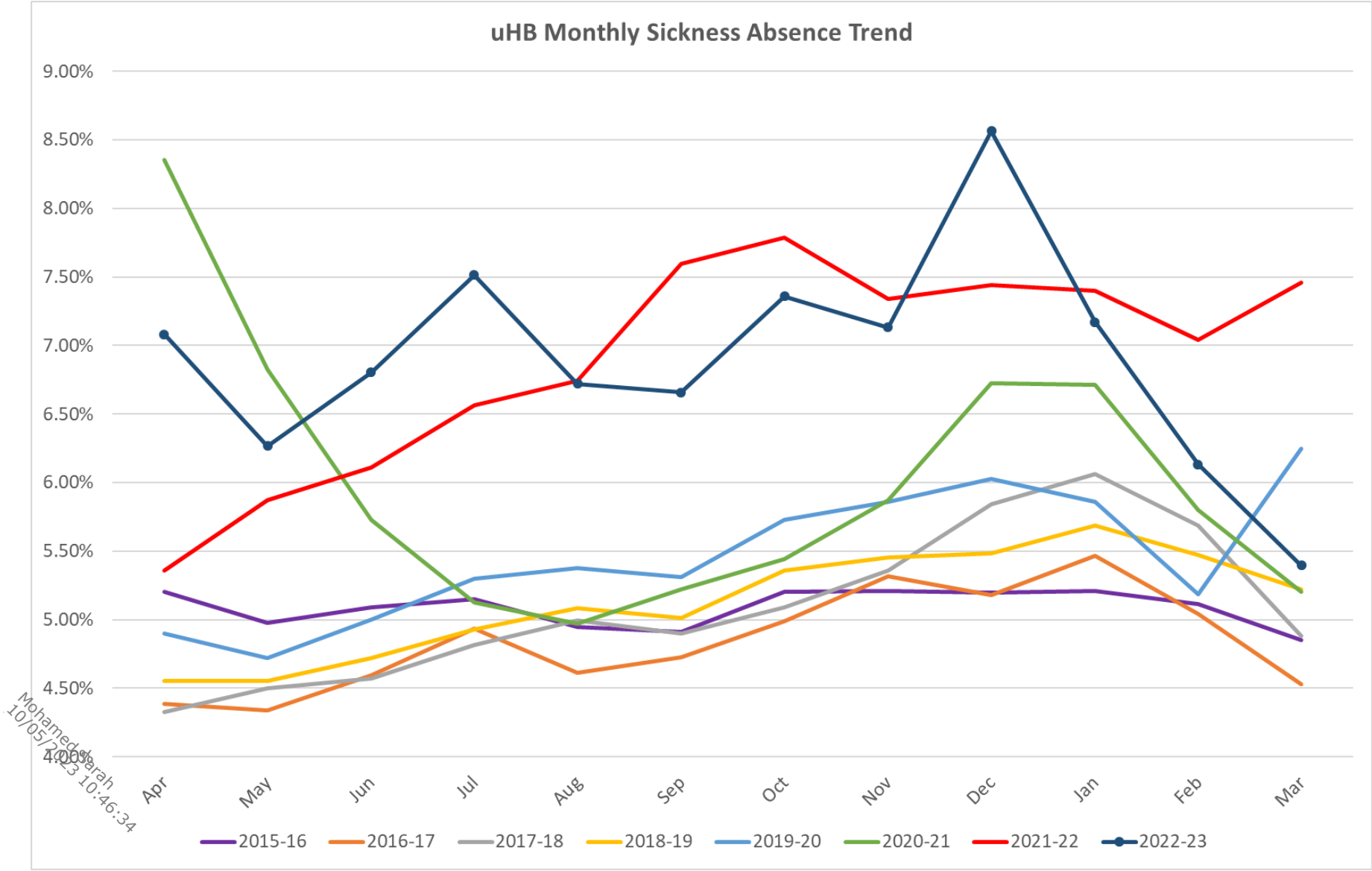
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015-16	5.21%	4.98%	5.09%	5.15%	4.95%	4.91%	5.20%	5.21%	5.19%	5.21%	5.12%	4.85%
2016-17	4.39%	4.34%	4.60%	4.93%	4.61%	4.72%	4.99%	5.32%	5.18%	5.47%	5.04%	4.53%
2017-18	4.33%	4.50%	4.57%	4.82%	5.00%	4.90%	5.09%	5.36%	5.84%	6.06%	5.69%	4.88%
2018-19	4.55%	4.56%	4.72%	4.93%	5.08%	5.01%	5.36%	5.45%	5.48%	5.69%	5.47%	5.22%
2019-20	4.90%	4.72%	5.00%	5.30%	5.37%	5.31%	5.73%	5.86%	6.03%	5.86%	5.18%	6.25%
2020-21	8.35%	6.82%	5.73%	5.12%	4.97%	5.22%	5.44%	5.87%	6.72%	6.71%	5.80%	5.20%
2021-22	5.36%	5.87%	6.11%	6.56%	6.74%	7.60%	7.79%	7.34%	7.44%	7.40%	7.04%	7.46%
2022-23	7.08%	6.27%	6.80%	7.51%	6.72%	6.66%	7.36%	7.13%	8.56%	7.17%	6.13%	5.40%

Report Title:	Health and Safety Sub-Committee – Chair's Report			Agenda Item no.	3.2
Meeting:	People and Culture Committee	Public	x	Meeting Date:	16 May 2023
		Private			
Status *(please tick one only):*	Assurance	x	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report
Background and current situation:

The purpose of this report is to provide People and Culture Committee Members with a summary of key issues discussed at the Health and Safety Sub-Committee Meeting held on **18 April 2023.**

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

The standard items of business were discussed at the meeting. These included the following:

Health and Safety Overview – The Sub-Committee was advised that Serious Incidents were reviewed monthly which included monthly 10-minute calls held with Senior Clinical/Service Board Managers to ensure that they were aware of what was happening in their areas. They would then present to the Head of Health and Safety (HHS) what had happened and any consequences, provide photographs/sketches and provide causes and controls.

It was noted that the Health Board had approximately 100 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORs) incidents per year and that the purpose of RIDDORs was to report the most significant incidents and injuries. There would be more focus on the more serious incidents and driving those through the 100 RIDDORs submitted each year.

Fire Safety Report – The Sub-Committee was advised that since the last meeting in January 2023, there had been 3 fire incidents in the Health Board. There were two at the University Hospital of Wales (UHW) and one at the University Hospital of Llandough (UHL).

There had been a total of 425 unwanted fire signals, of which 324 had been attended by South Wales Fire Rescue Service (SWFRS). The Health Board was currently 98.6% compliant with the ongoing risk assessment programme. The Health and Safety Team was considering how it could improve tracking the completion of the actions by stakeholders across the Health Board.

Environmental Health Inspector Report – It was noted that two inspections had occurred since the meeting in January which included Aroma Outlets, UHW and Ward Kitchens, UHW. The score for both inspections had remained the same with the Aroma Outlets scoring a 4 and the Ward Kitchens scoring 5.

The Health Board continued to aim towards scoring 5 across all areas and noted that it was challenging around the Aroma Outlets because they were scored as a whole entity despite having multiple locations across the UHW site.

Enforcement Agencies Report - A request for information had been received in January 2022 from the Health and Safety Executive (HSE) around the ventilation in T2 UHW. The Sub-Committee was advised that the HHS had provided a voluntary statement in relation to the information.

The HSE inspector appeared to be comfortable with the Health Board and noted that it was a Health Board issue alongside a University issue.

A request for information had been received on 23/03/2022 from the HSE around the pushing and pulling of UHW Theatre Trolleys. It was noted that the case had been closed and no further actions were required.

The Health Board had also received an enforcement notice (EN59/21) against ward A4, UHW. The HHS advised the Sub-Committee that it had required a significant piece of work and an improvement plan was put in place and that the notice had now formally been closed.

Health and Safety Culture Plan Update – The Sub-Committee was advised that the Plan would set out the actions that would be taken over the next three years, with a clear focus on improving the H&S culture within the organisation.

Committee Self Effectiveness Survey- was received by the Sub-Committee for information and no areas were identified for improvement.

Fire Safety Policy (UHB 022) - was received, reviewed and considered by the Sub-Committee and was recommended to the Board for approval.

Control of Contractors Policy (UHB 163) - was received, reviewed and approved by the Sub-Committee.

Operational Health and Safety Group – 29/11/2022 minutes - were noted by the Sub-Committee.

The minutes of the Health and Safety Sub Committee held on 23 April 2023 contain further details of the above matters highlighted in this report and will be available once formally approved by the Health and Safety Sub Committee in July 2023.

Recommendation:

The Committee is requested to:

    a) **Note** the contents of this 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		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	x

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Mohamed,Sarah
10/05/2023 10:46:34

Report Title:	**Board Assurance Framework** – People & Culture			Agenda Item no.	3.3
Meeting:	People & Culture Committee	Public	x	Meeting Date:	16th May 2023
		Private			
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:

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 & Culture Committee.

This risk within the full BAF was last reported to the Board at the end of March 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 May.

The purpose of discussion at the People & 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.

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

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.

The attached People & Culture risks are key risks to the achievement of the organisation's Strategic Objectives.

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.

Recommendation:

The People & Culture Committee is asked to:

  (a) Review the attached risks in relation to Workforce, Sustainable Culture Change and Staff Wellbeing
  (b) Agree the approach to reporting of BAF risks to the Committee on a rolling basis as proposed.

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	

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 26th 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
10/05/2023 10:46:34

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing and its IMTP for 2022-25.

Strategic Objectives	Key Risks Mapped to Delivery of Strategic Objective
1. **Reduce health inequalities**	- Sustainable Cultural Change - Exacerbation of Health Inequalities - Patient Safety - Delivery of IMTP 22-25 - Planned Care - Cancer - Stroke - Critical Care - Maternity
2. **Deliver outcomes that matter**	- Patient Safety - Sustainable Cultural Change - Exacerbation of Health Inequalities - Delivery of IMTP 22-25 - Capital Assets - Financial Sustainability - Urgent and Emergency Care - Planned Care - Cancer - Stroke - Maternity
3. **Ensure that all take responsibility for improving our health and wellbeing**	- Sustainable Cultural Change - Wellbeing of staff - Workforce
4. **Offer services that deliver the population health our citizens are entitled to expect**	- Workforce - Exacerbation of Health Inequalities - Patient Safety - Delivery of IMTP 22-25 - Urgent and Emergency Care - Planned Care - Cancer - Stroke - Critical Care - Maternity
5. **Have an unplanned care system that provides the right care, in the right place, first time.**	- Financial Sustainability - Patient Safety - Exacerbation of Health Inequalities - Workforce - Urgent and Emergency Care - Stroke - Critical Care
6. **Have a planned care system where demand and capacity are in balance**	- Workforce - Exacerbation of Health Inequalities - Patient Safety - Financial Sustainability - Planned Care - Cancer - Critical Care

Mohamed,Sarah
10/05/2023 10:46:34

7.	Reduce harm, waste and variation sustainably so that we live within the resource available	• Patient Safety • Exacerbation of Health Inequalities • Capital Assets
8.	Be a great place to work and learn	• Workforce • Sustainable Cultural Change • Wellbeing of staff
9.	Work better together with partners to deliver care and support across care sectors, making best use of people and technology	• Workforce • Delivery of IMTP 22-25 • Sustainable Cultural Change • Exacerbation of Health Inequalities • Urgent and Emergency Care • Digital Road Map
10.	Excel at teaching, research, innovation and improvement.	• Workforce • Sustainable Cultural Change • Wellbeing of staff • Digital Road Map • Delivery of IMTP 22-25

Mohamed.Sarah
10/05/2023 10:46:34

Key Risks

Board approved Overall Risk Appetite: 'Cautious' moving towards 'Seek'

Risk	Risk Appetite	Corp Risk Register Ref.	Gross Risk (no controls)	Net Risk (after controls)	Change from Nov 22	Target Risk (after actions are complete)	Context	Executive Lead	Committee
1. Patient Safety	Open	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21	25	20	➡	10	Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science/ Chief Operating Officer **Last Reviewed:** 03.03.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23
2. Maternity	Cautious	14, 15, 16	25	20	➡	15	The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockenden requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 03.03.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23

Mohamed,Sarah 10/05/2023 10:46:34

3. Critical Care	Cautious	18, 19, 20	25	20	→	10	For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 03.03.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23
4. Cancer	Cautious	7, 9	20	15	→	10	One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 03.03.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23
5. Stroke	Cautious		20	15	→	10	Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and now at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:**	Quality, Safety and Experience **Last Reviewed:** 07.03.23

Mohamed,Sarah 10/05/2023 10:46:34

							and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing given the capacity constraints within the footprint.	03.03.23	
6. Urgent and Emergency Care	Cautious	6, 8, 10	20	15	➡	10	One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 03.03.23	Strategy and Delivery Committee **Last reviewed:** 14.03.23
7. Planned Care	Cautious		16	12	➡	8	One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve	Executive Nurse Director/ Executive Medical Director/	Quality, Safety and Experience **Last Reviewed:** 07.03.23

Page **5** of **59**

				🟥	🟥	➡️	🟧	this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.	Chief Operating Officer **Last Reviewed:** 03.03.23	
8.	Exacerbation of Health Inequalities	Open		16	12	➡️	12	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.	Executive Director of Public Health **Last Reviewed:** 03.03.23	Strategy and Delivery Committee **Last Reviewed:** 14.03.23
9.	Workforce	Open	4, 6, 11, 16	25	20	➡️	10	Across Wales there have been increasing challenges in recruiting healthcare professionals and this situation has got worse over the last two years due to Covid 19. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture **Last Reviewed:** 02.03.23	Strategy and Delivery Committee **Last Reviewed:** 14.01.23
10.	Sustainable Culture Change	Open		16	8	➡️	4	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 continues to build upon our values and behaviours framework will make a positive cultural	Executive Director of People and Culture **Last Reviewed:** 02.03.23	Strategy and Delivery Committee **Last Reviewed:** 15.11.22

#	Risk	Status	Linked					Description	Executive Lead	Committee
				20	**15**	➡️	**5**	change in our health system for our staff and the population of Cardiff and the Vale.		
11.	Staff Wellbeing	Open	4, 6, 11, 16,	**20**	**15**	➡️	**5**	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	Executive Director of People and Culture **Last Reviewed:** 02.03.23	Strategy and Delivery Committee **Last Reviewed:** 24.01.23
12.	Capital Assets	Open	1, 2, 3, 4, 17, 19, 20, 23	**25**	**20**	➡️	**10**	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner within the resources available, though backlogs for a proactive replacement programme remain.	Executive Director of Strategic Planning, Executive Director of Therapies and Health Science, Executive Director of Finance **Last Reviewed:** 01.03.23	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 24.01.23
13.	Delivery of IMTP 22-25	Open	22	**20**	**15**	➡️	**10**	The Integrated Medium-Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of	Executive Director of Strategic Planning **Last Reviewed:** 01.03.23	Strategy and Delivery Committee **Last Reviewed:** 24.01.23

Mohamed.Sarah
10/05/2023 10:46:34

Page **7** of **59**

No.	Risk	Risk Appetite	Refs	Initial	Current	Trend	Target	Description	Executive Lead	Committee
								leading a healthy life is the same wherever they live and whoever they are.		
14.	Financial Sustainability	Cautious	5, 22	25	20	➡	5	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future. Covid 19 has had a significant impact on the finances of Healthcare in Wales and the UHB has significant financial pressures to now deal with.	Executive Director of Finance **Last Reviewed:** 03.03.23	Finance Committee **Last Reviewed:** 15.02.23
15.	Digital Strategy and Road Map	Cautious	23	25	20	➡	15	CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.	Director of Digital Health Intelligence **Last Reviewed:** 03.03.23	Digital Health Intelligence Committee **Last Reviewed:** 14.02.23

Lines of Defence

Assurances are categorised into 'lines of defence' as set out in the Health Boards Risk Management and Board Assurance Framework Strategy.

Key:

(1)   First Line of Defence – Management level assurance

(2)   Second Line of Defence – Risk and Regulation Team, Patient Experience Team, Patient Safety Team, Workforce Governance, Information Governance assurance.

(3)   Third Line of Defence – Independent level Assurance (Internal Audit, Audit Wales, HIW, CHC, Other regulatory or inspection reports) Counter Fraud.

Risk Appetite

Key:

Avoid: Avoidance of risk and uncertainty is a key organisation objective

Minimal: Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential

Cautious: Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward

Open: Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)

Seek: Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)

Mature: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Mohamed.Sarah
10/05/2023 10:46:34

1. **Patient Safety – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)**

Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.

Risk	There is a risk to patient safety: Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list. Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within the Emergency Unit (EU). Due to a sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care in a larger clinical footprint in relation to post Covid 19 recovery. Due to the ability to balance within the health community and the challenge in transferring patients to EU. Due to the current pressure in EU and inability to segregate patients due to the volume in the department.
Date added:	April 2021
Cause	Patients not able to access the appropriate levels of planned care since the onset of the COVID 19 pandemic creating both longer waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing
Impact	Worsening of patient outcomes and experience, with an impact on patient outcomes Post Covid recovery sickness is having a significant impact on staff availability (see separate risk on workforce).

Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**

Current Controls	• Recovery Plans being developed and implemented across all areas of Planned Care • Maintaining Training/Education of all staff groups in relation to delivery of care • Use of Private Partner facilities. • In-house and insourcing activity • Additional recurrent activity taking place • Recruitment of additional staff • Workforce hub in place with daily review of nurse staffing by DoN in Clinical Boards to manage the risk • Hire of additional mobile theatres • Quality and Safety and Experience Framework Implementation underway • health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented
Current Assurances	• Recovery Plans reported to Management Executive, Strategy and Delivery Committee and the Board [1] [3] • CAHMS position reviewed at Strategy and Delivery Committee [1] • Mental Health Committee aware of more people requiring support [1] • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives [1][2] • Recent Executive review with Clinical Teams for understanding and review of front door pressures. [1]

Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**

Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings. Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.
Gap in Assurances	Discharging patients is out of the Health Boards control

Page **10** of **59**

Actions	Lead	By when	Update since January 2023
1. Review of hospital acquired COVID 19 and COVID deaths (wave 1) being undertaken and monitored through Nosocomial C&V Programme Board.	Jason Roberts	30.04.23	Review has commenced early learning shared with operational colleagues and it is informing the development of the recovery plan Review of deaths continues in line with WG requirements with oversight from Nosocomial National Programme Board
2. Choices framework being utilised due to the quality of care and ability to provide safe care with current demand and pressures	Paul Bostock	31.03.23	Choice framework continues to be utilised
3. Programme of work in place and being led by the Chief Operating Officer, supported by Operational Teams to address the backlog	Paul Bostock	31.03.23 Review October 22	Programme currently been reviewed by COO
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 High)**

Mohamed Sarah
10/05/2023 10:46:34

2. **Maternity Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)**

The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockendon requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.

The background to, and summary of the Ockenden report, is best understood in the quote from Donna Ockenden below

> **"This final report of the Independent Maternity Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve, and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives. "**

The report details 89 recommendations that should be enacted to improve maternity services across the UK. An immediate self-assessment of the service was undertaken against the requirements, which noted that 45 of the requirements were already met, 27 partially met, and 17 not met at all. The detail of where we are currently not meeting recommendations and the proposal to close that gap has been completed (appendix 1). The recommendations that we currently fail to meet can largely be grouped into 3 categories, patient safety, quality and experience, training, and workforce.

Whilst underlying actions to progress the plans to achieve the recommendations have developed and presented to Execs, UHB agreement of circa £2M recurrent funding is required to deliver progress.

In addition, the service has sustained pressure across Obstetrics and Maternity care system, mainly due to reduced workforce availability, increased interventional birthing as a result of NICE guidance, backlogs on critical incident investigation etc

Risk Date added: 3/11/22	We are currently unable to demonstrate compliance against a number of recommendations against the various external reviews and reports. We have a backlog of investigations, RCA's and concerns and as a result LFE delays Workforce concerns and adverse media
Cause	• In England 180 million pounds of funding was released to support each Trust in complying with all of the Ockenden Recommendations. Welsh Government have invested £1 million in to the Mat Neo Safety Programme across Wales, which is currently in its Discovery phase for circa 12 months, next steps of which are yet to be communicated. The operational view is that it is unlikely any further investment will be made available by Welsh Government to support implementation of the recommendations. • NICE clinical guidance Intrapartum care for healthy women and babies resulting in increased instrumental birthing practices. Patients presenting and subsequently admitted have a higher acuity and complexity, particularly in light of NICE guidance. • We continue to experience challenges in our ability to deploy sufficient workforce to cover community, Midwifery-Led and Obstetric-Led care setting services. We struggle with sustained workforce challenges from sickness, maternity leave, resignations, retirement and challenges of retention and recruitment. • One out-take of newly Qualified Midwives and Paediatric Nurses each year from Welsh Universities causing a limited flow of Midwives/Paediatric Nursing staff • Restricted Neonatal capacity continues to add an increased layer of complexity in managing patient flow.

	• T2 new area opened during Pandemic, but with no increase in staffing (loss of 6 beds on Delivery Suite, 14 opened on T2).
	• Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and MSWs. Reduced antenatal admissions and shorter postnatal stays result in an increase in community care. Midwives are undertaking the New-born and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home.
	• With the publication of the latest NICE guideline on Antenatal Care that recommends that all women be 'booked' by 12 weeks' gestation, more women are meeting their midwife earlier than previously happened before 10 weeks. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal. In most maternity services approximately 10% of women are 'booked' and then have no further contact with the midwife.
	• Constraints accommodating the increased number of Inductions of Labour (IOL) and instrumental deliveries within current footprint.
	• Good level of incident reporting but insufficient resources to complete investigations, action plans and learning from events actions.
	• Independent external Birth-rate+ re-assessment has been undertaken and verbal findings are circa 16 Midwives short.
Impact	• Closure of Community Home Birth Services and Maternity Led Unit due to lack of staff.
	• Delays in allocating IO's to investigations, subsequent delays in completing investigations, action plans and LFE
	• Rise in instrumental deliveries
	• Delays in IOL and constraints in accommodating elective caesarean sections due to lack of NICU capacity
	• Congested department and long waits for IOL & ECS
	• Insufficient consultant cover for labour ward, NCEPOD readmission reviews
	• Lack of specialist roles; labour ward leads, Foetal surveillance, bereavement, transitional care nursing.
	• Lack of training in Human factors, CTG, labour ward coordinator leadership.
	• Poor staff morale and retention due to the sustained pressures in the system
	• Worsening patient experience and outcomes (see separate risk on patient safety) and run of adverse incidents.

Impact Score: 5	Likelihood Score:5	Gross Risk Score:	25 (Extreme)

Current Controls	• Induction of 27 Newly qualified Midwives (NQM) and 43 Newly Qualified Paediatrics nurses from Student Streamlining
	• Introduction of daily clinical huddles between each days Lead Midwife, Lead obstetrician, lead neonatologist and lead neonatal nurse each day
	• Rollout of 3 extra consultant sessions for obstetric governance and 1 extra consultant session Neonatology governance to enable allocation of IO's to investigations
	• RAG rating of position against national report recommendations, presentation of gap analysis to executives and to senior Leadership Board for support of required resources
	• Continued recruitment actions
	• Escalation of concerns to HEIW re single out-turn of midwives and paediatric nurses
	• Establishment of Ockenden Oversight group meeting on fortnightly basis
	• Team continue to support recruitment and retention, submission of request for oversea recruitment.
	• Daily SiteRep reporting introduced into maternity and Neonates and DoNM/HoM daily catch up

Mohamed Sarah
10/05/2023 10:46:34

Page **13** of **59**

Current Assurances	• Operational position reported into Management Executive (Daily) [1] • Mechanisms in place to monitor key measures being strengthened into visible dashboard. [1] • Key operational performance indicators and progress against plans reported into the Maternity/Neonatal oversight Group being led by Executive Nurse Director. [1]

Impact Score: 5	Likelihood Score: 4	Net Risk Score:	**20 (Extreme)**

Gap in Controls	• Confirmation of additional funding resource to fill gaps in assurance mapping • Recruitment strategies to sustain and increase multidisciplinary teams (appendix 1). • Developing an effective, high quality and sustainable model of managing intrapartum care and current constraints • Several incidents out of time

Gap in Assurances	• Data and benchmarking information • Resources to meet the national recommendations

Actions		**Lead**	**By when**	**Update since January 2023**
1.	Ongoing recruitment above establishment, increasing training places	AJ	31/03/23	This action continues to take place.
2.	Reviewing current obstetric practice in line with NICE guidance	CR/SZ	01/01/23	This action continues to take place.
3.	Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives	AJ	31/03/23	This action continues to take place.
4.	Continued maternity / Neonatology oversight meetings with Executive lead	JR/AJ	31/03/23	This action continues to take place.
5.	Ongoing review of job planning and consultant establishment	CR/AT	31/03/23	Job planning undertaken further resource required to meet Ockenden recommendations. Supporting revenue case to Board for approval 30/3/23

Impact Score: 5	Likelihood Score: 3	Target Risk Score:	**15 (high)**

Page **14** of **59**

3. **Critical Care Capacity – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)**

For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Cause	- There is a progressively deteriorating problem with access for critically ill patients to ICU in Cardiff as a direct result of capacity. This now means patients who would benefit from ICU admission and care are not able to have this. - Gap of 15 ICU beds in CAV (2014 unmet needs study WG) - Funded increase in tertiary workload has increased the overall demands on critical care services in CAV - Poor infrastructure within the critical care unit – limited access to cubicles - Patient at Risk Team (PART) only operate during daytime hours (7am-7pm)		
Impact	- Adverse impact upon the Emergency Department and theatre flow - Untimely patient access - Inequity of patient access 15% of referrals not admitted to critical care - Impact other operationally e.g. anaesthesia and theatres - Impact tertiary development e.g. ECMO - Patient outcomes worse - Reputation, Professional & Legal risk - Workforce - Reduced Recruitment & Retention - Poor staff morale and retention due to the sustained pressures in the system - Delayed admission and discharge from critical care leading to poor patient experience and outcomes		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	**25 (Extreme)**
Current Controls	- Strengthened site-based leadership and management - Strengthened OPAT oversight and support for DTOCs - Workforce plans in place to support recruitment and retention - Registered nursing recruited to establishment - Local escalation plan in place and utilised when appropriate to support operational pressures - PART team provide daytime support patients not admitted to critical care - Ringfenced PACU to protect elective urgent and cancer surgery - Winter escalation plan in place to support delivery of critical care to the sickest patients during the winter months		

Mohamed Sarah
10/05/2023 10:46:34

Current Assurances	• Operational position reported into OPAT [1] • Key operational performance indicators and progress against plans reported into the clinical board 6 weekly [1] • ICNARC audit to provide assurance on outcomes [2] • Plans in development to increase level 3 bed capacity by three beds during 2023/24. [1] • Project team established to address medium term infrastructure constraints. [1]

Impact Score: 5	Likelihood Score: 4	Net Risk Score:	**20 (Extreme)**

Gap in Controls	Development and implementation of a capacity plan to address the 15-bed gap Achievement of standard to step down patients from ICU within 4 hours to improve efficiency and patient flow 24/7 PART team Development of a fit for purpose critical care unit (UHW2)
Gap in Assurances	Able to meet the needs of the sickest or highest priority cases. Un-met not fully understood across the organisation.

Actions	Lead	By when	Update since January 2023
1. Secure funding and develop implementation plan for further three ICU beds	PB	30/11/22	Funding not confirmed as at 03.02.23. Focus remains on utilising existing resource to rollout out to further clusters
2. Implementation of 24/7 PART team	PB	31/03/23	Plan developed. Funding not confirmed as at 03.02.23 and implementation on hold.

3. Implementation of the UHW site masterplan and critical care infrastructure programme
    a. Medium term development of additional cubicles and support facilities
    b. Development of a new unit as part of UHW2 development.
    c. Transfer of LTiV services to a bespoke facility in UHL
	AH / PB	31.03.23	Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions.
			Awaiting decision from WG on funding of stage 1 of the infrastructure programme

4. Ongoing development of recruitment and retention strategies	JR / RG	31.03.23	This piece of work continues

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

Mohamed Sarah
10/05/2023 10:46:34

4. Cancer Services – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable cancer services.
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments to see elective patients in a timely manner has also impacted on those waiting on a cancer pathway. • Referral demand for cancer is now greater than pre-Covid levels and our planned care system has struggled to respond to this increase in demand and carve out sufficient capacity for cancer at outpatients, diagnostics, and treatments stages • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff • Weaknesses in the central cancer team in terms of changes of leadership, structure, vacancies and temporary staffing leading to lack of clarity and consistency
Impact	• Long waiting times for first contact and diagnostics contributing to lengthening of the overall pathway for cancer patients • Overall PTL has grown 3-fold since pre-Covid • Significant volumes of patients now waiting >62 days and >104 days • Potential for harm e.g. missing the window of opportunity for surgical intervention, delays to starting chemotherapy/radiotherapy • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)

Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	• Strengthened governance and oversight • COO is now Executive Lead for Cancer • Cancer is one of the delivery programmes in the 2022/23 Operational Plan • SOP in place to support tracking process • Roles and responsibilities redefined • Training being rolled out to refresh understanding of SCP guidance • Workforce team continue to support recruitment and retention • Ambition clearly stated – first contact by day 10, diagnosis by day 28, treatment by day 62 • Two cancer summits held with senior leadership teams, directorate management teams and tumour site clinical leads • Demand/capacity work commenced			

Mohamed.Sarah
10/05/2023 10:46:34

Current Assurances	• Operational position reported into Cancer Oversight Meeting weekly tracking improvements[1] • Executive Cancer Board meets quarterly[1] • Mechanisms in place to monitor key schemes in Cancer as part of the Operational Delivery Plan [1] • Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee [1] • Breach reports produced for every patient treated >62 days [1] • Harm reviews conducted for every patient treated >146 days [1] • Cancer reported as part of the Board Integrated Performance report [1]

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**

Gap in Controls	• Continuation of demand/capacity work to inform how much capacity needs to be carved out for cancer • Undertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathway • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)

Gap in Assurances	• Whilst a Cancer Oversight Meeting is in place, there is a need to establish a weekly PTL tracking meeting with General Managers/Directorate Managers • Breach reports need to be shared with the Directorates for validation and themes (e.g. risks/issues/constraints) need to be fed through a continuous improvement loop to ensure mitigation/solutions are put in place • The Cancer Strategy needs to be finalised and a workplan developed

Actions	Lead	By when	Update since January 2023
1. Continue to develop and iterate the demand/capacity work	HE/JC	31.3.23	D&HI team are engaged in the work
2. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey	RL	31.3.23	Support from the WCN to undertake a number of deep dives – focus on lung and urology initially
3. Establish a weekly PTL meeting with General Managers/Directorate Managers	JC	30.01.23	Now in place
4. Finalise the Cancer Strategy and develop a workplan	RL/BW	31.3.23	Draft strategy completed and is on the agenda for Exec Cancer Board in November
5. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (High)**

Mohamed Sarah
10/05/2023 10:46:34

5. **Stroke Services – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)**

Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and now at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing given the capacity constraints within the footprint.

 In addition to thrombolysis treatment rates, there has been improvement in thrombectomy assessment, referral and procedures delivered both internally and referred to Bristol. There has also been focused training for acute medics on stroke assessment, thrombolysis and thrombectomy. The Stroke CNS role is being protected where possible; recognised that this team are the drivers and facilitators of the thrombolysis pathway.

Investment is needed for increased Stroke resource at the front door – allowing patients to be seen, diagnosed and treated in a timely manner, ultimately reducing mortality and improving outcomes for patients. The aims are to improve Tier 1 performance and most importantly, safer care for our Stroke patients

Risk Date added: 01/11/2022	Poor compliance with SSNAP – currently a D grade centre.
Cause	- An increasingly busy ED (double the number of patients) has seen a high demand upon the Stroke Service. Patients are often self-presenting which may result in an initial delay to be triaged resulting in (i) delays to Stroke calls being put out (ii) delays to patients receiving CT scans within 1-hour (iii) delays in the recognition and subsequent delivery of thrombolysis to patients. - The Stroke Unit at UHW regularly runs at 100% occupancy. Every effort is made to ensure there is a bed available for new stroke admissions. The large volumes of patients in the ED mean there is often a delay in patients being triaged and assessed within 4 hours, making it difficult to get the patients to the acute ward within a timely manner. Patients awaiting admission to the stroke unit in September between them spent almost 70 days in the ED. - Pressures across the system mean that Stroke beds are often used for non-Stroke patients. These short-term gains have long term impact on Stroke affecting the ability to admit new stroke patients within 4 hours, which has knock-on impact on specialist MDT assessments, commencement of rehabilitation and supportive discharge planning. - Since additional capacity beds which were collocated with stroke closed in August 22, performance against the 4 hours admit target improved to 20% in September. Support is needed to protect stroke beds for patients on the stroke pathway - Stroke CNS being pulled into ward numbers due to poor staffing levels

Mohamed,Sarah
10/05/2023 10:46:34

Impact	• Delays in patients receiving their CT scans within 1 hour
	• Delays in patients being recognised as potential Stroke patients
	• Delays in patients receiving timely treatment such as thrombolysis
	• Delays in patients being recognised as potential thrombectomy patients
	• Patients not receiving swallow screening in a timely manner (<4 hours)
	• Delays in patients being admitted to the acute Stroke ward in a timely manner (<4 hours)
	• Delays in patients leaving the acute Stroke ward (long lengths of stay, non-stroke patients being admitted due to ambulance waits)
	• Poor patient outcomes
	• Lack of available CRT slots or inappropriate CRT slots meaning patients in SRC are unable to be discharged in a timely manner

Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20

Current Controls	• Awareness raising on the importance of early swallow screen assessment – investment in training over the summer needs reinforcement with the timing of swallow screen and its urgency.
	• Taking any golden opportunities, we can – whenever there is capacity on the stroke unit, the stroke team are driving and pushing the ED stroke pathway to achieve the 4 hours admit wherever we can. The stroke team are real champions of the principles of 'Think Thrombolysis, Think Thrombectomy' and are pushing the imaging pathway to reach diagnosis as early as possible and ensure all patients are considered and assessed for urgent treatments which could reduce the disabling impact of the stroke.
	• Stroke Service Manager in post since July; Clinical Director for stroke in post from October. Dedicated resource for focused work with ED, radiology and medicine to ensure the optimal stroke pathway is in place and applied for all patients.
	• Seeking investment for uplift of CNS resource and dedicated stroke medical resource to support the front door for stroke.
	• Wider programme of works is needed to continue momentum of a stroke service improvement programme, particularly given future requirements for regional network service delivery and for UHW to become the regional thrombectomy centre

Current Assurances	• Operational position reported into MCB (Monthly) [1]
	• Mechanisms in place to monitor key schemes in Stroke Operational Group and MCB SMT/IM DPR [1]
	• Monthly touch point meeting with the Delivery Unit [1]

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)

Gap in Controls	Lack of consistent cover to the ground floor by a dedicated Stroke Medic
	CNS cover not 7/7
	Stroke beds not ringfenced
	SRC capacity

Gap in Assurances	Competing demand on regional, thrombectomy and clinical board priorities

Actions	Lead	By when	Update since January 2023
1. Nursing Uplift Stroke CNS cover to 12 hour shifts 7 days per week. **Benefits** Increased out of hours CNS support to Code Stroke, facilitation of thrombolysis and thrombectomy treatment pathways, 4 hours admit target and nurse assessments. **Interdependencies / Risks** Capacity and flow, medical support	DP/NW/NT/TH	31/01/2023	This is being undertaken

2. Medical Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5) Collaboration with other specialities (e.g. neurology) to improve stroke junior doctor out of hours cover. May incur cost to medicine. Contribute 4 locum consultant sessions to a new post with ITU for a neuro critical care specialist with 4 stroke sessions **Benefits** Cross speciality working - more sustainable OOH model and offers training opportunities. Reviewing the structure of the out of hours rota will offer further support to the medical on call team. Specialist middle grade and uplift of consultant sessions would support TIA clinic reconfiguration and front door senior decision making. Improved selection of patients for C4 beds, improved management of mimics in ED, acceleration of stroke assessment and diagnostics, improvement in 4 hours admit. This model offers the service an interim solution for winter demands, reducing the urgency of consultant uplift, allowing for planned succession and recruitment. **Interdependencies / Risks** Uplift is needed both in and out of hours. Locum posts are expensive but it is unknown if the workforce is there for external middle grade or consultant recruitment.	TH/NT/SB	31/01/2023	Locum SHO secured which will allow 6 sessions of front door Stroke cover – achieved November 2022, sessions in place to support front door stroke and TIA assessments. Funding for 3 sessions reinvested from stroke service; funding for 4th session agreed by MCB Jan 23.
3. Capacity C4 beds only to admit those patients on the stroke pathway with a protected minimum of 4 beds. Until additional capacity Winter beds open the ask is to cap medical outliers to 4 on the ward at any one time. **Benefits –** median number of admissions per day = 3 in September. 4 beds protected should offer admission capacity for most new stroke patients and we would hope to see the 4 hours admit performance >50%. When necessary to relieve pressure across the system medical outliers would be admitted; the cap would attempt to minimise the impact of these admissions on stroke performance. **Interactions/Risks** – Ability to create 4 beds each day once used is uncertain. Exit strategy needed for any medical outliers and stroke mimics. Flow needed across whole stroke pathway; community services to be approached re options to prioritise stroke beds in CRT slot allocation if possible.	NT/DP/NW/SB	31/01/2023	SOP being produced for the ringfencing of beds Agreement being sought at Clinical Board and Health Board level for ringfencing of beds "Golden days" where beds are available at the beginning of the day to show the art of the possible
4. Diagnostics Daily imaging 'hot slots' for carotid dopplers/ MRIs/ CTA for stroke patients.	NT/TH	31/01/23	Ongoing discussions with radiology to create slots Use of the CD&T escalation email to prioritise Stroke

Benefits – Timely diagnoses and treatment for both stroke patients and stroke mimics. Improved discharge profile to support protection of beds. **Interactions and Risks –** hot slots may not be needed every day (would be booked by 10am and released back to radiology if not needed). Ideally would operate over 7 days.			patients for discharge dependent MRIs, etc.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

Mohamed Sarah
10/05/2023 10:46:34

Page **22** of **59**

6. Urgent & Emergency Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.

Risk Date added: 09/05/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.		
Cause	20 The impact of the covid pandemic has resulted in sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) Non-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) Covid continues to add an increased layer of complexity in managing patient flow (iii) Patients presenting and subsequently admitted have a higher acuity and complexity (iv) We have sustained workforce challenges (v) Social Care are experiencing similar workforce and demand challenges • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time • Poor response times in the community from WAST due to significant delays in ambulance handovers • Longer length of stay for both medically fit patients and clinically unfit patients, significantly above pre-covid levels		
Impact	• Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**

Current Controls	• Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs in the Vale – c.2500 appointments per month • Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness • Implementation of CAV24/7 and transition to NHS Wales 111 • Strengthened site-based leadership and management • Urgent & Emergency Care is one of the five delivery programmes in the 2022/23 Operational Plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions. • Ambulance handover improvement plan developed and being implemented • Workforce team continue to support recruitment and retention • Local Choices Framework governance in place and utilised when appropriate to support operational pressures
Current Assurances	• Operational position reported into Management Executive (weekly) [1] • Mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan [1] • Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee. Specific focus on Six Goals for Urgent & Emergency Care on 12th July 2022. [1] • Urgent and Emergency Care reported as part of the Board Integrated Performance report [1]

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**

Gap in Controls	Actively scale up multidisciplinary cluster models Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow
Gap in Assurances	Whilst an Urgent & Emergency Care Delivery Group is in place, the Six Goals Integrated Urgent & Emergency Care Transformation Board is yet to be established

Actions		Lead	By when	Update since January 2023
1.	Secure funding and develop implementation plan for further MDT cluster rollout and Urgent Primary care Centre in Cardiff	LD	30.11.22	UPPC in Cardiff CRI went live in December. Further roll out in Cardiff North planned for Feb. MDT Cluster work is separate and ongoing.
2.	Development and implementation of one Urgent and Emergency Care Plan, aligned to the National six goals	PB	31/10/22	Complete - Delivery Board relaunched in January, approach agreed at SLB in December.
3.	Introduce Medical Same Day Emergency Care Unit moving to new area whilst introducing senior clinical triaging and hot clinics	PB	30.11.22	Complete -MSDEC moved to interim location.
4.	Introducing frail assessment service in emergency and assessment area UHW	PB	30.11.22	Complete - Frail service went live.
5.	Develop SOP for A1 (medical short stay ward) and SOP for Zero four-hour ambulance handovers	PB	30.11.22	Complete - Both actions implemented. A1 has led to improved turnaround, reduced length of stay and more patients admitted and discharge.

Page **24** of **59**

				Ambulance handover performance improved.
6. Develop cohesive Winter Plan that introduces 150 beds or bed equivalents	PB	30.11.22		Complete - Circa 150 beds / bed equivalents are being delivered through winter plan
7. Develop acute admission protocols	PB	30.11.22		Action ongoing – aim for completion in February.
8. Continued development of joint Health and Social Care strategies to allow seamless solutions and services for patients with health or social needs	AH / PB	31.03.23		Partnership working continues. Joint action plans in place. Work progressing through RPB, SLG and JME with new IMT introduced bi-weekly chaired by SR to increase focus on actions
9. Introduce integrated care assessment unit as part of the Winter Plan to discharge patients into UHW Lakeside for focused social care intervention whilst maintaining care.	PB	31.10.22 - 31.01.23		Complete - IACU opened in LSW. Reduced length of stay for MFFD patients – increasing from 27 to 41 patients in next two weeks.
10. Implementation of the UHW site masterplan, including de-escalation of additional capacity and reconfiguration of the EU	PB	31.03.23		Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions.
11. Development of recruitment and retention strategies	RG	31.03.23		See separate BAF risk on workforce
Impact Score: 5		Likelihood Score: 2	Target Risk Score:	**10 (high)**

Mohamed Sarah
10/05/2023 10:46:34

Page **25** of **59**

7. Planned Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable planned care services.		
Cause	- The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments for urgent/emergency care has impacted on those waiting to access the system for planned care. - Referrals for planned care are at pre-Covid levels overall, however there is significant variation between specialities. Whilst our planned care system (outpatients, diagnostics, treatments) is almost back to full capacity, it has been challenging to achieve activity levels significantly above pre-Covid activity. - There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff		
Impact	- Significant volumes of patients waiting for new outpatient appointments, diagnostics and treatment - Some patients are tipping over into waits of more than 3 years, some of these are still at the outpatient stage - Potential for harm in terms of clinical deterioration whilst patients are waiting, particularly at the outpatient stage where patients have yet to be seen by a secondary care clinician and priority determined - Poor staff morale and retention due to the sustained pressures in the system - Worsening patient experience and outcomes (see separate risk on patient safety) - Organisational/reputational harm due to political and media interest and scrutiny		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	**16 (Extreme)**
Current Controls	- Planned Care is one of the delivery programmes in the 2022/23 Operational Plan - Demand/capacity work undertaken to model expected delivery against the ministerial measures - Additional capacity schemes funded through WG planned care monies are in place and delivering e.g. independent sector, mobile ophthalmology theatres, 2nd gynae treatment room commissioned, spinal unit commissioned, mobile endoscopy unit in place - Workforce team continue to support recruitment and retention - Suite of reports and dashboard created by the Digital and Healthcare Intelligence team to support Directorate teams and Clinical Board in terms of managing the planned care position		

Mohamed Sarah
10/05/2023 10:46:34

Current Assurances	• Current position against 52/104weeks monitored via weekly Planned Care Performance meeting [1]
	• Operational position reported into daily/weekly 'hot' reports[1]
	• Elective Care Delivery Group in place monthly; suite of metrics reviewed at every meeting [1]
	• Monthly meeting with the Delivery Unit on Planned Care[1]
	• Mechanisms in place to monitor key Planned Care schemes as part of the Operational Delivery Plan [1]
	• Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee [1]
	• Planned Care reported as part of the Board Integrated Performance report [1]

Impact Score: 4	Likelihood Score: 3	Net Risk Score:	**12 (High)**

Gap in Controls	• Further demand/capacity work required together with an indication of the ministerial targets to inform the plan for 23/24 and assess deliverability
	• Availability of planned care funding may mean that choices need to be made in terms of delivery
	• Further work required to maximise treat in turn
	• Solutions required to ensure all specialities can access sufficient capacity to enable a return to pre-Covid levels of activity
	• Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)

| Gap in Assurances | • Since the Operational Plan Delivery Group meeting has been stepped down, there is a need to consider the governance mechanisms by which key risks and messages from the Elective Care Delivery Group are escalated |
| | • Whilst a sub-group on supporting patients whilst they are waiting has been established, the group is in its infancy and needs to progress at pace |

Actions	Lead	By when	Update since January 2023
1. Continue to develop and iterate the demand/capacity work for 23/24 to inform the IMTP	AW/JC	31.1.23	Included in development of IMTP
2. Establish key priorities and a work plan for the supporting patients sub-group	EC	31.12.22	Complete. Group is in place and meeting monthly. Two sub-groups have been established with work due to commence in January.
3. Continue to progress plans to maximise activity and monitor via the Planned Care Performance group	JC	Weekly	Complete - Meetings in place
4. Agree formal reporting mechanisms from the Elective Care Delivery group through to SLB	PB/HE	31.12.22	Under consideration as part of review of COO meeting structures Proposal taken to SLB on 22.12.22
5. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce
Impact Score: 4	Likelihood Score: 2	Target Risk Score:	**8 (High)**

Mohamed,Sarah
10/05/2023 10:46:34

Page **27** of **59**

8. **Exacerbation of Health Inequalities in C&V – Executive Director of Public Health (Fiona Kinghorn)**

The COVID-19 pandemic has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.

The vision of our Shaping Our Future Wellbeing strategy is that *"a person's chance of leading a healthy life is the same wherever they live and whoever they are"*. Our goal is to reduce health inequalities – reduce the 12-year life expectancy gap, and improve the healthy years lived gap of 22 years. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan PSB Well-being Plans 2018-23.

Our focus on reducing inequalities locally in health and wellbeing are underpinned by both 'Prosperity for All' and 'A Healthier Wales'. The Wellbeing of Future Generations Act also sets out Health and Equality as two main goals and the Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Risk	There is a risk that the exacerbation of inequalities due to the harms caused by the COVID-19 pandemic and cost of living crisis will reverse progress in our goal to reduce the 12-year life expectancy gap, and improvements to the healthy years lived gap of 22 years.
Date added:	29.07.21
Cause	• Deaths from COVID-19 have been almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there has been a disproportionate rate of hospitalisation and death in ethnic minority communities
	• In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. Based on data from the first few months of the pandemic we can see that inequalities were not particularly pronounced for confirmed cases (unlike England) but the gradient became bigger for admissions, ICU and deaths. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key
	• It is recognised that the COVID-19 pandemic is responsible for five harms to population health, all of which are experienced inequitably. These are the direct harm caused by infection, indirect harm due to surge pressures on the health and social care system, harms caused by population based health protection measures (e.g. lockdown), economic harm and harms caused by exacerbaing inequalities in our society.
	• Health inequalities arise in three main ways, from
	o structural issues, e.g. income, employment, education and housing
	o unhealthy behaviours
	o inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs
	• It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which

Impact	
	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include:
	○ Children and young people
	○ Minority ethnic groups, especially Black and Asian populations
	○ People living in (or at risk of) deprivation and poverty
	○ People in insecure/low income/informal/low-qualification employment, especially women
	○ People who are marginalised and socially excluded, such as homeless persons
	• Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, have been found to increase the transmission, rate and severity of disease including COVID-19
	• ~~COVID-19 and its containment measures (e.g. lockdowns) can, directly and indirectly, increase inequity across living and working conditions; as well as inequity in health outcomes from chronic conditions. For example, working from home may not be possible for many service sector employees. Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression~~
	• The longer-term, and potentially largest, consequences for widening health inequalities can arise through political and economic pathways. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm
	• This is not simply a social injustice issue, health inequalities are also estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness
	• Winter 2022/23 is an uncertain time with concerns about resurgence of COVID-19 and/or influenza which disproportionately impact the most vulnerable in society, together with the economic impact of the rapid increase in inflation. This may mean that health inequalities widen if public policy and local interventions do not act to rectify this imbalance swiftly. However, most levers for economic action are at the UK government level. Warmth and food availability will be key issues locally

Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 Extreme

Current Controls	**1. Statutory function**
	The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB
	2. Role as an Employer
	• In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner

Mohamed, Sarah
10/05/2023 10:46:34

Page **29** of **59**

- Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments
- All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race
- In August 2022 the Chancellor recognised that support is needed even for staff on wages up to £45,000 and included senior nurses in this description to manage increased energy bills. Staff have been signposted to resources to help them to cope with the cost-of-living crisis this winter

3. **Refocused Joint strategic and operational planning and delivery**
- The refresh of the UHB Strategy Shaping our Future Well-being continues to shine a light on the issue of equity at the strategic level
- Each of our strategic programmes within Shaping our Future Well Being Strategy will consider how our work can further tackle inequalities in health
- Our Shaping our Future Public Health strategic programme has a focused arena of work aimed at tackling areas of inequalities. We are working closely with the two local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local organisations and communities, particularly in relation to healthy weight, immunisation and screening. This includes building on local engagement with our ethnic minority communities during the Covid-19 pandemic. Such focused work is articulated in 'Cardiff and Vale Local Public Health Plan 2022-25' within our UHB three-year plan, and will be strengthened in 2022/23 by the development of a strategic framework for tacking inequalities
- Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions
- The Youth Justice Board is implementing the recommendations of our Public Injecting & Youth Justice Health Needs Assessments in Cardiff
- Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board are implementing the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work
- Our Suicide and Self-Harm Prevention Strategy has been published
- The multi-agency approach to Seldom Heard Voices, which targeted initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, will continue as we move through recovery.
- The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.
- The latest Annual Report of the Director of Public Health report on value, (published January 2023) also contains a chapter which focuses on the relationship between a Value-based approach and reducing inequities.

| Current Assurances | We have identified a bellwether set of indicators to help measure inequalities in health in the Cardiff and Vale population through which we will develop further to measure impact of our actions. This formed part of the Annual Report of the Director of Public Health 2020, published September 2021 [1]. Examples include: |
| | - The gap in healthy life expectancy at birth between the most and least deprived in Cardiff and Vale UHB reduced from 16.6 years in 2017/19 to 14.4 years in 2018/20 for males. In females however, the gap increased from 14.6 years in 2017/19 to |

	18.0 years in 2018/20. Neither of these estimates yet takes account of the impact of the pandemic.		
	• As of 10 Dec 2022, the gap in coverage of COVID-19 autumn 2022 booster vaccination between those (all ages) living in the least deprived and most deprived areas of Cardiff and Vale UHB was 29.8%, with fewer people vaccinated from the most deprived groups. This compares to a gap of 23% across the whole of Wales between those in the least deprived groups compared to those living in the most deprived groups.		
	• Discussions with Public Health Wales have been held to support the development and regular monitoring on health inequities.		
	• A gap analysis of health inequalities data has been undertaken as part of a national exercise which indicates that data collection on date of birth and postcode are good but that this drops considerably for other important variables.		

Impact Score: 4	Likelihood Score: 3	Net Risk Score:	12 (High)

Gap in Controls	• ~~Uncertainty around progress of the pandemic due to uncertainly of population spread as we move towards endemicity, and future risk of variants~~
	• Unidentified and unmet healthcare needs in seldom heard groups
	• Capacity of partner organisations to deliver on plans and interdependency of work
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales

Actions	Lead	By when	Update since January 2023
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	Fiona Kinghorn /Rachel Gidman	Draft framework by March 2023	For 2022/23, we plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process will be reviewed (when capacity allows) with the aim of simplifying it where possible. The new process will consider proportionality, so that the level and depth of the EHIA undertaken is proportionate to the change being introduced. Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.
2. Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health	Fiona Kinghorn	March 2023	Suite of preventative actions to tackle inequalities developed with PSB and RPB partnerships. Next step is delivery. Partnership 'Amplifying Prevention' actions are being implemented, for example contact tracers following up families who have not responded to appointments for childhood vaccinations,

Mohamed Sarah
10/05/2023 10:46:34

Page **31** of **59**

<table>
<tr>
<td></td>
<td>April 2023</td>
<td>agreement to work collectively to reduce High Fat Sugar Salt advertising and translation of bowel screening promotional animation into four locally spoken languages. A partnership communications and training plan has also been developed to ensure we maximise all opportunities to promote immunisation, screening and Move More, Eat Well with both our staff and the patients/clients/citizens that interact with our services.

A strategic framework for tacking inequalities is being planned and has had agreement in direction across the Executive team. Following publication of the Population Needs Assessment and the two Wellbeing Needs Assessments, tacking inequalities is recognised as a priority for all local and regional partner organisations.
A comprehensive Health Needs Assessment has been completed, a Programme Board for Health Inclusion has been established, and a clinical model is being worked through.</td>
</tr>
<tr>
<td>3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress</td>
<td>Fiona Kinghorn</td>
<td>March 2023</td>
<td>Amplifying prevention indicators being developed.
Input into National gap analysis of health equity data collection to inform actions to help drive change.</td>
</tr>
</table>

Impact Score: 4	Likelihood Score: 3	Target Risk Score:	12 (High)

9.   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).

Risk Date added: 6.5.2021	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.
Cause	- The pandemic, Winter and the Recovery Plan has placed significant pressure on our workforce. 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. - The increased demand across the NHS has left a shortage of people with the right skills, abilities and experience in many professions/roles which has created a more competitive market. - National shortages in some professions has made it difficult to attract people with the right skills/experience and in the numbers required, for example: - Registered Nurses. - Medical staff in certain specialties (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP). - Turnover across the UHB has stopped rising but is still at 13%, over 3% higher than the pre-pandemic rate. - Sickness absence ~~has stabilised over the last 2 months but~~ remains high at just over 7% which is 2% higher than pre-pandemic. The situation is still very challenging but we anticipate that the position will improve as we move into Spring/Summer months. Significant operational pressures across the whole system since March 2020 has impacted negatively on the health and wellbeing of our staff. - 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. - 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. - The pause in International registered nurse recruitment could potentially exacerbate the high number of vacancies within the UHB.
Impact	Negative impact on our people and our teams, as a result we are experiencing: - High levels of sickness absence and lack of management capacity to support staff appropriately; - High levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Poor compliance with statutory and mandatory training; - 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 both 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	- Commencement of a 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 will be reintroduced into the Clinical Boards from the end of March, 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 developed with the team 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 focusing on increasing the supply of HCSW and R/N's on the bank which will support the reduction of agency usage and improve quality. 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. - 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. - Medical Workforce Advisory Group (MWAG) progress and monitor employment matters that directly affect our Medical & Dental staff. - 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 90%. - E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually. - E-Rostering Programme Board meet monthly to ensure the roll out of the new e-rostering system and Safe Care is progressing as outlined in the implementation plan. - Health & Wellbeing strategy monitored through the strategic Health & Wellbeing Group. - Monthly Executive Performance Reviews with a focus on improving our workforce position are now well established. - Baseline Workforce Plans have been developed for each Clinical Board initially concentrating on our Nursing workforce, which is the staff group

Mohamed Sarah
10/05/2023 10:46:34

Page **34** of **59**

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.

- An Industrial Action Contingency Planning Group was established in September 22 and meet regularly to ensure risks are managed and we have robust contingency plans in place to enable the UHB to deliver emergency and critical services to our patients/citizens/population.
- 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.

Current Assurances	• Robust monitoring of People and Culture Plan KPI's at Strategy and Delivery Committee and Board. [1] • Regular monitoring of forecasted RN vacancies to identify whether International recruitment would need to be re-considered by the Board. • Qtrly IMTP Updates. • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). [1] • Updates provided to Strategy and Delivery Committee and Board on Industrial Action [1]

Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board International Nurses at pace due to Visa processing. Awaiting Board approval to recruit 147 International Nurses, arriving between May and October 2023. Workforce supply affected by National Shortages.		
Gap in Assurances			

Actions	Lead	By when	Update since January 2023
1. Approval to engage in the All Wales International Nurse Recruitment Campaign (cohort 2 – end of 2022/early 2023)	Jason Roberts	Nov 22	Complete A paper was considered by SLB in Nov and will be discussed at Board in Jan 23. A workforce plan specific to OSN is being developed which will support decision making.

Impact Score: 5	Likelihood Score:2	**Target Risk Score:**	**10 High)**

Mohamed,Sarah
10/05/2023 10:46:34

Page **35** of **59**

10.   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.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way
Cause	- There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. - 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. - 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. - Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.
Impact	- Staff morale may decrease - Increase in absenteeism and/or presenteeism - Difficulty in retaining and recruiting staff - Potential decrease in staff engagement - Increase in formal employee relations cases - Transformation of services may not happen due to staff reluctance to drive the change through improvement work. - Patient experience ultimately affected. - UHB credibility as an employee of choice may decrease - Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.

Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)

Current Controls	- Values and behaviours Framework in place - Cardiff and Vale Transformation story and narrative - Leadership Development Programmes, e.g. Acceler8 and CLIMB supporting inclusive, compassionate leadership principles - Management Programmes offering a blended approach to learning and including development around change and transformation - Talent management and succession planning cascaded through the UHB - Values based recruitment / appraisal - Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale. - Involvement in All Wales NHS Staff Engagement Working Group - Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH - Patient experience score cards - CEO and Executive Director of People and Culture sponsors for culture and leadership - Raising concerns procedure/Freedom to Speak Up. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales - 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 - Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team

	• Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report [3]; Engagement of staff side through the Local partnership Forum (LPF) [1] Matrix of measurement now in place which will be presented in the form of a highlight report to Committee [1]

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 January 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	May 2023 April 2023 Ongoing Jan-March 2023 July 2023	Acceler8 Senior Leadership Programme Cohort 2 will end in May 2023. Upon completion, Cohort 2 will join Cohort 1 and Climb delegates in the CAV Leadership Alumni. 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. Education, Culture and OD Team (previously LED) continue to facilitate the delivery of 'bite size' leadership and management opportunities including Coaching for Performance; Effective Communication Skills; REACTMH (having effective wellbeing conversations). Workshops are targeted to areas of need throughout Winter months to support focus on retention, wellbeing and recruitment. 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. 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 March- April

Mohamed Sarah
10/05/2023 10:46:34

Page **37** of **59**

		March - May 2023	2023, including discussions on reverse mentoring. 3 Coaching supervisors have been identified, training delayed to June 2023 due to availability.
		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 well attended and compliance is showing an increase in March 2023.
		March-June 2023	There has been an increase in the number of requests to facilitate cultural programmes/OD work within directorates and teams. ALAS work continues utilising Culture and Leadership Programme and Framework and is now at Focus Group stage following a survey response of over 50%. Analysis and recommendations to be provided to DMT early May 2023. OD support for UHB strategic programmes also requested, SOFH, SOFCS etc and challenges to capacity being discussed.
		Jan-May 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. 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. Equity and Inclusion Audit has been completed and initial feedback expected March 2023. Management response by April 2023.
2. Showcase	Rachel Gidman	Oct 2022	Showcase launched via all Staff Comms in October 2022.
3. Equality, Diversity and Inclusion	Rachel Gidman	Dec 2022	Equality Strategy Welsh Language Group is established and taking place

Page **38** of **59**

			on a bi monthly basis. **Expectations around the Flash Reporting element for Service and Clinical Boards to be reinforced to ensure progress is monitored and reported against.** Review of group TOR taking place to ensure all CBs are represented **and appropriate governance is in place**.
Welsh Language Standard being implemented.		**March-May 2023**	
Inclusion - Nine protected Characteristics		**May 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.**
			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 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. An 'Inclusion Ambassador' pack has been **circulated that support in understanding and learning.**
		Ongoing	**Training has been identified** for mentors to support Inclusion Ambassadors at executive level. Step two will be identification / nominations for mentors, **followed by training.**
		March-June 2023	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**.
		June 2023	The Anti-Racist Wales Action Plan developed by Welsh Government was published in June 2022. Board development has continued following the initial session in August 2022. The Board Development session planned

			for Dec 2022 was delayed due to Industrial Action, the session will now take place in April 2023 supported by Race Equality First who have worked in collaboration with the One Voice Network.
		Ongoing 2023/24	Development of the draft CAV Anti-Racist Wales Action Plan has been completed via a staff and TU working group. This will be presented to Board in May 2023.

The UHB has received the results of the Stonewall Workplace Equality Index and has maintained top 100 status, and gold membership, coming it at position 80. A benchmarking meeting will be scheduled for April 2023.

The draft proposal for a framework looking at Equality, Health Inequalities and Safety. A collaboration of areas including the E&I Team; ADOD; PH; Patient Experience; Quality and Safety formed a working group to review existing documentation and benchmarking. |
| 4. CAV Convention | Rachel Gidman | TBC | Action under review and date to be confirmed once known. |
| **Impact Score: 4** | **Likelihood Score: 1** | **Target Risk Score:** | **4 (Moderate)** |

11. 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.

Risk	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.		
Date added:	6th May 2021		
Cause	- Redeployment with lack of communication / notice / consultation - Working in areas out of their clinical expertise / experience - Being merged with new colleagues from different areas - Increased working to cover shifts for colleagues / react to increased capacity / high levels of sickness or isolation due to positive Covid test results - Shielding / self-isolating / suffering from / recovering from COVID-19 - Build-up of grief / dealing with potentially traumatic experiences - Lack of integration and understanding of importance of wellbeing amongst managers / impact upon manager wellbeing - Conflict between service delivery and staff wellbeing - Continued exposure to psychological impact of covid both at home and in work - Ongoing demands of the pandemic over an extended period of time, minimising ability to take leave / rest / recuperate - Experience of moral injury - Cost of living 'crisis'		
Impact	- Values and behaviours of the UHB will not be displayed and potential for exacerbation of existing poor behaviours - Operating on minimal staff levels in clinical areas - Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated - Clinical errors will increase - Staff morale and productivity will decrease - Job satisfaction and happiness levels will decrease - Increase in sickness levels - Patient experience will decrease - Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) - UHB credibility as an employee of choice may decrease - Potential exacerbation of existing health conditions		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	20 –(Extreme)
Current Controls	- Self-referral to wellbeing services - Managerial referrals to occupational health - External support - Wellbeing Q&As and drop ins (ad-hoc and upon request) - Wellbeing Support and training for Line managers - Development of range of wellbeing resources for both staff and line managers - GP self-referral - Values Based Appraisals including focus on wellbeing - Chaplaincy ward rounds - Health Intervention Team (HIT) - Wellbeing champions initiative - Health and Wellbeing Strategic group		

Page **41** of **59**

	• Development of rapid access to Dermatology • Post traumatic pathway service • Deployment principles to support staff and line managers • Wellbeing walkabouts to signpost resources • Long Covid Peer Support Group
Current Assurances	• Internal monitoring and KPIs within the OH&EHWS [1] • Wellbeing champions normalising wellbeing discussions [1] • VBA focussing on individual wellbeing and development [1] • HIT Team recommendation plan completed following UHB engagement, priority actions to be focus [1] • Taking Care of Carers Audit and Action Plan [3] • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report [3] • Trade unions insight and feedback from employees [2]

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 – (Extreme)

Gap in Controls	• Staff shortages leading to movement of staff and high demand for cover • Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Health Charity funding for EWS agreed in principal, to be confirmed by the charitable fund trustees September 2022 • Continued increase in referrals to Occupational Health and increased PEHD work to support mass-recruitment • 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
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow • Awareness and access of employee wellbeing services, particularly for staff without email / internet access • Clarity of signposting and support for managers and workforce

Actions	Lead	By when	Update since January 2023
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by the ongoing impact of the COVID pandemic	Nicola Bevan	March 2023 April – June 2023	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. 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

Page **42** of **59**

		March-June 2023	with broader People and Culture Team.
			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 and where to access Wellbeing support.
			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&C, EWS, Occupational Health, the chaplaincy service.
			Surveys completed during the roadshows by staff are helping shape future communications, and information being shared on cost of living. Financial Wellbeing packs have been circulated to key leads in primary care and community for cascading through the teams.
			On line MaPS presentations on 'pensions' and 'pensions and menopause' sessions are being planned for March/April 2023.
			'Stop Loan Sharks Wales' provided an online presentation for staff in Feb 2023.

Mohamed,Sarah
10/05/2023 10:46:34

Page **43** of **59**

| | | | | A staff Financial Wellbeing pathway has been drafted and will be reviewed by the Strategic Wellbeing Group in April 2023.

Dedicated staff financial wellbeing and CoL web pages have been established on sharepoint. |
|---|---|---|---|---|
| | | | March-April 2023 | Ongoing MaPS workshops rolled out across the various network groups, P&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. |
| 2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB | Nicola Bevan | Interventions proposed implementation April 22 – 2023

April 2023

March-May 2023

Jan-March 2023 | | The Health Intervention team Impact Report will be presented at the Strategic Wellbeing Meeting in April 2023. Work has already 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. Implementation of works around rest space has been completed with the refurbishment of over 30 staff areas. The Health Charity are supporting colleagues at Whitchurch to fund a water station onsite following completion of a SBAR. Peer support developments – MedTRiM training is partially |

Mohamed Sarah
10/05/2023 10:46:34

			completed. Meeting with provider scheduled for April 2023.
			Sustaining Resilience at Work Pracitioner Training (StRaW) has been undertaken by Children and Women CB supported by P&C Team.
			Further work to be completed to ensure that the infrastructure supports the practitioners and the focus targeted to support capability and capacity.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Bevan	31.03.23	A variety of communication models including Twitter accounts are being utilised to share Wellbeing updates across the UHB.
		April 2023 – March 2024	A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year and will be reviewed and agreed by the Strategic Wellbeing Group in April 2023.
		March – June 2023	Financial Wellbeing Working group continues to review and implement action plan, designing and communicating signposting for all staff.
		April 2023	A presentation was given to SLB in February 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 follow-up presentation is planned for SLB April 2023.

Mohamed,Sarah
10/05/2023 10:46:34

Page **45** of **59**

		March-April 2023	Cost of Living action plan has been developed, reviewed weekly to ensure information shared and signposting updated. 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.
		April-May 2023	Analysis of engagement results and feedback from wellbeing surveys has indicated low levels of staff morale, engagement and wellbeing. Dashboard of results has been produced for sharing with CBs, and attendance has been confirmed at meetings throughout March and April 2023. 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.
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	Claire Whiles	March – June 2023	Leadership and Management development offerings to support staff health and wellbeing added to existing offerings, e.g. REACTMH training; Managing Remote Teams REACTMH train the trainer completed. Roll out plan commenced with information session to CEF Dec 2022. Added to existing training, next steps to roll-out bite-size.

Mohamed.Sarah
10/05/2023 10:46:34

Page **46** of **59**

		May 2023	Acceler8 Cohort 2 ongoing. Six modules completed to date. Collabor8 Leadership Programme commenced October 2022.
		September 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.
		April 2023	ECOD have met with the Innovation and Improvement Team on all leadership programme development. Mapping completed and draft overview to be updated by April 2023.
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 Cl Boards.	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 wellbeing services and interventions.
		Feb - June 2023	Wellbeing Strategy and Framework draft presented to Strategic Wellbeing Group Feb 2023. Further engagement with staff networks, Tus and CBs to follow.
		March - June 2023	Two of the three Schwartz Round Clinical leads have been agreed, awaiting final nomination. Training for Leads and steering group to take place May 2023. Steering Group

Mohamed,Sarah
10/05/2023 10:46:34

<table>
<tr><td rowspan="5"></td><td></td><td></td><td style="color:red">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.
Risk re Schwartz Round Administrator role – currently not assigned.</td></tr>
<tr><td style="color:red">September 2023</td><td>Wellbeing Retreat Pilot commenced July 2022. Retreats until Nov 2022 all completed and evaluation moved to April-June due to challenges with staff release.</td></tr>
<tr><td style="color:red">April-June 2023</td><td>Room Refurbishment complete, including delivery and installation of artwork.

Concerns of WSG and lack of ownership / accountability for water stations. Health Charity continues to support areas wishing to implement.</td></tr>
<tr><td></td><td>Cost of Living working group meeting regularly to review actions.
UHB Wellbeing Strategy / Framework in draft discussed at Strategic Wellbeing Group Feb 2023 and further consultation and engagement required.
Management Response to Internal Audit agreed and returned and presented at Audit Committee.</td></tr>
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Mohamed.Sarah
10/05/2023 10:46:34

Page **48** of **59**

		June 2023	Focus on staff wellbeing to support retention. Culture Assessment Work being undertaken in identified areas.
		March – June 2023	Collaborative working across P&C Team and CBs, including TU partners.
Impact Score: 5	**Likelihood Score: 1**	**Target Risk Score:**	**5 (Moderate)**

Mohamed Sarah
10/05/2023 10:46:34

12. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning (Abigail Harris)

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.

Risk Date added: 12.11.2018	There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB. The condition of facilities within our main hospitals are impacting on our ability to continue to provide the full range of services, and provide the new treatments WHSSC would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.
Cause	• Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B. • Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. • Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule. • Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement • Lack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face.
Impact	• The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. • Service provision is regularly interrupted by estates issues and failures. • Patient safety and experience is sometimes adversely impacted. • IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk • Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement • Staff facilities are inadequate in many areas.

Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	**25 (Extreme)**
Current Controls	• Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. Subject to mid-point review as covered in Board Development session in February 2023. • Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. • The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. • The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP/annual plan, with regular oversight of the programme of discretionary and major capital programmes. • Medical Equipment prioritisation is managed through the Medical Equipment Group • Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months.		

	• The Health Board has submitted to Welsh Government a 10-year capital outlook, which has been prioritised to reflect the most pressing infrastructure and service challenges and risks. • Shaping Our Future Hospitals Programme Business Case was submitted to WG in October '21 and scrutinised at WG Infrastructure Investment Board in December '21. The WG Cabinet has considered Our Future Hospitals PBC alongside the priorities across the whole of Wales. There is support 'in principle' for the Health Board to proceed with the development of the next stage of the business case process – the Strategic Outline Case. • Welsh Government has agreed the Strategic Outline Case scope and a resource request has been submitted to Welsh Government. • In accordance with the prioritised plan the Board approved and submitted to Welsh Government the Tertiary Tower Business Case and the Vascular MTC Theatres Business Case. This will improve the overarching theatre provision.
Current Assurances	• The estates and capital team have a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. • Work is starting on the business case (Strategic Outline Case) as part of Our Future Hospitals Programme to secure funding to enable a UHW replacement/redevelopment to be built. [1] • The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised [1] • The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks [3]. • Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee [1] [2] • IT risk register regularly updated and shared with DHCW [2] • Health Care Standard completed annually [3] • Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group [1] [2] • Strategy and Delivery Committee continue to oversee the delivery of the Capital Programme [1] • Timely decision making in relation to the Shaping Our Future Hospitals Strategic Outline Case [3]

Impact Score: 5	Likelihood Score: 4	Net Risk Score:	**20 (Extreme)**
Gap in Controls			• The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. • In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly. • Traceability of Medical Equipment • The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB.
Gap in Assurances			• The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. • Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year. • Despite the substantial end of year capital, the recurrent position remains unchanged. • Full condition surveys of all buildings have not been carried out so not possible to fully understand the condition of the estate.

Mohamed,Sarah
10/05/2023 10:46:34

Actions	Lead	By when	Update since January 2023
1. The Estates Strategy requires review and refresh and there is a need to ensure that it is future proof. The scoping of this work to understand what is required will take place before Christmas	Catherine Phillips	31.03.23	It has been agreed that this document will be reviewed in 22/23 but there will be some preparatory work to be undertaken beforehand.
2. The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.	Abigail Harris	31.03.23	This continues with discretionary capital.
3. The Health Board continues to progress a number of major capital schemes (including Shaping Our Future Wellbeing in the Community and Shaping Our Future Hospitals Programme) aligned to our prioritised 10-year Capital Programme outlook.	Abigail Harris	31.03.23	Update included under current controls.
4. An acute infrastructure group is overseeing the short – medium term priorities.	Abigail Harris	31.03.23	The group continues to meet to agree priorities.

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 high)

Mohamed, Sarah
10/05/2023 10:46:34

13. Risk of Delivery of IMTP 22-25 – Executive Director of Strategic Planning (Abigail Harris)

Between March 2020 and March 2022, the Integrated Medium-Term Plan (IMTP) process was paused due to the pandemic. The requirement for an approvable IMTP was replaced by the need for quarterly plans for 2020-2021 and an annual plan for 2021- 2022, which reflected the need for agile planning to reflect the changing landscape as the pandemic progressed. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year plan for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP which was submitted to Welsh Government. In light of the financial position reflected in the draft plan, and with the agreement of Welsh Government, work was undertaken in the first quarter to further develop the financial recovery element of the plan. This work informed the final plan which was approved by the Board on 30th June and submitted to WG. The plan sets out service delivery proposals reflecting the ministerial priorities, the next milestones in the delivery of our strategy and the financial recovery that will be delivered over the next three years. The plan has not yet been formally considered by the Minister.

Risk	There is a risk that the Health Board will fail to deliver the commitments set out in the 22/23 – 24/25 Plan both in terms of service and financial commitments. The plan does not achieve overall financial balance in 2022/2023 and it is unlikely to be approved by the Minister as a fully compliant IMTP. There are a number of factors in play including the impact of unscheduled care pressures in the system, and unforeseen demands of 'cost of living' impact.
Date added:	May 22
Cause	Challenging targets have been set for the Health Board in respect of planned care recovery. Detailed and stretching plans have been developed which the Health Board is committed to delivering but, at this stage the Health Board does not have a plan in 10/35 specialties to achieve Welsh Government ambition of eliminating > 52-week new outpatient waits by end of December 2022. The financial recovery plan will also be challenging to delivery, with stretching targets for sustainable improving our overarching financial position. Whilst we are committed to deliver the actions set out in the plan, there may be dependencies of external factors which impact on our delivery – including constraints relating to funding – capital and revenue, workforce and speed with which we can implement the necessary gearing up to increase capacity.
Impact	A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG. If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve and quality of care and patient experience could be impacted. Inability to achieve the commitments for 22/23 will impact upon the ability of the Health Board to develop a balanced IMTP for 2023-26.
Impact Score: 5	**Likelihood Score: 4** **Gross Risk Score:** **20 (Extreme)**
Current Controls	An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans. A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan.
Current Assurances	Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting [1] The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. [1] The Board receive a financial update report from the Executive Director of Finance at each of its meetings. [1]

Welsh Government are fully engaged and have been briefed on the Health Board's position. [3]

Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. [1] WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. [3] Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. [1]

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	Detailed delivery plans are not in place for all elements of the financial recovery plan. Detailed delivery plans are not in place in all specialties to achieve Welsh Government 52-week NOP ambition		
Gap in Assurances	There is currently no assurance on the plan. Once developed assurance will be provided through reporting to Management Executives, Finance Committee and the Board. The Health Boards position has deteriorated in relation to its financial position.		

Actions	Lead	By when	Update since January 2023
1. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/11/22	Revised financial forecast agreed by the Board in November and submitted to Welsh Government.
2. Provide Q4 progress report – including mitigating actions, the Board for scrutiny.	Abigail Harris	31/03/23	This will be presented to Strategy and Delivery Committee and Board in March 2023

Impact Score: 5		Likelihood Score: 2	Target Risk Score:	10 (High)

Mohamed.Sarah
10/05/2023 10:46:34

14. Financial Sustainability – Executive Director of Finance (Catherine Phillips)

Across Wales, Health Boards and Trusts set out plans to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent and Value Based Healthcare. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year IMTP for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP. In light of the financial position work was undertaken during the Quarter 1 to develop the financial plan. The final plan was approved by the Board on 30th June and submitted to Welsh Government.

Risk Date added: 01.04.2022	There is a risk that the organisation will not be able to manage the impact of COVID 19 and other operational issues within the financial resources available.		
Cause	The UHB has incurred significant additional costs arising from managing the COVID 19 pandemic. It also has to manage its operational budget.		
Impact	Unable to deliver a year-end financial position. Reputational loss. Improvement in the underlying financial position which is dependent upon recurrent funding provided		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government 30th June to deliver financial balance over the three-year period 2022-2025. An additional Performance Review Meeting is now taking place with CB Teams to focus on Financial Performance		
Current Assurances	The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board [1] Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting [1] Financial performance is monitored by the Management Executive [1]. Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks [1]. Assurance from internal audit annual review of core financial controls including budgeting and planning.		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	No gaps currently identified.		
Gap in Assurances	To confirm COVID 19 and exceptional funding assumptions with Welsh Government for response and recovery. Certainty of COVID 19 expenditure and the management of non COVID 19 operational pressures. The financial plan 2022/23 does not achieve overall financial balance during the financial year. Our current forecast outturn does not match our financial plan for 2022/23.		
Actions	**Lead**	**By when**	**Update since January 2023**
1. Continue to work with Welsh Government to manage our recovery and COVID 19 response as well as exceptional cost pressures.	Catherine Phillips	31/03/23	Complete for 2022/23 as fully funded for the year.
2. Allocation letter has been received from Welsh Government and impact upon financial performance is being developed	Catherine Phillips	31/03/23	Board to be advised during Q4 of the actions

Page **55** of **59**

				and implications of receipt of allocation letter
3. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is in line with financial plan 2022/23	Catherine Phillips	31/03/23	The Board has approved the financial outturn position to £26.9 in November 2022. The Health Board considers that it will meet the revised outturn position.
4. To understand the impact of responding to the Covid 19 pandemic has had on the organisations underlying position. To deliver on our savings plan recurrently	Paul Bostock	31/03/23	COVID response and recovery costs are being reviewed for plans to sustain in line with Service need. Savings are being managed and monitored with Clinical Boards. An additional Performance Review Meeting is now taking place with CB Teams to focus on Financial Performance. The impact of Covid response costs will be built into the 23/24 financial plan.
Impact Score: 5	Likelihood Score:1	**Target Risk Score:**	**5 (Moderate)**

Mohamed Sarah
10/05/2023 10:46:34

Page **56** of **59**

15. Digital Strategy and Roadmap – Director of Digital & Health Intelligence (David Thomas)

CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.

Risk	There is a risk that the Digital Strategy and Roadmap will not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.
Date added:	04.10.22 (updated 06.01.23)
Cause	CAVUHB IT and digital services are known to have been historically underfunded resulting in a significant legacy deficit in infrastructure, applications and informatics capability that has built up over at least a decade (our PMS and the core module that sit on top for UEC, inpatients and outpatients were built c20 years ago). Colleagues need mobile, scalable, agile solutions which are unachievable whilst we are locked into legacy. There are some programmes and plans identified to rectify these issues however they are unachievable with the current resource allocation
Impact	We have capability in human resources but lack capacity for planning, management and execution of the activities needed to deliver the digital strategy and roadmap. Just to produce the case(s) for change requires capacity we do not have in the current circumstance Delivery on digital maturity would give capability to colleagues that will reduce inefficiency, release clinical time to care, improve safe practice, allow near real time data to be available to support clinical decision making at the point of care by moving from paper and analogue means of capturing and recording information to digital means where data flows seamlessly between settings Recruitment remains a challenge requiring the use of interim agency support in key areas. Existing resources are consumed with tactical short-term fixes given the legacy so we are unable to prioritise those activities that take us forward – we don't have enough people and we don't have enough money to make the changes we want and need to see. There is a risk that the financial savings and improved staff and patient experience expected from the Digital Roadmap plans will not be fully realised, due to the lack of resources, resulting in a deficit in IT infrastructure, applications and informatics capability and consequential adverse impacts.

Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	- Digital strategy approved by Board in20/21 with roadmap for 21/22/23 - Digital components described in IMTP - Some additional funding secured via the Business Case Advisory Group - IT infrastructure priorities developed and set out for 2022-2025		
Current Assurances	- D & HI have a number of business cases in development which require revenue investment [1] - Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare [1] - Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**

Page **57** of **59**

Gap in Controls	• Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure.			
Gap in Assurances	• Unable to currently provide assurance that the finance will be provided			

Actions	Lead	By when	Update since January 2023
1. Discussions with DoF to feed into Digital Financial Plan	DT	31.03.23	Complete – see action no.4 and 5
2. HIMSS assessment of our Digital maturity to be carried out in Qtr 4	DT	31.03.23	The assessment will be undertaken in Q4
3. A ten-year investment request developed and submitted to WG outlining capital and revenue requirements.	DT	31.03.23	See action 4 and 5 this is partially completed with the full 10 year investment request been undertaken by financial year end.
4. Additional investment request submitted to WG for Digital SOC development resources	DT	31.03.23	**New action**
5. Detailed case for investment to be presented at private meeting of DHIC committee (Feb 22)	DT	14.02.23	**New action**
6. External assessment of digital maturity of the acute service completed via site visit on 13/3	DT	31.03.23	**New action**
7. Formal report on digital maturity to be published by HIMSS	DT	31.03.23	**New action**
8. Cyber Assessment Framework update and response to Internal Audit report sets out mitigations and plans to manage cyber risks	DT	31.03.23	**New action**

Impact Score: 5	Likelihood Score: 3	Target Risk Score:	15 (Extreme)

Key:

1 -3	**Low Risk**
4-6	**Moderate Risk**
8-12	**High Risk**
15 – 25	**Extreme Risk**

Mohamed Sarah
10/05/2023 10:46:34

Page **58** of **59**

Report Title:	Clinical Consultation Plan – Welsh Language			Agenda Item no.	4.1
Meeting:	People & Culture Committee	Public	X	Meeting Date:	16th May 2023
		Private			
Status (please tick one only):	Assurance		Approval	X	Information	
Lead Executive:	Executive Director or People & Culture				
Report Author (Title):	Welsh Language Officer				

Main Report
Background and current situation:

The Welsh Language Standards were established by the Welsh Language Commissioner in 2019 under the Welsh Language (Wales) Measure 2011. The Standards aim to promote and facilitate the use of the Welsh language, particularly in public services, ensuring that Welsh is treated no less favourably than English.

Standard 110 requires the Health Board to publish a Clinical Consultation Plan, outlining how it will improve the offer of clinical consultations in Welsh to patients and service users. The attached five-year plan (Appendix 1) outlines the actions to be taken to increase organisational ability to deliver on this offer.

The plan has been developed through consideration of existing plans in place in other NHS Wales organisations, balanced with our priorities as a Health Board (e.g. the need to improve the recording of Welsh language skills).

Through the publishing of this plan, the Health Board is also progressing the *Mwy na geiriau / More than just words* national strategy, which requires the Health Board to make an 'active offer' to patients, service users, and visitors to engage with our services through the medium of Welsh.

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

It is a legal requirement for the Health Board to publish a Clinical Consultation Plan, as outlined in Standard 110 of the Welsh Language Standards. Approval of the proposed Clinical Consultation Plan will therefore mean the Health Board is in compliance with its legislative duty, whilst failure to publish the plan will likely lead to an investigation by the Welsh Language Commissioner and potentially further sanctions.

The proposed plan aims to meet the needs of Welsh-speaking patients, including Welsh language sessions for staff, promoting the use of Welsh in clinical settings and the workplace, and ensuring that information and resources are available bilingually. It also intends to improve the recruitment of staff with the necessary level of Welsh language skills to deliver a bilingual service.

To create accountability and ensure the success of the Clinical Consultation Plan, progress will be reported and monitored through the Equality Strategy and Welsh Language Standards Group and ultimately the People & Culture Committee.

The successful delivery of this plan will rely on the active support and collective ownership of the plan by the Clinical and Service Boards.

Recommendation:

The Committee are requested to:

- recommend that the Board approves the Clinical Consultation Plan – Welsh Language 2023-2028.

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		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	

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

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

Risk: Yes:

The Clinical Consultation Plan will ensure the organisation's compliance with Standard 110 of the Welsh Language Standards. Failure to develop and action the Welsh Language Consultation Plan will mean that the organisation could face investigations and sanctions by the Welsh Language Commissioner.

Safety: Yes

Patients and Service users will be able to discuss their healthcare and treatment in their preferred language of Welsh. This could lead to improved communication and better patient experience.

Financial: Yes

Not complying with the Welsh Language Standards can ultimately lead to a fine from the Welsh Language Commissioner.

Workforce: Yes

To action this plan, the organisation will need to improve its understanding of the Welsh language skills of the workforce and be able to use that effectively to workforce plan.

Legal: Yes

By approving and actioning this plan, the organisation will comply with Standard 110 of the Welsh Language Standards.

Reputational: Yes

The organisation may suffer reputational harm for not developing a plan and therefore complying with Standard 110 of the Welsh Language Standards.

Socio Economic: No

Equality and Health: Yes	
There is no requirement for it to be assessed under the Equality Impact Health Assessment.	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Clinical Consultation Plan – Welsh Language

2023 – 2028

Executive Summary:

In line with Section 44 Welsh Language (Wales) Measure 2011, in particular Standard 110, the Health Board is required to publish a plan for each 5-year period setting out –

(a) The extent to which you are able to offer to carry out a clinical consultation in Welsh;

(b) The actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;

(c) A timetable for the actions that you have detailed in (b).

The organisation recognises that the recording of Welsh Language skills of staff on its Electronic Staff Record (ESR) has been challenging, but is now putting arrangements into place to ensure that staff are recording their Welsh Language skills.

The Equity and Inclusion Team has also continued to support staff in developing an awareness of Welsh language and cultures, as well as of the active offer outlined in 'More than Just Words', which ensures patients are offered a Welsh medium service without having to ask. This has been achieved through the provision of free Welsh lessons for staff, Welsh language awareness sessions during the mandatory training sessions.

The plan will focus on the following:

- Improve the registration of the Welsh Language skills on the ESR system.
- Work with local organisations (e.g. schools and councils) to drive the recruitment of new staff with Welsh language skills.
- Mainstream the Welsh Language into the recruitment process.
- Improve the awareness of staff in the importance of the Welsh Language in healthcare.

- Improve the opportunities for patients and service users to use their preferred language by implementing processes, monitoring, and sharing good practice.

Particular focus will be given to increase the offer of Welsh clinical consultation in services accessed by the 'vulnerable groups' noted in the 'More than Just Words' Strategy.

These groups are:

- Children and young people
- People with learning disabilities
- People with mental health problems
- Older people

The Standard:

Standard 110:

"You must publish a plan for each 5-year period setting out - (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions that you have detailed in (b)."

Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5-year period you must - (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.

Definition Clinical Consultation

The Welsh Language Standards (No. 7) Regulations 2018 define a clinical consultation as *"a health provision interaction between one or more individuals and a body"*. With this definition in mind, multiple clinical consultations take place across Cardiff and Vale UHB every day which are provided by our clinical staff and allied healthcare professionals.

Existing Strategies and Plans:

Welsh language is mainstreamed into all of our long-term plans to ensure that we are able to meet the needs of our service users. These include overarching and specific actions which will help Cardiff and Vale UHB increase our capacity to undertake clinical consultations in Welsh. The UHB has the following plans in place, which focus on patient experience in terms of equality, fairness for all, and driving forward service improvement:

- Equality, Inclusion and Human Rights Policy
- People and Culture Plan
- The organisations' plan for the More Than Just Words Strategic Framework
- Shaping our Future Wellbeing Strategy
- Integrated Medium-Term Plan
- Dementia Strategy
- Children and Young People's Health Charter

Links to legislation

- Welsh Language Standards Measure 2011
- Wellbeing of Future Generations Measure Act 2015

Action Plan

Below are outlined our key objectives as we work towards providing the 'active offer' and being able to deliver clinical consultations in Welsh:

Objective 1: Engaged and Motivated Workforce

- Monitor ESR data to ensure Welsh language skills are recorded and overall figures of completion increase by 10% each year.
- Numbers of staff enrolling and completing Welsh Language Training is monitored and increase by 10% each year.

Objective 2: Recruiting Welsh Language Skills

- Work with local Welsh medium schools in Cardiff and Vale area to promote careers in the NHS.
- Develop online promotional material on careers in the NHS and attend career fairs.
- In conjunction with local organisations (local Welsh Language Enterprises, colleges and councils) attend events to promote potential careers in the NHS.
- To develop guidelines for managers to ensure that Welsh language requirements for vacant posts are assessed appropriately and considered during the recruitment process.
- To monitor the Welsh language requirements when advertising for new and vacant posts.

Objective 3: Raise cultural awareness and educate staff on the importance of the Welsh Language through the organisation's "*Meddwl Cymraeg – Think Welsh*" Campaign.

- To raise awareness of the 'Active Offer' principle so departments are better equipped to deliver clinical consultations in Welsh.
- To promote the use of Welsh in the workplace and to increase cultural awareness of the language amongst staff and service users.

- To encourage participation in Welsh language initiatives to foster inclusive attitude towards providing services bilingually.

Objective 4: Promoting, offering, and recording Welsh Language Choice.

- Welsh Language Service Leads to monitor current procedures for recording patient language choice and to work with key staff within their respective areas to identify any improvements.
- To monitor Patient Management Systems within Clinical Diagnostics and Therapies to ensure that language choice is recorded and flagged to clinical departments when booking patient appointments.
- To work with other Health Boards and Trusts to share examples of best practice in recording language choice and utilise this information to deliver clinical consultations in Welsh.
- To capture and analyse feedback in terms of patient experience for Welsh speaking service users.
- To work with other Health Boards and Trusts to share best practice relating to undertaking clinical consultations in Welsh and to strive for consistency in achieving compliance with Standard 110.

To develop mechanisms for recording the number of clinical consultations undertaken in Welsh (*to include those that are facilitated by Welsh speaking support staff*).

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10/05/2023 10:46:34

Monitoring the assessment to the action plan

Clinical Boards Action Plan

The Clinical Boards will integrate the Clinical Consultation Plan into their Clinical Boards action plan.

Equality Strategy and Welsh Language Standards Group

The group, which is accountable to the People and Culture Committee, will receive assessment and assurances from all areas in actioning with the Clinical Consultations Plan.

Welsh Language Leads in the Clinical Board

Welsh Language Service Leads to monitor compliance with Standard 110. They will report back on the progress of the plan during the lifetime of the 5-year plan.

Mohamed,Sarah
10/05/2023 10:46:34

Actions: 2023 - 2028

Objective 1 *Assessing Welsh Language Skills*	Action Points	Responsibilities	Date
Monitor ESR data to ensure Welsh language skills are recorded and overall figures of completion increase by 10% each year.	• Continue to promote and encourage staff to update their Welsh language skills on ESR. Carry out a baseline assessment of the Health Board's ability to offer clinical consultations in Welsh. • Success is celebrated and communicated Health Board wide.	• People and Culture • Clinical Boards	March 2026
Number of staff enrolling and completing Welsh Language Training is monitored and increase by 10% each year.	• Assess locality/departmental representation on training. • To identify staff with level 3 and 4 speaking and listening Welsh language skills and to offer opportunities to attend training courses designed to build confidence in using Welsh in the workplace and improving existing skills. • To identify staff with level 1 and 2 speaking and listening skills and offer training opportunities to increase existing skills levels. • To encourage all staff to complete the 10hr online level 1 Welsh language training provided by the National Centre for Learning Welsh.	• Equity and Inclusion Team. • People and Culture Team • Clinical Boards	March 2026

Objective 2 *Recruitment of Welsh Language skills*	Action Points		
Work with local Welsh medium schools in Cardiff and Vale area to promote careers in the NHS.	• Identify schools and attend their careers fairs or meetings	• People Resourcing • Equity and Inclusion	March 2026
Develop online promotional material on careers in the NHS and attend career fairs.	• Work with Communications Team, Medical Illustration and Workforce to develop careers information aimed at recruits with Welsh language skills	• Communication and Engagement • People Resourcing • Clinical and Service Boards	March 2024
In conjunction with local organisations (local Welsh Language Enterprises, colleges and councils) attend events to promote potential careers in the NHS.	• Further work and collaboration through the Cardiff and Vale Welsh Language Forum, attend local events (Tafwyl, Eisteddfod etc) to promote recruitment.	• People Resourcing • Equity and Inclusion	March 2024
To develop guidelines for managers to ensure that Welsh language requirements for vacant posts are assessed appropriately and considered during the recruitment process.	• Recruitment policy team and Workforce to develop Welsh language and recruitment guidelines	• Equity and Inclusion • People Services • People Assurance and Experience • Clinical and Service Boards	March 2024
To monitor the Welsh language requirements when advertising for new and vacant posts.	• Work with Shared Services to assess how many new or vacant posts required Welsh as an essential skill.	• Clinical and Service Boards • People Resourcing • People Assurance and Experience	March 2026

Objective 3: Cultural Awareness and importance of the Welsh Language under the "*Meddwl Cymraeg – Think Welsh*" Campaign.	**Action Points**		
To raise awareness of the 'Active Offer' principle to encourage more clinical consultations in the medium of Welsh.	• Raise awareness on promotional days (Welsh Language Rights Day, Diwrnod Shwmae etc.) of the importance of the active offer • Raise awareness during mandatory training days and corporate induction.	• Equity and Inclusion • Communication and Engagement • Clinical and Service Boards	March 2025
To promote the use of Welsh in the workplace and to increase cultural awareness of the language amongst staff and service users To encourage participation in Welsh language initiatives to encourage an inclusive attitude towards providing services bilingually.			
Objective 4 *Monitoring the progress*	**Action Points**		
Welsh Language Service Leads to monitor current procedures for recording patient language choice and to work with key staff within their respective areas to identify any improvements.	Welsh Language Ambassadors to monitor and feedback to the ESWLG how local teams are recording patient language choice, feedback on good practice and effective processes.	• Health Records • Clinical and Service Boards	March 2026
To monitor Patient Management Systems within Clinical Diagnostics and Therapies to ensure that language choice is recorded and flagged to clinical departments when booking patient appointments.	Clinical Diagnostics and Therapies to report back on the ESWLG on how many patients and service users have registered their language preference.	• Health Records • Clinical and Service Boards	March 2026

To work with other Health Boards and Trusts to share examples of best practice in recording language choice and utilise this information to deliver clinical consultations in Welsh.	Co-operate with the South East Wales Health Boards to share practice and information.	• Equity and Inclusion	March 2024
To capture and analyse feedback in terms of patient experience for Welsh speaking service users.	Work with concerns team and patient experience team to pick up any issues with patient experience survey or concerns received.	• Patient Experience • Equity and Inclusion	March 2026

Report Title:	CAVUHB Anti-racist Action Plan			Agenda Item no.	4.2
Meeting:	People & Culture Committee	Public	X	Meeting Date:	16 May 2023
		Private			
Status (please tick one only):	Assurance		Approval	X	Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Equity & Inclusion Senior Manager				

Main Report
Background and current situation:

The Anti-racist Wales Action Plan was published in June 2022 outlining the vision to create and Anti-racist Wales by 2030. Included in the plan are specific actions for 'Health' which are set out under five headings:

- Goal 1: Leadership & Accountability
- Goal 2: Workforce
- Goal 3: Data
- Goal 4: Access to Services
- Goal 5: Tackling Health Inequalities

As an action, the Health Board (UHB) is required to develop an organisational anti-racist action plan. The CAVUHB Action Plan will align closely with the all Wales version and will set out how the UHB will go about building an anti-racist organisation.

In line with advice from experts in race equality, including Prof. Uzo Iwobi and Race Equality First, the UHB has co-designed a draft version of its action plan (Appendix 1) alongside colleagues from the One Voice Staff Network and trade union partners.

The draft CAVUHB Anti-racist Action Plan has been pulled together taking account of the actions set under the Anti-Racist Wales Action Plan, recommendations from reports including the Race Equality Taskforce led by Cardiff Council, and feedback from One Voice Staff Network members.

Discussions have been undertaken regarding feasibility and delivery of the plan with the identified action leads, who have all agreed and approved the content.

The Equity & Inclusion Senior Manager and Assistant Director of OD, Wellbeing and Culture presented CAVUHB's approach to the Welsh Government's steering group responsible for the delivery of health actions under the Anti-racist Wales Action Plan. The group were pleased with CAVUHB's proactive approach.

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

The plan has been approved by Local Partnership Forum and Senior Leadership Board and is scheduled to go to Board on 25th May 2023.

In the meantime, work has already begun to take forward some of the key actions with plans in place to progress others. Some of the key areas of focus over the coming months will be:

- Improving data collection
- Continuing to develop the Inclusion Ambassador programme
- Continuing to deliver anti-racist sessions for Board through Race Equality First
- Supporting the One Voice Staff Network
- Undertaking an organisational listening exercise to better understand the experiences of our colleagues from ethnic minority communities
- Developing a Health Equality, Equity, Safety and Experience Framework

The success of the action plan will be measured using the Workforce Race Equality Standards, currently being scoped by Welsh Government.

The progress of the plan will be monitored through the Equality Strategy and Welsh Language Standards Group (ESWLSG) where key stakeholders, including Clinical and Service Boards will report progress. The ESWLSG will then update the People & Culture Committee who will provide assurance to Board. Each Clinical and Service Board will be encouraged to develop their own local action plan to take forward the actions outlined in the CAVUHB Anti-racist Action Plan, as well as any priorities identified in their areas.

Recommendation:

The People & Culture Committee is requested to:

- Recommend that Board approves the Cardiff and Vale UHB Anti-racist action plan.

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

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

Risk: Yes

Safety: Yes
Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.

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, with race being a protected characteristic.

Reputational: Yes
CAVUHB viewed as an organisation that is not inclusive of our communities.

Socio Economic: Yes
Linked to demographics served / represented.

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	
Board	25 May 2023

Cardiff & Vale UHB Anti-racist Action Plan

Leadership & Accountability

Action	Outputs	Impact	By when	Lead and partners
Establish a dedicated Race Equality Steering Group to have oversight over the Anti-racist Action Plan, creating accountability for implementation and delivery.	Steering group established with clear governance frameworks agreed; Monitor progress of action plan.	The Anti-racist Action Plan will maintain momentum and deliver on the actions set out in the plan. Clear governance structures in place to create organisational accounability for the plan.	0 - 6 months	**LEAD: CAV Anti-racist Action Plan Steering Group** People Assurance and Experience One Voice Staff Network Trade Union Partners ESWLSG
Design and implement anti-racist education programmes for Board members and senior leaders to improve understanding of anti-racism, including session delivery and pilot mentoring scheme. Board members to report progress against personal objectives (for all Board members), in line with requirements of ArWAP.	Anti-racist education programmes to be co-designed and co-delivered to Board members and senior leaders, including sessions as part of Board development; Pilot mentoring scheme to take place with nominations from Board members and the One Voice Staff Network, following the delivery of mentoring training; Feedback from the pilot to be used in shaping any future cohorts.	Senior leaders will be aware of what anti-racist behaviours look like within the leadership framework for Cardiff and Vale UHB. Visible change, where required, in decision-making, evidencing that anti-racism, equality, diversity, and inclusion have been considered and acted upon. Visible and transparent allyship and leadership provide confidence to the workforce and service users that racism is being proactively addressed.	6 - 12 months	**LEAD: Education, Culture and OD** Equity and Inclusion Team One Voice Staff Network Board Members Communication and Engagement
Inclusion Ambassadors for the protected characteristic of race to be recruited at Board level and in each of the Clinical and Service Boards.	Nominations from each of the Clinical and Service Boards and Board to be put forward; Development of a network for Inclusion Ambassadors for race; Platform created for shared learning to take place.	Increased awareness of the lived experience of colleagues from ethnic minority communities. Visible change, where required, in decision-making, evidencing that anti-racism, equality, diversity, and inclusion have been considered and acted upon. Visible and transparent allyship and leadership provide confidence to the workforce and service users that racism is being proactively addressed.	0 - 6 months	**LEAD: Equity and Inclusion Team** ESWLSG Board Members Clinical and Service Board

People & Culture (Workforce)

Action	Outputs		By when	Lead and partners
Win hearts and minds throughout CAVUHB through raising awareness, capturing and sharing stories, and focussing on the 'why' we need to become an anti-racist UHB.	Organisation-wide listening exercise to take place to capture the lived experience of our workforce and share stories to highlight the 'why' and necessity of an anti-racist approach; Creation of a resource to support the work and capture the stories; Organisational Ted Talks and sharing personal stories events; Awareness dates throughout the year to be commemorated or celebrated, as appropraite.	Increased awareness of the lived experience of colleagues from ethnic minority communities. Greater understanding of what an anti-racist approach entails and the impact of racism. Organisational buy-in for taking forward the anti-racist approach.	0- 24 months	**LEAD: Equity and Inclusion Team** One Voice Staff Network Trade Union Partners Communication and Engagement Education, Culture and OD Patient Experience Inclusion Ambassadors Clinical and Service Boards
One Voice staff network to be appropriately developed and resourced in order to support the organisation in becoming anti-racist.	Scoping exercise to understand how One Voice can be resourced, which could include financial support and/or allocated time.	Effective and sustainable One Voice Staff Network. Support the organisaton through co-design and co-delivery of the the anti-racist approach.	6 - 12 months	**LEAD: Assisstant Director of Organisational Development**

Mohamed,Sarah
10/05/2023 10:46:34

Implement the recommended changes of the all Wales audit of policies, procedures and processes through an anti-racist lens.	Following the all Wales audit CAVUHB to commit to and implement the recommendations put forward by the all Wales group.	Independent assurance, workforce policies address systemic and instructional racism. Confidence in the workforce that anti-racist principles are threaded through policies and scrutinised. Colleagues from ethnic minority communities have increased confidence that they will work in a safe and inclusive workplace that recognises and promotes their performance and progression. This will also address ethnic diversity at all levels of the CAVUHB workforce.	12 - 24 months	**LEAD: People Assurance and Experience** People Services Trade Union Partners Clinical and Service Boards
CAVUHB anti-racism training sessions to be scoped, designed and implemented throughout organisation.	Scoping exercise as to how the organisation can deliver in person/virtual training on anti-racism with view to co-delivery with members of the One Voice staff network and/or external providers; Once suitable option agreed, training to be implemented throughout organisation; Training to include what is meant by a 'Zero tolerance' approach to racism.	Organisational awareness of anti-racism and what part colleagues can play in eliminating racism. Greater understanding of what an anti-racist approach entails and the impact of racism.	12 - 24 months	**LEADS: Education, Culture and OD** **Equity and Inclusion Team** One Voice Staff Network Clinical and Service Boards
Implement the NHS Wales anti-racist mandatory elearning module once designed and launched by HEIW.	Following the launch of the anti-racist mandatory learning module, CAVUHB to commit to promote and measure compliance alongside other statutory and mandatory training.	Organisational awareness of anti-racism and what part colleagues can play in eliminating racism. Greater understanding of what an anti-racist approach entails and the impact of racism.	12 - 24 months	**LEAD: Education, Culture and OD** Equity and Inclusion Team Clinical and Service Boards
Review recruitment and retention practices and processes ensuring they are as inclusive as possible and support staff from ethnic minority communities to stay, grow and develop with CAVUHB.	Analyse current recruitment and retention practices to ensure they are as inclusive as possible; Recruitment training to be implented to support recruiting managers.	Improved and robust HR policies, procedures and practices which are anti-racist and ethnic minority staff experience better outcomes in recruitment, progression and exit practises measured through the Workforce Race Equality Standards (WRES) and NHS Wales Staff Survey.	12 - 24 months	**LEADS: People Services** **People Assurance and Experience** People Resourcing NWSSP Education, Culture and OD Clinical and Service Boards
Representation at all levels and professions throughout the organisation to reflect the communities that we serve, including greater representation of ethnic minority staff in senior leadership roles.	Engage with our ethnic minority communities within Cardiff and the Vale to promote career opportunities with the organisation; Implementing a leadership and progression pipeline for ethnic minority staff, as per ArWAP.	A workforce that is more representative of the communities we serve at all levels of the organisation. Measured through the WRES.	12 - 24 months	**People Resourcing** One Voice Staff Network Clinical and Service Boards Chaplaincy People & Culture Communication and Engagement Equity and Inclusion Team Trade Union Partners Nursing Education Team Corporate Nursing Medical Resourcing and Systems
Clear communication plans to create transparency around the journey to an anti-racist CAVUHB to engage with and gain the confidence of our workforce in the steps we are taking.	Draft a communication and engagement plan for the action plan with regular organisational updates.	Confidence in the workforce that anti-racist principles are being taken forward by the organisation.	0 - 6 months	**LEAD: Communication and Engagement** Equity and Inclusion Team CAVUHB Anti-racist Steering Group
Third party organisations, including Race Equality First and Diverse Cymru, have been instrumental in improving organisational understanding of anti-racism. CAVUHB should continue to work with these organisations, using their expertise, to build an anti-racist CAVUHB for all its people.	Scope and agree future relationships with third party organisations who can support CAVUHB in becoming anti-racist; Establish a working relationship and/or contract, so Clinical and Service Boards throughout the organisation are able to have direct access to support.	Organisational awareness of anti-racism and what part colleagues can play in eliminating racism. Greater understanding of what an anti-racist approach entails and the impact of racism.	6 - 12 months	**LEAD: Equity and Inclusion Team** Race Equality First Diverse Cymru Clinical and Service Boards
Data				
Action			By when	Lead and partners
Raising awareness of the importance of capturing data whilst aiming to improve the data held in ESR in relation to ethnicity of staff, so we can better understand the composition of and representation within our workforce.	Promote and implement the Equality Data Campaign. Remove any barriers that may exist to the capture of data. Provide assurance for how the data is going to be used.	High quality workforce data, underpinned by a culture where staff can be safe, and confident to provide ethnicity data and speak up against racist discrimination and practice.	0 - 24 months	**LEAD: People Analytics** Equity and Inclusion Team Trade Union Partners Clinical & Service Boards

Action			By when	Lead and partners
Capture and monitor equality data in relation to HR processess, such as grievances, disciplinaries and Freedom to Speak Up, eDatix Reports, so any themes and disproportionate impact on those from ethnic minority communities can be identied and addressed.	Development of appropriate processess or for capturing, reporting and monitoring of equality information.	High quality workforce data, underpinned by a culture where staff can be safe, and confident to provide ethnicity data and speak up against racist discrimination and practice.	6 - 12 months	**LEAD: People Services** Information Governance Corporate Governance Health & Safety Equity and Inclusion Team Trade Union Partners
Implement and report on the Workforce Race Equality Standards, once scoped and agreed by Welsh Government.	Once agreed, CAVUHB to commit and implement the Welsh WRES in line with Welsh government requirements; Scope any additional data not captured currently that will be required under the WRES; Raise organisational awareness of WRES.	High quality workforce data, underpinned by a culture where staff can be safe, and confident to provide ethnicity data and speak up against racist discrimination and practice.	12 - 24 months	**LEAD: Equity and Inclusion Team** People Services People Analytics Clinical and Service Boards
Improve the capture of data in relation to the ethnicity of our patients and service users held in our patient administration systems so we can better undertan any issues with access to our services and patient outcomes.	Scope how the organisation can capture the ethnicity data of our patients and service users; Support the implementation of a new patient administration system, if and when appropriate; Training for staff in relation to capturing the data and inputting into system.	Transparency and accountability levels raised increasing confidence by population, and providing the organisation with data they can be confident to act against.	12 - 24 months	**LEAD: Health Records** Patient Experience Clinical and Service Boards Digital and Health Intelligence Local Authorities
Tackling Health Inequalities				
Action			By when	Lead and partners
Establish a framework for Equality, Health Inequity, and Patient Experience in Cardiff and the Vale allligned to our *Shaping our Future Wellbeing* strategy and IMTP with the aim of tackling health inequalities within our communities, ensuring that *'a person's chance of leading a healthy life is the same wherever they live and whoever they are'.*	Establish a working group to scope a framework; Draft framework and gain approval; Implement framework.	The voices and lived experience of people and communities are effectively heard and their concerns acted upon, with improvements made to service delivery for those communities.	6 - 12 months	**LEAD: Public Health** Equity and Inclusion Team Corporate Nursing Strategy & Planning Clinical and Service Boards Patient Experience

Mohamed,Sarah
10/05/2023 10:46:34

Report Title:	Corporate Risk Register			Agenda Item no.	5.1
Meeting:	People and Culture Committee	Public	x	Meeting Date:	16.05.2023
		Private			
Status *(please tick one only):*	Assurance		Approval		Information	x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				

Main Report
Background and current situation:

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.

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which were previously linked to the Strategy and Delivery Committee and reported to Board on the 30th March 2023, but are now linked to the People and Culture Committee, 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.

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

The Risk and Regulation Team continue to work with clinical and corporate colleagues to refine risk descriptors, controls and actions within Risk Registers. Since March'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").

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.

Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board. During March and April 2023, the Head of Risk and Regulation has also met with Risk Leads within Clinical Board Triumvirates and Corporate Directorates to provide additional support and guidance in advance of submission of updated risk registers for the March and May 2023 Board meetings. The Head of Risk and Regulation has also attended and advised at the

Executive Clinical Board Reviews and is scheduled to provide additional risk management support to the Specialist Services and Surgery Clinical Board teams in the near future.

At the Health Board's March 2023 Board meeting a total of 7 (from a total of 27 risks scoring 20 or above) Extreme Risks reported to the Board were linked to the People and Culture Committee stream of work transferring from Strategy and Delivery 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	1	
Surgery		
Digital Health		
Children and Women	3	
Mental Health		
Capital Estates and Facilities		
Workforce and OD		
Total:	**7**	

An updated Register will be shared with the Board at its May 2023 meeting. It should also be noted that each Clinical Board shares the detail of their Extreme Risks with Executive and Operational colleagues bi-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

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:

CORPORATE RISK REGISTER MARCH 2023

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	Likelihood	Total			
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 vacanies 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. Maximsation 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	5	20	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionnairres and engagement with established staff to protect establishment.	5	3	15	Apr-23	People and Culture Committee Quality, Safety and Experience Committee	Workforce Patient Safety Staff Wellbeing Urgent and Emergency Care
	11	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	Apr-23	Quality, Safety & Experience Committee People and Culture Committee	Patienty Safety Staff Wellbeing Workforce
	14		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	Apr-23	People and Culture Committee Quality, Safety and Experience Committee	Patient Safety Cancer Workforce Planned Care
Children and Women Clinical Board	20	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	Apr-23	People and Culture Committee Quality, Safety and Experience Committee	Patient Safety Workforce
	21	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 requirments 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	Apr-23	People and Culture Committee Quality, Safety and Experience Committee	Patient Safety Workforce

			Risk Description	L	C	Score	Controls in Place	L	C	Score	Further Actions	L	C	Score	Review Date	Committee	Category
	22	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 staffiing 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	Apr-23	Quality, Safety and Experience Committee People and Culture Committee	Patient Safety Workforce Maternity
Specialist Services Clinical Board	24	Sep - 21	**Critical Care - Nursing Workforce** 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	Apr-23	Quality, Safety and Experience Committee and People and Culture Committee	Patient Safety Staff Wellbeing Workforce Critical Care